

## Article 83

### **Counselors in the Courtroom: Implications for Counselor Supervisors**

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An increasing number of counselors are being called to testify in child abuse and child custody cases (Snow & Cash, 2008). Court cases have greater potential for liability, and counselors often lack the necessary training to confidently and competently serve as witnesses (Faller, 1993). Counselors must fully understand their role in relation to court cases and perform their duties within legal and ethical boundaries (Faller, 1993; Snow & Cash, 2008). Otherwise, they may encounter ethical violations or legal sanctions (Boccaccini & Brodsky, 2002; Ceci & Hembrooke, 1998; Shuman & Greenberg, 2003; Snow & Cash, 2008; Snow & Letzring, 2009; Welder, 2000; Woody, 2009).

When counselors are involved in court cases, they often look to their supervisors for education and guidance (Faller, 2007). This can be challenging for supervisors, because they must provide direction to the counselor while being cognizant of pertinent legal and ethical dilemmas related to such cases (Lane, 2012). Supervisors have an ethical obligation to provide the necessary direction to their supervisees, and they can be liable for inappropriate or inadequate services provided by their supervisees. Thus, as supervision may include a variety of roles such as teacher, consultant, or counselor, supervisors must perform competently to avoid the ramifications associated with vicarious liability.

## **The Role of the Counselor**

Counselors practicing in mental health agencies, schools, child advocacy centers, private practice, and family counseling centers will potentially encounter cases with court involvement. Within these counseling settings, counselors may function in the roles of mental health counselors, school counselors, forensic evaluators, custody evaluators, family counselors, parental consultants/educators, child advocates, or court trainers, depending upon the environment in which they work (Snow & Cash, 2008; Snow & Letzring, 2009). Counselors serving in each of these roles could work with abused children or children whose parents are involved in custody disputes. However, each role in such cases is significantly different. Mental health counselors establish trust and rapport with the client on an individual basis. The counselor and client develop a working relationship, and the counselor's allegiance is to the client (Snow & Cash, 2008; Snow & Letzring, 2009). A family counselor works with the family unit to help them improve communication and function more cohesively. The family counselor remains impartial and objective while gathering information to gain an understanding of the family dynamics and strengthen the family unit (Snow & Cash, 2008; Snow & Letzring, 2009). Forensic interviewers and custody evaluators have specific roles in court cases and are often appointed by the court. Forensic interviewers have been trained in child development and have a thorough understanding of the literature regarding the suggestibility of children (Levy, 2000; Snow & Cash, 2008). Forensic interviewers follow a specific protocol during the evaluation and try to determine the credibility of the child's disclosure, as well as if there is evidence that the child has been coached (Snow & Cash, 2008). They are typically required to submit a report to Family and Children's Services, law enforcement, or the court (Snow & Cash, 2008; Snow & Letzring, 2009). Forensic Evaluators are the only ones who should testify about the credibility of a child's disclosure. Custody evaluators meet with all of the family members and conduct a comprehensive assessment (Snow & Cash, 2008). They submit a report to the court providing specific opinions about the family and custody recommendations (Snow & Cash, 2008; Snow & Letzring, 2009). Custody evaluators and forensic evaluators are the only individuals who should make placement recommendations. Therefore, when mental health counselors are called to testify in court, they should limit their testimony to the facts of the case (Faller, 1993; Ireland, 2008; Snow & Cash, 2008). Such facts may include the duration of treatment, the counseling goals, the client's progress in treatment, and the client's prognosis (Snow & Cash, 2008).

Although it is ideal for forensic interviewers and custody evaluators to make custody and placement decisions, there are times when mental health and school counselors may be asked to participate in the decision making process. Mental health and school counselors who work with children who have experienced abuse or whose parents are involved in custody disputes are often subpoenaed to court and asked for custody and placement recommendations. Such requests create challenges for counselors when their role has not been that of a forensic interviewer or custody evaluator (Snow & Cash, 2008; Snow & Letzring, 2009). Thus, counselors must be clear about their role in cases with court involvement and limit their testimony to their specific role in the case (Boccaccini & Brodsky, 2002; Ceci & Hembrooke, 1998; Faller, 1993; Ireland, 2008; Snow & Cash, 2008; Snow & Letzring, 2009; Welder, 2000; Woody, 2009).

