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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF PSYCHOLOGY
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MEMORANDUM

DATE	August 3, 2015
TO	Board Members
FROM	Karen Johnson Licensing Coordinator
SUBJECT	**Agenda Item 25(c)** Discussion and Consideration of Comments to the Draft Supervision Guidelines: Recommendation to Full Board Regarding Inclusion of Comments Received (ASPPB)

Background:

At the May 7, 2015 meeting, the Licensing Committee drafted the following comments to be sent to ASPPB:

Draft Comments:

- Requirement for broad & general experience at the practicum level is of concern. Practicum training in California is more focused, not educational and tends to address local mental health needs. The description of practicum experience in the Guidelines is not in keeping with the realities of training environments in California. California does not count practicum as supervised professional experience needed for psychology licensure. (Guidelines P.15 #37-39)
- Broaden number of hours and training of supervisors. Too restrictive in terms of the hour requirements. (Guidelines P.9 #199-202)
- Broaden possibilities to include audiotaping and process notes in the responsibilities of the supervisors as an alternative to observing videotaped sessions. (Guidelines P.11 #234)
- California does not allow for the payment of supervision. The payment for supervision could lead to the exploitation of trainees. (Guidelines P.15 #28-30)
- Placing a minimum number of hours per week that may be credited toward meeting the supervised experience requirements is not in keeping with California regulations or formal training program requirements. (Guidelines P.16 # 371 and P.18 #403-405)
- Telepsychology guidelines are good and forward thinking. (Guidelines P.22-24)

At their May 14-15, 2015 meeting, the Board approved the Licensing Committee's recommended comments.

At their July 14, 2015 meeting the Licensing Committee members reviewed the comments that were not discussed and considered at the May 14-15, 2015 Board meeting. The Members did not have the opportunity to review and discuss the following comments from Carol Falender, PhD.

- Although alternatives to videotaping or live session supervision are good, the problem with process notes is that they are completely dependent on the trainee's input (so not 'live'), and trainees may not be able to distinguish/interpret important from less important process (and may leave out something important0. But broadening what's allowed, acceptable is a good suggestion. (Guidelines P.11, line 234)
- Agree with our comments re paying for supervision, but wishes we had stated it more strongly, because the multiple relationship that is set up in that kind of agreement may also complicate and compromise the supervision process. (Guidelines P.15, lines 327-330)

At the May 15, 2015 Board meeting, Ilene Bell, PhD, Los Angeles County Psychological Association, presented the following comments for the Board's consideration when drafting the response to ASPPB:

- It would be problematic if the Board increased the requirement of one hour of individual supervision per week with the primary supervisor as suggest in the Guidelines. (P.17 #381, p.18 #414)
- Supervised experience is becoming more commonplace in the community and in the home. Allowing trainees to earn hours of supervision by telephone or electronic means would be helpful in these types of settings. (p.17 #389-395)
- It would be problematic to limit a supervisor to three trainees at any given time. It is different for psychological assistants in a private practice setting, but would be problematic in approved programs. (P.15 #325-326 P. 22-24)

Attachments:

- Draft comment letter.
- Memo to the Board outlining the difference between the Guidelines and the Board's current supervision requirements.
- ASPPB's Draft Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider.

Action:

Approval of comment letter drafted by the Licensing Committee at their July 14, 2015 meeting for ASPPB's consideration regarding their draft supervision guidelines.

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August 3, 2015

DRAFT

Carol Webb, PhD, ABPP
Chief Operating Officer
ASPPB
215 Market Road
Tyrone, GA 30290

Dear Dr. Webb,

The California Board of Psychology has reviewed the draft *Supervision Guidelines for Education and Training Leading to Licensure as a Health Service Provider* and is providing the following comments and suggestions. We thank you for giving us this opportunity, and appreciate your reviewing these comments and suggestions long after the period for comments has closed. Before the Board gives more specific feedback, we would first like to say that we appreciate the focus on Health Service Psychology and find this helpful especially since the vast majority of California psychologists work in health service settings. We look forward to later developments that will offer guidelines for supervision in other applied areas of psychology.

- We recognize that your comments about supervision at the practicum level is for what's required if that supervised experience will count for licensure, but the requirement that the practicum provide "broad and general experience" is of concern. Practicum training in California tends to be more focused, addressing the local mental health needs of the practicum site, rather than the site having primarily educational goals for trainees. Supervision will be provided for those experiences. The description of practicum experience provided in the *Guidelines* is not in keeping with the realities of training environments in California and we suggest it might not be in keeping with the realities of training in other jurisdictions as well. (*Guidelines* p.15, lines 37-39)
- Broaden number of hours and training of supervisors. Too restrictive in terms of the hour requirements. (*Guidelines* p.9, lines199-202)
- Broaden possibilities to include audiotaping and use of process notes in the responsibilities of the supervisors as an alternative to observing videotaped sessions. (*Guidelines* p.11, line 234)
- California does not allow for the payment of supervision. We believe that payment for supervision could lead to the exploitation of trainees. (*Guidelines* p.15, lines 28-30)

- Placing a minimum number of hours per week that may be credited toward meeting supervised experience requirements is not in keeping with California regulations or with formal training program requirements. (*Guidelines* p. 16, line 371 & p.18 lines 403-405)
- We think that the attention to telepsychology guidelines is helpful and forward thinking. (*Guidelines* p. 22-24).

We hope these comments and suggestions are helpful to your committee as you develop the final *Guidelines*.

Sincerely,

JACQUELINE HORN, PhD
Chairperson, Licensing Committee
California Board of Psychology
1625 N. Market Blvd., N-215
Sacramento, CA 95834

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MEMORANDUM

DATE	April 24, 2015
TO	Psychology Board Members
FROM	Karen Johnson Licensing Coordinator Karen Johnson
SUBJECT	**Agenda Item (c)** Licensing Committee - Discussion and Consideration of Draft Supervision Guidelines: Recommendation to full Board (ASPPB)

Background:

ASPPB is in the process of reviewing and revising their Supervision Guidelines and is accepting comments from the jurisdictional psychology licensing boards in the United States and Canada.

The intent of ASPPB's Supervision Guidelines (Guidelines) is to assist jurisdictions in developing their own supervision guidelines and to provide guidance to supervisors and supervisees. Supervision is defined by ASPPB as a collaborative relationship between supervisor and supervisee with the goal to enhance the professional competence of the supervisee by monitoring the quality of services provided.

The Board of Psychology's (Board's) supervision requirements in section 1387 and 1387.1 of the California Code of Regulations do encompass much of what is outlined in the Guidelines with respect to the requirements and responsibilities of the supervisor and the supervisee. However, the following are notable points of differences between the Guidelines and the Board's current supervision requirements:

- The Guidelines suggest that supervisors have training, knowledge, and skill in providing competent supervision by either taking a graduate level academic course of at least one quarter/semester, supervised experience in providing supervision of at least 2 hours a month over at least a six month period of time, or at least 9 hours of sponsor approved (APA) continuing education. Whereas, the Board's regulations require the supervisor to take a six hour course in supervision ever two years. (p.9 #197-202)

- The Guidelines recommend that the supervisor personally observe a videotaped, or a live client session at least once during the period of supervision. The Board does not have this requirement. (p.11 #234-235)

- With regard to the general requirements for supervised experience for licensure, the Guidelines require that each year (1500 hours) of supervised experience be comprised of no less than 10 months, but no more than 24 months. The Board's regulations allow each year to be accrued within 30 consecutive months. (p.14 #305 - 307, p.16 #366-370, p.18 #399-402)

- The Guidelines limit a supervisor to three full-time supervisees simultaneously. With the exception of psychological assistants, the Board does not limit the number of supervisees a supervisor can have at any given time. (p.15 #325-326)

