



Ethical Considerations for Supervision: Boundaries, Power Dynamics, and the Learning Continuum

OSSPEAC 2025


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Disclosures

- Financial disclosures
 - Both presenters receive a salary from the
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 - Registration fee for conference was waived
- No non-financial disclosures



Learning Objectives


1. Participants will discuss benefits, challenges, considerations and requirements in fostering strong ethical relationships with students.
2. Participants will apply knowledge of ethical supervision and provide possible solutions to case scenarios.
3. Participants will describe the inherent power dynamics in the supervisor/supervisee relationship and identify ethical and appropriate boundaries in supervision.





The American Speech Language Hearing Association (ASHA) Code of Ethics

- reflects professional values and expectations for scientific and clinical practice
- is based on principles of duty, accountability, fairness, and responsibility
- is intended to ensure the welfare of the consumer
- protects the reputation and integrity of the professions



ASHA Code of Ethics

4 Principles

Principle I: Responsibility to our clientele

- hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities

Principle II: Responsibility to professional competence


- achieve and maintain the highest level of professional competence and performance

Principle III: Responsibility to the public

- In their professional role, act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions

Principle IV: Responsibility to our colleagues

- uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards



ASHA CoE 2023 updates

- Updated terminology
- New rule on supervision
- Changes in rules for addressing discrimination
- Changes in rules for practicing with reasonable skill and safety
- Changes in rules regarding conflicts of interest

(Meyer & Shermanski, 2023)



ASHA CoE updates continued

Principle I, Rule B Inability to Practice With Reasonable Skill and Safety

- This rule adds to the list of health and personal issues that can affect someone's practice, i.e. mental health and anxiety

Principle I, Rule S Reporting of Practitioners

- was revised to clarify, if an internal reporting mechanism does not exist, to whom someone should report a colleague who is unable to practice with reasonable skill or safety.

Principle III

- This section now addresses the duty to act with honor and integrity in all parts of one's professional practice.

Principle II, Rule B Conflict of Interest

- clarifies situations that can potentially create a conflict of interest
- a conflict should be properly disclosed and managed if it can't be avoided

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ASHA CoE updates continued

Principle IV, Rule F, Supervision

- addresses the responsibility of supervisors to provide appropriate supervision and to comply with all supervisory requirements promptly.
- This provision responds to a significant increase in complaints alleging that supervisors don't provide required reports in a timely manner and/or don't provide the supervision required by ASHA for certification.

Principle IV, Rule J Relationships With Students and Subordinates

- clarifies that a consensual relationship existing prior to the start of a professional relationship does not constitute an ethics violation


Principle IV, Rules T and U Self-Reporting

- gives individuals a additional time to self-report following a conviction or state licensing action, and no longer requires certified copies

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Student Responsibility to Professional Ethics

- Supervisors are held to the Code of Ethics (CoE); students are not...yet
- Supervisors are responsible to begin teaching supervisees about ethical practice



Code of Ethics
(Not de v'-think)

A set of rules and principles designed to encourage ethical conduct among a group of professionals.

Investopedia

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Applying ethics to student supervision

What ASHA ethics principles apply to students and supervisors?

- Principle I: hold paramount the welfare of persons they serve and treat animals involved in research in a humane manner
 - Principle I, Rule A: provide all clinical services and scientific activities competently
 - Principle I, Rule D: not misrepresent the credentials in form those they serve professionally of the name, role, and professional credentials of persons providing services
 - Principle I, Rule G: supervisors may delegate tasks to students, only if the students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual (assuming vicarious liability)



Applying ethics to student supervision continued

- **Principle II, Rule A:** engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- **Principle IV, Rule II:** shall not engage in sexual activities with individuals (other than as 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.
- **Principle IV, Rule A:** shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- **Principle IV, Rule I:** 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.



WHY supervise?

