

SUPERVISION RESOURCE MANUAL

For Assistance to Both Supervisors and Supervised Members



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Regulating Psychologists and Psychological Associates

Second Edition, March, 2009

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A. Supervision of Members of the College of Psychologists in Supervised Practice, and of Those Preparing to Become Members of the College

(1) Definition of Supervision

Supervision of psychological services is a distinct professional activity provided by a member of the College registered for autonomous practice. Its goal is to ensure that psychological services meet the standards of practice of the profession in Ontario. For supervision of individuals training to become members of the profession of psychology, the relationship develops the supervisee's knowledge and skills through instruction, modelling, problem solving and on-going evaluation.

The College is grateful to Dr. Carol Falendar and Dr. Edward Shafranske for permitting the use of portions of their work in this definition.

(2) What Supervision Is

The definition underscores the fact that supervision is an activity with three main objectives. The first, which is the most important, is equally applicable to all supervisees, while the second two objectives apply primarily to supervisees who plan to become registered or already hold a certificate for supervised practice.

The first objective is to ensure that recipients of psychological services are provided with care that meets or exceeds standards of the profession. The emphasis here is on the wellbeing of the client. This objective requires supervisors and supervisees to have a clear and accurate conceptualization of clients' requests and of the factors giving rise to their difficulties. Increasingly, effective supervision involves attending to issues of diversity (culture, race, ethnicity, gender, sexual orientation, etc.) as they impact the provision of psychological services. This includes the dimensions of diversity that exist between clients and professionals, and those between supervisors and supervisees.

When psychological assessment is to be offered, supervisors and supervisees must have knowledge of available assessment techniques and the most appropriate approach. If treatment is indicated, the decision becomes one of selecting and applying interventions that are necessary, effective and supported by the current state of knowledge. Supervisors do not introduce or recommend procedures (e.g. the administration of additional tests or treatment protocols) that are exclusively driven by the learning needs of the supervisees. Similarly, supervision does not place personal or financial goals of the supervisors above the learning needs of the supervisees or the requirements of the clients.

The second objective of supervision revolves around the training and professional development of supervisees. Essential to this dimension is instilling in supervisees an attitude of life-long learning. To the extent that the supervisory experience is ultimately viewed as but a single step along a continuous path extending over the entirety of one's career, it can be considered to have been successful. Here the task of supervisors is one of teacher, mentor and professional role model. This encompasses the acquisition of technical skills, ethical decision making, deepening supervisees' awareness of self, and refining interpersonal effectiveness. A critical component involves aiding supervisees to develop an understanding of their impact in their role as psychologists and psychological associates on clients, colleagues and subordinates.

A third objective is that of on-going evaluation. It is this dimension that serves to identify the extent to which clients have been served effectively and supervisees' learning has been enhanced. Enhancing learning requires that feedback be delivered on a regular basis. Essential to this goal, and in particular to the need of the profession and the public to identify supervised members who are not performing at the expected level, is the timely and accurate completion of supervision evaluation forms. The objective of ongoing evaluation can be compromised in situations where supervisors assume the responsibility of providing supervision in a work environment that limits their authority to evaluate supervisees in a meaningful manner. This occurs in work settings that place

supervisors and supervisees on a par, or limit the extent to which supervisees are directly accountable to supervisors with regard to the quality of care. Clearly, clinical supervision contains an administrative component. Yet, within the context of supervision leading to autonomous practice, this component generally should be viewed as secondary. Supervision for autonomous practice is not an activity driven by the demands of workload measurement systems, ensuring a minimum number of billable hours, or other forms of administrative accountability.

Finally, the supervisory relationship is neither social nor egalitarian. Its evaluative and educative nature makes it hierarchical, thereby placing responsibility on supervisors to be cognizant of the inherent power differential that exists between them and their supervisees. Thus, the primary responsibility for establishing and managing interpersonal boundaries lies with the supervisors. It also becomes the task of supervisors to manage the tension that may exist at times between the learning needs of supervisees and the needs of the practice setting (e.g. assignment of cases, management of waiting lists, generating billable hours, etc.). In other words, supervision should not be driven by administrative structures and requirements that are divorced from the learning needs of supervisees.

3) The Decision to Enter a Supervisory Relationship

a. Choosing Primary and Alternate Supervisors

In many cases, both supervisors will be assigned by an employer. This can present an advantage for supervisees in that they do not have the somewhat daunting task of finding their own supervisors. It can also be an advantage for supervisors who enjoy teaching and welcome the opportunity to mentor a colleague joining the profession. However a supervisory relationship mandated by the employer removes the element of choice for both parties and can on occasion result in friction if there are differences in personal

style, or if one member of the dyad has reservations about the suitability of the other to fulfill the role assigned to him or her.

Increasingly, however, candidates are receiving supervision in private practice settings. While providing valuable experience in business aspects of the practice of psychology such as billing and practice management, this type of setting nonetheless raises a range of issues which are not faced by candidates in other employment settings. In particular, the very real need to find work and become licensed can lead candidates into supervised practice in an area for which they have not been adequately prepared.