  The Guidelines allow payment for supervision at the post-doctoral level. The Board does not allow for any payment for supervision. (p. 15 #237-332)

- The Guidelines allow for a maximum of 44 hours per week of supervision and a minimum of 20 hours per week at the internship level and a minimum of 16 hours per week at the post-doctoral level, including supervision. The Board allows a maximum of 44 per week as well including supervision, but does not have a minimum number of hours per week at any level. (p.16 #371, p.18 #403)

- The Guidelines address telepsychology supervision and supervision of telepsychology. At this time, the Board's regulations are not specific in defining or requiring the use of telecommunications technologies in the provision of supervision or supervised training. (p. 16 #352-356, p.17 #392-397, p.19 #418-424, p.22 #496-546)

- The Guidelines go into more detail regarding the different types of training at practicum and doctorate levels, and requires a maximum and minimum percentage in specific areas of practice. The Board does not define and limit the types of experience at the different training levels. (p.17 #374-379, p.18 #406-409)

- The Guidelines suggest that the supervisee shall receive 10% supervision of the total time worked each week at least 50% of which must be individual, in-person supervision and that at least half of the individual, in-person supervision be with the primary supervisor. The Board also requires 10% supervision of the total time worked each week, but only requires one hour of individual supervision per week with the primary supervisor. (p. 17 #381, p.18 #414)

- The Guidelines recommend that the postdoctoral supervise experience be accrued under the supervision of a licensed doctoral psychologist. The Board's requirements allow psychological assistants to accrue up to 750 hours under the supervision of a board certified psychiatrist. (p. 18 #399-402)

- The supervision contract requirements outlined in the Guidelines are more comprehensive than the Board's current supervision agreement. (p.19 #440-495)

Attachments:

- ASPPB's Draft Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider.
- California Code of Regulations sections 1387 and 1387.1
- Licensing Committee's suggested comments to ASPPB drafted at their May 7, 2015 meeting. (Hand carry)

Action Requested:

To formulate comments for the full Board to review for ASPPB's consideration regarding the draft supervision guidelines.

The Association of State and Provincial Psychology Boards

Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider

January 2015

Introduction

The Association of State and Provincial Psychology Boards (*ASPPB) Supervision Guidelines* were originally published in January 1998 and subsequently revised in 2003 (ASPPB, 1998, 2003). Since that time much has been written about the process, methods and techniques of supervision facilitating the necessity to once again review and revise the *ASPPB Supervision Guidelines.*

Supervision plays a critical role in the protection of the public and a central role in the training and practice of psychologists (Bernard & Goodyear, 2014; Falender & Shafranske, 2004, Orlinsky, Rønnestad et al., 2005). Supervisors' responsibilities include monitoring client care, ensuring the quality of practice, overseeing all aspects of client services, and mentoring the supervisee. Protection of and accountability to the public are paramount goals of supervision. A psychologist may supervise 1) a trainee seeking to become a licensed practitioner for health service provision, that is for education and training for health service providers, 2) a licensed psychologist under a disciplinary order, 3) licensed non-doctoral practitioner e.g., master's level, 4) non-licensed persons providing psychological services, e.g., psychometrists, or 5) a trainee seeking to become a licensed practitioner for general applied psychology, that is for education and training for general applied psychologists. Please note that the remainder of this document exclusively focuses on the supervision for education and training for health service providers. The other four areas will be included in a later version of this document.

These ASPPB Supervision Guidelines are intended to assist jurisdictions in developing thoughtful, relevant and consistent supervision guidelines. In addition, the Guidelines are

meant to provide guidance to supervisors and supervisees regarding appropriate expectations and responsibilities within the supervisory relationship (Westefeld, 2009). The complexity of the supervisory process, as well as the reality that supervision serves multiple purposes, necessitates that these Guidelines be comprehensive, covering many facets of psychological practice.

In keeping with the purpose of the Supervision Guidelines and recognizing the many and varied reasons for which psychologists enter into supervisory relationships, these ASPPB Supervision Guidelines are structured to provide information in the following areas:

- Ethics of Supervision
- Supervisor Competencies
- Supervision at Different Levels of Training
- Supervision Contract
- Specialty Areas of Supervision

Each of these areas will be covered briefly in the main body of this document and more thoroughly explored in the appendices.

Definitions

This section provides the meanings of terms as used in this document.

Client: Client or patient is used to refer to a direct recipient of psychological services within the context of a professional relationship including a child, adolescent, adult, couple, family, group, organization, community, or other populations, or other entities receiving psychological services. In some circumstances (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, or other administrative body), the client may be the individual or entity

requesting the psychological services and not necessarily the recipient of those services.

In the case of individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision making purposes, except the individual receiving services shall be the client for:

1. Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships, or

2. Issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

Competence: Professional competence is the integrated use of knowledge, skills, attitudes, and values that are necessary to ensure the protection of the public in the professional practice of psychology. Competency ensures that a psychologist is capable of practicing the profession safely and effectively (Rodolfa et al., 2005).

Delegated supervisor: A delegated supervisor is a licensed mental health practitioner to whom the primary supervisor may choose to delegate certain supervisory responsibilities.

In-person : The term *in-person,* which is used in combination with the provision of services, refers to interactions in which the supervising psychologist and supervisee are in the same physical space and does not include interactions that may occur through the use of technologies.

Licensed: Licensed means having a license issued by a board or college of psychology which grants the authority to engage in the autonomous practice of psychology. The terms

registered, chartered, or any other term chosen by a jurisdiction used in the same capacity as licensed are considered equivalent terms.

Primary supervisor: A primary supervisor is a licensed psychologist who has ultimate responsibility for the services provided by supervisees and the quality of the supervised experiences as described in these guidelines.

Regulatory authority: Regulatory authority refers to the jurisdictional psychology licensing board (United States) or college of psychologists (Canada).

Remote: The term *remote,* which is also used in combination with the provision of services utilizing telecommunication technologies, refers to the provision of a service that is received at a different site from where the supervisor is physically located. The term *remote* includes no consideration related to distance and may refer to a site in a location that is in the office next door to the supervising psychologist or thousands of miles from the supervising psychologist.

Supervisee: A supervisee means any person who functions under the extended authority of a licensed psychologist to provide psychological services.

Telepsychology supervision: Telepsychology supervision is a method of providing supervision using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or

asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information).(APA, ASPPB and APAIT Telepsychology Guidelines 2013)

Supervision for Education and Training

Supervision, a distinct, competency-based professional practice, is a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of enhancing the professional competence of the supervisee through monitoring the quality of services provided to the client for the protection of the public, and provides a gatekeeping function for independent professional practice (Bernard & Goodyear, 2014; Falender and Shafranske 2004). The ultimate effectiveness of supervision depends on a broad range of factors, including the competence of the supervisor, the nature and quality of the relationship between the supervisor and supervisee, and the readiness of the supervisee (Falender & Shafranske, 2007). It is important to differentiate supervision from psychotherapy and consultation (Falender and Shafranske 2004) and to recognize that supervision has a central role in the development of supervisee's professional identity and ethical behavior (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Thomas, 2010). Supervision may also involve direct and vicarious legal liability (Barnett et al., 2007; Disney & Stephens, 1994; Falender and Shafranske, 2013b; Saccuzzo, 2002; Thomas, 2010).

Within North America, ethical and regulatory responsibilities of supervisors are set out in the ASPPB *Code of Conduct* (ASPPB 2005), the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association (APA, 2010), the *Canadian Code of Ethics for Psychologists* of the Canadian Psychological Association (CPA, 2000), and the CPA (2009) *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice and Administration.*

These codes provide a framework for the ethical and effective delivery of supervision. See Appendix II for more specific information about these codes.