Ireland (2008) stated that it is not uncommon for witnesses to be asked to give testimony outside of their area of expertise. Counselors are strongly advised to only give testimony within their area of knowledge or they may be discredited. Witnesses who are instructed to give testimony outside of their remit may decline the request or modify the instruction so that the response is limited to their professional role. For example, the first author received a referral regarding a 10-year-old, female client who was experiencing symptoms of anxiety. The client was withdrawn from her peers, and her grades were declining. The parents were involved in a custody dispute that had begun 5 years prior. Both parents spoke negatively of one another in the child's presence, and the child felt guilty if she wanted to spend time with the opposite parent. Although the author assumed the role of the child's mental health counselor, she often consulted with the parents to update them on the child's progress in therapy. The author also made recommendations to the parents regarding ways to provide reassurance to the child and ease her fears. The author was later subpoenaed to court and asked to make a recommendation regarding custody. Both attorneys insisted that since the author had met with both parents on several occasions, the author should be able to offer an opinion about which parent should be the primary custodian. Although, the author was instructed to give custody recommendations, she explained her role as the child's mental health counselor. Because the author was not the custody evaluator, she had not conducted the comprehensive assessments necessary to make such a decision. Therefore, the author did not make a custody recommendation. Instead, she presented facts pertaining to the child's involvement in therapy including the duration of treatment, the child's emotional and behavioral symptoms, and relevant disclosures in therapy. The American Counseling Association (ACA) *Code of Ethics* (2005) states, "Counselors will define the limits of their reports or testimony, especially when an examination of the individual has not been conducted" (E.13a). Thus, it would have been unethical to have made a diagnosis or recommendation when she had not conducted a thorough assessment. The mental health counselor's working relationship is with the client; therefore, testimony should be limited to the content of the counselor's sessions with the client.

When counselors function in multiple roles, it is likely that ethical dilemmas will arise (Snow & Cash, 2008). The ACA *Code of Ethics* (2005) states that clients have the right to confidentiality, and counselors should "respect their client's right to privacy and avoid illegal and unwarranted disclosures of information" (B.1.a). Clients engage in the counseling process with the assumption that the counselor is a safe person with whom they can share sensitive information. There is a deep level of trust that develops when the counselor and client have a working relationship. When the counselor or the client's records are subpoenaed, clients may feel betrayed when personal information is shared (Snow & Cash, 2008; Snow & Letzring, 2009). Sharing confidential information and records may result in a contamination of the therapeutic relationship (Snow & Cash, 2008). For example, the first author was working in play therapy with a 4-year-old male who made allegations of sexual abuse toward his mother. The mother vehemently denied the allegations and suggested that the father and stepmother were coaching him. The parents became involved in a custody dispute that lasted several years. Both parents' attorneys subpoenaed the client's records. The records contained information about the child's play behaviors and themes, as well as pertinent disclosures. The attorneys shared the records with both parents. The author later received a phone call from the child's

mother stating that the child informed her that his father threatened to spank him with a belt if he failed to tell the counselor that his mother sexually abused him. The child was instructed to use dolls in the playroom to demonstrate sexual behavior while making the disclosure. The child attended a play therapy session that afternoon. He confirmed the mother's story and demonstrated sexual behavior using the dolls. Because specific information from the child's record was shared with other parties, the child no longer viewed the counseling setting as a safe environment. The therapeutic relationship was contaminated, as he viewed the author as someone who shared private information with his parents.

It is best for counselors to identify their role at the onset of counseling and maintain that role (Faller, 1993; Snow & Cash, 2008). All parties involved should have a clear understanding of the counselor's role. For example, a mental health counselor should not assume both the role of the forensic evaluator and the counselor (Shuman & Greenberg, 2003; Snow & Cash, 2008). Rather, the counselor should maintain a working relationship with the child by providing a safe environment. Counselors should explain their role to the child, the parents/caregivers, and the other parties involved throughout the counseling process (Snow & Cash, 2008; Snow & Letzring, 2009).

There are times that children make significant disclosures in therapy, and further assessment and evaluation is needed. For example, if a child who is referred to a mental health counselor for behavioral problems at school later discloses that there has been sexual abuse within the home, a forensic interview may be necessary. The authors' experience has been that the Department of Family and Children's Services often requests that the counselor ask specific questions to the child to facilitate a disclosure. However, by doing so, the counselor is assuming the role of a forensic interviewer. It is best practice for counselors to refer the child to another counselor who can function as the Forensic Interviewer. By keeping the roles separate, the therapeutic boundaries do not become blurred (Snow & Cash, 2008; Snow & Letzring, 2009).

