COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

SUPERVISION RESOURCE MANUAL FOR PSYCHOLOGY REGISTRATION

FOURTH EDITION, FEBRUARY 2025

Updated: September 2026

TABLE OF CONTENTS

Foreword **3**
a. Application 3
b. Relationship to other supervision documents 3

Glossary of Terms 5

1) **Supervision Fundamentals** **6**
a. Definition of supervision 6
b. Purpose of supervision for registration 6
c. Evidence-based practices in supervision 7
d. Equity, diversity, and inclusion in supervision 8

2) **Roles and Responsibilities of Supervision** **9**
a. Responsibilities of supervisors (Primary and Alternate) 9
b. Completing the Supervisor's Work Appraisal Form 11
c. Evaluating readiness for autonomous practice 13
d. Expectations for communication between supervisors 16
e. Responsibilities of supervised members 17
f. Supervision Agreements 18
g. Documentation and Record Keeping 18

3) **Decision to Enter into a Supervisory Relationship** **19**
a. Choosing Primary and Alternate supervisors 19
b. Choosing to become a supervisor 21
c. Completing the Declaration of Competence 22
d. Financial compensation and private practice arrangements 23

4) **Navigating Challenges in Supervision** **24**
a. Changes in supervisory arrangements 24
b. Challenges to the supervision relationship 24

5) **Other Circumstances Involving Supervision for Registration** **26**
a. Supervision for the purpose of expanding one's authorized area(s) of practice 26
b. Supervision during post-masters preparation for registration 27
c. Supervision of registered members of other regulated health professions 28

6) **Preparing for Examinations** **28**
a. Planning for Examinations 28
b. Jurisprudence and Ethics (JEE) 28
c. EPPP 29
d. Oral Examination 30

7) **Controlled Acts** 31

Appendices

A. References.....33
B. Sample work appraisal form.....35

FOREWORD

a. Application

In 2021 a subcommittee of the College's Registration Committee was struck to develop this resource to clarify expectations and enhance the supervision experience of the College's membership. In the hopes of enhancing the provision of psychological services to the Ontario community, this resource supports candidates entering the profession and the supervisors who give of their time and who are dedicated to the growth of their supervisees.

This Fourth Edition of the *Supervision Resource Manual For Psychology Registration* replaces the Third Edition, published in 2022. Updates in this edition reflect changes to the College's Registration Guidelines (Psychology), and Standards of Professional Conduct.

The *Supervision Resource Manual For Psychology Registration* supplements and augments the information provided by the College's Registration Guidelines (Psychology) and Standards of Professional Conduct and integrates information from several sources based on best practices in supervision at the time of publication. The manual is meant to provide tips and guidance for members and those seeking psychology registration with the College. It provides practical information to help members who agree to be supervisors for psychology supervised practice members and/or who agree to provide supervision to psychology members seeking to expand their authorized areas of practice.

While College members are already familiar with the Standards of Professional Conduct, candidates and members are encouraged to read the Registration Guidelines which outline the requirements for entering the profession of psychology and for the period of authorized supervised practice.

b. Relationship to other supervision documents

The *Supervision Resource Manual For Psychology Registration* augments or is meant as a companion document to the following College resources/documents:

- *Standards of Professional Conduct (2024)*
  - https://cpbao.ca/members/professional-practice/standards-of-professional-conduct/
- Registration Regulation (Ontario Regulation 193/23, Registration)
  - https://www.ontario.ca/laws/regulation/230193
- Registration Guidelines (Psychology) (which includes a section titled *Duties and Responsibilities of Supervisors and Supervised Members*)
  - https://cpbao.ca/applicants/how-to-apply/supervised-practice-psychological-associate/
  - https://cpbao.ca/applicants/how-to-apply/supervised-practice-psychologist/
- Primary/Alternative Supervisor's Agreement Form

  - https://cpbao.ca/cpo_resources/primary-supervisor-agreement-form/
  - https://cpbao.ca/cpo_resources/alternate-supervisor-agreement-form/
- Confirmation of Private Practice Arrangements Form
  - https://cpbao.ca/cpo_resources/confirmation-of-private-practice-arrangements/
- Primary and Alternate Supervisor's Work Appraisal Forms:
  - https://cpbao.ca/cpo_resources/supervisors-work-appraisal-form-primary/
  - https://cpbao.ca/cpo_resources/supervisors-work-appraisal-form-alternate/
- Registration Guidelines (Psychology) which include the Guidelines for Completing the Declaration of Competence
  - https://cpbao.ca/cpo_resources/registration-guidelines-psychologist-i-guidelines-for-completing-the-declaration-of-competence/
  - https://cpbao.ca/cpo_resources/psychological-associate-section-j-guidelines-for-completing-the-declaration-of-competence/
- The College's Equity, Diversity, and Inclusion webpage
  - https://cpbao.ca/about-cpo/equity-diversity-and-inclusion/

Guidelines produced by professional associations, outlining best practices in supervision, were also reviewed. Relevant elements have been included or cited in this manual, based upon the following documents:

- American Psychological Association Guidelines for Clinical Supervision in Health Service Psychology (2014)
  - https://www.apa.org/about/policy/guidelines-supervision.pdf
- Canadian Psychological Association Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration (2009; updated 2017)
  - https://cpa.ca/docs/File/Ethics/CoEGuidelines_Supervision2017_final.pdf
- Ontario Psychological Association Self-Assessment Tool for Best Practices in Clinical Supervision
  - https://www.psych.on.ca/getmedia/a5f4e5a6-9385-4bb4-9940-c6c1c46ebc57/Quality-Assurance-Self-AssessmentFinal.pdf

Finally, the academic literature on supervision practices is also referenced in the following sections and the full list of references is available at the end of this manual.

GLOSSARY OF TERMS

"**applicant**" refers to someone who has applied for psychology registration but has not yet had their application evaluated;

"**authorized supervised practice**" refers to the required supervised practice in psychology undertaken by holders of the certificate for supervised practice;

"**autonomous member**" refers to a holder of a certificate authorizing autonomous practice as a psychologist or psychological associate;

"**candidate**" refers to someone who, at a minimum, has met the academic requirements for registration as a psychologist or psychological associate and is in the process of meeting the remaining requirements;

"**College**" refers to the College of Psychologists and Behaviour Analysts of Ontario;

"**member**" refers to a psychologist or psychological associate, registered by the College to practise autonomously or under supervision;

"**Registration Regulation**" refers to Ontario Regulation 193/23, Registration;

"**supervised member**" refers to a holder of a certificate of registration authorizing supervised practice as a psychologist or psychological associate;

"Standards" refers to the *Standards of Professional Conduct*

"Supervision Record" refers to the record of the interaction between the supervisor and supervisee and focus on the supervisor's evaluation, direction, and support of the supervisee, as well as the supervisee's response to the input of the supervisor

"Supervision Log" refers to the log of supervision included in the Primary and Alternate Supervisor's Work Appraisal Form

1. SUPERVISION FUNDAMENTALS

a. Definition of Supervision

Academics and researchers have developed a variety of definitions of supervision (Bernard & Goodyear, 2019; Borders, 2014; Falender & Shafranske, 2004; Milne, 2007). Common components among all definitions include: (1) a hierarchical relationship requiring evaluation and feedback; (2) professional development for the supervisee; and (3) accountability to the profession and public.