The Ethics of Supervision

Supervision is a discrete competency that presents unique ethical issues and challenges to supervisors and supervisees alike (Goodyear and Rodolfa, 2011). Multiple ethical principles and practices inform and govern the practice of supervision in psychology and provide a basis for the guidelines and regulations that follow. Particularly relevant to the development of regulations in supervision are ethical principles (e.g., respect, beneficence, integrity), competence in both psychological practice and supervision (ASPPB, 2005, III. A.), informed consent, confidentiality (ASPPB, 2005, III. F.), multiple relationships (ASPPB, 2005, III. B.), and ethical issues around the use of technology. Further, special attention to the ethical code sections relating to education and training is important (APA, Section 7, 2010; CPA, 2000). As the supervisor's highest duty is protection of the public, ethical dilemmas may arise in which the supervisor is required to balance this duty with supervisee development, supervisory alliance, evaluative processes, and gatekeeping for the profession (Falender & Shafranske, 2004, 2007; Bernard & Goodyear, 2014). Please see Appendix II for further information in this area.

Supervisor Competencies

A clear prerequisite for competent supervision is that the supervisor is competent in the areas of the supervisee's practice being supervised (Bernard & Goodyear, 2014; Falender et al., 2004; Hoge et al., 2009). It is equally vital that the supervisor is competent in supervision, that is to have the appropriate education, training, and experience in methods of effective supervision. However, insufficient attention has been given to describing the specific components of

supervisor competence (ASPPB, 2003; Falender et al., 2004; Sumerall, Lopez & Oehlert, 2000). Having supervised without specific training in supervision for some period of time does not guarantee supervisor competence (Rodolfa, Haynes, Kaplan, Chamberlain, Goh, Marquis et al., 1998; Stevens, Goodyear, & Robertson, 1998). Inattention to supervisor competence is relevant for regulation due to the risk of harm for clients and supervisees alike, as increasingly supervisees report ineffective, multiculturally unresponsive, and harmful supervision that compromise both client care and supervisee emerging competence (Burkard et al., 2006; Burkard et al., 2009; Ellis et al., 2010; Magnuson, Wilcoxon, & Norem, 2000).

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes:

- An understanding of the professional practice being supervised (models, theories, and modalities of supervision);
- Research, scientific, and evidence-base of the supervision literature;
- Professional/supervisee development;
- Ethics and legal issues specific to supervision;
- Evaluation and process outcome; and
- Diversity in all its forms.

Skills include:

- Providing supervision in multiple modalities (e.g., group, individual);
- Forming a supervisory alliance;
- Providing formative and summative feedback;
- Promoting the supervisee's self-assessment and growth;

- Self-assessing by the supervisor;
- Assessing the supervisee's learning needs and developmental level;
- Eliciting and integrating evaluative feedback from supervisees;
- Teaching and didactics;
- Setting boundaries;
- Knowing when to seek consultation;
- Flexibility; and
- Engaging in scientific thinking and translating theory and research to practice.

Attitudes and values include:

- Appreciation of responsibility for both clients and supervisees;
- Respect;
- Sensitivity to diversity;
- A balancing between being supportive and challenging;
- Empowering;
- A commitment to lifelong learning and professional growth;
- Balancing obligations to client, agency, and service with training needs;
- Valuing ethical principles;
- Knowing and utilizing psychological science related to supervision;
- A commitment to the use of empirically-based supervision; and
- Commitment to knowing one's own limitations.

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the

supervision (Falender et al., 2004). Recently the American Psychological Association has endorsed the *Guidelines for Clinical Supervision in Health Service Psychology* (APA, 2014). The APA *Guidelines* present best practices guidelines for psychologists who supervise trainees using a competency based model. Please refer to Appendix III for further information and references about supervisor competence.

Guidelines for Qualifications and Responsibilities of Supervisors

A. Qualifications of Supervisors

Supervising psychologists shall:

1. Be licensed for the independent practice of psychology regardless of setting;
2. Abide by the ethical principles, codes of conduct, and jurisdictional statutes and regulations pertaining to the practice of psychology;
3. Have knowledge of relevant theory and scientific literature related to supervision,
4. Have training, knowledge, skill, and experience to render competently any psychological service undertaken by their supervisees;
5. Have current training, knowledge, and skill in providing competent supervision; This is typically met by a graduate level academic course from a regionally accredited institution of higher learning of at least one quarter/semester, or supervised experience in providing supervision of at least 2 hours a month of supervision over at least a six month period of time; or at least 9 hours of sponsor approved (APA) continuing education.
6. Abide by specific setting requirements needed for each level of training;
7. Depending on level of training, own, be an employee of, or be in contract status with the entity employing the supervisee; and.

8. Not currently be under board discipline. In the event that disciplinary action is taken against the supervisor during the supervisory period, the supervisor shall immediately notify the supervisee and assist the supervisee in immediately obtaining a new supervisor.

B. Responsibilities of Supervisors

Supervising psychologists shall:

1. Assume professional and legal responsibility for the work of the supervisee;
2. Ensure that the supervisee's duties and services are consistent with their level of graduate training, competence, and meets their specific training needs;
3. Have knowledge of clients and of the services being provided in order to plan effective service delivery procedures to ensure the welfare of the clients;
4. Inform the supervisee of procedures to respond to client emergencies;
5. Inform and ensure that the supervisee complies with the laws, regulations, and standards of practice, including obtaining informed consent from the clients to disclose information about them to the supervisor;
6. Intervene in or terminate the supervisee's activities whenever necessary to protect the client from harm and to ensure the protection of the public;
7. Abide by the reporting requirements in the relevant jurisdiction regarding the supervisee's practice;
8. Delegate supervision to another licensed mental health professional whose competence in the delegated areas has been demonstrated by previous education, training, and experience when
    a. The service needs of the client are beyond the area of expertise of the supervisor,

230 **b.** The training needs of the supervisee warrant such delegation, or
231 **c.** It becomes necessary to provide for a qualified supervisor in case of interruption
232 of supervision.
233 9. Review and approve supervisee's progress notes and assessment reports;
234 10. Personally observe a videotaped, or live client session at least once during the period of
235 supervision;
236 11. Ensure the supervisee has knowledge of relevant theory and scientific literature related
237 to the area of supervised practice;
238 12. Be available to the supervisee in person or electronically 100% of the time when the
239 supervisee are rendering professional services;
240 13. Maintain professional boundaries by managing multiple relationships and not enter into
241 sexual relationships, or other relationships with their supervisees that would interfere
242 with the supervisors' objectivity and ability to provide effective supervision;
243 14. Not supervise any former client/patient or any immediate family member of a former
244 client/patient;
245 15. Assist the supervisee in working with professionals in other disciplines as indicated by
246 the needs of each client/patient and periodically observe these cooperative encounters;
247 and
248 16. Generate and maintain records regarding dates of scheduled supervision as well as an
249 accurate summary of the supervision and the supervisee's competence. These records
250 must be maintained until the supervisee obtains a license or for at least 7 years after the
251 supervision terminates, whichever is greater. If the records are requested by a
252 regulatory body, the supervising psychologist shall provide them.

253

Supervision at Different Levels of Training

Education and training of psychologists encompasses many different activities, including learning the basic science of the discipline, conducting research, and applied training. In addition to book learning and experiences in the lab, psychology training includes practical experiences in providing psychological services. These practical experiences are traditionally conducted at three different levels, practicum, internship, and postdoctoral fellowship, and are graded, cumulative and sequential in terms of complexity, supervision, and independence. The provision of supervision to trainees in psychology is fundamental to trainees learning the knowledge, skills, attitudes, and values necessary for the competent practice of psychology. Supervision ensures that those entering the profession have obtained the requisite competencies for entry to the independent practice of psychology. A primary goal of supervision for education and training, in addition to protection of the public, is the professional development of the supervisee.