In the situations where candidates accept a position, whether in private practice or another setting, for which their training has not adequately prepared them, the College will require such candidates to undertake a training plan during their period of supervised practice. When this happens, candidates will be informed by letter from the College that their application has been referred to the Registration Committee for review and will have the opportunity to make a submission to the Committee. If it is found that they do not have the appropriate preparation for the type of practice they are proposing, the specific gaps will be delineated and they will be required to complete the coursework (or directed readings followed by formal evaluation) and skills acquisition considered essential to the declared areas. While this may seem daunting, particularly at a time when candidates are also preparing for the exams and adapting to their new professional identity, the extra training is essential to ensure that psychological services offered to the public meet accepted standards.

Candidates who are beginning the search for primary and alternate supervisors need to carefully consider the following issues:

- Is the proposed supervisors' area of practice one for which supervisees are prepared and in which they wish to work in the long term?
- If their preparation does not exactly match the supervisors' practice, is the difference such that they can realistically acquire the necessary knowledge and skills within two

years (the maximum amount of time a certificate for supervised practice can be issued)?

- How many clients will the supervisors be able to assign to the supervisees and is this enough for adequate professional preparation and to make a living?
- Will there be sufficient variety of presenting problems to ensure supervisees' competence in eventual autonomous practice?
- Have the proposed supervisors had previous experience with candidates in supervised practice? If so, is it possible to speak with these supervisees to find out about their experience with these supervisors?
- Is the supervisor currently supervising any other candidates for registration? If so, does this provide a welcome opportunity for a peer group? Will the proposed supervisor have sufficient time to provide thorough supervision?

Candidates are encouraged to use the resources on the College's web site. The on-line Directory of Members lists the contact information for every member of the profession in the province. There are search functions for geographical location, practice area(s) and client groups, and language. While the College cannot locate appropriate supervisors for candidates, the on-line Directory of Members can help in making the initial contacts.

The College's web site has printable versions of all the agreement forms that are needed, as well as the Registration Guidelines which outline the requirements. Should candidates need clarification about the requirements, or using any of the forms, the College's registration staff is available by using the toll free telephone number, by e-mail, and in person at the College office.

b. Choosing to Become a Supervisor

Supervisors who are considering taking on a member in supervised practice are also faced with a number of decisions:

- Is it intended that the supervisor will be the primary or alternate supervisor? Do they know the other proposed supervisor? Between the two of them, do they have sufficient expertise to meet the supervisee's needs?
- Does the potential supervisee have the appropriate training for the supervisor's area of practice? If not, is the gap one which can reasonably be remediated and does the supervisor have time to supervise directed readings if the supervisee is not able to enroll in a university course?
- Does the supervisor have a sufficient flow of referrals and sufficient time to allow for development of the supervisee to the point where they are ready for autonomous practice?
- If the supervisor is considering supervision for the first time, is there another member of the profession who can act as a mentor?
- What are the remuneration arrangements going to be?
- Is it intended that the supervisee will leave the practice once they are authorized for autonomous practice or that they will stay in the practice? If the latter, what will the financial and other arrangements be at that point? Will the supervisee continue to work for the supervisor or will they begin their own autonomous practice within the group? If the former, what will be the change in their hourly rate?

When supervision takes place in a private practice, the College requires both supervisor and supervisee to confirm, in writing, that the arrangements for supervised practice meet standards in terms of transparency and contact with clients, method of remuneration, billing and public announcements. This is done by means of a formal declaration which both supervisors and supervisees sign.

Very occasionally, supervisees will be hired by an organization which does not have any psychologists or psychological associates on staff, or none who are qualified to supervise a particular candidate. In this case, to meet its mandate of protection of the public as well as ensuring adequate supervision and training of the candidate, the College will require that the primary supervisor be given permission to come on site, to review files

and to meet with clients as required. The organization will be expected to indicate to the College, in writing, that these conditions have been met.

c. Completing the Declaration of Competence

The Declaration of Competence is the document which tells the College, and through the College the public, which services a prospective member believes s/he is competent to provide in supervised practice. It requires supervisees to specify in what areas of psychology (e.g. clinical, school, rehabilitation) they will be practising, with which client groups (e.g. children, adults, families) and doing what kind of activities. It forms part of the application for a certificate for supervised practice and its congruence with supervisees' training and experience is carefully reviewed by the College prior to issuing certificates of registration authorizing supervised practice. It will also eventually inform the oral examining teams' decision about what questions to ask candidates.

Another part of the application consists of formal agreements between candidates and each of their two supervisors. If they do not yet know where they will be working, candidates may submit their application to the College without these agreements, sending them later once they have found supervisors. It is only at this point that the College will issue a certificate for supervised practice, providing all other requirements have been met.

Regardless of the sequence of events, it is extremely important that candidates give careful thought to an appropriate Declaration of Competence, taking into account both the type of training they have had and the nature of the proposed supervised practice. Whenever possible, it is preferable to complete the Declaration of Competence once candidates know where they will be working, based on discussions with the future primary and alternate supervisors. However if the Declaration of Competence has already been submitted at the time the agreements with the supervisors are signed, candidates must review its appropriateness with the supervisors and, if necessary, make changes. At times, candidates may feel some pressure from an organization or

supervisor to check off areas, activities or clients for which they do not feel they have adequate preparation. While this is understandably a difficult topic to address, it is critical that candidates try to resolve it as early as possible to avoid later problems.

