

Supervision Guidelines



ASPPB

Association of State and
Provincial Psychology Boards

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The Association of State and Provincial Psychology Boards (ASPPB)

Supervision Guidelines

Approved by the ASPPB Board of Directors February 2020

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*. Appendix I defines the process used to create these 2020 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 doctoral-level provider of health service psychology (e.g., licensed psychology), that is for education and training for health service providers (HSP), 2) a trainee seeking to become a licensed practitioner for general applied psychology, that is for education and training for general applied providers (GAP), 3) licensed non-doctoral practitioner e.g., master's level, or 4) a licensed psychologist under a disciplinary order. These Guidelines are broken down into four (4) sections to address each of these supervision areas.

These ASPPB Supervision Guidelines are intended to assist jurisdictions in developing thoughtful, relevant and consistent supervision requirements. 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. However, these guidelines cannot address many important issues within the field of psychology (e.g., how to assess the supervisees' progress; how to know when supervision should cease; co-supervision).

CHAPTER ONE

ASPPB Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider (HSP)

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This Chapter of the ASPPB Supervision Guidelines exclusively focuses on the supervision for education and training for health service providers.

In keeping with the purpose of the Supervision Guidelines and recognizing the many and varied reasons for which psychologists enter into supervisory relationships, this Chapter is 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 health care 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.

While state laws vary, 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 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*, used in combination with the provision of psychological 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.

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), American Psychological Association Guidelines for Clinical Supervision for Health Care Psychologist (APA, 2014)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 the ethical 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 (APA, Section 7, 2010; CPA, 2000) and cultural diversity (APA, Principle E, 2010) is important. 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;
- Discussing relevant multi-cultural issues;
- 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 supervisee self-care and wellbeing with work demands of the training experience;
- 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.

Regulatory Guidance Regarding Qualifications and Responsibilities of Supervisors

A. Qualifications of Supervisors

Supervising psychologists shall:

1. Be licensed at the doctoral level for the independent practice of health service psychology by the jurisdictional regulatory body that is a member of ASPPB and is responsible for the licensing of psychologist 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 (at least 1 (one) credit hour) 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 (e.g., 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 and violations of ethical or legal standards;
8. Delegate supervision to another licensed 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,
 - b. The training needs of the supervisee warrant such delegation, or
 - c. It becomes necessary to provide for a qualified supervisor in case of interruption of supervision;
9. Allow for supervision of trainees completing their internship or postdoctoral experience to supervise others in areas where the trainee's competence has been demonstrate by previous education, training and experience as long as supervisees are supervised by a license psychologist;
10. Review and approve supervisee's progress notes and assessment reports;
11. Personally observe a videotaped (includes audio), or live client session at least once during each period of supervision;
12. Listening to other audio taped session on a regular basis is encouraged;

13. Ensure the supervisee has knowledge of relevant theory, scientific literature and cultural or contextual factors related to the area of supervised practice;
14. Be available to the supervisee in person or electronically 100% of the time when the supervisee are rendering professional services, or arrange the availability of a qualified supervisor;
15. Maintain professional boundaries by managing multiple relationships and not enter into sexual relationships, or other relationships with their supervisees that would interfere with the supervisors' objectivity and ability to provide effective supervision;
16. Not supervise any current or former client/patient or any immediate family member of a current or former client/patient;
17. Assist the supervisee in working with professionals in other disciplines as indicated by the needs of each client/patient and periodically observe these cooperative encounters; and
18. Generate and maintain records regarding dates of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence. These records must be maintained until the supervisee obtains a license or for at least 7 years after the supervision terminates, whichever is greater. If the records are requested by a regulatory body, the supervising psychologist shall provide them. Other uses and confidentiality of supervisee records shall be delineated in the supervision contract.

Regulatory Guidance for 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. 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 in psychology is fundamental to psychology 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 close 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 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. The following guidelines relate to supervision competencies and hours needed for licensure.

Regulatory Guidance 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; and

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 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-doctoral, 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., under a license as a Social Worker, under a license as a 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 case supervision of more than three (3) full-time equivalent supervisees (full time equivalent equals 40 case hours per week) 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. Regulatory Guidance Regarding Supervision at the Practicum Level

The following recommendations for practicum apply only to those experiences required for licensure. Practicum experiences not used for licensure are under the purview of the academic training program. Jurisdictions which require post-doctoral training for licensure do not generally regulate practicum training.

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 (See Appendix V for further explanation);
3. At least twenty-five (25) percent of the supervised professional experience shall be devoted to in-person client contact (See Appendix V for further explanation);
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 (See Appendix V for further explanation);

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. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
8. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence;
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. The practicum setting should offer a full spectrum training and provide a foundation for a career in psychology; and
11. The practicum experience should offer a variety of professional role models and diverse client/patient populations.

D. Regulatory Guidance Regarding 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, including service-related activities as part of a clinical research project;

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 non-clinically related research or teaching formal courses;
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(s). 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. Regulatory Guidance Regarding 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 (23 -44 hours); or at least one hour of individual supervision for each week worked (16-22 hours);
6. 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;
7. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
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; and
9. Postdoctoral Settings should focus the training in areas of intended, advanced and specialized practice.

Supervision Contract

The current recommendation for 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 all essential clinical and ethical elements of all cases being supervised, including disclosing all ethical, legal and professional problems; 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. Discussing with the supervisee relevant ethical, legal and professional standards of conduct;
 - c. The format of supervision provided;
 - d. Whether part of the supervision will be assigned to others and the qualifications of delegated supervisors;

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

Regulatory Guidance Regarding Telepsychology Supervision and Supervision of Telepsychology

Introduction

Telecommunication technologies (e.g., telephone, video conferencing, 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 Guidelines¹ 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 workgroup² meeting made up of various interested parties and stakeholders who had expertise in supervision in the US and Canada to further articulate what was crucial to be included in the guidelines.

At the working group meeting held in February 2012, the group discussed different aspects of supervision. These included: 1) the purpose and structure of supervision; 2) supervisor and supervisee competence; 3) the ethics of supervision; and 4) supervision issues relating to training

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).

and regulation, with a focus on distinguishing those issues which are appropriate for regulation as foundational requirements for licensure and those more pertinent to training and education.

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

The BOD referred the draft Guidelines to the Model Act and Regulations Committee (MARC) for review. After MARC's initial review, the BOD delegated a subcommittee³ to condense and edit the draft report for BOD consideration. In October, 2014, the BOD approved the draft report to be sent out for public comment.

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 ethical problem-solving strategies to consider 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).
- D. Supervision records are available for licensing boards, training programs, and other organizations/individuals mutually agreed upon in writing by the supervisor and supervisee.

III. Duties and Responsibilities of Supervisor

- A. Assumes legal 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 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

APPENDIX V

Regulatory Guidance Regarding Supervision at the Practicum Level

Explanation

In an attempt to clarify the recommended number of hours of supervised experience and all of the breakdowns for practicum training, the following example is offered.

For a typical practicum of 20 hours a week for one semester (so let's say 15 weeks), the total number of hours would be 300 (1/5 of the recommended 1500 hours). 150 hours (50%) of those 300 hours should be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations. 75 hours (25%) should be in in-person client contact that is direct interaction with a client in the same physical space.

There also needs to be at least 37.5 hours of supervision for that practicum over that semester. Of the 37.5 hours of supervision, at least 28 hours needs to be in-person individual supervision with a licensed psychologist (75%), and 14 hours (50%) needs to be with the primary supervisor. The other 14 hours can be provided by a delegated licensed psychologist. Group supervision, or supervision by another licensed mental health professional or trainee can account for no more than 9.5 hours.

For practicums of less duration or time/week involvement, prorated hours would be required. As an example, a practicum that was 1 day (8 hours/day) for a semester (15 weeks) would total 120 hours of which 60 hours would need to be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations with 30 hours in in-person client contact, that is direct interaction with a client in the same physical space.

Supervision requirements would involve at least 15 hours of which 11 hours would need to be in person with a licensed psychologist and 5.5 hours with the primary supervisor.

CHAPTER TWO

ASPPB Supervision Guidelines for Education and Training leading to Licensure as a General Applied Provider (GAP)

Approved by the ASPPB Board of Directors August 2019

Definitions

Administrative Supervisor: An administrative supervisor is responsible for managing employee performance and employee assignments. The administrative supervisor may or may not be a psychologist. In situations where the administrative supervisor is a licensed psychologist, he or she may take on the role of primary supervisor. In situations where the administrative supervisor is not a licensed psychologist, the organization shall engage the services of a qualified primary supervisor as acceptable to the regulatory authority.

Client: Client is used to refer to a direct recipient of psychological services within the context of a professional relationship including an individual, group, organization, community, other populations, or other entities receiving psychological services. In some circumstances, the client may be the individual or entity requesting the psychological services and not necessarily the recipient of those services.

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 psychologist with expertise in the relevant general applied psychology area to whom the primary supervisor may delegate certain supervisory responsibilities.

General Applied Provider in Psychology: A General Applied Provider is a psychologist with appropriate training and experience who provides services outside health and behavioral health

fields for the purpose of enhancing individual and/or organizational effectiveness. This includes the provision of direct services to individuals and groups, for assessment and evaluation of personal abilities and characteristics for individual development, behavior change, and/or for making decisions about the individual; and may also include services to organizations that are provided for the benefit of the organization.

Health Service Provider in Psychology: A Health Service Provider in Psychology is a psychologist with appropriate training experience who provides services within the health and behavioral health fields. This includes, but is not limited to, the delivery of direct and indirect preventive, diagnostic, assessment, and therapeutic intervention services to clients/patients whose growth, adjustment, or functioning is impaired or is demonstrably at risk of impairment.

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 telecommunication 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.

Practicum/Field Training: An organized, sequential series of supervised experiences of increasing complexity under the supervision of licensed psychologists and other practitioners, serving to prepare the graduate student for internship.

Primary Supervisor: A primary supervisor shall possess a doctoral degree from a graduate program in an area of psychology consistent with the supervisee's intended area of practice or be a doctoral psychologist with a demonstrated competence in the supervisee's intended area of practice. The primary supervisor must be a licensed psychologist or other qualified supervisor deemed appropriate by the regulatory authority when there is compelling evidence of a lack of

licensed psychologists based on data presented to the regulatory authority. If the supervisor is not located within the organization where the supervisee is located, an appropriate mechanism will be developed to address necessary identified supervisor responsibilities.

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

Remote: The term *remote*, used in combination with the provision of psychological 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.

Specialty Supervisor: A specialty supervisor is a professional with expertise in the specialized areas deemed appropriate by the primary supervisor.

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.

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). In the case of I-O and consulting psychology, liability may be divided among various organizations or individuals.

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, 2017), American Psychological Association Guidelines for Clinical Supervision for Health Care Psychologist (APA, 2014) 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 I for more specific information about the ethical 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 (APA, Section 7, 2010; CPA, 2017) and cultural diversity (APA, Principle E, 2010) is important. 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 I 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 (i.e., 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; Steven, 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;
- Discussing relevant multi-cultural issues;
- 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 supervisee self-care and wellbeing with work demands of the training experience;
- 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). Please refer to Appendix II for further information and references about supervisor competence.