Practicum training occurs during graduate school and consists of real world practical experience in providing psychological services. The training received during practicum is intended to meet basic skills, attitudes and knowledge in the provision of psychological services. The need for closer monitoring and supervision at this level of training is well accepted. The doctoral internship is the next component of applied training and usually occurs after all of the graduate coursework is completed. It usually lasts one year full time (or sometimes two years half-time), and is considered as "an immersion experience" (McCutcheon and Keilin, 2014) in applied training. The trainee learns intermediate to advanced skills, attitudes and knowledge in the provision of psychological services. The need for monitoring and supervision progresses developmentally throughout the year in correlation with the acquisition of supervisee competence. The postdoctoral fellowship occurs after the internship has been completed and

after the doctoral degree has been awarded. It is the last level of formal education for psychologists and as such the trainee is expected to master advanced competencies. Monitoring and supervision focuses at this level of training focuses more on the acquisition of professional identity and advanced applied competencies than on the development of basic applied skills. While some of the supervision requirements for education and training apply to all of these levels, some differ depending on level.

Guidelines for Supervision at the Different Levels of Training

A. Setting

Training settings must provide ongoing psychological services and have as a goal the training of professional psychologists.

1. The Director of Training (DOT) or the primary supervisor is responsible for maintaining the integrity and quality of all of the supervised experience for each supervisee.
2. The DOT or the primary supervisor shall ensure that the setting meets the broad and specialized needs of the supervisee within the framework of the population served and the services provided in that setting. Physical components must be available such as an office, support staff and equipment necessary for a supervisee to be successful.
3. The setting shall have as many licensed psychologists as necessary to meet the training needs of the supervisees.

B. General Requirements for Supervised Experience for Licensure

The following guidelines are recommended as general minimal requirements for doctoral level

licensure as a health service provider psychologist:

1. Two years of supervised experience, at least one of which shall have been completed after receipt of the doctoral degree, for a minimum of 3,000 total clock hours;
2. Each year [or equivalent] shall be comprised of no less than 10 months, but no more than 24 months, and consist of at least 1,500 hours of professional service including but not limited to direct contact, supervision and didactic training;
3. One year must be doctoral internship which consists of a minimum of 1500 hours of actual work experience (exclusive of holidays, sick leave, vacations or other such absences). There may be exceptions for respecialization and general applied candidates;
4. Respecialization or general applied candidates may complete the entire 3,000 hours of supervised experience post-doctorally, however, the first 1,500 hours of such supervised experience must meet the requirements of the doctoral internship;
5. The DOT or primary supervisor shall ensure that the supervised experience is a systematic and planned sequence of supervised professional experience of increasing complexity, with the primary objective to prepare the supervisee for the next level of training or licensure;
6. The training status of the supervisee shall be identified by an appropriate title, such as student, intern, resident, fellow, psychological assistant, etc., in order that their training status is clearly identifiable to clients, third party payors, and other entities;
7. Services provided under the authority of a different profession e.g., Social Work, Licensed Professional Counselor, cannot be used to accrue supervised professional experience for the purposes of obtaining a license as a psychologist;

8. A supervisor shall not be responsible for the supervision of more than three (3) full-time equivalent supervisees simultaneously for licensure;
9. Supervisees should not pay for supervision at the practicum or doctoral internship level. If payment is allowed for supervision at the post-doctoral level, supervisors should pay particular attention to the impact of the financial arrangements on the supervisory relationship and the supervisor's objectivity; and
10. Supervisee and supervisor should enter into a supervision contract at the beginning of each supervisory period. Details on the supervision contract are described below.

C. Guidelines for Supervision at the Practicum Level

The following recommendations apply only for practicum experiences used for licensure. Practicum experiences not used for licensure are under the purview of the academic training program.

1. Practicum experiences shall be a minimum of 1500 hours of supervised professional experience and be broad and general in focus. Trainees must have at least three (3) different supervisors during this experience.
2. At least fifty (50) percent of the total hours of supervised experience accrued shall be in service-related activities, defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations;
3. At least twenty-five (25) percent of the supervised professional experience shall be devoted to in-person client contact;
4. Supervision shall be no less than twenty-five (25) percent of the time spent in service-related activities. Most of the supervision (a minimum of seventy-five (75) percent) shall be individual, in-person with a licensed psychologist, at least half of which shall be with the primary supervisor. The remainder of the supervision can be

in a group setting, and/or be provided by another licensed psychologist or licensed mental health provider or by a more advanced trainee under the supervision of a licensed psychologist;

5. Telepsychology supervision is not allowed during a student's first practicum experience if that experience is to be used to meet specifications listed above for fulfilling licensure requirements;
6. Telepsychology supervision shall not account for more than 50 percent of the total supervision at any given practicum site;
7. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence; and
8. The use of telepsychology supervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm.
9. The practicum setting should offer a full spectrum training and provide a foundation for a career in psychology.
10. The practicum setting should offer a variety of professional role models and diverse client/patient populations.

D. Guidelines for Supervision at the Doctoral Internship Level:

1. The doctoral internship consists of a minimum of 1500 hours of work experience (exclusive of holidays, sick leave, vacations, or other such absences) under the supervision of a licensed doctoral level psychologist, completed in not less than ten (10) months and not more than twenty-four (24) months and provide a variety of professional experiences;
2. A maximum of forty-four (44) work hours per week and a minimum of 20 hours per week, including supervision time, may be credited toward meeting the supervised

experience requirement;

3. At least fifty (50) percent of the doctoral supervised experience must be in service-related activities such as treatment/intervention, assessment, interviews, report writing, case presentations, providing supervision, or consultation;
4. At least fifty (50) percent of the service-related activity time listed in D 3 must be in-person direct client contact;
5. No more than ten (10) percent of the internship time shall be allocated for research;
6. A doctoral intern shall be provided with supervision for at least ten (10) percent of the total time worked each week. At least fifty (50) percent of the supervision shall be in individual, in-person supervision, at least half of which must be with the primary supervisor. The remainder of the supervision can be in a group setting, and/or be provided by another licensed psychologist or licensed mental health provider or by a more advanced trainee under the supervision of a licensed psychologist;
7. No more than fifty (50) percent of the minimum required hours of individual supervision and no more than fifty (50) percent of the additional required hours of supervision shall be provided by Telepsychology supervision;
8. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
9. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence; and

10. The use of telepsychology supervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm.

E. Guidelines for Supervised Experience at the Post-Doctoral Level

1. The postdoctoral supervised experience consists of a minimum of 1500 hours of work experience (exclusive of holidays, sick leave, vacations, or other such absences) under the supervision of a licensed doctoral psychologist, completed in not less than ten (10) months and not more than twenty-four months;
2. A maximum of forty-four (44) work hours per week and a minimum of 16 work hours, including the required two hours supervision time, may be credited toward meeting the supervised experience requirement;
3. At least fifty (50) percent of the post-doctoral supervised experience shall be in service-related activities such as treatment/intervention, assessment, interviews, supervision, report writing, case presentations, providing supervision, or consultation;
4. At least fifty (50) % of the service related activity time listed in C3 must be in-person direct client contact.
5. A postdoctoral resident shall be provided with at least two hours of individual supervision for each week worked;
6. A minimum of fifty (50) percent of the required supervision shall be in individual, in-person supervision, at least half which must be with the primary supervisor. The remainder of the supervision can be in a group setting, and/or be provided by another licensed psychologist or licensed mental health provider;

7. No more than fifty (50) percent of the minimum required hours of individual supervision and no more than fifty (50) percent of the additional required hours of supervision shall be provided by telepsychology supervision;

8. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology; and

9. The use of telepsychology supervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm.

10. Postdoctoral Settings should focus the training in areas of intended, advanced and specialized practice.

Supervision Contract

The current standard of practice in the profession is that there should be a written contract between the supervisor and the supervisee (Osborn & Davis, 1996; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007). The purpose of such a contract is threefold: to inform the supervisee of expectations and responsibilities; to clarify the goals, methods, structure, and purpose of the supervision so that the supervisee can understand the expectation for supervision (Fall & Sutton, 2004; Guest & Dooley, 1999; McCarthy et al.,1995;, Barnett, 2001; Guest & Dooley, 1999; Prest et al., 1992; Teitelbaum, 1990; Welch, 2003); and to establish a context in which communication and trust can develop (Cobria & Boes, 2000). Clarifying the supervisory relationship in a contract establishes clear boundaries, creates a collaborative tone for supervision, increases accountability, and decreases misunderstandings (Thomas, 2007).