According to Falendar and Shafranske (2004):
Clinical Supervision is a distinct professional practice that requires balancing the inherent power differential within a collaborative relationship while utilizing both facilitative and evaluative components. It has the multiple goals of:

1. *Monitoring the quality of services provided to clients;*
2. *Protecting the public and gatekeeping for the profession;*
3. *Enhancing the professional competence and professionalism of the supervisee, including developing skill in the use of science-informed assessment procedures, empirically-supported treatments, and evidence-based practices.*

Definition of Supervision according to current College *Standards*:
Supervision means an ongoing educational, evaluative, and hierarchical relationship, where the supervisee is required to adhere to the Standards of Professional Conduct and comply with the direction of the supervisor, and the supervisor is responsible for ensuring that the service provided to each recipient of services is competent and ethical.

b. Purpose of Supervision for Registration

Psychology candidates who have met academic requirements for registration and are in the process of completing the remaining requirements for registration with the College for autonomous practice must undergo a period of authorized supervised practice before registration can be completed.

The purpose of authorized supervised practice (SP) is to:

- Serve the public interest by ensuring that psychological services provided by those who have not yet completed all requirements for autonomous practice meet ethical and professional standards and that services promote the public interest;
- Foster professional development and self-reflection by means of teaching, mentoring, and supporting the supervised member. This may include enhancing the development of clinical skills and ethical decision-making, refining interpersonal effectiveness, and deepening self-awareness and an understanding of the impact of providing psychological services for clients, organizations, and communities;
- Provide formative and summative evaluation of the supervised member, to assist the College in the determination of readiness for autonomous practice.

c. Evidence-Based Practices in Supervision

Supervision is a valued professional activity for all practitioners of psychology to promote continuous learning beyond a training model (Johnson, 2019). By having an 'objective' outsider perspective and a person to challenge, ask questions, and support reflective and deliberate practice, supervision improves clinical practice and counters blind spots (Bernard & Goodyear, 2019; Bienert, 2014; Borders, 2014; Falender & Shafranske, 2017). Supervision supports the application of knowledge to practice and fosters supervisee competence (Wrape et al., 2015).

Supervision researchers posit several considerations for 'best practice' in supervision which are also informed by experience (i.e., practice-based evidence). As described below, these considerations reflect different approaches including:

- Theoretical understanding of core competencies;
- Conclusions drawn from empirical outcome studies;
- Observations distilled from literature reviews.

Best Practices as Core Competencies

Falender and Shafranske (2017) delineated core competencies in the 'best practices' of supervision, organized into three components:

- Attitudes and Values: supervision requires the maintenance of integrity, an ethical and values-based practice that is informed by science, and an appreciation of diversity;
- Knowledge: supervisors should engage in continual professional development and self-reflection;
- Skills: supervisors are encouraged to develop competencies in relationship skills (communication, attention to power differentials, warmth, genuineness, and respect); inquiry skills (to elicit sufficient information to ensure adequate clinical oversight); and educational skills (to promote active learning and professional development).

Best Practices from Supervision Outcome Research

A review of supervision outcome research suggests that improvements in supervisee competence in the areas of enhanced self-awareness, skill acquisition and implementation, and treatment knowledge are associated with an effective supervisory working alliance (Mehr, Ladany & Caskie, 2015; Tsong & Goodyear, (2014). According to Bernard and Goodyear (2019), supervisors who follow best practices:

- Communicate expectations clearly;
- Provide regular feedback;
- Tailor supervision to the developmental level of the supervisee;
- Foster a safe and trusting supervisory relationship.

Best Practices Distilled from Literature Review

In a review of supervision literature, Johnson (2019) identified five best practices in supervision.

- Direct Observation: Supervisors have responsibility for overseeing the development of interpersonal common elements (i.e., warmth, empathy, responsiveness) and effective non-verbal communication, all of which are better identified by means of direct observation.
- Progress Monitoring: Systematic evaluation of client progress is associated with improved therapy outcomes (Tasca et al., 2019); however, according to Johnson (2019), only 12%

of psychologists use progress monitoring as a regular clinical practice. Incorporating progress monitoring in supervision provides supervisee and supervisor with additional information about the client perspective.

- Experiential Learning: Supervision is enhanced through the practice of experiential learning, incorporating elements such as role plays and modelling of new skills and techniques.
- Evaluation: supervisors should make every effort to provide ongoing feedback that is timely, specific, nonjudgmental, actionable, and collaborative (Bernard & Goodyear, 2019).
- Adopting a Diversity Focus: Supervisors are encouraged to adopt a practice of cultural curiosity and cultural humility in supervision, which includes fostering self-awareness, cultural humility, the development of "diversity relevant" skills, and avoidance of microaggressions (Hook et al, 2016; Johnson, 2019; Patallo (2019); Upshaw, Lewis & Nelson, 2020; Watkins et al., 2019).

d. Equity, Diversity, and Inclusion in Supervision

Best practices in supervision reflect self-awareness (i.e., developing an understanding of one's own cultural background and the ways in which it influences personal attitudes, values, and beliefs); knowledge (i.e., learning about the worldviews of individuals from diverse cultural backgrounds); and skills (i.e., utilizing culturally appropriate interventions) (Hook et al, 2018). Supervisors are encouraged to adopt an appreciation of the intersection among the assumptions, values, biases, expectations, and world-views among the supervisee, supervisor, and client, in addition to consideration of the historical and societal contexts (Falender & Shafranske, 2004).

This includes fostering and modeling a position of cultural humility, defined by Mosher et al (2017) as "Others-oriented stance that seeks to develop mutual partnerships that address power imbalances with interpersonal respect, as well as a lifelong commitment to openness to new cultural information, critical self-examination of cultural awareness, and motivation to learn from others". "Humble acknowledge of unfamiliarity or bias is a strength, rather than a failure of the clinician" (Patallo, 2019) and supervisors are encouraged to seek consultation and to continue to educate, modelling this ongoing approach for their supervisees.

Additional resources, including equity, diversity, and inclusion (EDI) readings and practice guidelines, may be found on the College's EDI webpage.

Tips for practicing equity, diversity and inclusion in supervision include the following (Bautista-Biddle et al, 2020; Johnson 2019; Williams & Raney 2020):

- Supervisors should initiate a conversation with the supervisee at the beginning of a supervisory working relationship to consider the intersectionality of identities, respectfully recognizing differences and similarities among diverse factors such as age, race, gender, culture, religion, disability, etc.
- Supervisor and supervisee are encouraged to practice self-reflection, being mindful of unconscious bias and stereotypic assumptions about the supervisee, supervisor, or the client.