Clinical education is vital to the overall development of future professionals






Word Cloud Poll


OSSPEAC - BENEFITS of Clinical Supervision






Benefits in supervising

- Interact with students who have access to current research and resources
- Student assists supervisor in further development of clinical skills by mentoring others and evaluating 'why they do what you do'
- Supervisor develops mentoring skills in observing, providing feedback and fostering independence
- Provides satisfaction for the supervisor in knowing that they are directly contributing to the future of the profession
- Benefits the agency as a mechanism for future employees
- Benefits current and future clients by providing high-quality care and fostering competence in future professionals



Word Cloud Poll


OSSPEAC - CHALLENGES of Clinical Supervision





Challenges in Supervision

- Generational and personality differences
- Individual learning styles
- Varying levels of student knowledge base, preparedness, executive functioning, professional skills
- Supervisor caseloads, workloads, productivity standards, time constraints



Supervisors: necessary skills and qualities

Job-related skills:

- Strong clinical knowledge base
- Clinical application of evidence-based procedures and techniques
- Strong knowledge of clinical setting, policies and procedures, and client-base
- Knowledge of adult learning styles

Self-reflection of supervision style and Anderson's continuum or other supervision model(s)

- Develop a process for having students, including orientation/onboarding, training, gradual release of responsibilities and providing objective feedback
- Engage in a team approach to client care and collaboration

Personal and professional skills:


- Desire to mentor and foster confidence in young clinicians
- Willingness to embrace the differences each student inter brings to the setting
- Understanding of ethical supervision guidelines
- Active listening skills

(ASHA 2013)



Supervisory role

- Supervisor is accountable for the supervisee's actions and clinical performance.
- Supervisor provides instruction, feedback, conducts performance evaluations, and documents professional behavior and clinical performance.
- Supervisor is responsible for fostering clinical and professional skill development.



Anderson's continuum of supervision

Jean Anderson first defined supervision as the process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor, the supervisee, and the specifics of the situation

(Anderson, 1988).

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Anderson's Continuum continued

Stage 1: Evaluation/Feedback

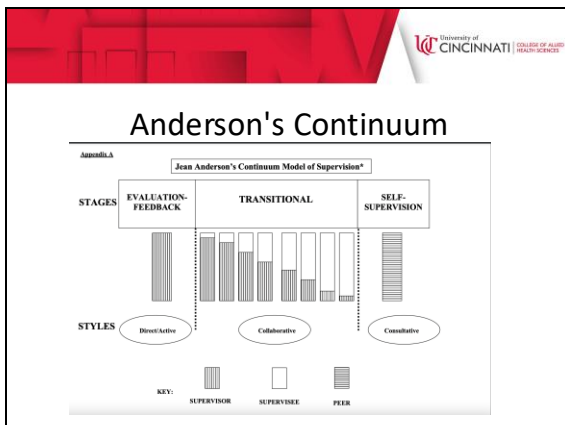
- supervisor uses a more direct/active style of supervision
- used when the clinician has little or no experience with the type of client they are working with and, therefore, requires more supervisory guidance

Stage 2: Transitional

- supervisor uses a more collaborative style of supervision
- used when the supervisee has some experience with a particular type of client but still requires significant input from the supervisor

Stage 3: Self-supervision


- supervisor is used more as a consultant
- supervisee is making the major decisions regarding client care



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Ethical Decision-Making Model

Hamill and Friedland, 2004




Ethical case scenario

- You are the clinical instructor at a busy outpatient facility. Your productivity expectation is 88%. You have agreed to accept a graduate student starting soon.
- Student is in year 2 of 2-year MA SLP program.
 - Has taken all required core coursework
 - Has had 4 clinical placements, 3 part-time in year 1, 1 full-time previous semester
 - Plans to graduate in 2 semesters
- You are excited about having a student because once they get comfortable, you can double book clients, and the student can help you slowly address your waiting list.
- On day 1, you meet with the student and allow 2 days of shadowing/observation.
- On day 3, you designate the patients for which that the student will be assuming responsibility.



Let's consider our Code of Ethics...