Regulatory Guidance Regarding Qualifications and Responsibilities of Supervisors

A. Qualifications of Supervisors

The Primary Supervisor shall:

1. Be licensed at the doctoral level for the independent practice of psychology by the regulatory authority that is a member of ASPPB and is responsible for the licensing of psychologist regardless of setting; or be another qualified supervisor deemed appropriate by the regulatory authority when there is compelling evidence of a lack of licensed psychologists based on data presented to the regulatory authority;
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 completed within the last ten (10) years of becoming a supervisor, as acceptable to the regulatory authority, prior to serving as a supervisor. This is typically met by:
 - a. a graduate level academic course (at least 1 (one) credit hour) from a regionally accredited institution of higher learning of at least one quarter/semester, or
 - b. supervised experience in providing supervision of at least 2 hours a month over at least a six-month period; or
 - c. at least 9 hours of sponsor approved (e.g., APA) continuing education;
6. Abide by specific setting requirements needed for each level of training;
7. Own, be an employee of, or be in contract status for at least the first 1,500 hours with the entity employing the supervisee. For the second 1500 hours, there must be a relationship established capable of carrying out the responsibilities listed below in B; 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

Primary Supervisors shall:

1. Assume professional and legal responsibility for the direct work with clients of the supervisee. The relationship between the primary supervisor, organization and/or client may affect legal liability;
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 and violations of ethical or legal standards;
8. Delegate supervision to another licensed psychologist who may consult with a specialty supervisor whose competence in the specialty 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,
 - b. The training needs of the supervisee warrant such delegation, or
 - c. It becomes necessary to provide for a qualified supervisor in case of interruption of supervision;
9. Allow for supervision of trainees completing their internship or postdoctoral experience to supervise others in areas where the trainee's competence has been demonstrated by previous education, training and experience as long as

- supervisees are supervised by a licensed psychologist;
10. Review and approve supervisee's consultation notes and assessment reports and co-sign;
 11. Personally, observe a videotaped (includes audio), or live client session at least once during each supervisory evaluation sequence or period;
 12. Listening to other audio taped session on a regular basis is encouraged;
 13. Ensure the supervisee has knowledge of relevant theory, scientific literature and cultural or contextual factors related to the area of supervised practice;
 14. Be available to the supervisee in person or electronically 100% of the time when the supervisee is rendering professional services, or arrange the availability of a qualified supervisor;
 15. Maintain professional boundaries by managing multiple relationships and not enter into sexual relationships, or other relationships with their supervisees that would interfere with the supervisors' objectivity and ability to provide effective supervision;
 16. Not supervise any current or former client or any immediate family member of a current or former client;
 17. Assist the supervisee in working with professionals in other disciplines as indicated by the needs of each client and periodically observe these cooperative encounters; and
 18. Generate and maintain records regarding dates of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence. The supervisor is responsible for keeping supervisee records indefinitely or until the supervision records are deposited in the ASPPB Credentials Bank. If the records are requested by a regulatory authority, the supervising psychologist shall provide them. Other uses and confidentiality of supervisee records shall be delineated in the supervision contract.

Regulatory Guidance for 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. 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 in psychology is fundamental to psychology 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 close monitoring and supervision at this level of training is well accepted. In many general applied psychology training programs, the degree is conferred after coursework and practicum has been completed. 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 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. The following guidelines relate to supervision competencies and hours needed for licensure. It is important to note that currently many GAP programs do not require internship and most supervision must be obtained

postdoctorally.

Regulatory Guidance for Supervision at the Different Levels of Training

A. Setting

Training settings must currently provide ongoing psychological services:

1. The primary supervisor is responsible for maintaining the integrity and quality of all of the supervised experience for each supervisee;
2. 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. As appropriate, physical components (e.g. office, support staff, equipment, materials and/or other resources) are available necessary for a supervisee to be successful.

B. General Requirements for Supervised Experience for Licensure

The following guidelines are recommended as general minimal requirements for doctoral level licensure as a general applied psychologist:

1. Two years of supervised experience, at least one of which shall be 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 may be pre-doctoral internship which consists of a minimum of 1,500 hours of actual work experience (exclusive of holidays, sick leave, vacations or other such absences).
4. General applied candidates may complete the entire 3,000 hours of supervised

experience post-doctoral. The first 1,500 hours of the post-doctoral experience must meet the requirements as specified in D below.

5. The primary supervisor shall ensure that the supervised experience is a systematic and planned sequence of increasing complexity, with the primary purpose 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 resident, fellow, intern, psychological assistant, student, etc., in order that their training status is clearly identifiable to clients and other entities;
7. Services provided under the authority of a different profession cannot be used to accrue supervised professional experience for the purposes of obtaining a license as a psychologist;
8. A supervisor shall only be responsible for the number of full-time equivalent supervisees as acceptable to the regulatory authority. This is typically no more than three (3) full-time equivalent supervisees (full time equivalent equals 40 hours per week) simultaneously for licensure;
9. Supervisees should not pay for supervision at the practicum or doctoral internship level. Should the regulatory authority allow for payment 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 the supervised experience. Details on the supervision contract are described below. A sample supervision contract is attached as Appendix III.

C. Regulatory Guidance Regarding Supervision at the Practicum Level

Practicum experiences are a required part of the educational program and must include:

1. A minimum of two (2) semesters of supervised professional experience appropriate

- to the education and specialty area of the trainee; and
2. A written training plan for each practicum experience that describes how the trainee's time is allotted and shall assure the quality, breadth, and depth of the training experience through specific goals and objectives; and
 3. Evaluations of the trainee's performance.

For an educational program in GAP to be acceptable for licensure, it must include a practicum experience(s) that must meet the following:

1. 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 (See Appendix IV for further explanation);
2. At least twenty-five (25) percent of the supervised professional experience shall be devoted to in-person client contact (See Appendix IV for further explanation);
3. 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 by a more advanced trainee under the supervision of a licensed psychologist (See Appendix IV for further explanation);
4. 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;
5. Telepsychology supervision shall not account for more than 50 percent of the total supervision at any given practicum site;
6. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
7. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence;
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; and
 10. The practicum experience should offer a variety of professional role models and diverse client populations.

D. Regulatory Guidance Regarding 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 the approved primary supervisor, 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 twenty (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 intervention, assessment, interviews, report writing, case presentations, providing supervision, or consultation, including service-related activities as part of an applied research project;
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 to applied research or teaching formal courses;
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(s). The remainder of the supervision can be in a group setting, and/or be provided by another licensed psychologist 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. Regulatory Guidance Regarding 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 the approved primary supervisor, completed in not less than ten (10) months and not more than twenty-four (24) months;
2. A maximum of forty-four (44) work hours per week and a minimum of sixteen (16) work hours, including the required two (2) 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 intervention, assessment, interviews, supervision, report writing, case presentations, providing supervision, or consultation;
4. At least fifty (50) percent 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 (2) hours of individual supervision for each week worked (23 -44 hours); or at least one (1) hour of individual supervision for each week worked (16-22 hours);
6. 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;

7. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
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; and
9. Postdoctoral settings should focus the training in areas of intended, advanced and specialized practice.

Supervision Contract

The current recommendation for 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 the essential elements of the cases being supervised, including disclosing all ethical, legal and professional problems; and
 - d. Adhering to laws, regulations, ethical standards, and organizational/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. Noting that the supervisor will discuss relevant ethical, legal and professional standards of conduct with the supervisee;
 - c. The format of supervision provided;
 - d. Whether part of the supervision will be assigned to others and the qualifications of delegated supervisors;
 - e. With whom the ultimate legal responsibility for the services provided to clients resides;
 - f. The requirement to write a report to the relevant authority (training directors, regulatory authorities) regarding the supervisee's progress and competence; and
 - g. 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

- occurs;
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.

Regulatory Guidance Regarding Telepsychology Supervision and Supervision of Telepsychology

Introduction

Telecommunication technologies (e.g., telephone, video conferencing, 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 as “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 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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Other Resources to Consider

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APPENDIX I

Ethical Codes and Codes of Conduct

The ASPPB Code of Conduct (2018) 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) and the rights and promotion of the welfare of supervisees (I.38). Other standards describe the importance of maintaining competence in supervision (II.9) 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.26), and the importance of avoiding multiple relationships with those being supervised (III.30).

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 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 this process (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 narrower 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 may be informed that evaluative and competence assessment information may be provided to graduate programs, supervision training teams, 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, that the supervisor is responsible for all services provided, and that the supervisor 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; McIlwraith 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 ethical problem-solving strategies to consider 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 online contact between supervisee and client, use of texting, Facebook presence

and use of emails/text messages 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 II

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, 2014).

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, 2012b; 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, 2014; 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, 2012b).

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 III

Sample Supervision Contract for Education and Training Leading to Licensure as a General Applied Psychologist

I. Goals of Supervision

- A. Monitor and ensure welfare and protection of clients of the supervisee.
- B. Ensure competent professionals enter the field.
- 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. (If applicable) The administrative supervisor(s) during this training period will be _____, who will provide _____ hours of supervision per week. (If applicable, the delegated supervisor(s) during this training period will be _____, who will provide _____ hours of supervision per week. (If applicable, the specialty supervisor(s) during this training period will be _____, who will provide _____ hours of supervision per week.
- B. The structure of the supervision session between the supervisor and supervisee will be _____ (e.g., 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).
- D. Supervision records are available for licensing boards, training programs, and other organizations/individuals mutually agreed upon in writing by the supervisor and supervisee.

III. Duties and Responsibilities of Primary Supervisor

- A. Assumes legal responsibility for client services offered by the supervisee.
- B. Oversees and monitors all aspects of client engagement conceptualization, including planning, assessment, and intervention.
- C. Ensures availability when the supervisee is providing client services.
- D. Reviews and approves all planning documents and intervention-related products and services.

- E. Develops and maintains a respectful and collaborative supervisory relationship.
- F. Practices effective supervision that includes describing supervisor's theoretical approach to supervision and service delivery.
- 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 summative evaluation.
- 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.
- K. Maintains documentation of the supervision and services provided.
- L. If the supervisor determines that the intervention is beyond the supervisee's competence, the supervisor may assist the supervisee or may transfer a the intervention to another provider, as determined by the supervisor to be in the best interest of the client.

IV. Duties and Responsibilities of the Supervisee

- A. Understands the responsibility of the supervisor for all supervisee professional practice and behavior.
- B. Implements supervisor directives and feedback into practice.
- C. Shares self-assessment with supervisor by disclosing relevant professional issues, concerns, and areas for improvement.
- D. Informs the client of his/her status as supervisee and the name of the supervisor, and obtains the client's consent to discuss all aspects of the work with the supervisor.
- E. Seeks out and receives immediate supervision on emergent situations.

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, or the ASPPB Code of Conduct.

Supervisor

Date

Supervisee

Date

Dates Contract is in effect: Start date: _____ End date: _____

PLAN FOR A SUPERVISED PROFESSIONAL EXPERIENCE FOR

LICENSURE AS A GENERAL APPLIED PSYCHOLOGIST

Please use this form to document the plan for each supervised professional experience for applicants who plan to pursue licensure as a general applied psychologist.

APPLICANT INFORMATION

Name: _____ Degree: _____ in _____ (degree name)

Name and address of setting in which supervised experience will occur: _____

Job Title: _____ Work phone #: _____

SUPERVISORS INFORMATION (as applicable)

PRIMARY SUPERVISOR (must be licensed by the jurisdiction in which the supervision occurred and/or must meet requirements of the appropriate regulatory authority):

Name: _____ License Type: _____ License #: _____

If not licensed, please attach an explanation.

ADMINISTRATIVE SUPERVISOR:

Name: _____ Terminal degree: _____ In _____ (degree name)

Licensed: YES NO If yes, License Type: _____ License #: _____

DELEGATED SUPERVISOR(S):

Name: _____ Terminal degree: _____ In _____ (degree name)

Licensed: YES NO If yes, License Type: _____ License #: _____

SPECIALITY SUPERVISOR:

Name: _____ Terminal degree: _____ In _____ (degree name)

Licensed: YES NO If yes, License Type: _____ License #: _____

The above applicant will be delivering General Applied Psychology services as described below in accordance with the statues and rules of this jurisdiction.

Start and anticipated completion dates of the proposed supervision plan: _____ to _____

Number of supervised hours expected to be accrued during the plan period: _____

List competencies to be evaluated during the supervision plan period:

Please attach a description of the specific duties the trainee will perform as they relate to the practice of psychology at the doctorate level. **The plan must demonstrate appropriate preparation of the trainee to practice effectively in General Applied Psychology services and within the specified work setting. The plan shall address goals and content of the training experience and documents that clear expectations existed for the breadth, depth, and quality and quantity of the trainee’s work at the time of the supervised professional experience.**

SUPERVISION WILL MEET THE FOLLOWING REQUIREMENTS: One-year, full-time supervision requires a minimum of two hours of individual, face-to-face supervision per week. Part-time supervision must include at least one hour per week of face-to-face supervision. Two hours of group supervision may be substituted for one of the hours of individual face-to-face supervision. (MAY BE MODIFIED BASED ON THE REQUIREMENTS OF THE APPROPRIATE REGULATORY AUTHORITY)

Anticipated number of hours of supervised experience per week: _____

Anticipated number of hours of **individual, face-to-face** supervision per week: _____

Anticipated number of hours of **group** supervision per week: _____

I, _____, attest (Primary Supervisor)

that I will provide supervision to _____ to practice psychology within the areas of my competence. As Primary Supervisor I assume responsibility for the activities of the individual registered under my supervision. We hereby agree to this supervision plan which is a part of the Supervision Contract.