Prior to the initiation of supervision, the supervision contract should be completed and include the following elements:

1. The goals and the objectives of the supervision, including:
    a. Protection of the public, i.e., the protection of the welfare of the supervisee's clients;
    b. Protection of the supervisee;
    c. The role of gatekeeper, which is accomplished by assessing the supervisee's readiness for autonomous practice;
    d. Professional development of the supervisee;
    e. Remediation of areas where the supervisee is not meeting criteria for competence or ethical standards; and
    f. Preparation for independent practice.
2. A statement of the job duties and responsibilities of the supervisee, including:
    a. The psychological services to be offered;
    b. Maintenance of adequate records regarding services provided;
    c. Informing supervisors of essential elements of all cases being supervised;, and
    d. Adhering to laws, regulations, ethical standards, and agency rules governing psychological practice, including:
        i. Informing clients of supervisees' training status,
        ii. Obtaining informed consent to share information about the psychological service with the supervisors.
3. A statement of the roles and responsibilities of supervisors, including:
    a. Informing supervisees of supervisors' licensure status and qualifications;
    b. The format of supervision provided;
    c. Whether part of the supervision will be assigned to others and the qualifications of delegated supervisors;

d. With whom the ultimate legal responsibility for the services provided to clients resides;
e. The requirement to write a report to the relevant authority (training directors, regulatory authorities) regarding the supervisee's progress and competence; and
f. Documentation of supervision.

4. Contingency plans for dealing with unusual, difficult, or dangerous circumstances, including:
   a. Criteria about what constitutes an emergency and procedures to follow in an emergency;
   b. Availability of the supervisors for emergency supervision;
   c. Legal reporting requirements for both supervisors and supervisees; and
   d. Court involvement.
5. Resolving differences between supervisor and supervisee:
   a. How differences in opinion or approach should be handled; and
   b. How grievances can be managed or means of alternative resolution.
6. Informed consent regarding:
   a. Limits to confidentiality regarding the client;
   b. Limits to confidentiality regarding personal information provided by the supervisee;
   c. Financial arrangement for supervision;
   d. Requirements of supervision, including observation and review of records; and
   e. A statement of how both formative and summative evaluations will occur, including:
      i. Criteria used; and

ii. How and to whom evaluations will be disclosed, e.g., licensing authority, training program.

7. Duration of the supervision contract to include days and times of when supervision incurs;
8. Grounds for termination of supervision; and
9. A statement that the supervisor is responsible for overseeing all work of the supervisee and shall review any work product and sign all reports and communications that are sent to others.

Telepsychology Supervision and Supervision of Telepsychology

Introduction

Telecommunication technologies (e.g., telephone, video teleconferencing, instant messaging, internet, e-mail, chat, or web pages) are rapidly becoming more prevalent in the practice of psychology. Early proponents of telepractice in psychology defined "telehealth" services to include the use of technology in supervision of psychological practice (Nickelson, 1998). Telecommunication technologies are increasingly being integrated into psychological practice (Myers, Endres, Ruddy, & Zelikovsky, 2012).

Supervision via electronic means provides a platform to observe the psychological practice and interact remotely with the supervisee (e.g., cf. Abbass et al., 2011; Wood, Miller and Hargrove, 2005). In order to prepare adequately to use technological resources, psychologists who engage in the delivery of psychological services involving telecommunication technologies must take responsible steps to ensure ethical practice (Barnett, 2011; Nicholson, 2011).

The use of telecommunication technologies has direct application to the provision of supervision. The supervision of telepsychology has the potential to create greater access to

care for recipients of psychological services in remote locations or with otherwise underserved populations (Dyck & Hardy, 2013; Layne & Hohenshil, 2005; McIlwraith, Dyck, Holms, Carlson, & Prober; Miller, Morgan, & Woods, 2009; Ragusea & VandeCreek, 2003). Although there is a growing body of literature describing the utility and safety of the use of technology, telecommunication in supervision presents unique risks and challenges that must be addressed to protect all parties involved in the provision of supervised psychological services.

As the practice of telepsychology affects all jurisdictions, the need for consistency in the development of regulations across jurisdictions is obvious (McAdams & Wyatt, 2010). Input for the model regulations presented below was adapted from the Ohio Board of Psychology regulations (OBOP, 2011). For more complete guidelines for the provision of telepsychology services to the public, the Guidelines for the Practice of Telepsychology (APA, 2013; ASPPB, 2013) should be consulted.

All of the regulations above regarding supervision of trainees apply to the practice of telepsychology supervision. In addition, there are some specific regulations appropriate to the use of telepsychology supervision.

Guidelines regarding Telepsychology Supervision

Requirements for Supervisors in Provision of telepsychology supervision

Psychologists providing telepsychology supervision shall:

1. Be licensed. Interjurisdictional supervision is not permitted except in emergency situations at this time;

2. Be competent in the technology of the service-delivery medium;

3. Adhere to the ASPPB Principles/Standards for the Practice of Telepsychology (ASPPB 2013);

4. Ensure the electronic and physical security, integrity, and privacy of client records, including any electronic data and communications;
5. Inform supervisees of policies and procedures to manage technological difficulties or interruptions in services;
6. Verify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;
7. Inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;
8. If the supervisee is providing telepsychology services, ensure that proper informed consent concerning the risks and limitations of telepsychology is obtained from clients; and
9. If the supervisee is providing telepsychology services, ensure that the services provided are appropriate to the needs of the client.

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APPENDIX I

Process of Guideline Development

Charges:

The ASPPB Board of Directors (BOD) authorized the establishment of the ASPPB Task Force on Supervision Guidelines[1] in 2010 to update and revise the 2003 version of the *ASPPB Supervision Guidelines* including:

- Defining the varied uses of supervision, including the processes and practices used for training and licensure, as well as supervision as a condition of licensure or as a requirement of a disciplinary action; and
- Providing draft regulatory language pertaining to supervision, along with commentary, for consideration by ASPPB members for inclusion in licensing regulations.

Process:

The initial meeting of the Task Force was held in July 2010. At that time, the Task Force focused on those essential areas to be included in supervision guidelines; namely, areas of supervision, structure of supervision, supervisor competence, supervisee competence and supervision ethics. The Task Force requested a larger workgroup[2] meeting made up of various interested

[1] Members of the ASPPB Task Force on Supervision Guidelines were Jack Schaffer, PhD, Chair (MN), Carol Falender, PhD (CA), Steve Lewis, PsyD (VT), Rick Morris, PhD (ON), Emil Rodolfa, PhD (CA), Stephen DeMers EdD (ASPPB) and Janet Orwig, MBA (ASPPB).

[2] Members of the Working Group included members of the Task Force and Drs. Judith Blanton, Michael Ellis, Victoria Follette, Catherine Grus, Robert Hatcher, Kathleen Molloy, Steve McCutcheon, Carole Sinclair, Janet Thomas and Sheila Woody).

905 parties and stakeholders who had expertise in supervision in the US and Canada to further
906 articulate what was crucial to be included in the guidelines.