As noted above, the choice of which areas of practice and client groups to check off is based on both the candidates' academic preparation, prior clinical experience and the types of services they will be providing during supervised practice.

Activities and Services: It is mandatory to check off both Assessment/Evaluation and Intervention/Consultation for all areas of practice chosen as these are core activities in which all members of the profession need to be proficient. It is important for candidates to understand that the activities of *evaluation* and *consultation* describe services other than traditional psychometric testing or psychotherapy. For example, candidates with a psychotherapy practice still need to evaluate new clients and develop a diagnostic formulation in mind, even if they do not formally communicate this to the client. Similarly, neuropsychologists may not engage in any direct treatment, yet they will certainly consult to the referral source or multidisciplinary team, providing recommendations as they do so. In contrast, Research and Teaching should only be checked off if candidates will be engaging in those activities during supervised practice.

Area(s) of Practice: The eight areas of practice are described in Appendix B of the Registration Guidelines. Candidates should review these carefully prior to completing the Declaration of Competence. Normally, candidates who are newly graduated are not expected to check off more than two areas of practice, since it is not feasible for an entry level practitioner to gain sufficient breadth of experience in more than two areas during the period of supervised practice. Only areas in which candidates will actually be undertaking supervised practice and will gain sufficient exposure to reach readiness for autonomous practice should be checked off, regardless of the amount of experience there has been in a particular area to that point. For example, if a candidate trained in both clinical psychology and clinical neuropsychology during graduate school, but will be

practising only in the latter area during supervised practice, clinical psychology should not be checked off.

In deciding how much experience during the supervised practice period is sufficient, it will be important to consider the experience to that point. For example, if an individual's internship was mainly in clinical neuropsychology, with very little clinical psychology, but s/he had completed solid coursework in clinical psychology as well as several practica, and the proposed work in the supervised practice setting is four days per week clinical with one day per week neuropsychology, it will likely be appropriate to check off both clinical neuropsychology and clinical psychology, in light of the extensive internship experience.

It is also critical that candidates acquire broad experience in an area during supervised practice. It is not sufficient to work with a very narrow range of presenting problems. For example, working with only sleep disorders or eating disorders in clinical psychology, or only traumatic brain injury in clinical neuropsychology. Candidates are expected to be able to provide competent services to a range of presenting problems in the area and with the client groups they have chosen and will be expected to demonstrate this at the oral examination.

Client Groups: As with areas of competence, candidates should only check off those client groups to whom they will be providing direct service during supervised practice. For example, persons whose supervised practice will be taking place in elementary and secondary schools should check off children and adolescents, but not adults, since they will not be providing services directly to an adult population, although clearly they will be interacting with the adult teachers and parents of their clients. Similarly, while persons whose supervised practice is in neuropsychology will obviously provide feedback and education to the families of some of their clients, unless they are trained in and will be conducting family therapy, they should not check off families as a client group.

A completed Declaration of Competence forms part of the formal Supervision Agreement which is signed by both candidate and supervisors and provided to the College. If the candidate has already completed it without formal consultation with the supervisors, the latter must review it carefully with the candidate. If there are activities, areas or client groups checked off which the supervisors think may not be appropriate in light of the candidate's training or type of experience available during supervised practice, these issues need to be resolved with the candidate before signing the agreement. At least one of the supervisors must themselves be authorized to practise in each of the activities, areas, and client groups checked off by the candidate. This means that the candidate cannot check off health psychology if neither of the supervisors is authorized to work in that area, or adolescents if both of the supervisors work only with adults and seniors.

On occasion, when the candidate's application is reviewed by the College, the congruence of the Declaration of Competence with the candidate's training and supervised practice will be unclear. In this case the candidate will be asked to provide clarification or may be advised to change the Declaration of Competence. If there appears to be a significant discrepancy between the training/proposed practice and the Declaration of Competence, issuance of the certificate for supervised practice may be held up until this is resolved.

On occasion, it may be necessary for the candidate to make changes to the Declaration of Competence during the period of supervised practice. This can be the result of a change in employment or in the type of work available. In all cases, any change should be discussed first with both supervisors and, once agreement has been reached, the College must be notified. In general, the College will not accept expansion of the Declaration of Competence in the six months prior to the oral examination, since the supervisors will not have adequate time to evaluate the newly added activities, areas, or client groups.

4) Co-ordination and Communication between Primary and Alternate Supervisors

The period of supervised practice required for registration as a psychologist or psychological associate represents the final opportunity for formal supervision and evaluation required by the profession. Therefore it is essential that the experience be planned according to the professional development needs of supervisees, while remaining consistent with and focused on the Declaration of Competence.

In most instances, primary and alternate supervisors will bring different skills, styles, and knowledge to the supervisory experience. In an effort to maximize the supervisees' learning, the focus of supervision in each of these two contexts should be coordinated.

