

# YOURS, MINE & STARFLEET'S NAVIGATION OF ETHICS IN THE UNIVERSE

University of Washington  
April 20, 2021  
Nancy Alarcon, MS, CCC-SLP, Principal Lecturer Emeritus  
nalarcon@uw.edu

## OUR VOYAGE



Essential elements of a collaborative model of clinical education with emphasis on the relationship and responsibilities of the clinical educator and student

The standards of ethics regarding student care in the clinical education relationship with students

The relative intrinsic and extrinsic value of collaboration, and the impact of strengthening our skills that enhance the culture of today's work environment

The requirements of the clinical education relationship including ways to respond to legal and ethical issues

## ASHA AD HOC COMMITTEE IN SUPERVISION: KNOWLEDGE, SKILLS AND TRAINING CONSIDERATIONS FOR INDIVIDUALS SERVING AS SUPERVISORS

"The Ad Hoc Committee ..... operated with the philosophy that clinical supervision is fundamental to the professions of audiology and speech-language pathology and requires special training"

ASHA Ad Hoc Cmte Dec 2013

## KNOWLEDGE AND SKILLS SPECIFIC TO STUDENT TRAINING

**Goal: Develop clinical and professional knowledge and skills for entry-level practice**

- Connect academic knowledge and clinical procedures
- Sequence the student's knowledge and skills development
- Facilitate the student's ability to respond to various clinical settings and supervisory expectations
- Build professional identity and engagement
- Facilitate the student's utilization of information to support clinical decision making and problem solving
- Understand the relationship defined by the agreement between the university and clinic site and adhere to the requirements (when applicable)

ASHA Ad Hoc Cmte Dec 2013

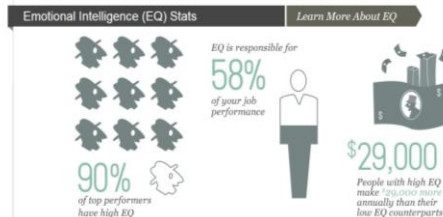
## WHAT DO WE BRING TO THE JOURNEY?

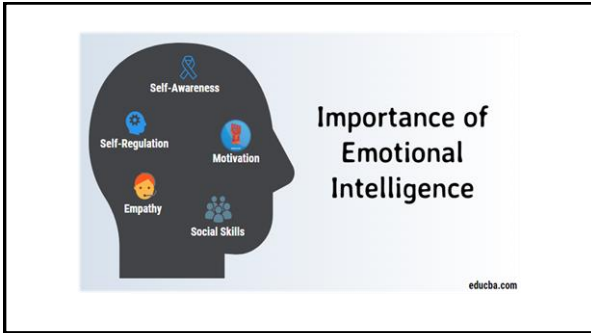
Discipline-specific Intelligence  
and  
Emotional Intelligence

- ✓ Self-awareness
- ✓ Self-regulation
- ✓ Motivation
- ✓ Empathy
- ✓ Social skill



Goleman 2004





**So... “Why engage in clinical education?”**

- Intrinsic value: what’s in it for me?
- Extrinsic value: what impact does it have?

*Note: The lines may blur = we may feel good and see good!*

**MOTIVATION**

Most people respond to three levels of motivation


- ❖ Basic Level: Self-serving drive
- ❖ Secondary Level: Relational drive
- ❖ Highest Level: Belief drive

McKee 2020

**KEY THEMES**


Individuals engage when they have a

- Commitment to the “community” (when they feel a part of...)
- Personal interest in the long term success of the “community”
- Sense of meaningful impact



**CLINICAL EDUCATION INCLUDES**

- Preparation
- Staging
- Orienting
- Starting and Pausing
- Observing
- Giving Feedback
- Adjusting
- Evaluating



**AS A SUPERVISOR MY RESPONSIBILITY IS TO...**

- Be aware of the supervisee's competence, as reflected in education, training, or experience
- Make a sufficient assessment of the patient the supervisee is assigned to treat
- Ensure patients/clients are informed of the student's role
- Ensure that the supervisee practices within his or her competence