907 At the working group meeting held in February 2012, the group discussed different aspects of
908 supervision. These included: 1) the purpose and structure of supervision; 2) supervisor and
909 supervisee competence; 3) the ethics of supervision; and 4) supervision issues relating to
910 training and regulation, with a focus on distinguishing those issues which are appropriate for
911 regulation as foundational requirements for licensure and those more pertinent to training and
912 education.

913 The Task Force group met again in May 2012 to delineate the core content in the supervision
914 guidelines considered most relevant to regulations. In February 2013 the Task Force met to
915 complete its draft and send it to the BOD. On August 2013 Drs. Schaffer, Falender and Rodalfa
916 incorporated feedback from the BOD and submitted its final report to the BOD in September
917 2013.

918 The BOD referred the draft Guidelines to the Model Act and Regulations Committee (MARC) for
919 review. After MARC's initial review, the BOD delegated a subcommittee[3] to condense and edit
920 the draft report for BOD consideration. In October, 2014, the BOD approved the draft report to
921 be sent out for public comment.

922

[3] The subcommittee consisted of Carol Webb, PhD., ABPP, Alex Siegel, JD, PhD, and Janet Orwig, MBA.

APPENDIX II

Ethical Codes and Codes of Conduct

The ASPPB Code of Conduct (2005) defines a supervisee as "any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services" (II.G). In addition, the ASPPB Code specifically mandates that any psychologist providing supervision shall perform this professional role appropriately and in compliance with all rules and regulations of the licensing authority (III.A.9). The ASPPB Code states that "the psychologist shall not engage in any verbal or physical behavior with supervisees which is seductive, demeaning or harassing or exploits a supervisee in any way – sexually, financially or otherwise (III.E.1). Finally, the ASPPB Code notes that the psychologist "shall not delegate professional responsibilities to a person not appropriately credentialed or otherwise appropriately qualified to provide such services" (III.A.10). While not only applicable to supervision, this delegation of professional responsibility restriction requires that supervisors be mindful of any legal restriction of a supervisee's scope of practice, as well as any limitations of competence that a supervisee may demonstrate during their period of supervised experience.

The APA Ethics Code, Principle E addresses "Respect for People's Rights and Dignity," which includes supervisees, regardless of the reason for the supervision. The Code sets out the responsibility to protect supervisees from harm (2.01e, 3.04) and to ensure that services being provided by supervisees are provided competently (2.05). Other standards include prohibiting exploitation of supervisees (3.08, 7.07), specifying requirements for informed consent (3.10, 9.03, and 10.01), stipulating limitations in requiring private information from supervisees (7.04), cautioning about multiple relationships (7.05), and addressing the evaluation of supervisees (7.06).

The CPA Code also sets standards for the practice of supervision as it emphasizes respect for the dignity of persons (I), the rights and promotion of the welfare of supervisees (I.8 and II.1), with the necessity of consent in relationships with supervisees (I.36). Other standards describe the importance of maintaining confidentiality with respect to information obtained (I.43) and the need to assume overall responsibility for the services offered by supervisees (I.47). The Code sets out the responsibility of the supervisor to facilitate the professional development of supervisees (II.25), and the importance of avoiding multiple relationships with those being supervised (III.33).

The ethical and regulatory requirements that are elements of any psychological service also apply to supervision. Many jurisdictions currently prescribe components of the supervisory requirements in regulation, in particular for pre-licensure supervision (ASPPB, 2013). Some jurisdictions have developed regulations to provide guidance to psychologists for supervision in disciplinary cases.

The Ethics of Supervision

Supervisor Ethical Competence

Competence is an essential ethical ingredient in supervision, as it is in psychological practice. In order to provide competent supervision, the supervisor must be competent both in the services being provided by the supervisee and in the provision of supervision. As is implicit in supervisor competence generally, supervisors are assumed to abide by and model the highest ethical principles. Nevertheless, in one study, over 50% of supervisees reported their supervisors did not follow at least one ethical guideline (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), several of which involve standards of competent supervision (e.g., performance evaluation and monitoring of the supervisee's activities, defining limits of confidentiality in

supervision issues, session boundaries and respectful behavior), compromising the supervision relationship due to the power differential implicit in supervision and jeopardizing client care, supervisee development of competence, and supervisee well-being.

Among the ethical competencies essential for the supervisor are the values and skills involved in appropriately delegating a client to the supervisee and in the ongoing monitoring of the supervisee's clients, as well as the monitoring of the professional development of the supervisee. Supervisors should have the ability to assess the supervisee's competencies and the ability to provide effective feedback in order to actively monitor the supervisee's interventions and the client's progress. This initial assessment is necessary to determine which clients may be assigned and what level of supervision is needed. Feedback is necessary to facilitate supervisee's learning (Barnett, Cornish, Goodyear, & Lichtenberg, 2007). Research demonstrates, however, that psychologists have difficulty providing constructive feedback to supervisees (Hoffman, Hill, Holmes, & Freitas, 2005), although training in supervision improves the process of providing feedback to supervisees (Milne, Sheikh, Pattison, & Wilkinson, 2011). Supervisory integration of data from client self-report and monitoring of the client progress (Worthen & Lambert, 2007) is associated with enhanced client outcomes (Lambert, 2010).

Another ethical component of supervision is obtaining informed consent from the supervisee, which has a more narrow construction in supervision than when applied to clients, as it is informed by training and accreditation standards, workplace or practice setting policies, and jurisdictional regulations. The supervision contract, a means of obtaining informed consent, should delineate the expectations of supervision and the agreement between supervisor and supervisee (Thomas, 2007).

Limits of Confidentiality

Supervisors should disclose to supervisees the limits of confidentiality with respect to personal disclosures and evaluation processes. Defining these limits requires that the supervisor describe the multiple entities that normally receive information regarding supervisee competence and readiness for independent practice. Ethical guidelines dictate that the supervisee be informed that evaluative and competence assessment information is provided to graduate programs, supervision training teams, including administrative supervisors in the practice setting, and regulatory boards. In addition, the supervisor has the responsibility to ensure that the supervisee's clients have been informed of the supervisee's status as a trainee and that the supervisor is responsible for all services provided and has access to all clients' records.

Multiple Relationships

Although some multiple relationships in supervision are unavoidable, multiple relationships between supervisor and supervisee should be carefully considered due to the potential loss of supervisor objectivity or exploitation of the supervisee. Further, due to the power differential, supervisees may not be able to refuse to engage in a multiple relationship or to withdraw once commenced. Several helpful problem solving frames provide mechanisms to assess risks versus benefits of entering into multiple relationships between supervisors and supervisees (Burian & Slimp, 2000; Gottlieb, Robinson, & Younggren, 2007).

Technology

Ethical supervision using telecommunication technologies requires special attention (ASPPB, 2013; McFadden & Wyatt, 2010). Issues include the following areas.