_____	_____	_____
Printed name of supervisor	Primary Supervisor signature	Date

_____	_____	_____
Printed name of supervisee	Supervisee signature	Date

APPENDIX IV

Regulatory Guidance Regarding Supervision at the Practicum Level

Explanation

In an attempt to clarify the recommended number of hours of supervised experience and all of the breakdowns for practicum training, the following example is offered.

For a typical practicum of 20 hours a week for one semester (e.g., 15 weeks), the total number of hours would be 300 (1/5 of the recommended 1500 hours). 150 hours (50%) of those 300 hours should be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations. 75 hours (25%) should be in in-person client contact that is direct interaction with a client in the same physical space.

There also needs to be at least 37.5 hours of supervision for that practicum over that semester. Of the 37.5 hours of supervision, at least 28 hours needs to be in-person individual supervision with a licensed psychologist (75%), and 14 hours (50%) needs to be with the primary supervisor. The other 14 hours can be provided by a delegated licensed psychologist. Group supervision, or supervision by another licensed mental health professional or trainee can account for no more than 9.5 hours.

For practicums of less duration or time/week involvement, prorated hours would be required. As an example, a practicum that was 1 day (8 hours/day) for a semester (15 weeks) would total 120 hours of which 60 hours would need to be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations with 30 hours in in-person client contact, that is direct interaction with a client in the same physical space.

Supervision requirements would involve at least 15 hours of which 11 hours would need to be in person with a licensed psychologist and 5.5 hours with the primary supervisor.

CHAPTER THREE

Supervision Guidelines for Licensed Psychological Associates

Approved by the ASPPB Board of Directors February 2019

Introduction

In August 2015, the Association of State and Provincial Psychology Boards (*ASPPB*) published its Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider (*ASPPB*, 2015). Those guidelines were intended as a resource to assist member jurisdictions in developing supervision requirements for students pursuing licensure as Health Service Providers (*HSPs*). At the same time, it was known that this would be the first in a series of supervision guidelines documents, given the multiple reasons that psychologists, students of psychology, or other providers might enter into a supervisory relationship. Apart from supervision for licensure as an *HSP*, supervision may be for (a) trainees pursuing licensure as a general applied psychologist (*GAP*), (b) non-licensed persons providing psychological services, e.g., psychometrists, and (c) psychologists who find themselves in violation of a state/provincial law or national ethical code. A fourth reason why providers might enter into a supervisor relationship, and the focus of this document, is when a licensee is a non-doctoral psychology service provider, i.e. Licensed Psychological Associates (Please note: other terms may be used but for the purposes of this document, Licensed Psychological Associate will be used to identify Master's level licensed professionals). This set of guidelines will provide information and recommendations in a set of broad areas including:

- The ethics of supervision
- Supervisor competencies
- Qualifications of supervisors
- Responsibilities of supervisors
- Regulatory guidance regarding telepsychology supervision and supervision of telepsychology

Each of these areas will be more fully developed in this document, with specific examples and sample documents provided in the appendices.

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. Along with developing the competencies of supervisees, protection of and accountability to the public are paramount goals of supervision.

These ASPPB Supervision Guidelines are intended to assist jurisdictions in developing thoughtful, relevant and consistent supervision requirements. 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. However, these guidelines cannot address many important issues within the field of psychology (e.g., how to assess the supervisees' progress; co-supervision).

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.

While state and provincial laws vary, 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 Licensed Psychological Associate is capable of safely and effectively practicing the profession under supervision (Rodolfa et al., 2005).

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.

Licensed Psychological Associate: A Licensed Psychological Associate is a person with a master's degree licensed by a board or college of psychology which grants the authority to engage in the practice of psychology under the supervision of a fully licensed psychologist.

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

Remote: The term remote, used in combination with the provision of psychological 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.

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

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

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 of Licensed Psychological Associates

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 (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 continuing 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, 2018), 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, 2017), *American Psychological Association Guidelines for Clinical Supervision for Health Care Psychologist* (APA, 2014) 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 I for more specific information about the ethical 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 (APA, Section 7, 2010; CPA, 2017) and cultural diversity (APA, Principle E, 2010) is important. 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, and evaluative processes (Falender &

Shafranske, 2004, 2007; Bernard & Goodyear, 2014). Please see Appendix I 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 to provide 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 compromises both client care and supervisee 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;
- Discussing relevant multi-cultural issues;
- 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;
- Balancing between being supportive and challenging;
- Empowerment;
- Commitment to lifelong learning and professional growth;
- Balancing supervisee self-care and well being with work demands of the training experience;
- Balancing obligations to client, agency, and service with training needs;
- Valuing ethical principles;
- Knowing and utilizing psychological science related to supervision;

- 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). Please refer to Appendix II for further information and references about supervisor competence.

Regulatory Guidance Regarding Qualifications and Responsibilities of Supervisors

A. Qualifications of Supervisors

Supervising psychologists shall:

1. Be fully licensed at the doctoral level for the independent practice of psychology by the jurisdictional regulatory body that is a member of ASPPB and is responsible for the licensing of psychologists 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 training, knowledge, and skill in providing competent supervision at least within the last ten years of beginning the supervision; This is typically met by a graduate level academic course (at least one (1) credit hour) from a regionally accredited institution of higher learning of at least one quarter/semester, or supervised experience in providing supervision of at least two (2) hours a month of supervision over at least a six (6) month period of time; or at least nine (9) hours of sponsor approved (e.g., APA) continuing education;

6. Abide by specific setting requirements;
7. Regularly provide psychological services in those public or private facilities where the supervisee practices; and
8. Currently, not 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 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 supervision, supervisee's practice, and violations of ethical or legal standards;
8. Ensure the supervisee has knowledge of relevant theory, scientific literature, and cultural or contextual factors related to the area of supervised practice;
9. Be available to the supervisee for emergency consultation at the request of the supervisee or arrange the availability of a qualified supervisor;
10. Maintain professional boundaries by managing multiple relationships and not enter into sexual relationships or other relationships with their supervisees that would

interfere with the supervisors' objectivity and ability to provide effective supervision;

11. Not supervise any current or former client/patient or any immediate family member of a current or former client/patient;
12. Assist the supervisee in working with professionals in other disciplines as indicated by the needs of each client/patient; and
13. Generate and maintain records regarding dates of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence. These records must be maintained for at least seven (7) years after the supervision terminates.

Supervision Contract

The current recommendation for 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. Continuing Professional Development of the supervisee; and
 - d. Remediation of areas where the supervisee is not meeting criteria for competence or ethical standards.
- 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 all essential clinical and ethical elements of all cases being supervised, including disclosing all ethical, legal and professional problems; and
 - d. Adhering to laws, regulations, ethical standards, and agency rules governing psychological practice, including:
 - i. Informing clients of supervisees' training status; and
 - 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. Discussing with the supervisee relevant ethical, legal, and professional standards of conduct;
 - c. The format of supervision provided;
 - d. With whom the ultimate professional responsibility for the services provided to clients resides;
 - e. Reporting requirements to the relevant regulatory authority; 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.
7. Description of supervisory arrangement in each setting.
8. Grounds for termination of supervision.
9. A statement that the supervisor will determine the manner in which the supervision is provided based on an assessment of the experience, skill, knowledge, and training of the supervisee and 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.

Regulatory Guidance Regarding Telepsychology Supervision and Supervision of Telepsychology

Introduction

Telecommunication technologies (e.g., telephone, video conferencing, 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 requires providing a platform to observe the psychological practice and interact remotely with the supervisee (e.g., cf. Abbas et al., 2011; Wood, Miller and Hargrove, 2005). In order to prepare adequately to use technological resources, Licensed Psychological Associates 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 of Licensed Psychological Associates

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

Ethical Codes and Codes of Conduct

The ASPPB Code of Conduct (2018) 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) and the rights and promotion of the welfare of supervisees (I.38).

Other standards describe the importance of maintaining competence in supervision (II.9) 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.26) and the importance of avoiding multiple relationships with those being supervised (III.30).

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 component 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 narrower 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 ethical problem-solving strategies to consider 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 online 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 II

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, 2014).

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, 2012b; 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) provides a structure of knowledge, skills, attitudes, and values as a preliminary model of entry-level supervisor competence. Falender et al. (2004) describes 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, 2012b).

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 III

Sample Supervision Contract for Licensed Psychological Associates

I. Goals of Supervision

- A. Monitor and ensure welfare and protection of patients of the Supervisee.
- B. Promote continuing development of Supervisee's professional identity and competence.
- C. Provide evaluative feedback to the Supervisee.

II. Structure of Supervision

- E. The supervisor during this training period will be _____, who will provide _____ hours of supervision per _____.
- F. Structure of the supervision session: supervisor and supervisee preparation for supervision, in-session structure and processes, live or video observation ___times per ___ (time period).
- G. Limits of confidentiality exist for supervisee disclosures in supervision. (e.g., supervisor normative reporting to licensing boards upholding legal and ethical standards).
- H. Supervision records are available for licensing boards and supervisee.

IV. Duties and Responsibilities of Supervisor

- A. Assumes professional 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. Develops and maintains a respectful and collaborative supervisory relationship within the power differential.
- E. Practices effective supervision that includes describing supervisor's theoretical orientations for supervision and therapy and maintaining a distinction between supervision and psychotherapy.
- F. Assists the supervisee in setting and attaining goals.
- G. Provides feedback anchored in supervisee goals, objectives, and competencies.
- H. Provides ongoing formative and end of supervisory relationship summative evaluation as appropriate.
- I. Informs supervisee when the supervisee is not meeting competence criteria and implements remedial steps to assist the supervisee's continuing development.
- J. 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.
- K. Reschedules sessions to adhere to the legal standard and the requirements of this contract if the supervisor must cancel or miss a supervision session.
- L. Maintains documentation of the supervision and services provided.
- M. If the supervisor determines that a case is beyond the supervisee's competence, the supervisor may join the supervisee as co-provider or may transfer a case to another provider, as determined by the supervisor to be in the best interest of the patient.

IV. Duties and Responsibilities of the Supervisee

- A. Understands the 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 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 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 *ASPPB Code of Conduct, 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

CHAPTER FOUR

The Association of State and Provincial Psychology Boards

Supervision Guidelines – Mandated Supervision

Approved by the ASPPB Board of Directors February 2018

Introduction

In August 2015, the Association of State and Provincial Psychology Boards (ASPPB) published its Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider (ASPPB, 2015). Those guidelines were intended as a resource, to assist member jurisdictions in developing supervision requirements for students pursuing licensure as Health Service Psychologists (HSP). At the same time, it was known that this would be the first in a series of supervision guideline documents, given the multiple reasons that psychologists (or students of psychology) might enter into a supervisory relationship. Apart from supervision for licensure as an HSP, supervision may be required for (a) licensed non-doctoral psychology service providers, (b) trainees pursuing licensure as a general applied psychologist (GAP), and (c) non-licensed persons providing psychological services, e.g., psychometrists. A fourth reason psychologist might enter into a supervisory relationship, and the focus of this document, is when a psychologist finds him/herself in violation of a state/provincial law or national ethical code. In addition to common regulatory authority sanctions such as reprimands, probation, and/or license suspensions or revocations, psychologists and his/her practice may be placed under mandated monitoring or supervision. For our purposes, mandated supervision is defined as “supervision that is prescribed for psychologists [or other mental health professionals] following a determination by a regulatory authority that the professional has violated ethical or practice standards or relevant laws. The primary objectives of such supervision include the rehabilitation of the professional and the protection of the supervisee’s clients and the public” (Thomas, 2014). This document is intended to assist member boards in creating supervision and monitoring guidelines for such circumstances. It is important to recognize that these guidelines

are presented as recommendations to assist regulatory authorities, but in all cases local laws and regulations must be followed as they will take precedence over these recommendations.

Following a similar format to that of the 2015 ASPPB Training Supervision Guidelines document, this set of guidelines will provide information and recommendations in a set of broad areas including:

- Overview of Supervision for Discipline
- Supervisor Competencies in Case Supervision
- Supervisor Competencies in Monitoring
- Disciplinary Supervision Contracts
- Responsibilities of Regulatory Authorities in Disciplinary Supervision/Monitoring
- Unique Challenges in Mandated Supervision

Each of these areas will be more fully developed in this document, with specific examples and sample documents provided in the appendices.