## AS A SUPERVISOR MY RESPONSIBILITY IS TO...

- Adjust supervision to the level of the student
- Engage in appropriate activities with students over whom I have professional responsibility
- Provide on going feedback and conduct an evidence-based assessment of the supervisee's knowledge and skills
- Ensure my communications and actions are not discriminatory

## ASHA CODE OF ETHICS

- The UW is accredited by the Council on Academic Accreditation in Audiology and Speech Language Pathology
  - As an "accredited" program for our graduate degrees, we abide by this code
- The code includes three principles with rules that relate to the points we're considering that specifically apply to our supervisor/supervisee relationship

## PRINCIPLE I

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and **they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.**

G. Individuals who hold the Certificate of Clinical Competence **may delegate to students** tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession **only if those students are adequately prepared and are appropriately supervised.** The responsibility for the welfare of those being served remains with the certified individual.

## PRINCIPLE II

- Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that **exceed the staff member's certification status, competence, education, training, and experience.**

## PRINCIPLE IV

H. Individuals **shall not engage in sexual activities with individuals** (other than a spouse or other individual with whom a prior consensual relationship exists) **over whom they exercise professional authority or power** including persons receiving services, assistants, students, or research participants.

I. Individuals shall **not knowingly allow anyone under their supervision to engage in any practice that violates** the Code of Ethics.

L. Individuals shall **not discriminate in their relationships** with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

## "THE POWER DIFFERENTIAL"

- The supervisee is naturally and always in a position of reduced power
- As the result of the evaluation component of the supervisory relationship, the possibility of an equal playing field is not possible
- The supervisee is evaluated by the supervisor in some way, with some tool



## KEEP IN MIND....

- Even if you are new to the clinical educator role, you hold more power in the relationship
- Some clinical educators may feel that there is a need to impose control.....
  - This can result in an environment where the supervisee is not able to work and learn effectively
  - supervisees can become paralyzed in their own learning
- The "power differential" becomes more significant if there is a *dual relationship*

## DUAL RELATIONSHIP

- Herlihy and Corey (1992) describe a dual relationship as occurring whenever professionals assume two roles simultaneously with a person seeking help
  - This applies to supervisees AND patients
- Dual relationship is a boundary crossing, or can be a boundary violation

## THE DUAL RELATIONSHIP.....

- Can be difficult to recognize
  - Yet may be obvious to others
- Can sometimes be unavoidable
  - So we need to have strategies in mind
- Can be very harmful, but not always
  - It is possible to make it work
- Can be sequential or simultaneous – former clinical student can be a future employee
  - We need to be mindful of our decisions

## WE NEED TO KEEP IN MIND.....

- A "dual relationship" can result in changes in performance of my supervisee
- Supervisor has the "power" advantage
- Supervisee may not feel comfortable saying "no" or "please don't....." to me
  - Supervisee who watches my home while I'm out of town
  - Confiding in my supervisee about my marriage or my financial situation

- Supervisors are ethically responsible for ensuring that the supervisory relationship provides a safe and supportive opportunity for learning
- "Dual relationships are acceptable if not exploitive. To ensure that the relationships do not cross the line into exploitation..."

Herlihy and Corey 1997

## ADAPTED FROM DOVERSPIKE – Dual relationship conflicts check

1. Is there a chance of **loss of effectiveness** of the supervisee or the supervisor? If yes, then stop. If no, then proceed to the next question.
2. Is there a chance of **loss of objectivity** of the supervisee or the supervisor? If yes, then stop. If no, then proceed to the next question.
3. Is there a chance of **loss of competence** of the supervisee or the supervisor? If yes, then stop. If no, then proceed to the next question.
4. Is there a chance of **risk of exploitation** of the supervisee or the supervisor? If yes, then stop. If no, then proceed to the next question.
5. Is there a chance of **risk of harm** of the supervisee? If yes, then stop. If no, then proceed with caution after consulting with a colleague to determine the supervisee's best interests and to identify any ethical blind spots on the part of the supervisor.