- The inherent power imbalance within a supervisory relationship may be amplified by inattention to privilege and diversity. Supervisors are expected to model cultural curiosity and cultural humility for the supervisee.
- Supervisors and supervisees are expected to avoid microaggressions.
    - Supervision should reflect a safe environment for discussion of the impact of systemic racism or of colonialism and residential schools for the client or supervisee, and implications for psychological services, including case conceptualization and considerations for intervention.

Summary of Best Practices in Supervision

Taken together, the research and the literature suggest that supervision is optimized by:

- Establishing clear expectations for style or model of supervision, communication between supervisor and supervisee, and method of feedback (including any opportunities for the supervisor to observe the work);
- Tailoring supervision to the developmental level and needs of the supervisee;
- Fostering an effective supervisory working alliance to encourage supervisee disclosures and feedback;
- Encouraging supervisee skill acquisition and implementation, and professional development by providing time for supervisee self-reflection and active learning (role plays, modelling, resources) for skills development;
- Attending to issues of diversity, equity and inclusion which include recognizing and valuing difference, understanding systems of power and privilege, attending to unconscious bias, and avoiding micro-aggressions.

Providing supervision is an activity which requires specific competence and, as such, continued professional development and learning in this field is encouraged.

2. ROLES AND RESPONSIBILITIES OF SUPERVISION

a. Responsibilities of Supervisors (Primary and Alternate)

The supervisor functions as a teacher, mentor and professional role model who fosters the development of clinical skills and professional identity for the supervised member. Supervisors are key in ensuring that candidates seeking Autonomous Practice with the College will provide quality (competent and ethical) care that is in the best interests of clients and the broader community. Supervisors for supervised practice members have common responsibilities, regardless of whether they are Primary or Alternate supervisors. Supervisors must sign the Primary Supervisor's Agreement Form and Alternate Supervisor's Agreement Form when a candidate submits an application for Supervised Practice which outlines some of the responsibilities the Supervisor is assuming. This section expands on the responsibilities of supervisors.

Both Primary and Alternate supervisors have an equal role in assessing readiness for Autonomous Practice. Both Primary and Alternate supervisors share the following responsibilities:

- They are fully responsible for the provision of psychological services by the supervised member;

- They uphold the *Standards* of the College and ensure that the provision of psychological care by the supervised member meets those standards;
- They counsel supervisees on examinations and other tasks during Supervised Practice;
- They are attentive to the development of the supervised member approaching Autonomous Practice, taking into account, and tailoring expectations based on, the supervisee's knowledge and skills, and fostering the supervisee's stance of cultural humility and cultural curiosity;
- They provide feedback and formal evaluations during supervised practice;
- They record the dates, duration, and content of each supervisory session (i.e., maintain supervision records – Standard 4.5) and safeguard those records for the duration of their life cycle;
- They co-sign all reports and formal correspondence (Standard 4.5.4);
- They seek their own professional development to further develop supervision-specific competence.

Primary and Alternate supervisors also have different, specific responsibilities depending on the area of practice, client population, and "division of work" that Primary and Alternate supervisors agree on between themselves and with the supervised member. In agreeing to be a Primary or Alternate supervisor, the member must review the Supervisee's Declaration of Competence. Supervisors should communicate to ensure that between them they are able to provide the supervisory experiences necessary for the supervised member to fulfill competency requirements, taking into account which authorized areas of practice the supervised member is seeking upon registration. When there are changes to the supervised members' Declaration of Competence, both the member and their supervisors must inform the College in advance, in accordance with the *Guidelines for Completing the Declaration of Competence*. Supervisors should familiarize themselves with these guidelines. A change in the Declaration of Competence should be explicitly considered in the supervisor's subsequent appraisal(s) of the supervised member.

Primary supervisors must provide *at least* one hour of supervision *weekly* (or 4 hours per month) and Alternate supervisors must do so on a *biweekly* basis (or 2 hours per month). Both supervisors require time to provide individual synchronous supervision meetings as well as time for indirect activities (i.e., to review documentation). They often orient the supervised member to the work setting and are available to the supervised member as needed. Clinical supervision contains an administrative component, but within the context of supervision leading to autonomous practice, this component is secondary. The amount and types of supervision required will be tailored based on the supervisor's judgment, the clinical setting, and the contract with the supervised member.

A supervised member's learning needs will change throughout the supervision period and supervisors must continuously monitor and evaluate these changing needs and tailor their supervision to ensure optimal skill and knowledge development. When not available, especially for an extended period (e.g., supervisor vacation), supervisor coverage should be arranged with the supervised member's other supervisor and/or with another autonomous member of the College. Primary and Alternate supervisors should have points of contact over the Supervised Practice period to ensure that the supervised member is progressing and that all the required activities during the Supervised Practice period are supported.

The supervisors accept ultimate responsibility for the psychological services provided by the supervised member. By actively overseeing the psychological services provided, supervisors ensure that the supervised member develops skills consistent with science-informed assessment procedures, empirically-supported interventions, and other evidence-based practices. The supervisor assesses and develops the supervised member's knowledge and skills through instruction, modelling, collaborative problem solving, and on-going evaluation (including deliberate review of professional work), and facilitates consideration of equity, diversity, and inclusion. Supervisors should be aware of the supervised member's professional activities during Supervised Practice (e.g., professional development activities), and foster a commitment to ongoing professional growth and continuous quality improvement.

b. Completing the Supervisor's Work Appraisal Form

Work appraisal forms are a record of what happened during the period of authorized supervised practice. Since the purpose of registration is public protection, supervisors are reminded that ratings on Supervisor's Work Appraisal Forms carry considerable weight in considering the supervised member's readiness for Autonomous Practice. In assessing readiness for Autonomous Practice, it is important that the supervisor consider not only clinical competence, but also ethical conduct, maturity, confidence, and emotional readiness. Of note, the following competencies reflect current *Standards* of the College and may be revised in future to align with future changes to the accreditation standards issued by the Canadian Psychological Association.

As indicated in the Supervisor's Work Appraisal forms, supervisors will evaluate the supervised member on the following dimensions to determine readiness for Autonomous Practice, regardless of practice area or client population:

(A) Ratings of Professional Performance

- Overall awareness/knowledge of Ontario jurisprudence;
- Competence in declared area(s) of competence (see candidate's Declaration of Competence form);
- Competence in formulating and communicating a diagnosis;
- Awareness of limits of competence;
- General maturity of professional attitude.

(B) Core Competencies for Professional Practice

- Interpersonal relationships;
- Ethics and Standards;
- Assessment and evaluation;
- Intervention and consultation;
- Research (rated only if this is an activity declared by the candidate in the Declaration of Competence).

Unanimous supervisor's ratings of "R" (Ready for Autonomous Practice) indicating readiness for Autonomous Practice in all rating categories are a pre-requisite for being invited to attend the College's Oral Examination. Supervisor feedback to the supervised member should be ongoing and provided on a regular basis over the course of their period of Authorized Supervised Practice. In order to facilitate readiness, Primary and Alternate supervisors must ensure that the supervised

member has had exposure to a relevant range of client populations and presenting problems in relation to the practice area(s) and client population(s) indicated on their Declaration of Competence, during the period of authorized supervised practice.