- Is there an ethics violation/boundaries issue?
- Why or why not?
- Examine a model for ethical decision-making



Hamill & Friedland

- Step 1: Identify the problem
- Step 2: Assess legal/ethical/boundary issues
- Step 3: Determine who is affected
- Step 4: Identify options and possible solutions
- Step 5: Reflect


(Hamill and Friedland, 2004)



Step 1

Identify the problem(s)


1. Transferring caseload day 3 – delegate responsibly (PI:G)
2. Double-booking (what about supervision requirements? Medicare guidelines?)
3. Ensuring student feels prepared prior to engaging with clients (PI:G)
4. Hold paramount the welfare of clients (best practice?) (PI)



Step 2

Assess legal/ethical issues


1. Violating several aspects of the CoE
2. Ethical service provision
3. Delegation of caseload and responsibility
4. Patient beneficence



Step 3


Determine who is affected

1. Patients! Families! (current and future)
2. Student!
3. Care team!
4. Practicum coordinator/university faculty (when student reaches out)




Step 4

Identify options and possible solutions



Possible solutions

- Start with documentation - student completes the documentation while supervisor provides the treatment
- Focus on 2 clients with whom the student is most comfortable
 - Student works to assume responsibility for these 2 clients in entirety – eval or tx and all documentation, communicating with patient/parent/family/other professionals
 - When near mastery, add another client and so on
 - Try to assume ½ the caseload by mid-term and the full or near full in the last few weeks
- Considerations...
 - The student should ask themselves, "Could I work here? Could I manage this caseload and all administrative duties of this position?" That should always be the goal, that they are striving for near independence.
 - Student is in a difficult position, wanting to show independence, but not be overly confident when they don't work there and haven't completed their program.



Step 5

Reflect

Supervisor self-reflection is in order!

...**reflect on the situation**, with consideration of the **position of the student**, along the **supervisory continuum**.

...**reflect** on implementing a (better) **system of checks and balances of teaching and delegating responsibility**, reflecting on their **current supervisory model**, so teaching and patient beneficence remain the focus


...**consider** how you/they (the supervisor) **feels about their supervision practice**, daily and during the overall clinical rotation

Student should also reflect on how to problem solve the situation and what steps to take.



Power Dynamics in Supervision






Social Power


- "control, authority, or influence over others"
- Inherent power differential in supervisory relationship
- Being aware of our power as supervisors can lead to better outcomes

(Newman, 2001)



ASHA Principle of Ethics IV, Rule H

- Individuals shall not engage in any form of harassment or power abuse




Types of Social Power

- Expert
- Reward
- Referent
- Legitimate
- Coercive

Students prefer expert, reward, and referent power

Prefer legitimate power to a lesser extent

And, they don't prefer coercive power (Wagner, 1997)




When Power Goes Awry...

Themes of bullying, incivility, and intimidation:

- Communication
- Physical and psychological effects
- Interpersonal dynamics
- Clinical instruction
- Lingering psychological and physical effects


• Manicelli and Kneavel 2021 study, ASHA Perspectives

Theme	Exemplars from participants' interviews
Communication	<ul style="list-style-type: none"> "...not capable" "I...humiliated" "She was degrading me." "I was led to believe that I had a learning disability." "She commented on my clothing." "She wouldn't acknowledge my positive performance." "I did not discuss an education plan." "I'd say it was a mix of bullying and intimidation." "She made me feel stupid."
Physical and psychological effects	<ul style="list-style-type: none"> "I would say it was more intimidation than it was bullying." "It became unbearable because I was losing sleep. I was getting five hours of sleep a night." "Phobic attacks." "I felt powerless." "I felt hopeless." "...just made my anxiety sky-rocket." "She raised her voice and embarrassed me in front of clients." "It messed with my confidence." "As I was kind of getting depressed." "I just had to get through it." "I felt off-balance." "I felt she wasn't connecting with me on a personal level." "She never made me feel comfortable." "I don't appreciate these bullying tactics." "We just weren't getting." "I felt like I was being mistreated. I wasn't being treated with dignity and respect." "Our personalities didn't mesh." "She likes control."
Interpersonal dynamics	<ul style="list-style-type: none"> "I'm very sensitive." "There's weak clinical teaching." "She didn't provide full explanations. That's just how we do it." "If I asked why you don't do it this way, the answer was 'because you just don't.'" "I didn't feel like I had support from her." "It was difficult to determine how I could improve."
Clinical instruction	




Nurturing a healthy educator-student relationship

- On the supervisor to:
 - Communicate effectively with mentee
 - Grow critical thinking
 - Provide feedback
 - Offer mentorship and supervision
- On the student to:
 - Receive and integrate feedback
(Mancinelli and Kneavel, 2021)