Definitions

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

Client (also known as patient):

1. 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.
2. The individual or entity requesting the psychological services and not necessarily the recipient of those services (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, administrative body or an organization).

3. An organization such as a business corporation entity, community or government that receives services directed primarily to the organization, rather than to the individual associated with the organization; or
4. 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, but the individual receiving services shall be the client for:
 - A) Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships, or
 - B) 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: 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.

Cross-disciplinary Supervision: Supervision occurring between practitioners from different professions (O'Donoghue, 2004).

Delegated Supervisor: A licensed health psychologist whom the primary supervisor may choose to delegate certain supervisory responsibilities.

Disciplinary Action: Any action taken by a regulatory authority which finds a violation of a statute or regulation that is a matter of public record.

Disciplined Practitioner: A psychologist under supervision that is mandated following a determination by a regulatory authority that the psychologist has violated ethical or practice standards or relevant laws.

Immunity: Legal protection from liability, obligation, or penalty.

In-person: Interactions in which the supervisor and supervisee are in the same physical space and does not include interactions that may occur through the use of technologies.

Liability: Responsibility for the consequences of one's acts or omissions, enforceable by disciplinary sanction, civil remedy (damages), or criminal punishment.

Licensed: Licensed denotes having a license issued by a board of psychology which grants the authority to engage in the practice of psychology as permitted by the act and the rules and regulations of that board. The terms registered, chartered, or any other term chosen by a jurisdiction used in the same capacity as licensed are considered equivalent terms.

Licensee: The psychologist (or other psychological practitioner) who is the subject of mandated supervision or monitoring. Terms such as registrant are interchangeable with licensee.

Mandated Supervision: Supervision that is prescribed by the regulatory authority as a result of a finding that a psychologist has violated relevant laws or ethic codes (Thomas, 2014).

Monitored Practice: The practice of a psychologist that is being monitored following an order from a regulatory authority.

Monitored Practitioner: Any psychological psychologist that is having his/her practice monitored, following an order from a regulatory authority.

Monitoring: Mandated oversight of professional practices by a monitor, in various daily activities (e.g., record keeping, billing, substance use).

Primary Supervisor: A licensed psychologist who has professional responsibility for the services provided by supervisees and the quality of the supervised experiences as described in these guidelines.

Regulatory Authority: The jurisdictional psychology licensing board (United States) or college of psychologists (Canada).

Supervised Practice: The practice of a psychologist that is being supervised following an order from a regulatory authority.

Supervised Practitioner: Any psychological psychologist that is having his/her practice supervised, following an order from a regulatory authority.

Telepsychology Supervision: 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).

Mandated Supervision for Discipline

Mandated supervision for discipline is a subset of supervision in general and refers to those times when supervision is part of a disciplinary order for a professional usually given by his/her regulatory authority. Supervision, a distinct, competency-based professional practice, is usually thought of as a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of developing and enhancing the professional competence of the supervisee through observation, review of case files, feedback and guidance for advancing the quality of services provided to the client, and providing a gatekeeping function for independent professional practice (Bernard & Goodyear, 2014; Falender and Shafranske 2004). However, in contrast, objectives for mandated supervision for discipline “include the rehabilitation of the professional and the protection of the supervisee’s clients and the public” (Thomas, 2014, p. 1105). Thus, the goals of mandated supervision are comparable to those of any clinical supervision, however may focus more on remediation of deficits in competence, that is, helping the professional bring competence back to previously acquired acceptable levels, and less on developing, enhancing or improving competence beyond minimal standards. Additionally, the primary focus of mandated supervision is on maintaining public protection by ensuring that the quality of services offered to individual clients are within an acceptable range.

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 (ensuring that the mandated supervisee has not been a previous supervisee, supervisor, or client of the individual providing mandated supervision), and the readiness of the supervisee (Falender & Shafranske, 2007) to accept and benefit from the supervision. It is important to differentiate supervision from psychotherapy and consultation (Falender and Shafranske 2004), and in the case of mandated supervision, important to recognize that the client of the supervisor is not the supervisee, but the regulatory authority that has mandated the supervision. The supervisee is the recipient of the professional

service of supervision, but the supervisor ultimately is accountable to the regulatory authority. The supervisor has ethical and professional responsibilities to multiple parties in the context of mandated supervision. Although the supervisor is responsible to the regulatory authority, they also retain ethical and professional duties to the psychologist who is being disciplined, to the profession at large, and, as in professional supervision in training and education, to the clients of that psychologist.

Immunity and Liability

Supervision may involve direct and vicarious legal and professional liability (Barnett et al., 2007; Disney & Stephens, 1994; Saccuzzo, 2002; Thomas, 2010). Legal liability (in this context referring to potential malpractice or civil lawsuits) is determined by the judicial system. However, professional liability (in this context referring to ethical or licensing complaints) is within the domain of the profession and in this case, the regulatory authority. Thus, the supervisor must be approved by the regulatory authority and may need to answer various questions regarding (a) his/her supervision competence, (b) expertise in the clinical services that will be supervised, and (c) previous relationship (if any) with the supervisee, among others. The supervisor also must follow directions from the regulatory authority on such matters as frequency of supervision meetings, overall length of time of the supervision, the precise nature of what is discussed (e.g. record keeping, boundaries), progress notes for the supervision sessions, and reporting requirements. If the supervisor concludes that changes need to be made in the directions received from the regulatory board, the supervisor should provide an opinion regarding the necessary changes and request board approval.

Potential supervisors are often and rightfully concerned about the possibility of professional and personal liability arising from their supervision of disciplined practitioner. As in the case of supervision for education and training, supervisors of disciplined practitioners may be subject to liability for their actions towards their supervisee, and from actions that their supervisee takes toward the supervisee's clients (often called vicarious liability). It would be wise for psychologists to check with their malpractice carriers to determine the level of coverage they may have for these activities, prior to accepting the role of mandated supervisor. It is also

recommended that prior to ordering mandated supervision of a licensee, the regulatory authority ensure that there are supervisors who are qualified, available, and willing to serve in such a capacity.

Generally, supervisors functioning on behalf of a regulatory authority should be considered as qualifying for similar jurisdictional provisions for immunity that are offered to regulatory authority members themselves. As mandated supervision is by definition not a voluntary endeavor on the part of the supervisee, and is the result of some kind of misconduct by the supervisee, there is the possibility that the supervisee will be discontented with the supervisor at some point in time. Some jurisdictions provide for such immunity. For example, the statutes in Georgia have the following:

“43-39-20. Immunity from civil and criminal liability for certain good faith actions

Any psychologist licensed under this chapter who testifies in good faith without fraud or malice in any proceeding relating to a licensee's or applicant's fitness to practice psychology, or who in good faith and without fraud or malice makes a report or recommendation to the board in the nature of peer review, shall be immune from civil and criminal liability for such actions. No psychologist licensed under this chapter who serves as a supervising or monitoring psychologist pursuant to a public or private order of the board shall be liable for any damages in an action brought by the supervised or monitored psychologist, provided that the supervising or monitoring psychologist was acting in good faith without fraud or malice.”

It is recommended that jurisdictions adopt a law or rule to this effect where possible. This level of immunity may make it more likely that qualified psychologists would be willing to serve as mandated supervisors. This kind of immunity does not negate the possibility of complaints being made, however, assuming that the supervisor has acted in good faith and within ethical

and legal guidelines, the supervising or monitoring psychologist who is the subject of such complaints to licensing boards (or to the courts in terms of civil suits) has statutory protection.

Risk Analysis

Usually, regulatory authorities will order supervision for a disciplined practitioner after a determination had been made of the practitioner's amenability to supervision and to determine if the nature of the offense is appropriate for this type of intervention. Typically, it is wise for the supervisor to have access to that evaluation in order to help formulate the content of the supervision sessions. However, it is not wise and in fact contraindicated for the evaluating psychologist (if there was one) and the supervisor to be the same person.

There is little research data available to assist in determining the characteristics of practitioners who would be likely to benefit from mandated supervision, or the kind of infractions that are amenable to mandated supervision. Plaut (2001) suggested that jurisdictions establish panels of potential supervisors that would be utilized when needed. Cobia and Pipes (2002) offer theoretical support for mandated supervision through an analysis of developmental models of supervision, interpersonal and social learning theory. Schoener (1995) describes a system of determining when to do an assessment for professionals with boundary violations in order to recommend rehabilitation. This system includes an analysis of the following factors: "1) the practitioner admits wrongdoing and understands that there was harm to a client; 2) the practitioner believes that he/she has a problem that requires rehabilitation; 3) the practitioner is willing to agree to the assessment and realizes that the outcome may not be favorable; or 4) there is general agreement as to the essential facts of the case" (p. 97). Others (Thomas, 2013) have identified practitioner characteristics such as serious character pathology which may make supervision ineffective.

Case Supervision versus Monitoring

There are two types of mandated supervision that these guidelines will address: mandated case supervision (or clinical supervision) and mandated monitoring (or administrative

supervision). Many authors have distinguished between case supervision and monitoring (Kress, et al., 2015; Schoener, 2008; Cobia and Pipes, 2002). For these guidelines, mandated case supervision refers to situations where the supervisee meets regularly with a supervisor to discuss case related material in order to remediate competence deficits, increase insight, and promote behavior change for the ultimate purpose of assisting the supervisee to provide ethical and competent services to clients. This type of supervision may also include a review of records or reports, discussions of informed consent or confidentiality, and other case specific material. On the other hand, mandated monitoring refers to oversight of professional practices by a supervisor (who may or may not be a psychologist) in areas such as record keeping, billing, or other professional practices. While behavior change (e.g. keeping better records, or more accurate billing) is often a goal of mandated monitoring, it does not involve a discussion or review of clinical case material. At times, mandated monitoring is utilized for cases involving substance misuse as well.

Mandated Case Supervision

Competencies

Once a regulatory authority has determined that mandated case supervision will be utilized as a rehabilitation mechanism for a practitioner, the next task is to determine the availability of a supervisor. Some regulatory authorities select the supervisor:

1. From a prequalified list of possible supervisors;
2. From contacts members of the regulatory authority have acquired through professional experience;
3. From names, to include letters and vitas highlighting relevant credentials, the disciplined psychologist submits; and
4. By requiring the disciplined psychologist to arrange his/her own supervisor.

Selection methods one (1) and two (2) above are the recommended methods for selection of the supervisor. The supervisor must be competent in both supervision, and in the types of

clinical cases that will be supervised. While the goals of this supervision are two-fold (protection of the public and rehabilitation of the practitioners), the objectives of the supervision according to Thomas (2014) are to help the practitioners to accomplish the following:

“Formulate a realistic and comprehensive conceptualization of the personal and professional factors that set the stage for errors (Thomas, p. 187),

Examine both the actual and potential impacts of their ethical violations on clients, students, supervisees, and others,

Generalize what they are learning in supervision to current cases, recognizing thematic similarities to the complaint case,

Recognize events, circumstances, and subjective experiences signaling that they may be at risk for impaired objectivity and effectiveness (Thomas, p. 188).

Another objective of disciplinary supervision is to help supervisees develop and implement a plan to minimize the likelihood of further violations.”

The competencies needed to most effectively and ideally meet these objectives include:

1. Competence in the process of supervision as indicated by knowledge of supervision methods and theory and experience in providing supervision;
2. Competence in the kind of cases and practice areas that will be supervised as indicated by education, training and experience;
3. Competence in a variety of ethical and legal aspects of professional practice as indicated by education, training and experience (supervisors should not themselves have been disciplined by a board or ethic committee for violations of rules for example); and
4. An appreciation for the special challenges that come with providing mandated

supervision including the challenges that disciplined psychologist faces (emotional, professional, legal, financial), as well as the potential challenges that the supervision process faces (boundary issues, role confusion, transference and countertransference) (Thomas, 2014). The regulatory authority may want to speak directly with a potential supervisor to determine if he/she has such an appreciation.