Typically, the supervisory contract begins with the articulation of a general learning plan. Once this preliminary discussion has occurred between the supervisee and each supervisor, it is recommended that primary and alternate supervisors hold a joint meeting with the supervisee. This can serve to define a more specific learning plan that outlines the areas that each supervisor will emphasize. This can include specifying content areas and the development of certain competencies, as well as more general professional objectives for each supervisor.

Although it is not essential, supervisees are likely to find benefit in having the two supervisors share the progress/evaluation forms with one another. This ensures that each supervisor continues to place emphasis on the specified areas of focus. It can also benefit supervisees to have the supervisors compare notes on the supervisee's rate and level of progress. The College of Psychologists has the right to share work appraisals by one supervisor with the other and in any case encourages ongoing and open communication between primary and alternate supervisors.

It is recommended that supervisees and the two supervisors hold face-to-face meetings not only at the beginning of the supervision period but also mid-way through and

following the final evaluation. This will offer an opportunity to review overall progress, assess the extent to which the learning objectives were met, and allow for a discussion that can serve to prepare the supervisee for the oral examination. It is helpful to document meetings/discussions between the two supervisors in the Work Appraisal Form.

5) Preparing for the Examinations

Supervisors play an important role in assisting supervisees to prepare for the College's examinations. At times this can be delicate, for example in the situation when the supervisor feels the supervisee is not planning to take the written examinations soon enough. In general, it is helpful if the supervisor discusses the supervisee's planned schedule for taking the examinations in one of the early supervision sessions. This can be revisited in later supervision sessions if the supervisor feels the supervisee is getting into difficulties, or if there is an upcoming change in workload or the supervisee's responsibilities that affect their ability to study.

It is very important for the supervisee to think through their plan for scheduling the written examinations in light of likely activities during the year of supervised practice and the planned date for taking the oral examination. For example, the Examination for Professional Practice in Psychology (EPPP) requires a substantial lead time in terms of booking an appointment to write and the results must reach the College a minimum of one month in advance of the oral examination session. The Jurisprudence and Ethics Examination (JEE) is only offered twice a year and will need to be scheduled so as to allow study time which does not overlap with study time for the EPPP. In general, it is a good plan to start studying for the EPPP very soon after starting supervised practice. This allows the supervisee to attempt a practice examination and get a sense of how close his/her score is to the passing point and thus how much more study will be needed before scheduling an actual examination.

The purpose of the oral examination is to evaluate how well supervisees have been able to integrate their knowledge skills and experience in the provision of psychological services, including the application of jurisprudence and ethics knowledge to their practice. Once the supervisee has confirmation of attendance at an upcoming oral examination, it will be important for the supervisors or other members of the College to assist them by scheduling a mock oral examination. This should be a relatively formal occasion, to help the supervisee master their anxiety in this unfamiliar evaluation setting. If the supervisor or supervisee know of members of the College who have served as oral examiners recently and thus are familiar with the process, these will be ideal people to ask to participate. Since the actual oral examinations involve a panel of three examiners, this is a good number for the mock oral examination also. Feedback from those who have recently taken the oral examination indicates that they found a mock oral examination one of the most helpful preparation tools.

Another useful strategy is to seek peer support, both from others attending the planned oral examination session and from those who have recently taken the examination, who can describe the **process** and the strategies that worked for them. However it is very important to note that the **content** of the examinations is confidential and revealing it may constitute professional misconduct.

Finally, it cannot be stressed too strongly that candidates should read the instructions sent to them before each examination extremely carefully, and probably several times. It is the sad reality that occasionally candidates miss an examination because they got the date wrong, or are late and stressed because they could not find the location on time. Since the oral examinations are currently held in a hotel setting, there are very specific instructions to read regarding this. Careful review of the information material provided will help to prevent surprises which can only increase stress levels.

Below are some specific strategies which candidates have found helpful:

Examination for Professional Practice in Psychology

- Use current study materials;
- Set a study plan and a schedule;
- Discuss the plan with supervisors;
- Complete the practice examinations in a manner that is similar to the actual examination (e.g. complete all the questions in one long session);
- Complete all the practice examinations;
- Review the answers to the practice examinations; important information is incorporated in the answers that may not be available in the actual readings;
- Do not become discouraged if, at first, performance on the practice examinations improves slowly;
- Think about the information and, when appropriate, try to apply it to day to day practice;
- Do not complete any practice examinations the day before the actual examination. Use this time to review the material by responding to the questions that are included as part of each reading;
- Talk to supervisors or peers about any anxieties or insecurity about the exam. They will assist with problem-solving, reassurance and strategies for reducing anxiety;
- Taking the EPPP can be stressful; practise good health habits leading up to and during the exam (e.g. try to get proper rest and nutrition); use relaxation techniques to help with managing stress and anxiety;
- Discuss test taking strategies with supervisors (e.g. read each question three times, pick a response; if unsure about the response, mark it as a question to come back to at the end, if there is time).