### **Legal and Ethical Obligations of Counselors Serving as Expert Witnesses**

Counselors must practice ethical conduct when testifying in the courtroom; therefore, counselors and supervisors must be aware of the potential legal and ethical dilemmas that may arise (Ceci & Hembrooke, 1998; Snow & Cash, 2008; Snow & Letzring, 2009). Such dilemmas include issues related to changes in the counselor's role, documentation, and courtroom testimony (Snow & Cash, 2008; Welder, 2000).

### **Clearly Identifying the Counselor's Role**

While it is best practice for counselors to avoid serving in multiple roles, there may be times that changes in the counselor's role are inevitable. Counselors living in rural areas may not have access to other service providers. It is also possible that the court could order a change in the counselor's role. For example, the first author was contacted by an attorney and asked to evaluate a 15-year-old male who had been accused of sexually abusing a family member. The author conducted the evaluation and was subpoenaed to court. The judge asked the author if the members of the victim's family were interviewed. The author explained that her role was to assess the teenage male. The judge ordered that the author change roles and interview all of the family members

involved in the case, including the victim's family. The ACA *Code of Ethics* (2005) states, "When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change" (A.5.e). This includes changing from a therapeutic role to a forensic or evaluative role (ACA, 2005). "Clients must be fully informed of any anticipated consequences (e. g. financial, legal, personal, or therapeutic) of counselor role changes" (ACA, 2005, A.5.e). In the case mentioned above, the author discussed the role change with the teenager's parents and explained that the other family members would be interviewed. The family was informed that the author would be submitting a report to the court based on the information obtained from all parties. The author also explained that she was obligated to the court to provide recommendations based on the information gathered. The parents consented to the role change, and the author documented the discussion and consent of the change in roles. The parents were informed of the contents in the report prior to its submission, as well as the recommendations that the author would make in court.

### **Documentation**

Counselors who are working with clients involved in court cases should document all information thoroughly and specifically. This includes disclosures in therapy, meetings with the parents, and conversations with attorneys (Snow & Cash, 2008). Any contact with the parties involved should be carefully documented (Snow & Cash, 2008; Snow & Letzring, 2009). When writing reports, the counselor should indicate how the information was obtained, who provided the information, and who was not able to be interviewed (Snow & Cash, 2008). Counselors should use caution when documenting information and avoid using definitive language and emotive labels (Ireland, 2008; Snow & Cash, 2008). For example, instead of saying, "The child has been sexually abused," it is best to state, "The child disclosed that he was sexually abused" (Snow & Cash, 2008). Counselors should use words such as "seems" and "appears" to prevent them from making definitive statements (Ireland, 2008; Snow & Cash, 2008). If a counselor is providing written recommendations, it is best to present the information for the court's consideration (Snow & Cash, 2008). For example, the report might indicate, "The court may want to consider whether Mrs. Smith could benefit from parenting classes." By being selective with the language used in the reports, the counselor avoids making prejudicial statements and is better protected from liability (Ireland, 2008; Snow & Cash, 2008).

### **Courtroom Testimony**

The client should be notified immediately when the counselor is subpoenaed to court. Counselors have an ethical obligation to explain the limits of confidentiality and what information will be shared in court (ACA, 2005, E.5.a). The client should have a clear understanding of the nature of the counselor's testimony and any recommendations that will be made (Jones, 2007; Snow & Cash, 2008). The client should be given the opportunity to ask questions, and counselors should document that they have discussed this information with the client (Snow & Cash, 2008).

It is also best practice for counselors to notify their supervisors and, when applicable, to discuss how to proceed with the case (Snow & Cash, 2008). If the

counselor is no longer under the direct supervision of another professional, it may be necessary to obtain consultation from a more experienced professional (Snow & Cash, 2008). Dvoskin and Guy (2008) suggest that consultation can be of great value to a witness before testifying in court, as a consultant may help the witness better conceptualize the case.