1. Potential risks exist for clients through telepsychology practice and for both supervisees and their clients when supervision occurs via telepsychology supervision. Supervisors and supervisees must pay careful attention to possible risks to, and limits of, confidentiality. They must be knowledgeable about the security of the connection, encryption, electronic breaches, and the vulnerability of the content of client interaction or supervision visible on a computer where others could observe it on an unsecure network (Fitzgerald, Hunter, Hadjistavropoulos, & Koocher, 2010);
2. Identity of the supervisee must be confirmed (Fitzgerald et al., 2010);
3. Identity and age of the client must be confirmed, and permission of parents or guardians should be obtained, if necessary (Fitzgerald et al., 2010; McIlraith et al., 2005);
4. Both supervisor and supervisee should be aware that nonverbal communication and emotional reactivity of both client and supervisee may be more difficult to assess using electronic means of communication;
5. Emergency procedures must be addressed, including limits to therapist or supervisor accessibility, accessing a local professional who could manage emergent situations, or situations when technical or logistical issues preclude therapist or supervisor contact;
6. The limits of confidentiality of videotaping client and supervision sessions should be fully understood. An informed consent should clearly state limitations of confidentiality using technology and describe the steps taken to protect the identity of the client;
7. The use of social networks and online communication should be reviewed carefully with the supervisee. Parameters for supervisee behavior should be

identified, including prohibition of friending or social network relationships between supervisor and supervisee, as well as between supervisee and client;

8. The ethics of internet searches of clients and supervisees, extra-therapeutic on-line contact between supervisee and client, use of texting, Facebook presence and use of emails to communicate all need to be considered to ensure professionalism (Clinton, Silverman, & Brendel, 2010); and
9. The ethics of blogs by supervisees/supervisors under their own names, information regarding supervisees and supervisors accessible on dating sites (Gabbard et al., 2011), and generally the increased transparency of client access to therapist information (Zur, Williams, Lehavot, & Knapp, 2009) should be reviewed, as well as steps to maximize security of technology processes and procedures (Manring, Greenberg, Gregory, & Gallinger, 2011). All use of technology in the provision of psychological services should adhere to the Guidelines for Telepsychology developed by ASPPB and APA (APA, 2013; ASPPB, 2013a).

Understanding their ethical obligations will help supervisors enhance their practice of supervision and, in turn, help supervisees improve professional services to the public they serve (Goodyear & Rodolfa, 2011).

APPENDIX III

Supervisor Competence

The process designed to train competent supervisors has not changed a great deal since the 1998 ASPPB Supervision Guidelines stated:

> Given the critical role of supervision in the protection of the public and in the training and practice of psychologists and psychology trainees, it is surprising that organized psychology, with few exceptions, has failed to establish a requirement for graduate level training in supervision. Few supervisors report having had formal courses on supervision and most rely on their own experience as a supervisee. In addition, the complexity of the supervisory process as well as the reality that supervision itself serves multiple purposes prevents simplistic guidelines....Concerns for protection of the public and accountability are paramount (p. 2).

There have been significant advances, however, in the research and scholarship on supervision (Borders et al., 2011; Ellis, 2010; Falender & Shafranske, 2008; Bernard & Goodyear, 2014; O'Donovan, Halford, & Walters, 2012). Criteria have been developed for supervisor competencies (Fouad et al., 2009; New Zealand Psychologists Board, 2010), supervisor skills to be developed (EFPA EuroPsy, 2009), ethical guidelines for supervision (CPA, 2009; Pettifor et al., 2011), supervision guidelines (Australian Psychological Society, 2003), and specific criteria for supervisor training (British Psychological Society, 2008; Psychology Board of Australia, 2013)

Although scholarship has significantly increased in the supervision literature, training for supervision has not kept pace. Even though training in supervision is required by the CoA (APA, 2010), limited courses exist. A possible reason for this limited progress is reported by Rings and colleagues (2009), who found that psychologists do not generally value training for supervision.

As with other areas of practice in psychology, psychologists who choose to provide supervision should become competent through training that consists of both coursework addressing the core components of effective supervision and supervised experience in providing supervision. One purpose of this document is to ensure that the supervision provided as part of the licensure process is performed in a manner that protects the public and contributes to the competence of supervisees.

Supervisory Competence Overview

Supervisory competence includes the following elements: competence in supervision and in the psychological practice being supervised; multicultural competence; ethical and legal competence; contextual competence; theory, skills, and processes for group and individual supervision; and attitudes and values supporting the conduct of competent supervision (Falender et al., 2004; Rings, Genuchi, Hall, Angelo, & Cornish, 2009). Contextual competence refers to knowledge, skills, and attitudes regarding the specific local context and the ethical and clinical aspects that arise from that context. These elements should be "above and beyond...competence as a therapist" (Bernard & Goodyear, 2014, p. 66). Such competence also entails interpersonal functioning and professionalism, as well as sensitivity and valuing the importance of individual and cultural diversity (Kaslow et al., 2007). Supervisory competence requires knowledge of supervision theory, skills, and processes, and up-to-date knowledge of developments in both psychological and supervision practice (Bernard & Goodyear, 2014), in addition to specific training in supervision. It is essential that the supervisor monitor and assess the competence of the supervisee in this competency-based era. This requires knowledge of the guidelines, effective practices, and client outcome assessment norms in the literature (Falender & Shafranske, 2013a; Bernard & Goodyear, 2013).

Critical tensions arise from balancing the supervisor's multiple roles. These roles include balancing the supervisor's primary duty to protect the client and to serve as gatekeeper to the profession, while at the same time establishing a strong supervisory alliance with the supervisee by supporting and monitoring supervisee growth and development through feedback and evaluation.

The concepts of supervisor competence and of competency-based supervision are implicit in APA (2009) and CPA (2011) accreditation criteria and regulation (DeMers, Van Horne & Rodolfa, 2008). There is a body of literature, however, that suggests there is a lack of adequate training in the provision of supervision that persists among practitioners who are current supervisors, (Johnson & Stewart, 2000), and even among supervisees in the training pipeline (in Canada, Hadjistavropoulos, Kehler, & Hadjistavropoulos, 2010; in the United States, Crook-Lyon, Presnell, Silva, Suyama, & Stickney, 2011; Lyon, Heppler, Leavitt, & Fisher, 2008), compromising transmission of enhanced competencies in practice and supervision (Kaslow et al., 2012) to future generations of practitioners.

Effective Supervision

The growing literature describing supervision processes and procedures contributes to the profession's understanding of effective supervision, which in turn informs how to regulate supervision. Components of effective supervision (summarized in Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Bernard & Goodyear, 2014; Falender & Shafranske, 2004; 2008, 2012; Barnett et al., 2007; Bernard & Goodyear, 2014; College of Psychologists of Ontario, 2009; Johnson, Elman, Forrest, Robiner, Rodolfa, & Schaffer, 2008) include:

1. Complying with legal and ethical requirements (Falender & Shafranske, 2004; Goodyear & Rodolfa, 2011; Tebes et al., 2011);

2. Balancing the multiple roles of promoting supervisees' development, evaluation, and gatekeeping (Johnson et al., 2008);
3. Providing multiculturally sensitive supervision and addressing the diversity identities and worldviews of clients, supervisees, and supervisors (Burkard et al., 2009; Falender, Burnes & Ellis, 2012; Vargas, Porter, & Falender, 2008);
4. Clarifying the supervisor's expectations, including a formal supervision contract (Falender & Shafranske, 2004; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007);
5. Assessing the supervisee's readiness to participate in supervision (Falender & Shafranske, 2012a; Aten, Strain & Gillespie, 2008);
6. Assessing competency of the supervisee using observation of clinical sessions, client and supervision outcomes, and the supervisee's self-assessment (Bernard & Goodyear, 2014; Falender & Shafranske, 2007);
7. Monitoring the supervisee's performance, taking into account the supervisee's knowledge, skills, attitudes, and values (Bernard & Goodyear, 2014);
8. Assessing the relative competence of the supervisee to provide services to a client (Sterkenberg, Barach, Kalkman, Gielen, & ten Cate, 2011);
9. Using a strength-based approach to supervision (Fialkov & Haddad, 2012);
10. Providing ongoing formative and summative evaluation (Johnson et al., 2008; Goodyear & Bernard, 2009; Falender & Shafranske, 2007);
11. Addressing the supervisee's personal factors and emotional reactivity (Falender & Shafranske, 2004);
12. Identifying and repairing strains and ruptures (Falender & Shafranske, 2008);
13. Identifying and remediating the supervisee's competence problems (Behnke, 2012; Bieschke, 2012; Forrest, 2012; Jacobs et al., 2012); and

14. Gatekeeping to address the supervisee's competence problems and ensuring protection of the public (Barnett et al., 2007; Brear & Dorrian, 2010; Johnson et al., 2008);

"Defining competencies in psychology supervision: A consensus statement" (Falender et al., 2004) provided a structure of knowledge, skills, attitudes, and values as a preliminary model of entry-level supervisor competence. Falender et al. (2004) described five supra-ordinate factors: 1) competence in supervision is a life-long, cumulative developmental process with no end point; 2) attention to diversity in all its forms requires specific competence and relates to every aspect of supervision; 3) attention to legal and ethical issues is essential; 4) training is influenced by professional and personal factors, including values, beliefs, biases and conflicts, some of which are considered sources of reactivity or countertransference; and 5) self- and peer-assessment across all levels of supervisor development is necessary.