Jurisprudence and Ethics Examination

- *Evans, D. R. (2011). Law, standards, and ethics in the practice of psychology (3rd ed.). Toronto, ON: Carswell* can be a helpful reference, although it is important to check for changes in legislation since the date of publication;
- Review material published by the College regarding legal and ethical issues (e.g. College Bulletins, Standards of Professional Conduct);
- Review the actual legislation, which is available online on the Ontario and Canadian government e-laws website;
- Restate the legislation in your own words;
- Make diagrams, charts and other visual aids to assist with understanding and retaining legal and procedural information that is less familiar;
- Discuss legislation and ethical issues with supervisors; how do the procedures that used in daily practice relate to the legislation?
- Get clarification for information that is unclear;
- Review test taking strategies.

Oral Examination

- Discuss preparation for the oral examination with supervisors; ask them to arrange a mock oral examination for you, or if they don't feel comfortable with this, approach other members of the College to see if they will do so;
- Be able to clearly articulate the procedures that are used in your practice; taking into account legal and ethical standards, be able to explain why you use them;
- Review the range of disorders most commonly seen in your practice;
- Pick (visualize) a typical case for each one of these disorders and go through the procedures and decision making process in a step by step manner;
- Pick (visualize) unusual and difficult cases; review the procedures and decision making processes for these cases;
- Review the diagnostic criteria for the range of disorders most commonly seen in your practice; review information pertaining to differential diagnosis; review the decision making process when a client's symptoms differ from those that are expected;
- Review assessment tools that used for the range of disorders most commonly encountered; are there any other instruments that used in situations that are not straightforward?
- Review possible treatment plans/interventions and alternatives that are related to various client profiles;
- Review the application of jurisprudence and ethical standards to the type of issues most frequently encountered in practice;
- Think about limits of competence; which cases are suitable and which need to be referred?
- And most importantly, think about the conceptual/theoretical framework upon which decision-making is based, both in assessment and treatment.

6) Completing the Work Appraisal Form

Work appraisal forms are reviewed by the College and also by the oral examiners. They form a record of what happened during the supervised practice. The following suggestions will help to create a clear record of the learning activities of supervisees and the nature and outcome of supervision:

- Use the Declaration of Competence and the various steps in the College's registration process as a basis for defining the goals for the supervision period and developing a "supervision/learning" plan;
- The supervisee should keep daily records of professional activities (e.g. number and nature of assessments, consultations/interventions, counselling/therapy sessions, professional development activities, ethical issues, research activities);

- Checklists and charts can cut down on the amount of record keeping and organizing needed. Periodic compilation of lists (e.g. number and nature of psychotherapy cases or assessments) is also recommended;
- Using the work appraisal form, the supervisee and supervisor should keep a record at each meeting of the dates of supervision sessions, amount of time spent and a description of the topics that were discussed. Including the number of clients seen, their presenting problems and the type of intervention offered, as well as any ethical issues which arose helps to show the reader what actually happened during supervision and documents the quality of the training a supervisee is obtaining. Any other substantive contact (e.g. consultation regarding a professional issue) should also be documented in the appraisal form.
- Avoid a “boilerplate” approach (i.e. repeating the same wording on a succession of Work Appraisal Forms) as it tends to give the impression that either the supervisee has not progressed or that the supervisor is taking an overly casual approach to supervision.
- Although difficult to do, honestly record a supervisee’s limitations. If there are concerns about readiness for autonomous practice, say so. Ultimately, an additional period of supervision with a clearly defined remediation plan will serve both the supervisee and their clients.

An example of a completed Work Appraisal Form is included in the Appendix.

7) Readiness for Autonomous Practice and How to Evaluate It

During the period of supervised practice, the supervisor evaluates the supervisee’s level of competence on a range of dimensions and completes formal work appraisals on a regular basis. In order to be invited to attend the oral examination, supervisees are required to have attained an “R” rating (Ready for autonomous practice) from both the primary and alternate supervisors on all of the declared dimensions.

Different competencies are acquired at different rates, and the level of these competencies can be characterized as ranging from “novice” through “advanced beginner”, “competent”, and “proficient”, and on to “expert”. From the College’s perspective, supervisees are rated as “Unacceptable, remedial action required”, “Acceptable level for supervised practice”, “Almost ready for autonomous practice” and “Ready for autonomous practice”. As the individual progresses along the continuum from novice to competent, decisions and actions become more automatic, integrated, efficient and skilled, and the flexibility of planning and implementation increases.

By the end of the period of supervised practice supervisees are expected to attain a level that is competent for entry level autonomous practice but not necessarily proficient or expert. In general, functioning at a competent level (ready for autonomous practice) means that the supervisee can generate a plan of action for assessment or intervention with a long-term focus that is based on a comprehensive evaluation of the problem, is informed by scientific evidence, and takes into account additional evidence over time as to whether or not the client’s response to the plan is as anticipated. There is an emerging ability to recognize overall patterns in the conceptualization of service delivery rather than having a narrow focus on individual elements. A competent supervisee has a feeling of mastery and the ability to deal with common contingencies that arise in the activities and client groups specified on the Declaration of Competence but is also aware of the limits of his/her competence.