When testifying in court, it is not uncommon for attorneys to ask counselors to give opinions outside of their role or area of knowledge (Ireland, 2008). This is often an attempt to discredit the witness (Ireland, 2008). Thus, counselors should limit their testimony to their specific role in the case (Ireland, 2008; Shuman & Greenberg, 2003; Snow & Cash, 2008; Snow & Letzring, 2009). It is possible that counselors will have had contact with multiple family members. However, it is important for counselors to avoid giving a diagnostic opinion if they have not conducted a complete psychological evaluation for each family member (Snow & Cash, 2008). Counselors should also refrain from making personal judgments about the veracity of allegations (Ireland, 2008). “Witnesses should not comment on allegations as if they were facts; it is up to the appointed decision-maker(s) to conclude whether an allegation was proven or not” (Ireland, 2008, p. 121). For example, the first author received a referral on an 8-year-old female client who disclosed to her school counselor that she was sexually abused by her father. The court recommended that the child attend individual therapy. The father contacted and requested to meet with the author. He denied the allegations and inquired about his daughter’s progress in therapy. The author was later called to testify in court. She was asked to give her opinions about the father’s emotional state, his potential diagnosis, and the likelihood of his having abused his daughter. The author explained that she could not give a diagnosis when her role was not to conduct an assessment of the father. The author did not testify that the child had definitively been abused. Rather, she testified that the child disclosed that she had been sexually abused by the father. The author’s testimony was limited to the child’s disclosures in therapy.

### **The Importance of Supervision for Counselors Serving as Expert Witnesses**

#### **The Supervisory Relationship**

Efstation and Patton (1990) described the working alliance in supervision as “the sector of the overall relationship between the participants in which supervisors act purposefully to influence trainees through their use of technical knowledge and skill and in which trainees act willingly to display their acquisition of that knowledge and skill. The working alliance in supervision is, then, that set of actions interactively used by supervisors and trainees to facilitate the learning of the trainee” (p. 323).

Bordin (1983, as cited by Ladany, Ellis, & Friedlander, 1999) likened the supervisory alliance to the therapeutic alliance and noted that the creation of a strong bond between supervisor and supervisee is critical to supervisory success. This section will give consideration to the elements of productive supervisory relationships. Additionally, just as theory and models inform the practice of counseling, they also inform the practice of supervision. Supervision models may guide the work with supervisees and are of critical importance when working with clinicians serving as expert witnesses including the implications of developmental issues when working with beginning versus experienced counselors.

## **Supervision Theory**

Theory serves as the foundation for clinical practice and for clinical supervision. Understanding the role of theory in clinical supervision is important to development as a clinical supervisor and assists in the adoption of a model and style of clinical supervision. Many supervisors employ particular theories for their entire supervisory practice. These theoretical practices of supervision include the application of specific techniques and interventions that are psychotherapeutically driven.

Clinical supervisees have their own unique biography and history, just as individual clients do in the clinical counseling relationship. These factors of biography and history can influence how supervision occurs and the ways in which the supervisor responds to the supervisee. The uniqueness of each supervisee can also determine which interventions are most appropriate for the clinical supervisor to use. In clinical supervision, using psychotherapeutic theory as a framework is considered to have some value; however, generally, supervisory relationships are conceptualized by using a developmental, social role, or integrative model of supervision.

As a supervisor, a personal style of supervision emerges, similar to the development of unique counseling style. Clinicians may lean toward a specific theory, model, or integration of supervisory modalities in practice. Supervisors working with counselors serving in the court system must be prepared to analyze how models of supervision integrate with the practice of expert testimony. Supervisees must consider how the application of a specific supervision model could frame supervisory practice differently than using psychotherapeutic theory alone. Evidence based approaches offer supervisors scholarly evidence which can be important if procedures are questioned within the court process. However, supervisors must also adhere to ACA ethical codes (2005) and remember that before supervising a counselor that could be heading to court the supervisor must have adequate training related to counselor's potential roles within the court process, courtroom procedures, and ethics codes. Supervisors should make sure they fully meet the following ethical standards: F.1 Counselor Supervision Competence and F.2 Supervisor Preparation (ACA, 2005). Thus, supervisors who find themselves working with counselors who are subpoenaed to court and who have no training or experience related to expert testimony, are ethically bound to secure continuing education or refer the supervisee to another supervisor. This has implications for counselors, supervisors, and counselor education programs, as training specific to courtroom testimony is not routinely incorporated into counselor or supervisor preparation.

## **Models of Supervision**

Leddick (1994) suggested "Clinical supervision is the construction of individualized learning plans for supervisees working with clients. The specific manner in which supervision is applied is called a 'model'" (p. 1). According to the literature, three specific types of models have emerged: orientation-specific models, developmental models, and integrated models (Leddick, 1994).