Qualifications

Supervisors shall:

1. Be licensed at the doctoral level for the independent practice of health service psychology by a jurisdictional regulatory board that is a member of ASPPB and is responsible for the licensing of psychologists regardless of setting; Preferably the supervisor and the supervisee should be licensed by the same regulatory authority, however, there may be circumstances where an appropriate supervisor cannot be found within the same jurisdiction;
2. Abide by the ethical principles, codes of conduct, and jurisdictional statutes and regulations pertaining to the practice of psychology;
3. Have the knowledge of relevant theory and scientific literature related to supervision;
4. Have training, knowledge, skill, and experience to competently render any psychological service undertaken by his/her supervisees;
5. Have current training, knowledge, and skill in providing competent supervision. This is typically met by a graduate level academic course (at least one credit hour) from a regionally accredited institution of higher learning of a least one quarter/semester, or supervised experience in providing supervision of at least two hours a month of supervision over at least a six-month period of time; or at least nine hours of sponsor approved (e.g., APA) continuing education;

6. Not ever have been under regulatory authority discipline, or found to have been in violation of ethical codes from a regional or national ethics committee. In the event that disciplinary action is taken against the supervisor during the supervisory period, the supervisor shall immediately notify the regulatory authority and the regulatory authority will evaluate the need for the supervisor to be replaced; and
7. Disclose to the regulatory authority the nature and extent of any previous relationship with the supervisee.

Responsibilities of Supervisors

Supervisors shall:

1. Assume professional responsibility for the work of the supervisee;
2. Enter into a supervision contract with the regulatory authority and the disciplined psychologist which details all of the relevant parameters, including the length of time for the supervision, the exact nature of the supervision (frequency, record review, live observation, informed consent to clients, record keeping, reporting requirements...) and co-signing reports;
3. Ensure that the supervisee's duties and services are consistent with his/her level of competence, and meets the specific requirements of the regulatory authority's disciplinary order or agreement;
4. Ensure that the supervisee informs his/her clients of the supervision and obtains the appropriate informed consent to that effect;
5. Intervene in or terminate the supervisee's activities (with corresponding notification to the regulatory authority) whenever necessary to protect the client from harm and to ensure the protection of the public;
6. Abide by the reporting requirements as mandated by the regulatory authority in a timely manner;

7. Subject to regulatory authority approval and appropriate consent, delegate supervision to another licensed 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, or
 - B) It becomes necessary to provide for a qualified supervisor in case of interruption of supervision;
8. Review and approve supervisee's progress notes and assessment reports as indicated by the requirements of the regulatory authority order;
9. Personally observe recorded (which includes both video and audio content), or live client sessions as indicated by the regulatory authority disciplinary order;
10. Ensure the supervisee has knowledge of relevant theory, scientific literature and cultural or contextual factors related to the area of supervised practice;
11. Be available to the supervisee in person or electronically be reasonably available when the supervisee is rendering professional services, or arrange the availability of a qualified supervisor;
12. Maintain professional boundaries by managing multiple relationships and not enter into sexual or exploitative relationships, or other relationships with the supervisee that would interfere (or potentially to be seen to interfere) with the supervisor's objectivity and ability to provide effective supervision; and

13. Generate and maintain records regarding dates, times and duration of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence as indicated in the regulatory authority disciplinary order.

Monitoring

In addition to the more traditional supervisory relationship that may arise out of disciplinary actions, some cases call for a different approach to oversight of a disciplined practitioner's behavior and practice. In mandated case *supervision*, the goals include the establishment of a supervisory relationship within which the disciplined psychologist can reflect upon new information and gain insight into her/his behavior, attitudes, and beliefs to result in a change in behavior and practice. On the other hand, *monitoring* (sometimes called *administrative supervision*) involves the observation and evaluation of specific operational facets of a psychologist's practice, to prevent further violations (Walzer & Miltimore, 1993; Kress, et al., 2015). Walzer & Miltimore (1993) distinguish supervision from monitoring by operationalizing monitoring's tasks as including "a review or proctoring of ... aspects of someone's practice (records, appointment books, case inventory), and in the case of substance abuse, it may even involve collecting random blood or urine samples". Monitoring's importance and benefit lie in the vigilant oversight provided by the monitor, to ensure additional violations are not being committed. Although monitors may provide feedback to the disciplined psychologist, unlike supervision, the goal of monitoring is not to foster insight, but to ensure additional violations are not being committed (Kress, et al., 2015). Given the relatively unique mandates of these two (2) disciplinary outcomes, the competencies/responsibilities required of each may also differ.

Competencies and Qualifications of a Monitor

Monitors are not charged with enhancing insight by a disciplined psychologist. As such, it is less important that he/she be a licensed mental health care provider. However, licensing in an alternative discipline may be required, depending on the tasks or behaviors being monitored

(e.g., collection of urine samples may require an appropriate medical professional). Regardless, it is crucial that he/she possess specific competencies and qualifications unique to the mandated tasks. Little empirical research has been done on this matter, and therefore the following qualifications, competencies, and responsibilities are offered as guidelines (and potentially stimuli for research) into what constitutes an effective monitor.

It is perhaps obvious, but bears stating, that a competent monitor will be conversant in the issues/matters under scrutiny. This is to ensure fidelity to the task at hand and (if necessary) to ensure findings can withstand external/judicial scrutiny. As an example, if deficient record keeping is a focus of monitoring, the monitor should have a demonstrated history of competence in this skill. Alternatively, concerns over improper billing could argue for a monitor competent in matters related to bookkeeping or accounting. In this regard, the competencies demanded of a monitor are akin to those of a supervisor for education and training, who must be competent in the knowledge area and skills being developed by the trainee.

A competent monitor must be an individual who is well organized, attentive to detail, and thorough in record keeping. Clear communication skills are important, as a monitor will have the duty of regularly communicating findings to a regulatory authority (see below).

Interpersonally, a competent monitor must be able to hold firm to the assignment, in the face of what might prove to be resistance from a disciplined psychologist. For example, this resistance may come from fear of further discoveries or resentment over what might be perceived to be an intrusion into his/her professional life and practice. Accordingly, skills in effectively communicating empathy/understanding of the challenges posed to the monitored psychologist and defusing conflict may also be useful. As well, given the nature of the duties assigned to a monitor, he/she must be willing and able to travel to the disciplined psychologist's office as often as required, to monitor records.

In addition to the competencies required for effective and vigilant record keeping, additional and specialized competencies may be required, that are case-specific. For example, in the case of substance misuse, the knowledge and ability to acquire valid and reliable blood and urine

samples may be necessary. Specialized credentialing and/or licensing may be necessary in such cases, and regulatory authorities are encouraged to ensure these requirements are met, to address potential efforts to challenge or invalidate findings. Alternatively, a clear understanding of a regulatory authority's regulations and rules may be required, in matters involving (for example) improper advertising.

To summarize, an effective monitor will have the following qualifications:

1. Possess a body of knowledge relevant to the activities being monitored;
2. Possess the knowledge and skill required to gather required data from what might be record stores of varying degrees of organization, accuracy, and completeness;
3. Know when to seek additional input/consultation;
4. Be capable of maintaining a balance between gathering the data required, while respecting the requirements of client confidentiality and psychologist autonomy.
5. Possess the flexibility and ability to travel to the Psychologist's office as often as required, to carry out the monitoring tasks.

Responsibilities

The responsibilities of a monitor will, in some cases, overlap with those of a mandated case supervisor, however in other instances are stand alone and unique to the task of monitoring. When a psychologist's activities are being monitored, it is essential that clients are notified that there may be some limits to confidentiality and that any and all records may be the subject of such monitoring and that informed consent is sought for this activity. A record of this discussion and release should be contained within each client file. Depending on the activity being monitored, either specific clients will need to be notified of the monitor's activities, or a broader notification may need to be circulated to all clients of the monitored psychologist.

While the monitor is not responsible for notifying clients of these arrangements, he/she should ensure such notification has been provided.

Whatever activities are being monitored, a clear record of these must be maintained by the monitor, bearing in mind that the record may become part of the evidence used at a future disciplinary hearing. Whether these reports are shared with the monitored psychologist will be a case-specific decision. Writing in these reports must be clear, unambiguous, and legible. If reports are rewritten, the monitor is advised to either retain the original or make detailed notes as to why it was rewritten and the disposition of any previous versions.

As is the case for supervisors, monitors will need to be available, on a reasonable basis, to the monitored psychologist. However, unlike the supervisory relationship formed between a psychologist and his/her supervisor, the connection between a psychologist and his/her monitor is less personal and in depth, suggesting less of a need for frequent or urgent availability. If contacted outside of regular monitoring visits, a monitor is encouraged to accurately and completely document the reason for the contact, the outcome of the contact (including any advice provided), and whether any further action (e.g., contacting the regulatory authority) was taken.

As is the case when disciplined psychologists are being supervised, monitors must ensure that appropriate boundaries are maintained between themselves and those being monitored. Accordingly, as highlighted in the ASPPB Supervision Guidelines for Education and Training leading to licensure as a Health Service Provider (ASPPB, 2015), monitors should maintain professional boundaries by managing multiple relationships and not enter into sexual or exploitative relationships, or other relationships with the supervisees, that would interfere (or potentially be seen to interfere) with the supervisor's objectivity and ability to provide effective supervision.

Summarizing then, the responsibilities of a monitor will include the following:

1. When indicated, ensure appropriate and case-specific notification of monitored activities is provided to clients;
2. Maintain accurate, legible, and complete records of monitored activities;
3. Report findings to the regulatory authority;
4. Be reasonably available to the monitored psychologist;
5. Maintain professional boundaries by managing multiple relationships and not enter into sexual or exploitative relationships, or other relationships with the monitored psychologist that would interfere with the monitor's objectivity and ability to provide effective monitoring; and
6. Comply with tasks as prescribed by the regulatory authority's disciplinary order.

Regulatory Authority Responsibilities

A regulatory authority's mandate is to protect the public through the proper regulation of the practice of psychology. This is achieved through evaluating an applicant's education and training credentials as well as continued enforcement of established rules and regulations. If a licensed psychologist is found to be in violation of those rules and regulations, a disciplinary case may be filed. If the case is found actionable, supervision may be recommended as a form of remediation.

To allow all parties involved to reach a full understanding of the requirements and needs of a particular supervisory arrangement, a regulatory authority must present a disciplinary order (or consent agreement) that will inform all parties of the expectations of the supervision. This disciplinary order will be the official document, provided to both supervisee and the supervisor and will outline the regulatory authority's sanctions. Prior to the submission of the disciplinary order, a full assessment of the facts of the case, the disciplined psychologist's evaluation (if any

completed during the disciplinary case) and work history should be reviewed by the regulatory authority to measure the scope and necessity of the required supervision. In addition, to the evaluation of the disciplined psychologist, there are additional factors that inform the development of the disciplinary order. The qualifications or specialties needed by the supervisor, as well as the specifics of the supervisory arrangement, should be reviewed by the regulatory authority and then become a part of the disciplinary order.

The goals of mandated supervision are the protection of the public, a return of the disciplined psychologist to full unrestricted practice as soon as possible, and to limit the likelihood of any future violations. A minimum, but no maximum, supervision period should be set by the regulatory authority. The order should include among other items, the specific goals of the supervision as well as if any further evaluations would be required during this time (e.g., a final evaluation for fitness to practice). If the regulatory authority determines over the period of supervision that it is progressing well, there may be consideration of a gradually decreasing number of supervisory meetings and reporting requirements specified.

The selection of a supervisor can be a challenging task. As stated in the section regarding Case Supervision, there are various factors to be considered in selecting the supervisor. If a pool method is chosen, adding a question on the renewal form requesting a licensee to note his/her interest in providing mandated supervision along with his/her particular area of practice/expertise may be a way to generate qualified psychologists to provided mandated supervision. It is the role of the regulatory authority to ensure the best qualified supervisor is selected.

To implement the provisions of the mandated supervision or monitoring, a written contract should be entered into between the disciplined and supervising psychologists with the approval of the regulatory authority. More information about what should be included in that contract can be found in the Supervision Contract section of these guidelines. A clear and comprehensive contract will ensure that all parties involved understand the parameters of the supervisory relationship. If the facts of the disciplinary case are serious enough, the regulatory

authority may need to consider the possibility of a temporary suspension while developing the disciplinary order and selecting the supervisor.