To assist supervisors and supervisees in understanding what is meant by “Ready for autonomous practice”, which can also be conceptualized as “competent” or “entry level autonomous practice”, the following indicators of competence have been developed:

Assessment, Evaluation & Diagnosis

- The ability to independently conduct a “first session” with new clients, including addressing such issues as who is present in situations in which supervisees are dealing with families or couples, how supervisees explain who they are and what they do,

dealing with informed consent, confidentiality in the specific situation (i.e. taking into account family members, third parties such as insurance companies and mandatory reporting obligations), covering payment issues if relevant, gathering relevant information to determine whether they are competent to address the problem, and developing a preliminary assessment plan and communicating it to clients.

- Sufficient knowledge to recognize disorders with which they do not work themselves, and sufficient knowledge about other resources to make an appropriate referral. For example, it is quite common that supervisees will not have sufficient experience with psychosis, addictions or eating disorders to work with these clients. However they need to know enough to recognize when a client is likely experiencing one of these conditions so that they can arrange appropriate alternative care.
- Conversely, supervisees must have sufficient breadth of knowledge and skills to deal with the usual presenting conditions in their area of practice and client groups without limiting themselves so narrowly that they can only offer services to clients with a very few conditions.
- The ability to collect appropriate information during an intake interview to formulate and test hypotheses about what the client's problem may be.
- The ability to develop a systematic assessment or evaluation plan which includes formal psychometric testing in areas of practice where this is standard (for example school psychology or neuropsychology). In other areas of practice, structured interview formats, rating scales or self-report instruments will be more appropriate.
- Except for candidates in Industrial Organizational psychology, the ability to combine psychological assessment data with clinical impressions, historical information, current life status and symptoms to generate diagnoses for groups of clients that the candidate might be expected to encounter in the area(s) of practice they have

declared. This includes ruling in and ruling out various diagnostic possibilities and identifying co-morbidity.

- Except for candidates in Industrial Organizational psychology, the ability to sensitively communicate diagnostic information, including providing information about prognosis, treatment possibilities and answering common questions clients are likely to ask.

Intervention and Consultation

- Sufficient theoretical knowledge of empirically-based treatments to develop an intervention based on the diagnosis or diagnostic hypotheses derived during the assessment/evaluation process.
- The ability to carry out the treatment plan and to some degree to adjust it to the client's individual needs.
- The ability to evaluate the effectiveness of the treatment.
- In areas of practice where “treatment” is not usually provided, the ability to develop suggestions for clients or others (e.g. parents, teachers, treatment team, referral source) about ways in which the identified problems can be addressed. This includes knowledge about community resources, how to facilitate access and what to do in the meantime if there are long waiting lists for service.

Interpersonal Relationships

- The ability to form and maintain therapeutic rapport with the range of different clients with whom the client works. This includes the ability to put themselves in the client's shoes and to experience empathy without judging.

- Conversely, candidates need to be aware of boundary issues, the situations in which there is most risk of crossing them and to be able to avoid involving themselves in their clients' lives.
- Candidates need to know enough about and respect the knowledge and skills of other professionals with whom they work to function as an effective team player in multidisciplinary settings.
- The ability to maintain respectful and collegial relationships with colleagues, to have developed a sense of professional identity and to be able to consult when appropriate while not relying excessively on a supervisor.

8) Conflict Resolution

Conflict that occurs between supervisor and supervisee may concern the way in which assessment or therapy is to proceed, the way in which supervision is delivered, or personal aspects of the supervisor-supervisee relationship. It inevitably has important implications for the process of supervision, and unresolved conflict may lead to supervisees underreporting problems related to the area of conflict. This in turn could lead to less than optimal care for clients.

Although either supervisor or supervisee may identify a conflict, because of the hierarchical nature of the relationship the supervisee may feel unwilling to mention problems to the supervisor, especially when these problems involve personal aspects of the supervisor rather than the content of assessment or therapy or the structure of supervision. For this reason, it is important that, as far as possible, the supervisor create a comfortable atmosphere in which the supervisee feels safe to raise problems.

Conflict may be lessened when expectations about the nature of supervision are clearly established. It can be useful to establish contracts that specify not only how supervision will proceed but also to name a third party who can be contacted to mediate should conflict arise. The second supervisor for registration may be one individual who can be

consulted in this instance. In any event, as far as possible, the proposed mediator should be someone who does not stand in a dual relationship with either supervisor or supervisee. The College may also serve as a resource for suggestions as to how to deal with a difficult situation. Specifically, registration staff or the Practice Advisor may be able to assist with some matters.

Conflict may also stem from the different goals of the supervisee (to become an autonomous professional) and the supervisor (to ensure a competent autonomous professional while managing his/her own time constraints and meeting workload demands). In this case, since the supervisor is ultimately responsible for the cases, there may be some conflicts that are not resolved satisfactorily from the perspective of the supervisee. In any event, an important part of conflict resolution is a specific remediation plan with clearly established goals and proposed activities.

In the event of an irreversible breakdown in the supervisor-supervisee relationship for supervised practice, each partner in this relationship has obligations to communicate this fact to other interested parties. The College of Psychologists of Ontario should be notified immediately and, if supervision is a condition of employment, the employer of the supervisee should be contacted as well. It is important that candidates bear in mind that their certificate for supervised practice is contingent upon them having both primary and alternate supervisors in place. Thus they must communicate with registration staff of the College at the earliest possible opportunity to obtain guidance about how to proceed.