## STRATEGIES.....

- Establish a relationship of mutual respect
- Discuss your supervisory expectations and allow the supervisee to discuss their expectations for the supervision and for the experience
- Discuss the supervisee's optimal learning style – ask them for their "learning profile"
- Provide feedback that addresses areas of strength as well as areas of difficulty.
  - Provide feedback in writing so that there is a permanent record that can be reviewed before providing to the supervisee

## It Goes Without Saying....

"It is unethical to treat a supervisee unfairly"

## Ideally, I should ask....

"In what way is what I am contemplating in the best interest of the [supervisee]"

Corey, Corey, and Callanan 2007

## THE "CULTURE" OF OUR WORK SETTING

- What makes for an "optimal work environment" in any setting
- Essential elements
  - Defined Roles
  - Scope of Responsibilities
  - Role Models & Modeling to help the team navigate
  - Managed Expectations
  - Effective Communication: awareness of the impact of feedback and evaluation



## THE POWER OF MODELING - FROM BASIC TO COMPLEX -



## EXPECTATIONS ARE HUGE!



## CONTEXT FOR OUR DISCUSSION

- Expectations are heavily influenced by:
  - ✓ Experiences
  - ✓ Perspectives
- Satisfaction is a complex interaction between our expectations and our actual experiences
- This results in a level of satisfaction or dissatisfaction

*Managing Expectations is about Managing People!*

## “THE EXPECTATIONS DEATH SPIRAL”

- Initial violation of one's expectations
  - One missed expectation can be problematic
  - Two or three can destroy the relationship or make it very challenging to regain balance and trust
- Why are expectations challenging to manage?
  - It takes anticipation, planning and time
  - We may have to deliver problem news up front
    - How do we handle what might not be comfortable?

Archer 2016



## ANTICIPATORY SCHEMA

“..... a structured body of knowledge  
(a pre-understanding) that shapes the expectations of a  
person in the new situation.

The expectations then guide the individual's exploration and  
action.”

<http://psychologydictionary.org>

## STUDENT EXPECTATIONS

- Organization is essential:
  - the extent to which the faculty [supervisor] explained the course [the clinical rotation]
- Focus:
  - clear requirements and emphasis on the important points of the course helped the student learn

Carroll et al 2010

**“Focus their attention.....Tell ‘em”**

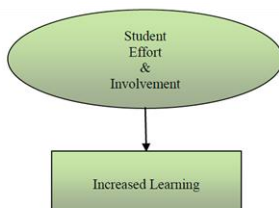
## STUDENT & PATIENT EXPECTATIONS

They need:

- to be listened to
- to receive clear explanations and instructions
- to be treated by someone who cares, shows concern
- to be treated professionally

Lateef 2011

## ENGAGEMENT



## FROM THE START

There is “the need for supervisors and supervisees to  
engage in some formal assessment of each participant's  
expectations **at the outset** of any supervisory  
relationship”

Mastriano, Gordon and Gottwald 1999



## WHAT STUDENTS WANT

- Communicate with student
- Make **expectations clear**
- Challenge the student's knowledge
- Allow some independence
- Allow room for error but **expect improvement**
- Provide encouragement
- Show interest in student's growth
- Be approachable and not intimidating

## WHAT STUDENTS EXPECT

- Give constructive, **specific feedback**
- Understand that **students learn at a different pace** and to exhibit patience
- Model best practices and be a good role model
- Assist students in overcoming feelings of nervousness, lack of confidence or feelings of being overwhelmed
- Develop **trust** in the student

## ADJUSTING OVER TIME.....

- **Beginning students** rated as more important
  - Enthusiasm and interest
  - Demonstration
  - Being provided the theoretical bases and rationale = the "why"
- **Advanced students** identified less emphasis on technical needs, but continued to maintain affective (relationship) needs

Myers 1980

## WORKPLACE CHALLENGES TODAY

- Balancing personal & professional worlds
- Navigating online vs F2F service & learning
- Achieving and maintaining professionalism
- Managing social media during/after work hours
- Seeking stability in a time of uncertainty
- Other challenges.....