Example Scenario

- Melissa, a supervising SLP, and Jane, a graduate clinician, work in a school with a shared office with OT and OT's student teacher. The school serves PK through 5th grade, with Melissa and Jane's caseload consisting primarily of PK.
- Jane, the student, is wearing jeans for the second time this week.
- Melissa does not think jeans look professional and is annoyed that her student is not taking the dress code seriously.
- Melissa says nothing the first time Jane wears jeans, but the second day that she wears jeans, Melissa confronts Jane in the office at the start of the day, "I was going to let it go the first time, but since you did it again, I have to tell you – you can't wear jeans to work. It's so unprofessional!"




Jane's external reaction

- "Oh, sure, thanks for letting me know, Melissa!"
- Jane goes about her day and never wears jeans to her placement again.




Jane's internal reaction and subsequent actions

- Jane feels incredibly embarrassed. The fact that Melissa called her unprofessional in front of OT and the OT student teacher makes her feel humiliated.
- In her previous clinic placement at Headstart, jeans were acceptable clinic wear. Her old supervisor said "when you're on the floor as much as we are, you just need to be comfortable."
- She spends the whole day at her school placement feeling awkward and ashamed. She would never have worn jeans if she knew! The OT student teacher looks at her sympathetically.
- From this point on, Jane feels guarded around Melissa, afraid she will get scolded in front of others again. She is less present in her sessions, feels a higher level of baseline anxiety, and more defensive anytime Melissa offers her advice.



Melissa's perspective

- Melissa was trying to be flexible by not saying anything the first time Jane wore jeans to clinic
- Melissa wanted to teach her student the importance of professionalism in the workplace
- From her perspective, she said something and the problem was solved




Hamill & Friedland Problem Solving Steps

- Step 1: what's the problem here?
- Step 2: what kind of power was exerted?
- Step 3: who is impacted?
- Step 4: problem solve – where to go from here?
- Step 5: reflect – prevention? Changes for next time?




Boundaries in Supervision





Boundaries in Supervision

- When building relationships with our supervisees, we need to be mindful that we are creating appropriate boundaries
- Boundaries exist to maintain a professional relationship



Dual / Multiple Relationships

- One challenge to boundary formation occurs when multiple relationships exist
- Need to be mindful and aware of these multiple relationships

Types of multiple relationships

- Circumstantial or coincidental relationships
- Structured multiple professional roles
- Shifts in professional roles
- Personal and professional roles
- Predatory professional relationships


(Heuer and Holbrook, 2015)

Multiple Relationship Scenario

- David is studying to be an SLP. His mom's best friend is an SLP in the local school district. He's known her since he was a child. Their families take vacations together in the summer.
- David's mom asks her best friend if she could supervise David for his school placement.

Questions


- Step 1: What's the problem here? What kind of multiple relationship is this?
- Step 2: Assess ethical issues:
 - Is there any conflict?
 - If so, what could be potential conflicts?
- Step 3: Who is affected?
 - Would you want to be the SLP supervising your best friend's child?
- Step 4: What to do? How should SLP respond? Other possible solutions?
- Step 5: Reflect – putting guidelines and policies in place



Multiple Relationships: What to do?


ASHA Ethics Principle III, Rule B: Individuals shall avoid engaging in conflicts of interest where by a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.

- Communicate
- Be open about the possible conflicts
- In general, refrain from supervision of friends, family, or other personal connections



Note about SLPA / Grad Student dual relationship

- Question 6: Can a graduate student work as an audiology or speech-language pathology assistant while in graduate school?
- The roles and responsibilities of a graduate student in a practicum assignment and an assistant in the work setting must not be confused... Graduate students who are also working as assistants, as well as their supervisors, must exercise caution so that the roles are not confused.
- This can be especially difficult if the student is given a practicum assignment in his or her work setting. Because of the potential for confusion of roles, the student should work closely with the academic program, his or her employer, and his or her supervisor to clearly delineate when the individual is working as an assistant and when the individual is accruing clock hours as a graduate student. Only then can appropriate assignments and supervision be determined. (ASHA, 2017)