B. Supervision of Individuals Not Preparing to Become Members of the College of Psychologists of Ontario, and Supervision of Other Professionals Providing Psychological Services

1) Nature of the Supervisory Relationship

Any clinical work carried out by non-members in the practice of, or under the supervision of, members of the College of Psychologists and held out to the public as psychological services is, by definition, the delivery of psychological services. Many members of the College supervise the psychological work of non-registered personnel who are not planning to become members of the College. Supervisees covered by this section of the Manual include assistants or other professionals hired in a member's private practice, employees of health care or other organizations who do not plan to become registered by the College, or who are members of other professions or groups. Graduate students in clinical psychology programs, people with a master's degree in psychology who are acquiring the four years of experience in psychology preparatory to becoming registered, and those already holding a certificate for supervised practice are not covered by this section of the Manual.

Members are referred to Section 4 of the Standards of Professional Conduct, which relates to the responsibilities of members of the College who are providing supervision of psychological services.

- The supervising member assumes professional responsibility for the all the work of the supervisee, which, by virtue of the supervisory relationship becomes the delivery of psychological services. Thus the supervisee must comply with the same laws, regulations and standards of practice which govern the supervisor and it is the supervisor's responsibility to see that they do so.

- The supervisor ensures that the supervisee does not engage in activities which the supervisor is not competent to perform themselves. For example, if a clinical

psychologist hires a psychometrist who has previous extensive experience working for a neuropsychologist, the supervisor nonetheless needs to ensure that the psychometrist's work remains within the boundaries of clinical psychology and that neither of them strays into neuropsychology.

- In cases where the work takes place in private practice, it will likely be the supervisor who is responsible for paying the supervisee. Normally, this does not blur the lines of authority; if anything, it reinforces the supervisor's role as the person in charge of professional activities. However, a situation in which a member of the College provides supervision to their employer or other person with authority over them could be extremely problematic, as the member might be unable to set limits on the supervisee's behaviour due to the power relationship created by the employment. In general, this arrangement is not recommended.

- Other types of dual relationships do occur, for example the situation in which a member hires their spouse or family member. Here, as well as ensuring that the supervisee is appropriately trained and maintains the standards of the profession, the supervisor will also need to manage the professional relationship carefully to take responsibility for ensuring that any issues arising from the personal relationship do not adversely impact clients. Also, as with any other employee who delivers professional or non-professional services, such as a receptionist, the member will need to make sure that the spouse or family member maintains the standards of the profession. Finally, the member will need to take care that they do not violate client confidentiality by conversations which take place in the course of the personal relationship. It will probably be advisable to limit conversations about work to the workplace. These conversations must, of course, be limited to clients and issues about which the spouse or family member has a legitimate need to know to carry out their duties.

2) Supervision vs. Consultation

The member should differentiate clearly between situations in which they are providing supervision and situations in which they are offering consultation. Supervision implies an ongoing, evaluative, hierarchical relationship with an implicit or explicit contract specifying the goal and term of the relationship. In the supervisory relationship the supervisor is legally responsible for advice given and records kept, and for ensuring that psychological services resulting from that relationship are delivered competently.

Consultation occurs between professionals of relatively equal status, is typically brief in duration and more irregular in frequency, is based on a limited amount of information and offers a point of view that is not binding with respect to the subsequent professional behavior of the other person. Notwithstanding this, members should be aware that in all circumstances they are accountable for providing competent information relevant to psychological services.

3) Specific Responsibilities of the Supervisor

- Members of the College of Psychologists providing supervision to non-registered providers assume professional responsibility for psychological services provided by the non-registered provider. The supervising member must have adequate training, knowledge and skill in the provision of the services for which they are offering supervision. For example, even if the supervisee is an expert couples therapist, the member must not undertake to provide supervision unless they themselves are authorized to provide couples therapy. The supervisor must provide supervision appropriate to the level of knowledge, skills and competence of the supervisee.

- It is the responsibility of the supervisor to ensure that the supervisee is adequately trained to provide the psychological services for which supervision is being sought.

This includes ensuring that the supervisee is knowledgeable about and adheres to the legislation and standards of practice pertaining to psychology. In particular, the supervising member must be the one to perform the controlled act of communicating a diagnosis.

- The designation or title of the supervisee must be appropriate to their role and not misleading to the public.
- Public announcements of services and fees must be offered only in the name of the supervising member.
- At the initial meeting between client and supervisee, the client must be provided with the name and contact information of the supervisor. Clients should be made aware that they may request face-to-face contact with the supervisor at any time and also that either the supervisor or supervisee may initiate such contact. Where applicable, clients must also be made aware of the nature of the billing arrangements established by the member of the College. It should be clear to clients that billing is the responsibility of the supervising member and billing must be carried out in the name of that member, psychology professional corporation or employer. Clients must also be informed of the professional status, qualifications and functions of the supervisee and that all services are reviewed with and the ultimate responsibility of the supervisor.
- Similarly, it should be made clear to all concerned that the clinical file is the property and responsibility of the supervising member of the College of the psychology practice through which services are being offered or of an employer. The process for obtaining information contained in the file must also be explained to the client. All

correspondence and formal psychological reports related to the services provided should be signed by the supervisor.

