Supervision Guidelines for Licensed Psychological Associates

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

Supervision via electronic means requires providing 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, 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; McIllraith 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.

<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, <u>Genuchi, Hall, Angelo, & Cornish,</u> 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
    A. The supervisor during this training period will be _____, who will provide _____ hours of supervision per _____.
    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 licensing boards upholding legal and ethical standards).
    D. Supervision records are available for licensing boards and supervisee.

III. 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