On the second page of the Supervisor's Work Appraisal Form, supervisors and supervised members are prompted to jointly rate the progress of supervision and identify needs by indicating whether, and how fully, the following topics were addressed with the supervised member during the particular reporting period:

- Detailed feedback and discussion regarding assessment/evaluation, intervention/ consultation, and reports;
- Discussion of diagnostic issues;
- Discussion of ethical and professional issues;
- Discussion of jurisprudence in relation to practice;
- Discussion to identify candidate's strengths and areas that need improvement;
- Preparation for the required examinations [Jurisprudence and Ethics Examination (JEE), Examination for Professional Practice in Psychology (EPPP), Oral Examination];
- Development of/progress in a Registration Committee mandated training plan (if applicable).

Supervisors are entrusted with submitting detailed and accurate Work Appraisal Forms to the College. The appraisal forms should be emailed to the College in a timely manner. Supervisors and supervised members should retain a copy of each Work Appraisal Form for their own records.

The following suggestions will help to create a clear record of the learning activities of supervised members and the nature and outcome of supervision:

- The supervised member should keep daily records of their professional activities (e.g. number and nature of assessments, consultations/interventions, counselling/therapy sessions, professional development activities, ethical issues, research activities);
- Using the Supervisor's Work Appraisal Form, the supervised member and supervisor should keep a record at each meeting of the dates of supervision sessions, amount of time spent and a description of the topics that were discussed. Including the number of clients seen, their presenting problems and the type of intervention offered, as well as any ethical and EDI issues which arose, helps to show the reader what actually happened during supervision and documents the quality of the training a supervised member is obtaining. At no time should personally identifiable information, including personally identifiable health information, be included. Any other substantive contact (e.g. consultation regarding a professional issue) should also be documented in the form.
- Avoid a "boilerplate" approach (i.e. repeating the same wording on a succession of Work Appraisal Forms) as it tends to give the impression that either the supervised member has not progressed or that the supervisor is taking an overly casual approach to supervision.
- Honestly record a supervised member's limitations. If there are concerns about readiness for autonomous practice, it is important to address them directly. Extending the period of authorized supervised practice with a clearly defined remediation plan will serve both the supervised member and their clients.

c. Evaluating Readiness for Autonomous Practice

During the period of authorized supervised practice, the supervisor evaluates the supervised member's level of competence on a range of dimensions and completes formal work appraisals on a regular basis. To be eligible for the Oral Examination, supervised members must have received an "R" rating (Ready for autonomous practice) from both the Primary and Alternate Supervisors in all rating categories.

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

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

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

(A) Ratings of Professional Performance:

1. **Overall awareness/knowledge of Ontario jurisprudence**
   To attain a rating of **R** in this area, the supervised member must consistently:
   - Demonstrate a good knowledge of Ontario jurisprudence and apply this knowledge appropriately, seeking consultation when needed.

2. **Competence in the declared area(s) of practice**
   To attain a rating of **R** in this area, the supervised member must consistently:
   - Demonstrate a sufficient breadth of knowledge and skills to deal with the typical presenting conditions found within their declared area(s) of practice and client group(s) (without limiting themselves so narrowly that they can only offer services to clients with very few conditions).

3. **Competence in formulating and communicating a diagnosis**
   (Except for supervised members whose sole area is Industrial/Organizational Psychology)
   In order to attain a rating of **R** in this area, the supervised member must consistently:
   - Demonstrate the ability to combine psychological assessment data with clinical impressions, historical information, current life status and symptoms to generate diagnoses for groups of clients that the candidate might be expected to encounter in the area(s) of practice they have declared. This includes ruling in and ruling out various diagnostic possibilities and identifying co-morbidity.
   - Demonstrate the ability to sensitively communicate diagnostic information; including providing information about prognosis, treatment possibilities and answering common questions clients are likely to ask.

4. **Awareness of limits of competence**
   In order to attain a rating of **R** in this area, the supervised member must consistently:
   - Demonstrate an awareness of when the candidate needs to consult with others with regard to client groups, client issues, or client complexity.
   - Demonstrate sufficient knowledge to recognize disorders with which they do not work themselves, and sufficient knowledge about other resources to make an appropriate referral.

5. **General maturity of professional attitude**
   In order to attain a rating of **R** in this area, the supervised member must consistently:
   - Demonstrate positive coping strategies with personal and professional stressors and challenges.
   - Maintain complete records of all patient contacts that include pertinent information. Notes are clear, concise, and timely.
   - Demonstrate efficiency in accomplishing tasks without prompting or reminders.
   - Demonstrate excellent time management skills regarding appointments, meetings, and leave.

(B) Core Competencies for Professional Practice:

1. **Interpersonal relationships**
   In order to attain a rating of **R** in this area, the supervised member must:
   - Consistently demonstrate effective communication skills by establishing and maintaining rapport with clients and colleagues;
   - Consistently demonstrate the ability to establish and maintain trust and respect in the professional relationship;
   - Consistently demonstrate professional and appropriate interactions with treatment teams, peers, and supervisors;
   - Consistently demonstrate the ability to handle differences openly, tactfully, and effectively;
   - Reliably identify potentially challenging clients and seek supervision/consultation;
   - Demonstrate knowledge of self, such as motivation, personal resources, values, personal biases, and other factors that may influence the professional relationship (e.g. boundary issues);
   - Acknowledge and respect differences that exist between self, clients, and colleagues in terms of race, ethnicity, culture, and other individual difference variables.

2. Ethics and Standards

In order to attain a rating of **R** in this area, the supervised member must:

- Consistently demonstrate knowledge and skills in an ethical decision-making process;
- Identify potential ethical and legal issues and address them proactively;
- Actively seek consultation when treating complex cases and when working with individuals who present with unfamiliar symptoms;
- Demonstrate knowledge and skills in dealing with informed consent and confidentiality in a specific situation (i.e. taking into account family members, third parties such as insurance companies and mandatory reporting obligations);
- Demonstrate knowledge and the ability to apply standards for psychological tests and measurements;
- Demonstrate an understanding of one's responsibilities to clients, public, profession, and colleagues.

3. Assessment and Evaluation

In order to attain a rating of **R** in this area, the supervised member must consistently:

- Demonstrate proficiency administering commonly used tests in the supervised member's declared area(s) of practice;
- Demonstrate ability to formulate a referral question;
- Demonstrate the ability to appropriately choose the tests to be administered to answer the referral question;
- Demonstrate the ability to develop a systematic assessment or evaluation plan which includes formal psychometric testing in areas of practice where this is standard;
- Demonstrate the ability to accurately interpret the results of psychological tests used and to integrate results;
- Make accurate diagnostic formulations for a variety of disorders;
- Demonstrate knowledge and skill in the formulation of diagnostic hypotheses and demonstrate making a diagnosis when appropriate;
- Write a well-organized psychological report that answers the referral question clearly, integrates assessment information, provides a reasoned case formulation, and provides the referral sources with appropriate and specific recommendations;
- Demonstrate the ability to collect appropriate information during an intake interview to formulate and test hypotheses about what the client's problem may be.