**Orientation-specific model.** Supervisors who practice a particular type of therapy may engage in a supervision style that employs theory specific premises. It can be compared to "the sports enthusiast who believes the best future coach would be a person who excelled in the same sport at the high school, college and professional levels"

(Leddick, 1994, p. 2). Supervision adheres to the theoretical principles specific to the approach, and consideration must be given for how specific approaches may fit with providing supervision to counselors involved in court work. For example, if a clinical supervisor uses a person centered psychotherapeutic approach to supervision that is grounded in genuineness and unconditional positive regard, the supervisory process may lack the directive approach that is routinely needed when providing guidance to counselors regarding the court process.

**Developmental model.** Developmental models approach supervision from the perspective that we are endlessly growing. In combining our knowledge and inherited dispositions, we develop strengths and growth areas. Stoltenberg and Delworth (1987) described a developmental model with three levels of supervisees: beginning, intermediate, and advanced. Particular attention is paid to self and other awareness, motivation, and autonomy (Leddick, 1994). This has implications for supervisors working with counselors on court related cases as the approach to supervision would give extensive consideration to the developmental needs of the clinician related to education, interventions, application of techniques, interaction with Department of Human Services, etc.

**Integrated model.** Integrated Models combine several theories into a consistent practice. Bernard's Discrimination Model combines attention to three supervisory roles with three areas of focus (Simpson & Glowacki, 2011). Supervisors may take on the role of teacher, counselor, or consultant, dependant on the supervisory need within the session (Leddick, 1994).

**The discrimination model.** The Discrimination Model is one fashionable approach to supervision. Bernard's (1979) combination of the roles of teacher, counselor, and consultant effectively include the shifts that occur within the supervisory process. This nonlinear model is both uncomplicated and adaptable (Bernard & Goodyear, 2009). This fits hand in hand with any counseling theoretical perspective that embraces the idiosyncrasies of individuals and determines the approach based on the individual needs of the client. Working within the Discrimination Model allows for shifting roles to best meet the needs of supervisees. According to Bernard and Goodyear (2009), it is called the Discrimination Model because it assumes that supervisors will modify their supervisory approach to the needs of each supervisee. This is of great importance when working with counselors headed to court as no two cases are alike and the counselor may have many different needs depending on the type of case, the specified role of the counselor, and the degree of experience with expert testimony. For example, the second author served as a clinical supervisor within a community mental health setting for many years. She and her supervisees were routinely called to court to provide testimony related to cases within the mental health system. The cases ranged from child custody disputes, to sexual assault, to child abuse. The fear of court would frequently bring counselors to tears, especially after hearing horror stories of how lawyers attempt to discredit the education and experience of the counselors, judges who disallow counselors to testify because of an inability to accurately articulate credentials, and even instances of practitioners losing licenses based on courtroom testimony that was inappropriate. Thus, a structured, organized approach to case conceptualization, routine meetings addressing therapeutic and documentation processes, and opportunity to process the thoughts and feelings of the counselors

involved with the court was critical not only to the provision of competent services but to promote wellness among the clinicians involved with the court system.

As described in Nelson, Johnson, and Thorngren (2000), this combination of roles results in “three foci for supervision: (1) intervention skills, (2) conceptualization skills, and (3) personalization skills of the trainee” (p. 48). Supervisors may take on the role of teacher, counselor, or consultant dependant on the supervisory need within the session (Leddick, 1994). This multi-role approach allows for consideration of the developmental level of the supervisee as well as the competence of the supervisee in general and specifically related to court. This model is synonymous with attention to the specific needs of supervisees and any of the three roles may be used with each of the three foci depending on the needs of the supervisee. This particular model tends to be a good fit for supervisors working with counselors who are going to court as the counselors frequently need education and support to competently navigate the court experience. The teaching role facilitates an opportunity for the supervisor to educate the counselor on techniques, court processes, the obligations for specific counseling roles, or other areas the counselor demonstrates a need for education. The consultant role allows experienced counselors a platform for processing decisions, participating in dialogue about decision making, and implementation of strategies. And finally, the counselor role gives the supervisor the opportunity to monitor the intrapersonal needs of the counselor including how they are feeling about being part of the court process, fears of inadequacy, concerns for working with particular clients, or topics or concerns related to the courtroom experience.