## “STARTER, ONBOARDING OR LAUNCH KIT”

- Upfront work to save time
- Begin your work with the end in mind
  - Establish a working relationship with the university
    - Communicate with them about their expectations, student readiness for your setting
  - Manage your own expectations
    - the student is not being hired to do your job at your level



**“The goal is for the student to develop a comprehensive understanding of the entire clinical process”**

Lulai and DeRuiter 2012

## AN “ONBOARDING KIT”

- Create an agenda of topics for the semester
  - Students are very familiar with syllabi
  - Pace learning just as we would for our patients
  - “a skill of the week”
- Acknowledge your own depth of knowledge
  - Analyze the workday and patient care
  - What skills are needed from simple to complex
  - What knowledge is needed at baseline and what can be acquired along the way in the rotation



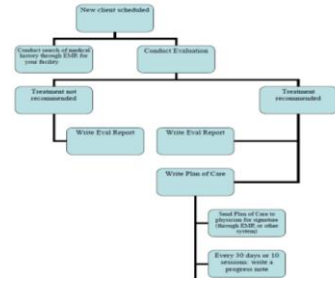
# VALUE YOUR TIME



- Prepare checklists: procedural tasks increase student independence
  - ✓ Reviewing patient chart prior to encounter
  - ✓ Essential parts of EMR documentation
- Create flowcharts and worksheets: processes to develop decision making and see the big picture and increase student competence
  - Completing a bed side eval
  - New patient intake for Audiology Clinics

Lulai and DeRuiter 2012

Appendix C: Flowchart of Required Documentation



Lulai and DeRuiter 2012

Appendix A: Skill of the Week

Week	Topic
1	<b>Introduction:</b> Expectations, Site Orientation, Technology Privacy Review and System Registration, Supervision requirements for third-party payors, Logistics of clinical procedures.
2	<b>Introduction Continued:</b> Billing System, Patient Scheduling, Medicare Standards and Procedures, Working files
3	<b>Basic Documentation:</b> Intro to EMR systems, Flowchart/Timelines, Required Elements for Medicare, Writing strong SOAP notes
4	<b>Evaluation:</b> Case Hx/Interview, Review of EMR to obtain info, Assessment planning and procedures.
5	<b>Evaluation Continued:</b> Analysis and Synthesis of Info, Treatment Planning, Goal Writing
6	<b>Evaluation-Putting it All Together:</b>
7	<b>Treatment Approaches:</b> ERP, Disorder-specific approaches
8	<b>Progress Reporting:</b> Dynamic Assessment, Diagnostic Treatment, Progress Report vs

Lulai and DeRuiter 2012

Appendix B: Required Elements in Documentation

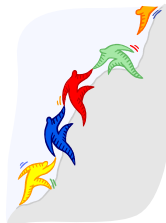
- Evaluation Report:** (completed day of evaluation, conducted once a year if treatment has been continuous, or after any change in medical or functional status)
- Identifying information, ICD-9 codes (medical and tx dx), Time In/Out
  - Assessment of hearing and vision status
  - Level of functioning prior to incident
  - Current level of functioning
  - Anticipated benefits to functional ability
  - Estimate of potential
  - E-Signature by SLP and Student (Dated)
- Initial Plan of Care:** (completed prior to initial treatment session, E-signature of MD required)
- Identifying information, ICD-9 codes (medical dx and treatment dx)
  - Long-term goals (measurable, functional, include anticipated duration, based on eval findings)
  - Short-term goals (measurable, functional, include anticipated duration, based on eval findings)
  - Type, amount, frequency and anticipated duration of tx
  - Discharge and Generalization planning
  - E-Signature of SLP and Student (Dated)
  - E-Signature of physician (Date)
- Progress Report/Recertification of Plan of Care:** (FR completed every 30 calendar days, Recert of POC completed every 90 days)
- Identifying information, ICD-9 codes (medical dx and treatment dx)
  - Justification of Medical Necessity
  - Statements of improvement/awareness towards goals

Lulai and DeRuiter 2012

# THE TEAM

## Essential Elements

- Familiarity
- Trust
- Respect
- Loyalty
- .....