Boundary Crossings

- Crossing the professional line
- And then, importantly, returning to established limits
- Can be intentional or unintentional
- Based in *actions*

Boundary Violations


- More severe, usually intentional
- Cause harm (physical, mental, emotional)

(Smith et al, 2009)



The Slippery Slope


- Boundary crossings and violations rarely move from a functional to dysfunctional relationship overnight
- But, over time, boundaries can become more blurred if the supervisor/supervisee do not exercise healthy respect for limits on the relationship




Audience Examples

- Can you think of a supervisory situation that involves:
 - Ethics
 - Power dynamics
 - Boundaries


Tell us about a supervisory situation involving ethics/power dynamics and/or boundaries.





Enough of the bad... what's the good news?!


- Of course, we want to have professional relationships
- But, forming a strong bond with our students is not outside of the question!
- The key is *balance*



Supervisory Relationship

- The relationship between supervisee and supervisor is one of the most important pieces of effective supervision
- If the relationship between supervisor and supervisee is poor, supervisee is more likely to experience increased anxiety, stress, burn out, role conflict

(DePue et al., 2016; Beinart & Clohessy, 2017)



Building Strong Relationships

- "Clear is Kind" -Brene Brown
- Be proactive in setting expectations early
 - What can the student expect from you?
 - What do you expect from the student?



Communicating supervisor's expectations

- At the outset of your time together, share with your student what your expectations are:
 - How will they be evaluated, and how often
 - What are your expectations of them
 - What can they expect from you?
 - Particulars of the setting that you are in



Example of sharing expectations: welcome letter example

To maximize your clinical experience, you are expected to:

- Openly communicate questions and concerns
- Be proactive in researching your client's communication disorder
- Spend time looking up materials and activities appropriate to your client
- Bring and share your thoughts and ideas to clinic
- Take ownership of your client(s)
- Make mistakes!
- But learn from them.
- Move to greater independence as the semester progresses
- Consider your own learning style and strategies that work effectively to support your clinical growth. For example, is it more helpful to observe others implementing a treatment strategy, or do you prefer to try it and get feedback after? Share this information with me.
- Take initiative – if you feel there is something you are struggling with, share the concern with me while it is still "small"



Example expectations: practicum commitment form

3. Regular attendance is expected. Read and initial below:

____ I understand that attendance and professionalism will impact my grade and is at the discretion of supervisor/practicum coordinator/Director of Clinical Education.

____ Potential days off from practicum might include: religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (spring semester), and PRAISE (spring semester).

____ A request for "days off" is reserved for illness or extenuating circumstances ONLY, such as a death in the student's immediate family.

____ A doctor's excuse must be provided for all illness-related absences.

____ Your direct practicum supervisor (the supervisor who will approve your clinical hours and competencies in the setting) is the person to whom your request/notification or extenuating event should be addressed with additional notifications to practicum coordinator of your program and Director of Clinical Education for on-campus programs.


____ The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the term or following an absence from illness.

____ Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks.

____ I have read the Essential Requirements document and the Code of Ethics and will be held accountable and will follow these guidelines and principles.

____ I have shared my learning style, clinical experiences to-date, and pertinent info regarding clinical strengths/areas of growth with my supervisor.

Please list known obligation or conflict with schedule designated above in #1 and #2.



Gather info about student

Clinician Preferences and Information -
Fall 2022 with Stacey Gerding

Switch account

Not shared

* Indicates required question

First and Last Name *

Your answer

Preferred Name (if different from roster name)

Your answer

Pronouns you use:

☐ she/her/hers

☐ he/him/his

☐ they/their/theirs

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Tell me about your background, etc.
 Your answer: _____

3 Clinical skills (I want to focus on for clinic this semester (e.g., writing skills, professionalism, conducting therapy, lesson planning, giving feedback to clients, gaining understanding of a disorder, using evidence-based practice, developing rapport with client or family, and so on):
 Your answer: _____

Do you have any scheduling preferences or restrictions that you would like me to take into consideration? Please note that you are expected to be available for clinic outside of class times, but if I know of a part time job or parental situation, I can sometimes honor preferences:
 Your answer: _____

Dietary preferences (select all that apply):
☐ Veg ☐ Veg ☐ Kos ☐ Hal ☐ Cla ☐ No ☐ Oth