4. Intervention and Consultation

In order to attain a rating of **R** in this area, the supervised member must consistently:

- Gather information about the nature and severity of client problems, analyze this information to formulate hypotheses about the factors that are contributing to these problems through qualitative and quantitative means, and select appropriate intervention methods;
- Develop a conceptual framework, and communicate this to the client;
- Produce good case conceptualization within own preferred theoretical orientation; and be able to also draw some insights into case from other orientations;
- Set realistic goals with clients;
- Conduct interventions that are well-timed, effective, and consistent with empirically supported treatments.

5. **Research**

In order to attain a rating of **R** in this area, the supervised member must consistently:

- Demonstrate knowledge and skills in standards for conducting psychological research;
- Demonstrate the ability to effectively convey research results in writing.

Along with the awareness of the supervised member's early stage of professional development, best practices in supervision facilitate a context that deepens a supervised member's self-awareness and allows the supervised member to reflect on their areas of strength and areas for further development (including limits of competence). Genuine feedback to the supervised member and to the College's Registration Committee is an important part of protecting the public and ensuring quality psychological services. Providing ongoing support and constructive feedback is an important part of the supervisory relationship.

Creating and maintaining a supervisory relationship in which the supervised member feels safe and supported is important in addressing areas that may require remediation. Being aware of the inherent hierarchy in the relationship, the supervisor endeavors to foster an environment of respectful and open dialogue where feedback to the supervisor is encouraged. Such feedback to the supervisor will help the supervisor tailor the supervisory experience to foster optimal growth of the supervised member.

Supervision is an important skill in the professional practice of psychology. Supervisors must consciously monitor and develop their own supervisory skills so that their supervisees are able to gain the full benefit of the supervisory experience. Supervisors serve as important models of supervision for the supervised members who will one day become supervisors themselves.

d. Expectations for Communication between Supervisors

Each supervisor will bring different skills, styles, and knowledge to the supervisory experience. Each will also have a unique relationship with the supervised member and will obtain information about the supervised member that will likely be valuable to both the Primary and Alternate supervisors.

Communication between supervisors is important for setting goals and confirming plans for the period of supervised practice. It is important that this includes a joint meeting between the Primary and Alternate supervisors and the supervised member at the start of authorized supervised practice. This can serve to define a specific learning plan that outlines the areas that each supervisor will emphasize. This can include specifying content areas and the development of certain competencies, as well as more general professional objectives for each supervisor.

Supervisors must communicate with each other at regular intervals regarding the developmental goals and progress of the supervised member until the end of the supervision period. Supervisors must meet together with the supervised member, no less often than at the required evaluation periods. Supervisors complete their own Supervision Records and Supervisor's Work Appraisal Forms and ensure that the information they contribute is shared with the other supervisor. The supervised member benefits from a coordinated supervision approach that keeps all participants "on the same page" and allows supervision goals to be modified as needed with each supervisor having knowledge of the other's areas of focus. All meetings must be documented in the supervision records.

e. Responsibilities of Supervised Members

1. Familiarity with and Adherence to Standards

Before beginning to provide client services, supervised members must review the Registration Guidelines, Standards of Professional Conduct, Professional Misconduct Regulation, Canadian Psychological Association's *Code of Ethics for Psychologists* and the relevant legislation and other guidelines relevant to the provision of psychological services. They are encouraged to discuss these professional guidance materials with their supervisors and seek clarification directly from them as needed.

2. Adherence to Directions of the Supervisor

Because supervisors are fully responsible for the services provided to their clients, supervised members are required to adhere to all directions of the supervisors. The hope is that supervisors will create the conditions in which a supervised member will be welcome to raise questions or even respectfully challenge the feedback or direction of a supervisor, as this may provide a valuable opportunity for productive discussion. If a disagreement cannot be resolved, the supervisor's direction must be adhered to. Holding a certificate of registration authorizing supervised practice provides the time to "practice" having responsibility for the client care, without fully having it, and the opportunity to enjoy the reassurance that the supervisor is monitoring and directing the care provided to a client.

3. Inclusion of Supervisors in Communications with College

It is critical that supervisors are aware of any challenges experienced by their supervisees. The supervisor provides guidance appropriate to the needs of the supervised member. It is understood that supervisors may have their own questions about the Legislation*, Standards*, and other relevant Guidelines and may require some assistance with respect to these, as all members do from time to time. Supervised members are welcome to contact the College's Practice Advisory service for consultation after they have discussed the issues of concern with their supervisors. When communicating with the Practice Advisory service, supervised members must identify themselves as such; when communicating in writing, they must copy their supervisors, and when communicating by telephone, the supervisor is expected to join the discussion. However, in the rare event that a supervised member wishes to receive confidential guidance from the College with respect to issues they are having difficulty resolving in consultation with a supervisor, the supervised member may contact the College without the supervisor's involvement.

4. Discussion of College Quality Assurance Requirements

Individuals holding a Certificate of Registration for Supervised Practice must fulfill the Quality Assurance Program requirements. Supervisors will be responsible for engaging in discussion of these requirements.

f. Supervision Agreements

The supervisory relationship begins with the supervisor providing clear information regarding the expectations and parameters of supervision, communicated both verbally and in the form of a written contract (Bernard & Goodyear, 2014; Osborn & Davis, 2009; Thomas, 2007, 2010).

"The supervision contract is an informed consent document, describing the expectations, goals, requirements, and parameters of supervision; roles and responsibilities of supervisee and supervisor(s); specific limits of confidentiality in supervision (e.g., normative reporting/disclosures

to graduate programs, licensing boards, training teams); and liability, direct and vicarious, of the supervisor(s), by virtue of their relationship with the supervisee" (APA, 2014)."

For the College, the supervision contract is referred to as an "individual supervision agreement". As detailed in Standard 4.4 of the *Standards of Professional Conduct,* "Supervisors must establish individual supervision agreements, jointly signed by themselves and their supervisees, for each supervisory relationship." The individual supervision agreement is different from the Primary/Alternate Supervisor's Agreement Form provided to the College when an applicant submits an application for supervised practice, and it is one of the first tasks in the initiation of the supervisory relationship.

Although the Standards require the use of a supervision agreement containing all of the elements listed in Standard 4.4, supervisors and supervisees are free to augment these agreements with additional features. For example, a supervision agreement may be enhanced by considering elements suggested by the American Psychological Association (https://www.apa.org/about/policy/guidelines-supervision.pdf).

g. Documentation and Record Keeping

Responsible supervision entails adequate documentation and record keeping. Supervisors are required to complete and maintain supervision records, as well as fill out Supervisor's Work Appraisal Forms to assess the satisfaction of registration requirements and the supervised member's degree of readiness for autonomous practice. Supervision records are for the use of the supervisor and need not be shared with the College unless specifically requested, while the Supervisor's Work Appraisal Forms must always be provided to the College. Supervision records must be maintained for a minimum of ten years after the client's last relevant clinical contact for any client discussed. If the client was less than eighteen years of age at the time of the last relevant clinical contact, the supervision records must be maintained for ten years following the day the client became or would have become eighteen.