# THE RELATIONSHIP IS KEY!



**Effective Communication**  
is  
**Essential**

• "... the prejudices people feel about each other disappear when they get to know each other."

James T. Kirk, "Elaan of Troyius"



## THE RELATIONSHIP

The feedback process is particularly problematic because of a power relationship.....interwoven with emotion

A clinical educator plays two roles:

- Assisting the student with on-going shaping through feedback
- Passing judgment on the student's work
  - With the supervisor as the "expert," that can *naturally elevate the status*" of judgments and bring about supervisee feelings on a continuum of pride to shame Hiller et al
- Power:
  - Is dynamic and multi-dimensional
  - Incorporates the perspective of both parties
- The outcome of an interaction is tied directly to how power is used

Dunbar 2005

## THE RELATIONSHIP

- In part, the student makes an emotional investment in an assignment (their work) and expects some "return on that investment"
- The student's view suggests the salient factors in the feedback process are related to issues of:
  - Emotion
  - Identity
  - Power
  - Authority
  - Subjectivity and Discourse

Higgins, et.al. 2001

## COMMUNICATION IN THE RELATIONSHIP

"Our everyday communication usually 'works' because it is based on shared understandings"

- Shared histories
- Shared discourse experience for reference
- Shared ability to interpret implicit messages

***Students in an educational relationship may be challenged to interpret the intended messages***

Higgins,et.al. 2001

- The inherent nature of our clinical education/supervisory relationship and the complexities of navigating feedback and evaluation challenges us to

➢ Look carefully at the intent and impact of our own communication skills and behavioral responses

➢ Strengthen our toolbox of communication strategies

## FINDING TIME TO DEBRIEF

- "Walk and Talk" time is problematic: privacy, processing, depth, and personal engagement
- Debriefing scheduled time is crucial:
  - Use the toolbox to minimize focus on procedures and process
  - Encourage student to prep questions across the day
  - Focus on clinical decision-making, review of data on supervisee actions/behaviors
- The intent is to gradually move the student along the continuum

Lutai and DeRuiter 2012

***“Communication is to a relationship  
what breathing is to maintaining  
life...”.***

Satir 1976

## RASA

- **Receive:** pay attention to the person
- **Appreciate:** make little noises like "hmm," "oh," "OK "
- **Summarize:** the word "so" is very important in communication
- **Ask:** ask questions afterwards to understand

Treasure TED Global 2011

## CHOOSE WORDS WITH INTENTION

- **"Help me understand...."**
  - What are you thinking
  - What are you feeling
- **"I" and "We"** in the same conversation
  - Speak for myself
  - Speak as a team
- **"It's unfortunate"** or..... "I'm sorry"
- **But vs And**

## MANAGE IN THE LEAD: THREE P'S OF LEADERSHIP

- **Passion**
  - If you touch people's heart, their mind will follow!
- **Purpose ( the desired outcome)**
  - A purpose driven life
- **Practical Skills**
  - Schedule/Calendar – a timeframe to guide everyone
  - Organization – orientation, templates, examples
  - Priorities – consider creating SMART goals for the rotation
  - Model – lead by example

*“what you permit, you promote”*

## PERSPECTIVE & EMPATHY

- At *Four Seasons*: "all day, I'm asked is there anything I need to do my job better"
- At *Caesar's*: "they are trying to find my mistakes, what I've done wrong!"
- It's creating the right environment
- Empathy is about being concerned for the human being