Based on the literature, the following questions may assist boards or colleges in determining the competency of psychologists to supervise (Falender et al., 2004):

- Has the psychologist successfully completed a course/training in supervision?
- Has the psychologist received supervision of supervision and has he or she been endorsed as ready to supervise?
- Has the psychologist used audio, video, or live supervision in supervision practice?
- Does the psychologist initiate and use a supervision contract?
- Is there evidence that the psychologist provides regular and corrective feedback to supervisees designed to improve their functioning?

- Does the psychologist require client outcome assessment?

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes: (a) an understanding of the professional practice being supervised (Falender & Shafranske, 2007); (b) models, theories, and modalities of supervision (Farber & Kaslow, 2010); (c) research, scientific, and evidence-base of the supervision literature (Milne & Reiser, 2012; Watkins, 2012); (d) professional/supervisee development (Fouad et al., 2009; Rodolfa et al. (2013); Stoltenberg & McNeil, 2010); (e) ethics and legal issues specific to supervision (Goodyear & Rodolfa, 2011; Gottlieb, Robinson, & Younggren, 2007; Koocher, Falender, & Shafranske, 2008; Thomas, 2007); (f) evaluation and process outcome; and (g) diversity in all its forms (Vargas, Porter, & Falender, 2008).

Skills include: (a) providing supervision in multiple modalities (e.g., group, individual) (Carter, Enyedy, Goodyear, Arcinue & Puri, 2009), (b) forming a supervisory alliance (Bernard & Goodyear, 2014), (c) providing formative and summative feedback (Hoffman, Hill, Holmes & Freitas, 2005), (d) promoting the supervisee's self-assessment and growth (Kaslow, Grus, Campbell, Fouad, Hatcher & Rodolfa, 2009), (e) self-assessing by the supervisor, (f) assessing the supervisee's learning needs and developmental level (Falender & Shafranske, 2012b; Stoltenberg, 2005), (g) eliciting and integrating evaluative feedback from supervisees (Bernard & Goodyear, 2014), (h) teaching and didactics (Falender & Shafranske, 2004), (i) setting boundaries (Burian & Slimp, 2000), (j) knowing when to seek consultation, (k) flexibility, and (l) engaging in scientific thinking and translating theory and research to practice Falender & Shafranske, 2013; Foo Kune & Rodolfa, 2012).

Attitudes and values include: (a) appreciation of responsibility for both clients and supervisees, (b) respect (Pettifor, McCarron, Schoepp, Stark, & Stewart, 2011), (c) sensitivity to diversity, (d)

a balancing between being supportive and challenging, (e) empowering, (f) a commitment to lifelong learning and professional growth, (g) balancing obligations to client, agency, and service with training needs, (h) valuing ethical principles, (i) knowing and utilizing psychological science related to supervision, (j) a commitment to the use of empirically-based supervision, and (k) commitment to knowing one's own limitations (Bernard & Goodyear, 2014; Falender & Shafranske, 2012a).

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the supervision (Falender et al., 2004).

APPENDIX IV

Sample Supervision Contract for Education and Training Leading to Licensure as a Health Service Provider

I. Goals of Supervision

A. Monitor and ensure welfare and protection of patients of the Supervisee
B. Gatekeep for the profession to ensure competent professionals enter
C. Promote development of Supervisee's professional identity and competence
D. Provide evaluative feedback to the Supervisee

II. Structure of Supervision

A. The primary supervisor during this training period will be _____, who will provide _____ hours of supervision per week. The delegated supervisor(s) during this training period will be _____, who will provide _____ hours of supervision per week.
B. Structure of the supervision session: supervisor and supervisee preparation for supervision, in-session structure and processes, live or video observation ___times per ___ (time period)
C. Limits of confidentiality exist for supervisee disclosures in supervision. (e.g., supervisor normative reporting to graduate programs, licensing boards, training teams, program directors, upholding legal and ethical standards).

III. Duties and Responsibilities of Supervisor

A. Assumes legal liability and responsibility for services offered by the supervisee.
B. Oversees and monitors all aspects of patient case conceptualization and treatment planning, assessment, and intervention including but not limited to emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, management of supervisee reactivity or countertransference to patient, strains to the supervisory relationship.
C. Ensures availability when the supervisee is providing patient services.
D. Reviews and signs off on all reports, case notes, and communications
E. Develops and maintains a respectful and collaborative supervisory relationship within the power differential.
F. Practices effective supervision that includes describing supervisor's theoretical orientations for supervision and therapy, and maintaining a distinction between supervision and psychotherapy.
G. Assists the supervisee in setting and attaining goals

H. Provides feedback anchored in supervisee training goals, objectives and competencies

I. Provides ongoing formative and end of supervisory relationship summative evaluation on forms available at _____ (website or training manual).

J. Informs supervisee when the supervisee is not meeting competence criteria for successful completion of the training experience, and implements remedial steps to assist the supervisee's development. Guidelines for processes that may be implemented should competencies not be achieved are available at (website or training manual).

K. Discloses training, licensure including number and state(s), areas of specialty and special expertise, previous supervision training and experience, and areas in which he/she has previously supervised.

L. Reschedules sessions to adhere to the legal standard and the requirements of this contract if the supervisor must cancel or miss a supervision session

M. Maintains documentation of the clinical supervision and services provided.

N. If the supervisor determines that a case is beyond the supervisee's competence, the supervisor may join the supervisee as co-therapist or may transfer a case to another therapist, as determined by the supervisor to be in the best interest of the patient.

IV. Duties and Responsibilities of the Supervisee

A. Understands the liability (direct and vicarious) and responsibility of the supervisor for all supervisee professional practice and behavior,

B. Implements supervisor directives, and discloses clinical issues, concerns, and errors as they arise.

C. Identifies to patients his/her status as supervisee, the name of the clinical supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records) obtaining patient's informed consent to discuss all aspects of the clinical work with the supervisor.

D. Attends supervision prepared to discuss patient cases with completed case notes and case conceptualization, patient progress, clinical and ethics questions, and literature on relevant evidence-based practices

E. Informs supervisor of clinically relevant information from patient including patient progress, risk situations, self-exploration, supervisee emotional reactivity or countertransference to patient(s)

F. Integrates supervisor feedback into practice and provides feedback weekly to supervisor on patient and supervision process

G. Seeks out and receives immediate supervision on emergent situations. Supervisor contact information: _____

H. If the supervisee must cancel or miss a supervision session, the supervisee will reschedule the session to ensure adherence to the legal standard and this contract.

A formal review of this contract will be conducted on: _____ when a review of the specific goals (described below) will be made.

We, _____ (supervisee) and _____ (supervisor) agree to follow the parameters described in this supervision contract and to conduct ourselves in keeping with the American Psychological Association Ethical Principles and Code of Conduct or the Canadian Psychological Association Code of Ethical Conduct.

Supervisor Date

Supervisee Date

Dates Contract is in effect: Start date: _____ End date: _____
Mutually determined goals and tasks by Supervisor and Supervisee to accomplish (and updated upon completion).

Goal 1:
- Task for Supervisee
- Task for Supervisor

Goal 2:
- Task for Supervisee
- Task for Supervisor