## **Evaluation**

As a supervisor, clearly it is important to consider the roles you may take in mentoring and preparing your pre- and post-master’s supervisees as they develop professionally. A very important aspect of supervision is evaluation and feedback. Supervisors must understand the various roles of counselors in court cases and be able to provide appropriate feedback. Of importance is education and understanding about differing roles dependant on differing cases. Serving as an expert witness for a custody case will differ from a child abuse case which will differ from a sexual assault case. As the supervisor’s function is to improve a counselor’s skills and ensure competence, evaluation of the supervisee’s skill is vital. A structured approach to supervisee assessment and evaluation produces several beneficial outcomes. Supervisors can reduce their own, as well as their supervisee’s anxiety about the process and, when evaluation is viewed as a process of formative and summative assessment of the skills, techniques, and developmental stage of the supervisee, both supervisees and their clients benefit. A variety of strategies and methods are available to supervisors for use with counselors (Simpson & Glowik, 2011). Establishing a plan for supervision at the beginning of the supervisory relationship allows for insight building into the supervisee’s self-described strengths and weaknesses, as well as their individual goals for supervision. Additionally, it allows an opportunity to initiate goals for the supervisee that can be evaluated, adjusted, and expanded throughout the supervision process. Cases with court involvement should have plans that specifically address court processes and clearly document the counselor’s role, the supervisory process, and any directives issued by the supervisor.

## **Ethical and Legal Competence**

The importance of supervision within counselor professional development is being increasingly recognized and regulated. Supervision is a complex professional undertaking that places counseling professionals at risk for ethical conflicts related to competence, conflicting roles, dual relationships, evaluation, and confidentiality (Cobia & Boes, 2000). Supervisors must be diligent about ethics in relation to their role as supervisor and the professional behavior of their supervisees. Role modeling is critical for supervisors hoping to instill a clear understanding of the ethical responsibilities expected of supervisees (Bernard & Goodyear, 2009). Supervisory arrangements increase legal exposure and pose unique ethical challenges for the supervisor (Sutter, McPherson, & Geeseman, 2002). Because supervision is a triadic relationship, the supervisor must always attend to the need for balance between the needs of clients and the training needs of the counselor (Bernard, 1994). The supervisor's legal liability goes beyond the supervisee to include the supervisee's clients and even third party individuals who would be considered potential victims of a client. The supervisor has the gatekeeping authority over the activities of a supervisee and can be held legally responsible for negligence on behalf of the supervisee (Remley & Herlihy, 2010). Vicarious liability can lead to a situation that could threaten a supervisor's license or even undergo the process of litigation.

## **Vicarious Liability**

Lynch and Versen (2003) defined vicarious liability as a legal term in which "a supervisor may be held liable under the doctrine of *respondeat superior*, which holds that one who occupies a position of authority or control over another may be held legally liable for damages caused by the subordinate. In terms of clinical supervision, the doctrine of *respondeat superior* means that supervisors can be held legally liable for actions of supervisees. This liability attaches whether or not the supervisor breached a duty. Supervisors may be held liable under this doctrine as either the "master," or as an "employer" (p. 61). Simultaneously, supervisors have an obligation to adhere to the ACA *Code of Ethics*. The ACA Code (2005) states that the primary obligations of the clinical supervisor are to monitor the services of the counselor in training, monitor client welfare, and to monitor the supervisee's clinical performance and professional development. Code A.4.b (ACA, 2005) also states that counselors are to be aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Lastly, the ACA *Code of Ethics* (2005) C.2.a states that counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Supervision is an invaluable tool in helping counselors prepare and function within the courtroom environment. It is just one of many roles that counseling professionals may choose to engage in to promote ethical and competent practice. Thus, moving into courtroom testimony requires careful consideration for the counselor and the supervisor.

## Conclusion

Being subpoenaed to court to serve as an expert witness can be a daunting and intimidating experience. The counselors that are providing the clinical services must be thoroughly trained not only to do the work with the clients, but to understand the variety of roles within the court experience and have a working knowledge of the ethical and legal ramifications of court involvements. In light of the critical nature of this work, supervision is extraordinarily important. Not only do the counselors need guidance and direction for the clinical work, but they need support and direction for the issues associated with court processes. Therefore, the need for specialized training extends to the supervisors in order to promote ethical and competent service provision and prevent vicarious liability.

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