3 Clinic (too)
 Your answer: _____

I like to receive feedback the following ways (indicate any that apply):
☐ Written feedback ☐ Coaching during session ☐ Verbal feedback during session ☐ Verbal feedback after session ☐ Group discussion ☐ Self assessment ☐ Other: _____

How are you feeling about clinic this semester? (select all that apply)
☐ Excited ☐ Nervous ☐ Dreading it ☐ Ready to Learn ☐ A bit anxious ☐ Other: _____

What question do you have for me about clinic this semester?
 Your answer: _____

3 goals I have this semester (can be any, related to clinic or otherwise):
 1. Write clear and effective SOAP notes/documentation (with guidance)
 2. Become comfortable with using ultrasounds in therapy
 3. Effectively balance classwork, clinic work, part-time job, and my own mental health

In an ideal world, I would like to:
☐ In person ☐ Online

Anything else you'd like me to know:

Examples of student info shared


3 Personal interests / hobbies
 1. True crime
 2. Reading romance & crime/mystery novels
 3. I also have a turtle and 2 other fish tanks so I guess you could say I'm interested in aquatic life!

3 goals I have this semester (can be any, related to clinic or otherwise):
 1. Write clear and effective SOAP notes/documentation (with guidance)
 2. Become comfortable with using ultrasounds in therapy
 3. Effectively balance classwork, clinic work, part-time job, and my own mental health

Clinical skills I want to focus on for clinic this semester (e.g., writing skills, professionalism, conducting therapy, lesson planning, giving feedback to clients, gaining understanding of a disorder, using evidence-based practice, developing rapport with client or family, and so on):
 being comfortable conducting therapy, using ultrasounds, writing effective documentation, lesson planning, problem-solving/being flexible when things don't go as planned, and forming positive relationships with clients and families

Example continued

I like to receive feedback the following ways (indicate any that apply):
☒ Written feedback
☒ Coaching during session
☒ Verbal feedback during session
☒ Verbal feedback after session
☒ Group discussion
☐ Self assessment
☐ Other: _____




Do you have any scheduling preferences or restrictions that you would like me to take into consideration? Please note that you are expected to be available for clinic outside of class times, but if I know of a part time job or parental situation, I can sometimes honor preferences:
 Ideally, I would like to be able to work at my part-time job from 6-10pm on Wednesdays.

How are you feeling about clinic this semester? (select all that apply)

☒ Excited
☒ Nervous
☐ Dreading it
☒ Ready to Learn
☒ A bit anxious
☐ Other: _____

What question do you have for me about clinic this semester?

What is the "starting point" with clinic as far as what your expectations of me are for day one, and how will these expectations change throughout the semester?




Last example

What question do you have for me about clinic this semester?

I'll find out more next week during our orientations I'm sure, but I am curious about the setup. For example do we conduct sessions on our own and get feedback from you weekly or after most sessions? How much guidance should we expect from you and who should we go to if we have questions if you are busy?


Anything else you'd like me to know:

I'm really excited to learn in the clinic and hopefully become more confident in myself as a future clinician!



Feedback

- Not just on therapy skills!
- Talk about how supervision is going
- Verbal, written check ins
- "What can I do differently, and what can I continue to do, to best support your learning?"



Self Disclosure

- One additional way to build the supervisory relationship is through disclosure
- Self-disclosure is sharing information with a supervisee that they would be unlikely to know otherwise
- Serves to normalize supervisee experiences (Clevinger et al., 2019)




Audience Share

- What do you do to:
 - Make expectations clear
 - Prevent some of the challenges discussed/presented

How do you drive student success?





Steps for successful student preparation: Request, Inquire, Share

- REQUEST
 - Resume from the student, with courses and clinical experiences to-date
- INQUIRE about student's...
 - foundational coursework and knowledge base
 - knowledge of the setting/site
 - anticipated learning in this setting
 - goals for the placement
 - Comfort level with setting
- SHARE
 - expectations of professional expectations and behaviors and required basic skills
 - expectations of specific evaluations, processes, protocols and evidence-based treatment(s) the student should review
 - Information to help the student feel prepared and more at ease prior to day 1

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THANK YOU!

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