Sinek 2016

## CONTINUING OUR PROFESSIONAL JOURNEY AS CLINICAL EDUCATORS

- UW SPHSC Clinical Education series
- Council of Academic Programs in Communication Sciences and Disorders:  
<https://www.capcsd.org/elearning-courses/>  
Open Access
- ASHA Portal on Clinical Ed and Supervision:  
<https://www.asha.org/practice-portal/professional-issues/clinical-education-and-supervision/>



## References

- Alarcon, N.B. and Harney, M. (2013). Ethical Challenges. UW Speech and Hearing Sciences Fall Inservice, Seattle, WA.
- American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from [www.asha.org/policy/](http://www.asha.org/policy/)
- American Speech-Language-Hearing Association. (2013). Knowledge, skills and training consideration for individuals serving as supervisors [Final report, Ad Hoc Committee on Supervision]. <http://www.asha.org/uploadedFiles/Supervisors-Knowledge-Skills-Report.pdf>
- American Speech-Language-Hearing Association. (2008). *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* [Knowledge and Skills]. [www.asha.org/policy](http://www.asha.org/policy)
- American Speech-Language-Hearing Association. (2004). *Supervision of Student Clinicians* [Issues in Ethics]. Available from [www.asha.org/policy](http://www.asha.org/policy)
- American Speech-Language-Hearing Association (1985). Committee on Supervision in Speech-Language Pathology and Audiology. Clinical supervision in speech-language pathology and audiology: A position statement. ASHA, 27: 57-60.

- Archer, James (April 25, 2016). The Professional's Guide to Managing Expectations. <http://deep.design/the-professionals-guide-to-managing-expectations/>
- Bandura, A. (1997) *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
- Bandura, A. (1977) *Social Learning Theory*. New York: General Learning Press
- Brown, B. (2019) *Dare to Lead: Brave Work. Tough Conversations. Whole Hearts*. New York, NY: Random House
- Carroll, N. and M. O'Donnell (2010). "Some Critical Factors in Student Learning." *International Journal of Education Research*. Volume 5, Number 1, p. 59-69.
- Corey, G., Corey, M. & Callahan, P. (1993). *Issues and ethics in the helping professions*. Pacific Grove, CA: Brooks/Cole Publishing Co.
- Covey, S.R. (1989). *The Seven Habits of Highly Effective People*. New York, NY: Simon and Schuster.
- Crango, M.B. and Pickering, M. (1987). *Supervision in Human Communication Disorders*. Boston, MA: Little, Brown & Company, Inc.
- Doverspike, W.F. (2015). *Risk management: Clinical, ethical, and legal guidelines for successful practice* (Second edition). Sarasota, FL: Professional Resource Press

- Dunbar, N.E. and J.K. Burgoon (2005) Perceptions of power and interactional dominance in interpersonal relationships. *Journal of Social and Personal Relationships*. Vol 22, Issue 2 (207-253).
- EDUCA.com (2020, October 5). The Importance of Emotional Intelligence <https://www.educba.com/importance-of-emotional-intelligence/>
- Farrington, A. (1995) Models of clinical supervision. *British Journal of Nursing*. 4(15), 876-878.
- Finch, J.B., Lurie, A. and Wrase, B.J. (1997). *Student and Staff Training: Empowerment Principles and Parallels*. *The Clinical Supervisor*, 15(1), 129-144.
- Fisher, R. and D. Shapiro (2006). *Beyond Reason: Using Emotions as You Negotiate*. New York, NY: Penguin Books.
- Fuiman, J. (2010). Powerful Communication - Apology Do's and Don'ts <http://EzineArticles.com/4451194>
- Fuiman, J. (2009). Let Go of Your Need to be Right. [http://EzineArticles.com?expert=Julie\\_Fuiman](http://EzineArticles.com?expert=Julie_Fuiman)
- Goleman, D. (2004). What Makes a Leader. *Harvard Business Review*. <https://hbr.org/2004/01/what-makes-a-leader>
- Grant, J., Schofield, M.J., Crawford, S. (2012). Managing Difficulties in Supervision: Supervisors' Perspectives. *Journal of Counseling Psychology*, Vol. 59, No. 4, 528-541.