- Supervisors are responsible for ensuring that supervisees' involvement in clinical record keeping meets the *Standards of Professional Conduct,* (e.g., client files).
- Supervision agreements and supervision records need not be shared with the College, but supervisor and supervisee should each have a copy.
- Supervisors are encouraged to share Work Appraisal Forms with each other when supervising the same supervisee (e.g., Primary Supervisor shares with Alternate Supervisor and vice-versa).
- Supervisor's Work Appraisal Forms and Supervisor's Training Plan Evaluation Form include a log of supervision meetings which are provided to the College.

Each **supervision record** must include, at a minimum:

a) the date and length of time of each supervision meeting;
b) information that will permit the identification of each client discussed at each supervision meeting;
c) a summary of discussions regarding each assessment and intervention matter occurring at each supervision meeting, while maintaining confidentiality of personally identifiable information;

d) a summary of discussions regarding any relevant ethical, professional, and jurisprudence issues discussed at each supervision meeting;
e) a notation of any directives provided to the supervisee at each supervision meeting; and
f) a notation of any of the supervisee's strengths and needs for further development identified at each supervision meeting;

Formal documents must be signed by the supervisor. A formal document is one which may reasonably be relied upon to make a decision affecting client care, rights or welfare.

The supervising member's name, clearly identified as the supervising member, and their contact information, must be clearly identified on all documents, including those related to billing and payment, regardless of whether they require signature. A good practice may be for the supervised member to state in any documentation that contains information about a client "Supervised by AUTONOMOUS MEMBER NAME".

Each **supervision log** must include, at a minimum:
a) the date and length of time of each supervision meeting;
b) a summary of the content discussed in supervision, which may include discussions of client(s), any relevant ethical, professional, and jurisprudence issues, and any directives provided to the supervisee;
c) signatures of both supervisee and supervisor to indicate agreement on log entries.

Of note, a good practice may be for the supervised member to complete the supervision logs, reviewed and signed by the supervisor. The supervisor has responsibility for the supervision record.

3. DECISION TO ENTER INTO A SUPERVISORY RELATIONSHIP

a. Choosing Primary and Alternate Supervisors

One of the first important tasks facing a candidate for supervised practice is to choose both Primary and Alternate supervisors. Supervisors should be chosen on the basis of whether their areas of practice are those for which the candidates have been prepared by their training and education, and in which they wish to work in the long term. To identify potentially appropriate supervisors, candidates may use the College's Public Register of Members site to search for geographical location, practice areas, client groups, and language of practice for Ontario psychologists.

Under some circumstances, an employer may assign supervisors. While this may relieve candidates of the somewhat daunting task of finding their own supervisors, there may be some potential drawbacks to this approach. For example, supervisory relationships mandated by the employer can remove the element of choice from the control of the supervisee or supervisor. This can lead to challenges if there are unresolvable differences in personal style or expectations, or if one member of the supervisory relationship has reservations about the suitability of the other to fulfil the role assigned. In addition, even if the employer does not assign the supervisor, there may be limited options for choosing a supervisor within a given organization. A discussion at the time

of hiring about options for choosing a supervisor as opposed to having one assigned may be useful from the perspective of the candidate for supervised practice.

Increasingly in recent years, many candidates have had to search for a supervisor in private practice settings rather than in institutional settings due to reductions in positions for psychologists in institutional settings. Private practice settings have the potential to provide candidates with important experience in business aspects of the practice of psychology and to prepare them in their turn to work in private practice. However, the need to find work and to receive adequate financial compensation during the period of supervised practice may lead to candidates seeking to work with client groups or in areas of practice for which they have not been adequately prepared in their prior training. Candidates and supervisors should familiarize themselves with the Guidelines for Completing the Declaration of Competence which notes that candidates will not be permitted to declare client groups or areas of practice for which they do not have the requisite training.

Candidates who are beginning the search for Primary and Alternate supervisors need to consider the following issues during discussions with potential supervisors:

- Will the proposed supervisors have sufficient time available to provide thorough supervision?
- Will the supervisor be able to ensure continuity of services if the supervisee is unable to continue service provision?
- How many clients will the supervisors be able to assign to the supervisees?
- Will there be a wide enough range of presenting problems in all of the areas of declared competence to ensure supervisees' competence when they eventually move to autonomous practice?
- In the context of a private practice, supervisees may experience financial pressures and supervisors should be mindful to provide a supportive environment that ensures that supervisees receive a fair rate of compensation.
- Will the supervised member have sufficient time to prepare for exams and have enough supervision time for each case assigned?
- Have the proposed supervisors had previous experience supervising candidates in supervised practice? If so, is it possible to speak with these supervisees to find out about their experiences with these supervisors before finalizing supervision arrangements?
- Is the supervisor currently supervising any other candidates for registration? If so, could this provide an opportunity for peer support and peer mentoring?
- What are the proposed supervisors' models of supervision and what expectations do they hold for supervisees?
- Is there a possible dual relationship or perceived conflict of interest? If so, what steps can be taken to address concerns related to evaluation, power imbalance, confidentiality, etc.?

b. Choosing to Become a Supervisor

Many members of the College enjoy opportunities to provide supervision to members in supervised practice and welcome the opportunity to mentor a colleague who is joining the profession. Supervisors are encouraged to reflect upon implicit biases and unconscious assumptions when presented with opportunities to supervise candidates whose identities may

reflect diversity. Working with those for whom there may be differing points of intersectionality can represent an opportunity for growth and learning.

Members of the College considering taking on a candidate for supervised practice will need to consider several factors:

- Are the supervisor's areas of practice / client population aligned with the supervised member's proposed areas?
- If the supervisor is considering supervising a supervised member for the first time, is there another member of the profession who could act as a mentor or has the supervisor had recent experience with the important components of the year of supervised practice (for example, by having participated in the Oral examination process in Ontario either as a supervised member or as an Oral examiner)? Participating in College activities such as Oral examinations is a way for supervisors to gain more familiarity with current registration requirements.
- Is it intended that the supervisor will be the Primary or Alternate Supervisor? Do they know the other proposed supervisor? Between the two of them do they have sufficient competence to meet the supervisee's needs?
- Does the supervisor have a sufficient flow of referrals and sufficient time for supervisory activities to allow for the development of the supervisee's competence to the point where they will be ready for autonomous practice?
- What will the remuneration arrangements be?
- What are the plans for after the supervisee is authorized for autonomous practice?

When supervision takes place in a private practice, the College requires both supervisor and supervisee to confirm, in writing to the College, that the arrangements for supervised practice meet standards with regard to contact with clients, method of remuneration, billing, and public announcements.

In rare cases, supervisees will be hired by an organization which does not have any psychologists or psychological associates on staff or none who are qualified to supervise a particular candidate. In this case, to meet its mandate of protection of the public as well as ensuring adequate supervision and training of the candidate, the College will require that, as the professional with responsibility for the client's care, the primary supervisor be given permission to come on site to review files and meet with clients as required. The organization will be expected to indicate to the College, in writing, that these conditions have been met.