An added difficulty in finding qualified professionals to provide supervision in many cases is the added professional risk related to this type of supervision. Unless otherwise stated in a regulatory authority's law, the supervisor could be at risk of malpractice lawsuits or regulatory authority complaints. As stated in the section regarding Mandated Supervision for Discipline, it is recommended that a rule or regulation be developed, addressing the "immunity" of professionals working within the purview of the regulatory authority. In some jurisdictions, a statement may also be added to the disciplinary order that allows for this immunity.

Reporting Requirements

Essential to the success of the supervision or monitoring is the requirement for submission of evaluator reports to the regulatory authority office by the supervisor or monitor. Regulators expect reports from both supervisors and monitors, with these reports coming at predetermined intervals as specified in the disciplinary order (Thomas, 2014). Whereas a supervisor's report will typically be broader in the issues it addresses, a monitor's report will be more task-specific and mirror the specific items and issues under scrutiny. In most cases, this will allow the monitor's report to be briefer than that of a supervisor. For example, a monitor may be asked to count the number of clients seen by a psychologist in any given time frame. Alternatively, ensuring follow-up letters are sent to a client's physician may be the object of monitoring. In both cases, simple counts/tallies of these activities will likely suffice. Some jurisdictions have already developed forms for this purpose and Appendix II contains one such form provided by the California Dept. of Consumer Affairs Board of Psychology. Review of this form highlights its specificity and reporting requirements. Regulators are encouraged to develop forms incorporating clear instructions to the monitor as to the tasks being required. This will help to ensure uniformity and consistency across monitored psychologists and avoid having findings challenged based upon claims of bias or inconsistent application of monitoring

techniques across practitioners. Disciplinary orders should clearly identify the types of reports required of the monitor, including:

1. The frequency of reporting required;
2. The duration of monitoring;
3. The information to be included in each report;
4. Whether the report may be shared with the monitored psychologist, and
5. Limits on legal liability of the monitor, along with appropriate releases from liability.

Monitors are responsible for the timely submission of these reports to the regulatory authority.

The reports from the supervisor to the regulatory authority should be submitted on an established time frame (e.g., monthly, bi-monthly, quarterly, etc.) This will allow the regulatory authority to evaluate progress, and if any changes to the supervision need to be made. If there are any issues of concern that appear during the supervision, the regulatory authority will need to be notified promptly, to allow for evaluation and amendments to the parameters of supervision, to allow for possible suspension of supervision or to require some form of treatment of the disciplined psychologist if necessary. Reports submitted on the requested due date should be submitted to the regulatory authority office or designated official for review. The designated official should be available to review the information in a timely manner. The review should verify that the report meets the requirements outlined in the disciplinary order as agreed to by the supervisor and the regulatory authority, as well as document the progress of the disciplined psychologist. If the report does not meet these requirements, deficiencies should be identified and addressed as soon as possible.

Reports should include the following:

1. A review of the supervision process including dates and times of supervision;
2. A review of the status of the goals of the supervision and how they are being met; and
3. At times, a recommendation on continued supervision. If the minimum time period has passed and the supervisor concludes the supervision is no longer required for rehabilitation or public protection, a recommendation for the cessation of supervision should be made to the regulatory authority through the report.

A template of such a report can be found in Appendix II. If the recommendation to cease supervision has been made, the regulatory authority can evaluate the reports as a whole to determine if sufficient rehabilitation has occurred. Any change of supervision should be accomplished through a public order and brought to the regulatory authority at a meeting.

It is through an open and fair process that the regulatory authority will be able to protect the public and fully regulate the profession. In addition to rehabilitation, the supervision conducted by the licensee's peers could allow for a growth in competence practice and knowledge. By inclusion of immunity rules, a professional is allowed to provide supervision to troubled colleagues without fear of regulatory or legal action from the supervisee. It also opens opportunities to the regulatory authority for the highest qualified professionals to supervise the disciplined psychologist. Continued communication with the regulatory authority, supervisor/monitor and disciplined psychologist throughout the supervision period, through scheduled reports and feedback, will provide all parties the greatest chance of success.

Supervision/Monitoring Contract

A written contract should be entered into and signed by the disciplined psychologist and the supervisor. Please see Appendix V for an example of the supervision contract. Prior to the

initiation of supervision/monitoring, the contract should be reviewed, approved, and signed by an appropriate regulatory authority representative and include (but not be limited to) the following elements:

1. General:

- A) Statement of the supervisor's legal liability and immunity;
- B) Anticipated duration of the contract;
- C) Length and frequency of supervision sessions;
- D) Details of payment for supervision/monitoring:
 - i. The disciplined psychologist is responsible for payment;
 - ii. Amount;
 - iii. Method of payment;
 - iv. Due date(s) for payment;
 - v. Failure of the disciplined psychologist to pay the supervisor is considered a violation of the regulatory authority disciplinary order for which additional sanctions may be assessed.
- E) Goals and objectives of the supervision/monitoring:
 - i. Protection of the welfare of the disciplined practitioner's clients;
 - ii. Assessment of the disciplined practitioner's readiness for unsupervised/unmonitored practice;
 - iii. Professional development of the disciplined practitioner;
 - iv. Remediation of areas in which the disciplined psychologist is not meeting criteria for competence or ethical standards;
 - v. Preparation for unsupervised/unmonitored practice; and
 - vi. Any specific goals and objectives specified in the regulatory authority disciplinary order.

2. Job duties and responsibilities of the disciplined practitioner:

- A) The psychological services to be offered;
- B) Maintenance of adequate records regarding services provided;

- C) Informing supervisor of all essential clinical and ethical elements of all cases being supervised/monitored, including disclosing all ethical, legal and professional problems; and
- D) Adhering to laws, regulations, ethical standards, and agency rules governing psychological practice, including:
 - i. Informing clients of disciplined practitioner's supervised/monitored status;
 - ii. Obtaining informed consent to share information about the psychological service with the supervisor.

3. Roles and responsibilities of supervisor:

- A) Assuming professional responsibility, and if applicable, legal responsibility, for services offered by the disciplined practitioner;
- B) Informing disciplined psychologist of supervisor's licensure status and qualifications;
- C) Discussing with the disciplined psychologist relevant ethical, legal and professional standards of conduct, particularly with regard to the issues that serve as the basis for mandated supervision/monitoring;
- D) Establishing the format of supervision to be provided;
- E) Ensuring that the disciplined psychologist informs his/her clients of the supervision and that clinical materials will be shared with mandated supervisor and obtains the appropriate informed consent to that effect;
- F) Writing and filing report(s) with the regulatory authority regarding the disciplined practitioner's progress and competence; and
- G) Documenting supervision.

Additional points to consider are found in the Roles and Responsibilities of the Supervisor in Case Supervision section above.

4. Contingency plans for dealing with unusual, difficult, or dangerous circumstances:

- A) Criteria about what constitutes an emergency and procedures to follow in an emergency;
- B) Availability of the supervisor for emergency supervision;
- C) Legal reporting requirements for both supervisor and disciplined practitioner; and
- D) Court involvement.

5. Resolving differences between supervisor and disciplined practitioner:

- 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 including but not limited to clinical materials, billing practices, demographic data, etc;
- B) Limits to confidentiality regarding information provided by the disciplined practitioner;
- C) Financial arrangement for supervision; and
- D) Requirements of supervision, which may include observation and review of records.

7. Grounds for termination of supervision.

Unique Challenges in Mandated Supervision

As with supervision for training, supervision of disciplined practitioners has many unique challenges.

Unable to Identify Supervisor/Monitor

As stated in the section addressing Case Supervision, regulatory authorities utilize a variety of methods to select an appropriate supervisor and/or monitor when requiring mandated supervision. Even applying these variations during the selection process may not ensure that an appropriate supervisor/monitor can be located. Some examples of when other means may be needed to fulfill the requirement of mandated supervision are:

1. The need for a supervisor/monitor trained in a specialized area;
2. A small geographic pool of available supervisors due to size of the jurisdiction;
3. A well-known professional who is known to (and admired) by or has multiple relationships with most professionals in his/her area; and
4. No psychologist willing to provide supervision or monitoring of the disciplined practitioner.

If one of the above examples exists, there are several methods that can be employed to find appropriate, qualified supervisors/monitors. Three main options are: (a) utilizing a psychologist licensed outside the jurisdiction of the disciplined practitioner, (b) utilizing a licensed professional from an allied mental health field, or (c) employing an outside monitor/company.

When reviewing the use of a psychologist licensed outside the jurisdiction, it is important to consider why this need exists and whether the supervisor/monitor will need to obtain a temporary license prior to beginning the supervision/monitoring. In smaller jurisdictions, all potential supervisors may be known by the disciplined psychologist or may not possess the required expertise or competency needed to provide this type of supervision (Thomas, 2010) so employing a psychologist from outside the jurisdiction may be needed to ensure proper remediation of the issues addressed in the disciplinary order.

If utilizing a psychologist outside of the jurisdiction is not an option, use of a professional in an allied mental health profession may be the best alternative. Although little research exists to demonstrate the success rate of cross-disciplinary supervision, the research that does exist highlights factors that may provide a challenge to cross-disciplinary supervision. Those factors are:

1. Professional role or training differences;
2. Lack of shared theories and/or language;
3. Organizational differences; and

4. Exposure of weakness outside the profession (Townend, 2005).

To remediate the factors identified above, it is important to have a clear, concise supervisory contract (Hutchings, Cooper, & O'Donoghue, 2014) in place that addresses:

1. Scope of the supervision;
2. Inclusion of and requirement to be familiar with all ethics codes for pertinent professions;
3. Regulatory authority requirements regarding type of supervision and reporting requirements; and
4. Experiences of past supervisions by all individuals involved (O'Donoghue, 2004).

The final option, employing an outside company, may prove useful for mandated monitoring rather than mandated supervision. Some infractions where an outside monitoring company has been used are insurance fraud, record-keeping deficiencies, and drug and alcohol impairment. An outside monitor/company must have an in-depth knowledge of the regulatory process and its role to ensure protection of the public. The monitor/company employed provides oversight to ensure compliance with components of the disciplinary order and to reduce the risk for further misconduct (DiCianni, 2008). When employing an outside monitoring company, it is important to specify the company and the monitoring and reporting requirements in the disciplinary order.

Telepsychology Supervision

Another unique challenge regarding mandated supervision comes from the use of telepsychology supervision. Several factors contribute to the need to consider telepsychology supervision as an option for mandated supervision. Time, resources, and location have been identified as reasons to consider telepsychology supervision (Deane, et al., 2015). Research shows that rural practitioners may benefit from being matched with other rural practitioners

who understand the unique challenges facing rural practitioners (Xavier, Shephard, & Goldstein, 2007). Before utilizing telepsychology supervision, the following should be considered:

1. When telepsychology supervision is appropriate;
2. When telepsychology supervision is not appropriate; and
3. What type of technology is appropriate and how to manage technology failures.

Before telepsychology supervision can be considered, the regulatory authority needs to acknowledge when this type of supervision could be employed for mandated supervision. It is important that both the supervisor and the disciplined psychologist are adept in this mode of delivery of supervision and feel that the supervision provided via tele-means will meet the same objectives as that of face-to-face supervision. Once telepsychology supervision has been deemed a viable option for providing mandated supervision, the merits of the specific case must be reviewed by the regulatory authority to ascertain whether this particular case lends itself to telepsychology supervision. Since practice monitoring may involve such activities as physical review of records, cases requiring that type of monitoring may not be well suited to telepsychology supervision.

As stated above, it is of the utmost importance that the regulatory authority reviews each case prior to authorizing telepsychology supervision. If the case review shows that telepsychology supervision can be utilized for mandated supervision, the regulatory authority needs to consider the following when setting up the supervision requirements:

1. The supervisor must be licensed;
2. The supervisory practice must be in compliance with statutes and regulations of the jurisdiction of the disciplined psychologist;
3. Both parties must be competent to use the technology being utilized;
4. Both parties must have access to acceptable and secure technology

5. No limitations for telepsychology supervision pertaining to the specific case (e.g., record reviews); and
6. No issues surrounding confidentiality, privacy and/or security.