- Guilford, A., Graham, S.J., & Scheuerle, J. (2006). *The Speech-Language Pathologist: From Novice to Expert*. Boston, MA: Allyn & Bacon.
- Headlee, Celeste (2015, May). Ten Ways To Have A Better Conversation. [https://www.ted.com/talks/celeste\\_headlee\\_10\\_ways\\_to\\_have\\_a\\_better\\_conversation/transcript#t-11705](https://www.ted.com/talks/celeste_headlee_10_ways_to_have_a_better_conversation/transcript#t-11705)
- Herlihy, B. & Corey, G. (1997). *Boundary issues in counseling: Multiple roles and responsibilities*. Alexandria, VA: American Counseling Association.
- Higgins, R., Hartley, P., Skelton, A. (2001). Getting the Message Across: the problem of communicating assessment feedback. *Teaching in Higher Education*, Vol. 6, No 2, 269-274.
- Hoffman, M.A., Hill, D. E., Homes, S.E., Freitas, G. F. (2005). Supervisor perspective on the process and outcome of giving easy, difficult, or no feedback to supervisees. *Journal of Counseling Psychology*. 2, 3-13.
- Kummer, A.W., and J. Turner. (2011). Ethics in the Practice of Speech-Language Pathology in Health Care Settings. *Seminars in Speech and Language - Volume 3, Number 4*, 330-337.

- Larson, L. (1982). Perceived supervisory needs and expectations of experienced vs. inexperienced student clinicians. (Doctoral dissertation, Indiana University, 1981). *Dissertation Abstracts International*, 42, 475B. (University Microfilms No. 82-11, 183).
- Lateef, F. (2011). Patient expectations and the paradigm shift of care in emergency medicine. *Journals of Emergencies, Traumas and Shock*. Vol. 4, Issue 2, pp. 163-167.
- Lulaj, R. and DeRuiter, M. (2012). The New Clinical Supervisor: Tools for the Medical Model. *Volume 22 Issue 3 October 2012 P 85-90* <https://doi.org/10.1044/ass22.3.85>
- Madix, C., & Oxley, J. (2009). What are graduate students really thinking? A metacognitive example. *Perspectives on Administration and Supervision*, 19(3), 114-119.
- Mastriano, B., Gordon, T. & Gottwald, S. (1999). Expectations in the supervisory process: An analysis of attitudes II. Poster presentation at ASHA Annual Convention, San Francisco.
- McCrea, E.S. and Brasseur, J.A. (2019). The Clinical Education and Supervisory Process in Speech-Language Pathology and Audiology. Thorofare: SLACK Incorporated.

- McCrea, E.S. and Brasseur, J.A. (2003). *The Supervisory Process in Speech-Language Pathology and Audiology*. Boston, MA: Allyn & Bacon.
- McKee, J. *Why People Volunteer* (2020, October 8). <http://volunteerpower.com/why-people-volunteer/>
- McKee, T. *Recruiting is Like Dating* (2020, October 8). <http://volunteerpower.com/recruiting-is-like-dating/>
- Oliver, R. L. (1980). A Cognitive Model of the Antecedents and Consequences of Satisfaction Decisions. *Journal of Marketing Research*, Vol. 17, No. 4, pp. 460-469.
- Satir, Virginia (1976). *Making Contact*. Berkley, CA: Celestial Arts
- Sinek, Simone (2016, November 2). Most Leaders Don't Even Know the Game They're In. <https://www.youtube.com/watch?v=RyTQ5-SQYTo>
- TalentSmart.com (2020, July 15). About Emotional Intelligence. <https://www.talentsmart.com/about/emotional-intelligence.php>
- Treasure, Julian (TEDGlobal 2011). 5 Ways to Listen Better [https://www.ted.com/talks/julian\\_treasure\\_5\\_ways\\_to\\_listen\\_better#t-451463](https://www.ted.com/talks/julian_treasure_5_ways_to_listen_better#t-451463)

\*\*\*\*\*