Overall, it is important for potential supervisors to remember that the supervisory relationship is necessarily hierarchical, that supervisors have full responsibility for clients seen by the supervisees, and that an essential part of the supervisor's role is to ensure the protection of the public - a task not to be taken lightly.

A supervisee could potentially choose a supervisor who is not within the setting that provides cases for the supervisee to see. Nevertheless, the supervisor must assume ultimate responsibility for these cases, must approve the assignment of all cases to the supervisee, and becomes either the custodian of the personal health information records or an agent of the organization (e.g. hospital) with full access to the client records for the supervisee.

c. Completing the Declaration of Competence Form

The Declaration of Competence Form is the document that tells the College what services prospective supervised members believe they are competent to provide in supervised practice. It requires candidates to specify in what areas of psychology practice (e.g., clinical, school, rehabilitation) they will be practicing, with which client groups (e.g., children, adults, families), and what kinds of professional activities they will be performing (e.g., assessment, intervention, research). It forms part of the application for a certificate of supervised practice and its congruence with supervisees' training and experience is carefully reviewed by the College prior to issuing certificates of registration authorizing supervised practice. It will also eventually inform the Oral examining team's decision about what questions to ask candidates. The Declaration of Competence indicates the intentions that supervised members have about the areas of practice in which they eventually hope to be authorized to practice.

It is important to keep in mind that areas of practice and client groups are only authorized for an individual *after* the Oral Examination. It is possible that, based on the findings of the Oral Examination, an individual's authorized area of practice may be narrower than their original Declaration of Competence, if the Oral Examiners have major concerns about the individual's competence in some areas of practice.

Candidates and each of their proposed supervisors must carefully outline an appropriate Declaration of Competence taking into account the prior training candidates have had (including both academic coursework and training) and the nature of the proposed supervised practice. If the Declaration of Competence is submitted prior to the identification and approval of proposed supervisors, candidates must review its appropriateness again with the supervisors and, if necessary, make changes.

At times, candidates may feel some pressure from an organization or supervisor to check off areas, activities, or client groups for which they do not feel that they have adequate preparation. While this is understandably difficult to address, it is critical that candidates try to resolve such issues as early as possible to avoid later problems.

Typically, newly graduated candidates are expected to not check off more than two areas of practice. Both Assessment/Evaluation and Intervention/Consultation must be checked off for all chosen areas of practice, while activities of research and teaching are only included in the Declaration of Competence if they will form an important part of the candidate's year of supervised practice. While some candidates may not engage in extensive psychometric testing, they still will need to demonstrate that they can adequately evaluate new clients and develop an appropriate conceptual formulation for the controlled act of diagnosis.

Only areas of practice in which candidates will actually be working during the period of supervised practice and will gain sufficient exposure to reach readiness for autonomous practice should be checked off. Only client populations for whom past academic coursework and training have prepared the candidates and with whom supervisees will receive sufficient experience to establish entry-level competence during the period of supervised practice should be checked off as stated in the *Guidelines for Completing the Declaration of Competence*.

At least one of the two supervisors must themselves be authorized to practice in each of the areas, and client groups checked off by the candidate. For example, this means that the candidate cannot check off health psychology if neither supervisor is authorized to work in that area.

When the College reviews the candidate's application, there may seem to be a lack of congruence between the candidate's training and the areas and client groups checked off on the Declaration of Competence. This will typically lead to a Declaration of Competence that does not match the foundational training. In this case, several things may happen. First, the candidate will be asked to provide information about what training they have had other than course work that may justify the inclusion of the areas of practice and client groups. Second, the Registration Committee may advise a candidate to change the Declaration of Competence. If the Registration Committee continues to be convinced that the proposed Declaration of Competence includes more areas of practice and/or client groups than is reflected by the candidate's training, issuance of the certificate for supervised practice may be held up until the issue is resolved. Lastly, in cases where a candidate's Declaration of Competence has been deemed appropriate by the Registration Committee, but some gaps in formal academic coursework and training have been identified, the Registration Committee may require the candidate to complete a formal training plan.

During the period of supervised practice, the candidate may have to make changes to the Declaration of Competence as the result of a change in employment or in the type of work available. Under these circumstances, any change should be discussed with both supervisors. Once agreement is reached, the College must be notified immediately.

In general, the College will not accept additions to the Declaration of Competence in the six months prior to the Oral Examination since supervisors will not have adequate time to evaluate the new areas.

d. Financial Compensation and Private Practice Arrangements

There are two issues of compensation that need to be addressed when supervision takes place in a private practice:

- How the supervisee will be compensated for the clients they see;
- How the supervisor will be compensated for providing supervision.

These arrangements should be established in writing prior to the beginning of supervision, as transparency and fairness or reasonableness with regard to these matters is important both for the supervisee and for the supervisor. Provision of supervision should not be exploitative and should not be related to the volume of client revenues generated by the supervised member for the supervisor. The supervisor still has to meet expectations for competent supervision regardless of the level of financial compensation provided for supervision by the supervised member.

In accordance with the College Standard 4.5.5, the supervising member must ensure that billing and receipts for services are in the name of the supervising member, psychology professional corporation or employer and clearly identify the name of the supervising member and the name, relevant degrees, and professional designations of the supervised psychological service provider.

4. NAVIGATING CHALLENGES IN SUPERVISION

a. Changing the supervisory arrangement

Occasionally, a supervisee may need to change supervisors during the supervised practice year. This may reflect a change in employment setting for supervisor or supervisee, leave of absence, or other circumstances.

The supervisee must notify the College immediately and request approval of the intended change at the earliest convenience. The College's Registration department will ensure that all affected parties are informed of the change.

It is the responsibility of the supervisee to find a new supervisor who holds the requisite areas of declared competence and is available to take on supervisory responsibilities. The supervisee must propose the new supervision arrangement to the College for approval. It is possible that the change in supervisors may require a request for extension to the period of supervised practice. Of note, one cannot continue in supervised practice for any length of time without approved Primary and Alternate supervisors.

Where possible, the supervisee should facilitate communication between the outgoing and incoming supervisors. This may include sharing Supervisor's Work Appraisal Form documents and supervision logs.

In the event of a planned leave of absence, the supervisee must contact the College in advance to request that their period of supervised practice be temporarily suspended during this leave.

Clients are the responsibility of the supervisor. If a supervisee leaves a work setting, it is the responsibility of the supervisor to ensure that client service is continued or terminated in a manner which would not constitute professional misconduct, in accordance with Section 1.8 of the Professional Misconduct Regulation.

b. Challenges in the Supervisory Arrangement

Infrequently, there may be difficulties in the supervisory arrangement. This may reflect: (1) poor 'fit' in the supervisory working alliance; (2) supervisor appraisal that the supervisee is unable to meet training goals despite effort and supervisory support; or (3) supervisee concerns about inadequate or harmful supervision.