The regulatory authority must specify in the disciplinary order what technologies it deems acceptable for telepsychology supervision. There are many web-based programs that make this type of supervision easier while still maintaining as much of the face-to-face benefits as possible. Although these web-based programs overall provide a viable option, it is important to note that some nuances of face-to-face supervision may be lost, such as details due to poor connection quality and body position and posture due to screen and camera locations. Also, telepsychology supervision may allow for multitasking during the scheduled supervision time, such as reviewing of emails, and web browsing (Deane, et al, 2015).

Data security must also be addressed in the disciplinary order. Research shows that even with security mechanisms in place, the weakest link is the users themselves (Deane, et al, 2015). The disciplinary order should specify what is acceptable regarding passwords, data storage, informed consent and record retention. Finally, telepsychology supervision should be provided in compliance with the supervision requirements of face-to-face supervision. All ethical and professional components of face-to-face supervision apply to telepsychology supervision as well.

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APPENDIX I

Sample Language for Disciplinary Orders regarding Selection of Approved Vetted Potential Supervisors/Monitors

Names provided by the Regulatory Authority

Respondent shall select a supervising psychologist from a list provided by the Board Chair. The supervising psychologist will be responsible for assisting and for advising Respondent.

Respondent shall present to the Board office a copy of the contract reflecting the supervision agreement entered by the Respondent and supervising psychologist no later than 30 days from the date the Board Chair provides the list of possible supervisors to the Respondent. After completion of the supervision, the supervising psychologist will submit a summary report to the Board.

Licensee Selects Supervisor

Licensee shall submit the curriculum vitae of his/her proposed professional consultant for preapproval by the Regulatory Authority within 30 days of the date this disciplinary order becomes effective. Licensee shall select a consultant with whom he/she has had no previous personal or professional relationship. The Regulatory Authority reserves the right to reject the consultant proposed by Licensee. If the Regulatory Authority rejects the consultant proposed by Licensee, the Regulatory Authority may require that Licensee submit additional names, or the Regulatory Authority may provide Licensee with the name of a consultant.

From Names, the Disciplined Psychologist Submits

Respondent will be required to meet with a Board-approved supervisor for at least one year. Respondent is to submit the names of three psychologists to the Board within 30 days of this

disciplinary order. The psychologists submitted for approval should have competence in the same areas of practice and populations as the Respondent. The Regulatory Authority will then choose one psychologist from this list or request additional names if none of those submitted meet with the Regulatory Authority's approval.

APPENDIX II

REPORT TEMPLATES/SAMPLES

California Board of Psychology Practice/ Billing Monitor Quarterly Verification Form:



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.



BOARD OF PSYCHOLOGY – Enforcement

PRACTICE/ BILLING MONITOR QUARTERLY VERIFICATION FORM

Check Appropriate Box for Reporting Period:

1st quarter (January 1st – March 31st)*
 2nd quarter (April 1st – June 30th)

Due on or before: April 7th
 *Due on or before: July 7th

Date of monitoring	Length of time spent monitoring	Number of Clients Seen by	Number of Cases Reviewed by	COMMENTS (include): Is licensing continuing/discontinuing activities that led up to the discipline? Include any corrective plans suggested by you and the progress of such plans.

3rd quarter (July 1st – September 30th)

*Due on or before: October 7th

I certify, under penalty of perjury, that the foregoing information is true and correct and that I completed the above report. I understand that if I discover conduct, during record review, which indicates to me that the licensee is not safe to practice psychology, I must report it to the Board of Psychology. I understand and agree that copies of this Quarterly form, including copies of the signatures of the monitor may be used in lieu of original documents and signatures, and further, that such copies and signatures shall have the same force and effect as originals

To submit form: mail to address on the letterhead, or email to psychprobation@dca.ca.gov or fax to (916) 574-7321

The monitor's role is to assist the Board in protecting the public. Equally important is the monitor's role in assisting the licensee, who may already be an experienced practitioner, to rehabilitate his/her skills by improving his/her techniques and by discontinuing the activities or behaviors that led to the discipline.

As a practice monitor, you must:

1. Have access to the licensee's client records by ensuring that the licensee has informed each of his/her clients that you may be reviewing their records and that a release is in the file,
2. Select, at random, the client files to be reviewed,
3. Review as many client files as possible in the time allowed,
4. Complete the quarterly reporting form and send it to the Board on a quarterly basis as indicated below, and
5. Notify the Board of any conduct you discover, during record review, which indicates to you that the licensee is not safe to practice psychology.

By completing the monitoring form and turning it in on time, you greatly assist the Board in its efforts to ensure consumer safety, and benefit the licensee by complying with his /her probationary order. You should know that it is ultimately the licensee's responsibility to ensure that your reports are submitted timely.

Your cooperation is sincerely appreciated. If you ever have any questions or need to report any concerns, please contact the Board's Probation Program at (916) 574-7235.

APPENDIX III

SAMPLES OF JURISDICTIONAL IMMUNITY LANGUAGE

Arizona

R4-26-310. Disciplinary Supervision; Practice Monitor

1. If the Board determines, after a hearing conducted under A.R.S. Title 41, Chapter 6, Article 10, after an informal interview under A.R.S. § 32-2081(K), or through an agreement with the Board, that to protect public health and safety and ensure a licensee's ability to engage safely in the practice of psychology, it is necessary to require that the licensee practice psychology for a specified term under another licensee who provides supervision or service as a practice monitor, the Board shall enter into an agreement with the licensee or issue an order regarding the disciplinary supervision or practice monitoring.

2. Payment between a licensee and supervisor or practice monitor.
 - A. A licensed psychologist who enters into an agreement with the Board of is ordered by the Board to practice psychology under the supervision of another licensee may pay the supervising licensee for the supervisory service;
 - B. A licensed psychologist who provides supervisory service to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under supervision may accept payment for the supervisory service;
 - C. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under a practice monitor may pay the practice monitor for the service provided; and

- D. A licensed psychologist who provides practice monitoring to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under a practice monitor may accept payment for the service provided.
3. A licensed psychologist who supervises or serves as a practice monitor for a licensed psychologist who has entered an agreement with the Board or been ordered by the Board to practice psychology under supervision or with a practice monitor is professionally responsible only for work specified in the agreement or order

Georgia

“43-39-20. Immunity from civil and criminal liability for certain good faith actions

Any psychologist licensed under this chapter who testifies in good faith without fraud or malice in any proceeding relating to a licensee's or applicant's fitness to practice psychology, or who in good faith and without fraud or malice makes a report or recommendation to the board in the nature of peer review, shall be immune from civil and criminal liability for such actions. No psychologist licensed under this chapter who serves as a supervising or monitoring psychologist pursuant to a public or private order of the board shall be liable for any damages in an action brought by the supervised or monitored psychologist, provided that the supervising or monitoring psychologist was acting in good faith without fraud or malice.”

Nevada

NRS 641.318 Immunity of certain persons from civil liability. In addition to any other immunity provided by the provisions of [chapter 622A](#) of NRS, the Board, a review panel of a hospital, an association of psychologists or any other person who or organization which initiates a complaint or assists in any lawful investigation or proceeding concerning the licensing of a

psychologist or the discipline of a psychologist for gross malpractice, repeated malpractice, professional incompetence or unprofessional conduct is immune from any civil action for that initiation or assistance or any consequential damages, if the person or organization acted without malicious intent.

NRS 622A.150 Immunity from civil liability.

1. A person who provides a governmental entity, officer or employee with any information relating to a contested case is immune from any civil liability for providing that information if the person acted in good faith and without malicious intent.
2. A governmental entity, officer or employee is immune from any civil liability for:
 - A) Any decision or action taken in good faith and without malicious intent in carrying out the provisions of this chapter or any law or regulation governing occupational licensing; or
 - B) Communicating or cooperating with or providing any documents or other information to any other governmental entity, officer or employee conducting an investigation, disciplinary proceeding or civil or criminal prosecution.

APPENDIX IV

EVALUATION TEMPLATES & PROCESSES

Sample Language for Psychologist Conducting Fitness for Practice Evaluation:

Thank you for agreeing to participate in the Board's process of assessing _____ in order to assist the Board in determining Dr. _____ fitness to practice psychology in (jurisdiction name). Enclosed for your information is a copy of Dr. _____ signed Release of Information as well as an Evaluation of Fitness for Practice Report template for you to use to provide information to the Board once your evaluation has been completed.

Please be advised that the final determination of the fitness to practice psychology is made by the Psychology Board. You, as the evaluator, have the responsibility to address the areas outlined in the enclosed report template. As such, you should not make recommendations in absolute terms with regard to such areas as periods of restriction, supervision, etc. If any questions arise in the process of evaluation, you may contact _____.

EVALUATION OF FITNESS FOR PRACTICE

PSYCHOLOGICAL REPORT

Name:

Licensure status:

DOB:

Date(s) of assessment:

Reason for referral:

Brief statement of the events leading up to the evaluation related to the presenting problem;
any current disciplinary action

Identifying information:

Demographic information; licensure history; areas of practice

Current social/employment status:

Marital status/history; employment history; social supports, social/leisure activities, and/or
other coping strategies

Mental status examination:

Appearance; demeanor; affect; speech; etc.

Psychiatric history:

Summary of previous psychiatric problems; previous inpatient and/or outpatient treatment;
results of any previous evaluations if available

Substance use/abuse history:

Past and current use of alcohol and/or other substance use; collateral sources used; associated
psychosocial stressors

Relevant medical history/medical assessment/laboratory results:

Past and current medical status; evaluator may decide to request further medical assessment
prior to releasing results

Relevant psychological history and psychological assessment:

Past and current psychological status; evaluator may decide to conduct formal psychological assessment as part of evaluation

Clinical impressions:

Summary of the evaluation; diagnostic impression, if applicable, with emphasis on reason for referral

Rehabilitative efforts undertaken:

Personal; professional; results

Risk assessment:

Detailed review of factors determined to increase/decrease risk of harm to the public or to self, as applicable

Considerations for the Board:

1. Issues for the Board to consider regarding what action(s) to take—may include, but not be limited to
 - A) Practice restrictions (e.g., populations worked with, areas of practice);
 - B) Practice oversight (e.g., monitoring/supervision of practice);
 - C) Rehabilitative issues (e.g., tutorials, psychotherapy, drug/alcohol testing and/or treatment)
2. Relapse risk

SUBSTANCE USE/ABUSE EVALUATION

PSYCHOLOGICAL REPORT

Name:

Licensure status:

DOB:

Date(s) of assessment:

Reason for referral:

Brief statement of the events leading up to the evaluation related to the presenting problem;
any current disciplinary action

Identifying information:

Demographic information, licensure history, areas of practice

Current social/employment status:

Marital status/history; employment history; social supports, social/leisure activities, and/or
other coping strategies

Mental status examination:

Appearance; demeanor; affect; speech; etc.

Psychiatric history:

Summary of previous psychiatric problems; previous inpatient and/or outpatient treatment; results of any previous evaluations if available

Substance use/abuse history:

Past and current use of alcohol and/or other substance use; collateral sources used; associated psychosocial stressors

Relevant medical history/medical assessment/laboratory results:

Past and current medical status; evaluator may decide to request further medical assessment prior to releasing results

Relevant psychological history and psychological assessment:

Past and current psychological status; evaluator may decide to conduct formal psychological assessment as part of evaluation

Clinical impressions:

Summary of the substance use/abuse evaluation; diagnostic impression, if applicable, with emphasis on reason for referral

Rehabilitative efforts undertaken:

Personal; professional; results

Risk assessment:

Detailed review of factors determined to increase/decrease risk of harm to the public or to self particularly relative to the individual's substance use/abuse status, e.g., involvement in a treatment program, 12-step program, etc.

Considerations for the Board:

1. Issues for the Board to consider regarding what action(s) to take—may include, but not be limited to,
 - A) Practice restrictions (e.g., populations worked with, areas of practice);
 - B) Practice oversight (e.g., monitoring/supervision of practice);
 - C) Rehabilitative issues (e.g., tutorials, psychotherapy, drug/alcohol testing and/or treatment)
2. Relapse risk

APPENDIX V

Sample Contract for Mandated Supervision/Monitoring For Discipline

1. General

- A) Supervisor's legal liability and immunity, or lack thereof.
- B) Disciplined psychologists responsible for paying for supervision/monitoring as follows:
 - i. Rate: \$___ per session.
 - ii. Method: (e.g., cash, personal check or money order).
 - iii. Due date: (e.g., conclusion of each session).
 - iv. Failure of the disciplined psychologist to pay supervisor is considered a violation of the regulatory authority order for which additional sanctions may be assessed.
- C) Contingency plans for dealing with unusual, difficult, or dangerous circumstances.
- D) Resolving differences between supervisor and disciplined practitioner.
- E) Grounds for termination of supervision.