- At times, the supervising member may need to initiate direct contact with the client of their supervisee to ensure the effective delivery of services.
- Supervision should occur at a frequency that ensures that the quality of services provided by the supervisee meets the standards of professional practice in psychology. This will vary with the level of expertise of the supervisee as well as with the complexity of the client's situation.
- It is preferable for the supervisor and supervisee to work in the same location. However, in some instances supervision can be conducted remotely by means of video or telephone conferencing or meetings that are off-site for one of the participants. In such instances, the member of the College must ensure that the arrangement does not in any way compromise the well-being of the client or the quality of care provided. For example, the supervisor must have access to all client information such as progress notes or test results. Given the importance of non-verbal communication to both the clinical and the supervisory process, the provision of supervision through e-mail is not recommended.
- The supervisor should be available for emergency consultation with either the supervisee or client in situations in which this is likely to arise.
- Both supervisor and supervisee are encouraged to review Section 10 of the Standards of Professional Conduct relating to appropriate remuneration arrangements. At a minimum, remuneration arrangements should be clearly specified before the supervisee starts work.

4) Special Considerations: Supervision of Members of Other Regulated Professions who are Delivering Psychological Services

It is not unusual for a member of another profession to request supervision from a member of the College of Psychologists. This is a situation which presents a number of issues which must be dealt with carefully. It is critical that both the member and the other professional considering such as relationship are absolutely clear that all activities which the supervisee carries out under supervision constitute the delivery of psychological services and must comply with the legislation, regulations and standards governing psychology. Although the supervisee is presumably still governed by the standards of their own profession, it is the standards of practice of psychology which take precedence. It is possible that this requirement may lead to situations in which either the supervisor, supervisee or both feel it is not appropriate to continue the supervision because the two sets of standards are in conflict. By participating in the supervisory relationship, including signing off on reports and billing in their name, the member of the College of Psychologists accepts full responsibility and accountability for the services provided by the supervisee.

In addition to the specific responsibilities of the supervisor described in the previous section, the following requirements apply:

- Clients must be made aware at the outset that the other professional is being supervised by the member in the delivery of psychological services rather than in services such as social work, nursing care or activities related to other professions.

- Invoices to third party payers (e.g. insurance companies) for psychological services must be explicit about who provided the service.

- The supervisor is the custodian of the health record or client file and must physically store it for the required period. In other words, even if the supervised professional has their own practice and sees the client there, once contact is finished the physical file must reside with the supervisor. The exception to this would be the situation in which the supervisee works in an organization which is itself a health record custodian, in which case the file would remain with the organization.

- In the circumstance in which the supervisee is a health professional in a profession whose members have access to the controlled act of communicating a diagnosis (e.g. physicians) it is acceptable for the supervisee to communicate the diagnosis themselves after appropriate consultation with the supervisor.

Appendix

I. Annotated Bibliography

Canadian Psychological Association (2009). *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration*

Comprehensive Texts

Bernard, J.M., & Goodyear, R.K. (2004). *Fundamentals of clinical Supervision*. New York, NY: Pearson.

Suggestions on how to organize the supervisory experience, along with a “supervisory toolbox” of materials related to supervision

Bradley, L.J. & Ladany, N. (Eds.). (2001). *Counselor supervision: Principles, process, and practice (3rd ed.)*. New York, NY: Brunner-Routledge.

Covers specialty area supervision of school counselors, career counselors, and family counselors as well as of group supervision

Campbell, J.M. (2006). *Essentials of clinical supervision*. Hoboken, NJ: Wiley.

Includes charts summarizing key points, makes practical suggestions, focuses on beginning, intermediate, and advanced goals for supervision

Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.

Extensive reviews of literature on supervision, useful appendices of forms, measures, and contracts to use in supervision

Falender, C. A., & Shafranske, E. P. (Eds.). (2008). *Casebook for clinical supervision: A competency-based approach*. Washington, DC: APA.

Addresses best practices in supervision and examines the competencies related to effective supervision and how they differ over time, and from different theoretical perspectives, reflecting the personal and cultural backgrounds of the participants

Falvey, J.E. (2002). *Managing clinical supervision: Ethical practice and legal risk management*. Pacific Grove, CA: Brooks/Cole.

Focuses on issues of supervisor competence, ethical/legal obligations, and risk management

Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide*. Pacific Grove, CA: Brooks/Cole.

Suggests concrete actions and assignments to use in supervision and explores supervision from various theoretical orientations

Holloway, E. (1995). *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage Publications.

Addresses contextual influences on supervision beyond the supervisor-supervisee relationship, including institutional factors

Ladany, N., Friedlander, M.L., & Nelson, M.L. (2005). *Critical events in psychotherapy supervision*. Washington, DC: American Psychological Association.

Addresses a specific number of problematic events for supervisors (including remediating skill deficits, heightening multicultural awareness, working through countertransference, managing sexual attraction, repairing the supervisor working alliance)

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Discussions of More Specific Topics

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