Supervision Guidelines for Education and Training Leading to Licensure as a General Applied Provider

ASPPB

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Supervision Guidelines for Education and Training leading to Licensure as a General Applied Psychologist

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Introduction

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

Supervision plays a critical role in the protection of the public and a central role in the training and practice of psychologists (Bernard & Goodyear, 2014; Falender & Shafranske, 2004, Orlinsky, Rønnestad et al., 2005). "Both I-O and consulting psychology's guidelines affirm the importance of supervision as part of graduate curriculum" (Blanton, 2014). Supervisors' responsibilities may include monitoring client services, 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 licensed psychologist under a disciplinary order, 3) licensed non-doctoral practitioner (e.g., master's level), or 4) a trainee seeking to become a licensed practitioner for general applied psychology, that is for education and training for general applied psychologists (GAP). Please note that the remainder of this document exclusively focuses on the supervision for education and training for general applied psychologists. The supervision guidelines for Health Service Providers were previously published (August, 2015), the supervision guidelines regarding mandated supervision were recently published

(January, 2018) and the other two areas will be included in a later version of this document.

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

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

- Ethics of Supervision

- Supervisor Competencies

- Supervision at Different Levels of Training

- Supervision Contract

- Specialty Areas of Supervision

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

As clearly outlined in Blanton (2014), the training landscape for GAPs (particularly I/O and Consulting Psychologists) differs in several fundamental ways from that of HSPs. Accordingly, the following supervision guidelines are offered with that understanding in mind.

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 teleconferencing, instant messaging, internet, e-mail, chat, or web pages) are rapidly becoming more prevalent in the practice of psychology. Early proponents of telepractice in psychology defined 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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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 on-line 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.

<u>Supervisory Competence Overview</u>

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.

<u>APPLICANT INFORMATION</u>

Name:_____Degree: _____in _____ (degree name)

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

_____

_____

Job Title:_____Work phone #:_____

<u>SUPERVISORS INFORMATION (as applicable)</u>

PRIMARYSUPERVISOR (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 REGUALTORY 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.