2. Goals of Supervision

- A) Ensure welfare and protection of clients of the disciplined practitioner.
- B) Prepare disciplined psychologist for unsupervised/unmonitored practice.
- C) Remediation in the areas of _____.
- D) Specific goals and objectives specified in the regulatory authority order.

3. Structure of Supervision

- A) The supervisor will be _____, who will provide _____ hours of supervision per _____ for a period not less than _____ (information stipulated in the regulatory authority order).

- B) Structure of the supervision session: supervisor and disciplined psychologist preparation for supervision, in-session structure and processes, live or video observation ___ times per ____ (time period).
- C) Limits of confidentiality exist for disciplined psychologist disclosures in supervision (e.g., supervisor reporting to regulatory authority, upholding legal and ethical standards).
- D) Supervision records are available to regulatory authority.

4. Duties and Responsibilities of Supervisor

- A) Assumes professional responsibility for services offered by the disciplined psychologist (if applicable, note that supervisor also assumes legal responsibility).
- B) Supervises/monitors disciplined practitioner's practice in accordance with requirements set forth by the regulatory authority in the disciplinary order (list specifics from order).
- C) Ensures availability to the disciplined practitioner.
- D) Develops and maintains a respectful and collaborative supervisory relationship within the power differential.
- E) Reviews and signs off on all reports, case notes, and communications (if required by the regulatory authority order or the supervisor).
- F) Practices effective supervision/monitoring to maintain a distinction between supervision/monitoring and psychotherapy.
- G) Assists the disciplined psychologist in setting and attaining goals and objectives to comply with the regulatory authority order.
- H) Informs disciplined psychologist when the disciplined psychologist is not meeting criteria for successful completion of the supervised/monitoring experience, and implements remedial steps to assist the disciplined practitioner's development.

- I) Reschedules sessions to adhere to the regulatory authority order if the supervisor must cancel or miss a supervision session.
- J) Maintains documentation of the supervision/monitoring and services provided, and provides such to the regulatory authority upon its request.
- K) Advises the regulatory authority if the supervisor has reason to believe that the disciplined psychologist is practicing in a manner that violates the terms of the contract and/or the regulatory authority order.
- L) Files report(s) in a timely manner at a frequency set by the regulatory authority (specify).

5. Duties and Responsibilities of the Disciplined Practitioner

- A) Understands the responsibility of the supervisor for all disciplined psychologist professional practice and behavior.
- B) Fully informs supervisor of clinically relevant information from client.
- C) Implements supervisor directives, and discloses clinical issues, concerns, and errors that arise.
- D) Integrates supervisor feedback into practice.
- E) Identifies to clients his/her status as a disciplined practitioner, the name of the supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records).
- F) Obtains client's informed consent to discuss all aspects of the disciplined practitioner's work with the supervisor.
- G) Attends supervision/monitoring sessions prepared to discuss practice issues as directed by the supervisor.
- H) Seeks out and receives immediate supervision on emergent situations (include supervisor contact information).
- I) Reschedules sessions to adhere to the regulatory authority order if the disciplined psychologist must cancel or miss a supervision session.

A formal review of this contract will be conducted on or around _____ when a review of the specific goals described herein will be made.

We, _____ (disciplined practitioner) and _____ (supervisor) agree to follow the parameters described in this supervision contract and the regulatory authority disciplinary order dated _____, 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

Disciplined Practitioner

Date

Dates contract is in effect: Start date: _____ End date: _____

Reviewed and approved by Board Representative:

Board Representative

Signature

Date

(Printed Name & Title)

APPENDIX VI

SAMPLE LANGUAGE FOR DISCIPLINARY ORDERS

Missouri

1. PSYCHOLOGICAL EVALUATION REQUIREMENTS

- A) At Licensee's expense, Licensee must undergo an evaluation to assess current functioning and effects of such functioning on Licensee's ability to practice, conducted by a licensed and/or board-certified psychologist trained in neuropsychology approved by the State Committee of Psychologists. Within twenty (20) business days of the effective date of this Order, Licensee shall submit a list of no less than five (5) proposed psychologists trained in neuropsychology to conduct the evaluation. The Committee may approve a psychologist trained in neuropsychology from this list, or may require a second list of five (5) proposed psychologists trained in neuropsychology which the Licensee shall submit within twenty (20) business days of the Committee's request. The Licensee must begin the evaluation within thirty (30) days of the Committee's approval. The Licensee must immediately notify the Committee, in writing, of the start date of the evaluation.
- B) The written evaluation must be submitted by the evaluating psychologist trained in neuropsychology to the State Committee of Psychologists within thirty (30) days of the evaluation being initiated. It shall be the Licensee's responsibility to ensure that the evaluation is submitted by the evaluating psychologist trained in neuropsychology to the State Committee of Psychologists.
- C) The evaluating psychologist trained in neuropsychology shall be released to discuss the purpose and methods of the evaluation with a

representative of the State Committee of Psychologists prior to performing the evaluation. The evaluation will be pursuant to consultation with the State Committee of Psychologists. While Licensee will pay for the evaluation, the evaluating psychologist trained in neuropsychology will work on behalf of the State Committee of Psychologists.

- D) Licensee shall abide by the recommendations of the evaluating psychologist trained in neuropsychology set forth in the psychologist trained in neuropsychology's evaluation. Licensee shall engage in all psychologist trained in neuropsychology testing evaluation, supervision, therapy or other treatment recommended. If therapy is deemed appropriate, the treating health care provider must be different from the professional performing the evaluation and must be approved by the State Committee of Psychologists. Licensee shall commence any recommended therapy or treatment within twenty (20) days of the evaluation completion date.
- E) If therapy is deemed appropriate, it must be continued according to the frequency of sessions recommended by the evaluating psychologist trained in neuropsychology. The treatment modality or plan shall reflect issues and themes recommended by the evaluating psychologist trained in neuropsychology as well as any additional treatment goals. Ongoing treatment and documentation should address the evaluating psychologist trained in neuropsychology's recommendation.
- F) In the event the treating psychologist trained in neuropsychology becomes unable or decides not to continue serving in his/her capacity as a treating psychologist trained in neuropsychology during the disciplinary period, then the Licensee shall:
 - i. Within three (3) business days of being notified of the treating psychologist trained in neuropsychology's inability or decision not

to continue serving as the treating psychologist trained in neuropsychology or otherwise learning of the need to secure a treating psychologist trained in neuropsychology, advise the State Committee of Psychology in writing that he/she is needing to secure a treating psychologist trained in neuropsychology and the reasons for such change; and

- ii. Within twenty (20) business days of being notified of the treating psychologist trained in neuropsychology's inability or decision not to continue serving as the treating psychologist trained in neuropsychology or otherwise learning of the need to secure a treating psychologist trained in neuropsychology, secure a treating psychologist trained in neuropsychology pursuant to and in accordance with the terms and conditions set forth in this Order.

- G) Licensee must give the State Committee of Psychologists, or its representative(s), permission to review Licensee's personal treatment and/or medical records.
- H) In any professional activity in which Licensee is involved, all individuals whom Licensee treats, evaluates, or provides service must allow his/her treatment records to be reviewed by the State Committee of Psychologists or its representative(s).
- I) Licensee's treating psychologist trained in neuropsychology must report at least once every three (3) months to the State Committee of Psychologists on Licensee's progress. Reports must be received before March 1, June 1, September 1 and December 1 of each year. It is Licensee's responsibility to ensure that these reports are provided in a timely manner.

2. SUPERVISION REQUIREMENTS

A) Licensee's practice as a professional psychologist shall be supervised on a three (3) month basis by a psychologist approved by the State Committee of Psychologists. If Licensee has failed to secure a supervisor within twenty (20) days from the start of probation the Licensee shall cease practicing psychology until a supervisor is secured. Licensee shall be responsible for any payment associated with the supervision.

Supervision includes, but is not limited to, on site face-to face review of cases and review (approval and co-signing) of written reports such as case notes, intake assessments, test reports, treatment plans and progress reports.

B) In the event the supervising psychologist becomes unable or decides not to continue serving in his/her capacity as a supervising psychologist or otherwise ceases to serve as a supervising psychologist during the period of probation, then Licensee shall:

- i. Within three business days of being notified of the supervising psychologist's inability or decision not to continue serving as the supervising psychologist, or otherwise learning of the need to secure a supervising psychologist, advise the Committee in writing that he is needing to secure a supervising psychologist and the reasons for such change; and
- ii. Within twenty business days of being notified of the supervising psychologist's inability or decision not to continue serving as the supervising psychologist, or otherwise learning of the need to secure a supervising psychologist, secure a supervising psychologist pursuant to and in accordance with the terms and conditions set forth in this Order. After twenty business days, Licensee shall not conduct psychological evaluations if he has not secured a supervisor.

- C) The supervising psychologist shall be vested with the administrative authority over all matters affecting the provision of psychological evaluations provided by Licensee so that the ultimate responsibility for the welfare of every client evaluated is maintained by the supervising psychologist.
- D) Licensee must give the State Committee of Psychologists or its representative(s) permission to review Licensee's personal treatment or medical records.
- E) In any professional activity in which Licensee is involved, all individuals whom Licensee treats, evaluates, or provides service must allow his/her treatment records to be reviewed by the State Committee of Psychologists or its representative(s).
- F) Licensee's supervisor must report at least once every three (3) months on Licensee's compliance with the terms of discipline in this Order until Licensee's satisfactory completion of the requirements of section I, paragraph A above. Reports must be received before March 1, June 1, September 1 and December 1 of each year. It is Licensee's responsibility to ensure that these reports are provided to the Committee in a timely manner.

3. GENERAL REQUIREMENTS

- A) Licensee shall not serve as a supervisor for any psychological trainee, psychological intern, psychological resident, psychological assistant, or any person undergoing supervision during the course of obtaining licensure as a psychologist, professional counselor or social worker.
- B) Licensee must inform Licensee's employers, and all hospitals, institutions and managed health care organizations within which Licensee is affiliated, that Licensee's work as a professional psychologist is under probation by the State Committee of Psychologists. Licensee must obtain

written verification that each client that Licensee treats, evaluates, or consults has been so informed.

- C) Licensee shall meet with the Committee or its representatives at such times and places as required by the Committee after notification of a required meeting.
- D) Licensee shall submit reports to the State Committee for Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102, stating truthfully whether he has complied with all the terms and conditions of this Order by no later than March 1, June 1, September 1 and December 1 during each year of the disciplinary period.
- E) Licensee shall keep the Committee apprised of his/her current home and work addresses and telephone numbers. Licensee shall inform the Committee within ten days of any change of home or work address and home or work telephone number.
- F) Licensee shall comply with all provisions of sections 337.010 through 337.345, RSMo; all applicable federal and state drug laws, rules, and regulations; and all federal and state criminal laws. "State" here includes the state of Missouri and all other states and territories of the United States.
- G) During the disciplinary period, Licensee shall timely renew his license and timely pay all fees required for licensing and comply with all other Committee requirements necessary to maintain Licensee's license in a current and active state.
- H) If at any time during the disciplinary period, Licensee removes himself from the state of Missouri, ceases to be currently licensed under provisions of Sections 337.010 through 337.345, RSMo, or fails to advise the Committee of his/her current place of business and residence, the time of his/her absence, unlicensed status, or unknown whereabouts

shall not be deemed or taken as any part of the time of discipline so imposed in accordance with § 337.035, RSMo.

- I) During the disciplinary period, Licensee shall accept and comply with unannounced visits from the Committee's representatives to monitor his/her compliance with the terms and conditions of this Order.
- J) If Licensee fails to comply with the terms of this Order, in any respect, the Committee may impose such additional or other discipline that it deems appropriate, (including imposition of the revocation).
- K) This Order does not bind the Committee or restrict the remedies available to it concerning any other violation of Sections 337.010 through 337.345, RSMo, by Licensee not specifically mentioned in this document.

Upon expiration of the disciplinary period, Licensee's license as a psychologist in Missouri shall be fully restore, provided all provisions of this Order and all other requirements of law have been satisfied.