1. Importance of Attending to the Supervisory Working Alliance

The supervisory working alliance reflects an agreement on the goals and tasks of supervision, as determined within the supervisory relationship (Bernard & Goodyear, 2021). Positive ratings of the supervisory working alliance are associated with higher satisfaction with supervision and improved ratings of self-efficacy among supervisees (DePue et al., 2020).

From time to time, there may be ruptures to the supervisory working alliance. This may result from various issues or challenges such as:

- Mismatched expectations between supervisor and supervisee
- Supervisee over-confidence or under-confidence

- Miscommunication between supervisor and supervisee
- Interpersonal dynamics
- Cultural ruptures & microaggressions

Friedlander (2015) provides tips for fostering responsive supervision and for repairing ruptures. Notably, given the inherent power imbalance in a supervisory relationship, it is the responsibility of the supervisor to initiate steps to address or repair a rupture.

Supervisors are encouraged to:

- Take responsibility for engagement and initiative
- Earn trust (take responsibility for mistakes, unfair assumptions)
- Identify and make efforts to resolve conflict
- Adapt supervisory style as needed (e.g., invitations vs. dictums)
- Respond with sensitivity to the supervisee's needs
- Consult with colleagues and self-reflect on unconscious bias and assumptions

2. Professional Gate-Keeping Role of Supervisor in Ensuring Supervisee Meets Minimum Standards

Challenges in the supervisory relationship may sometimes reflect supervisor concerns about the supervisee's professional practice. Respecting the gate-keeping role of supervision for public interest, the supervisor has responsibility for evaluating the supervisee and for flagging serious concerns.

Supervisors may ask how to determine whether concerns about supervisee professional practice reflect a gap or lag in acquisition of skills or a more pervasive concern about professional standards.

Vacha-Haase et al. (2019) highlight 'red flags' for concern when any of the following issues are noted:

- Inability or unwillingness to integrate professional standards into professional behavior
- Inability to acquire professional skills to meet a basic level of competency
- Inability to manage personal factors that impact clinical service
- Supervisee doesn't acknowledge problem when it is identified
- Quality of services is substandard
- Requires a disproportionate amount of supervisor time/attention/training
- No improvements or changes despite the additional feedback/training

Supervisors should first try to address concerns about a supervisee by, for example, providing clear and direct feedback; addressing perceived skills or knowledge deficits directly by means of provision of readings, teaching skills, or engaging in role plays; consulting with the primary or alternate supervisor for the supervisee to determine if the issues occur across supervisors or across work settings; and carefully documenting concerns and remediation efforts in the supervision record.

Supervisors should apprise the Registration department of the College of the concerns as early as possible.

3. Inadequate or Harmful Supervision

Challenges in the supervisory relationship may also reflect concerns by the supervisee about the quality of supervision. Sometimes, supervisees may experience supervision that does not promote their professional development, does not attend to factors of diversity, is inattentive to the power differential between supervisor and supervisee, or does not provide evaluative feedback that is fair, respectful, helpful, and transparent. Ellis and colleagues (2014) describe these types of supervisor behaviors as indicative of 'inadequate supervision'. Inadequate supervision is associated with lower quality of training, higher supervisee stress and burn-out, and a reduced likelihood that the supervisee will use supervision to disclose difficulties and challenges in the client service (Hutman & Ellis, 2020).

Infrequently, supervisors may engage in harmful supervisory practices. Harmful supervision is defined as "supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee" (Ellis et al, 2014). According to Ellis, a supervisor engages in "harmful supervision" by engaging in inappropriate action or inaction that causes genuine harm to the supervisee, or by engaging in unethical behavior that is known to cause harm to a supervisee. Harmful supervision may also result in harm to a client. Elements of harmful supervision may reflect acts of professional misconduct as outlined in the Psychology and Applied Behaviour Analysis Act (2021) regulation (i.e., #5 Failing to supervise adequately a person who is under the professional responsibility of the member and who is providing a psychological service.).

Supervised members who have concerns about their experience with a supervisor should contact the College's Registration Department. Registration staff may be able to assist in trouble-shooting problems of inadequate supervision or may facilitate a referral to the Registrar in the event of harmful supervision.

5. OTHER CIRCUMSTANCES INVOLVING SUPERVISION FOR REGISTRATION

a. Supervision for the purpose of expanding one's authorized area(s) of practice

Autonomous Practice psychology members of the College may submit an application to expand their practice to add a new area of practice or client group and have their plan approved by the Registration Committee. Such a plan will involve acquisition of theoretical knowledge, and acquisition of skills, which includes supervision of cases by at least one other autonomous practice member who is authorized to practice psychology in the new area and/or client group. In keeping with the College's supervision standards, Sections 4.5.3 and 4.5.4., the supervisor(s) is required to co-sign all final drafts of reports and formal correspondence related to supervised services. Members must familiarize themselves with the supervision standards set out in the *Standards of Professional Conduct*, in particular Standards 4 and 5.3.

The role of the supervisor in this circumstance mirrors that of supervisors of candidates in supervised practice in many ways (e.g., supervision meetings should include discussion of ethics and jurisprudence as it relates to the new area(s) as well as tricky issues, should address limits of competence, and should cover how theory is translated into practice).

At the conclusion of supervision, the Registration Committee will require an evaluation from the supervisor, and may require that the member attend at an interview. In such cases, the supervisor should help prepare the member for this via supervision meetings and a mock interview.

Current guidelines: https://cpbao.ca/members/member-services/#Adding-A-New-Practice-Area-or-Client-Group

b. Supervision during Post-Masters Preparation for Registration as a Psychological Associate

Members providing supervision for the purpose of assisting those completing the required supervised post-masters work experience for registration as a psychological associate are encouraged to review the relevant section of the Registration Guidelines with the supervisee in order to ensure a clear and shared understanding of the requirements.

As with any service provided under the supervision of a member of the College, the services provided under supervision are considered psychological services and must be provided in accordance with the legislation, regulations, standards, and other guidelines relevant to the practice of the profession, regardless of any other professional requirements the supervisee may be subject to if they are already a member of another profession. In addition, all of the requirements for supervisors in the Standards of Professional Conduct which are relevant to the supervision of non-members apply to the supervision of these individuals.

Because these individuals are considered to be "in the process of satisfying the requirements to become a member of the College of Psychologists and Behaviour Analysts of Ontario", they may be permitted to supervise other service providers, subject to the requirements of Standard 4.9. They may also be permitted to perform Controlled Acts which College members may perform, subject to the requirements of Standard 4.6.

Supervisors should review Standard 6.3 with supervisees to ensure that public announcements of psychological services may only be offered in the name of an autonomous practice member of the College.

Because these individuals are not yet supervised practice members of the College, many of the requirements in respect to those with a Certificate of Registration for Supervised Practice are not applicable; there is no requirement for an Alternate Supervisor or for completion of Supervisor's Work Appraisal Forms. There is, however, a requirement for the Supervisor to submit a Post-Masters Work Confirmation Form directly to the College.

c. Supervision of autonomous members of other regulated health professions

Supervisors who are engaged in the supervision of autonomous members of other regulated health professions should refer to Standard 4 of the Standards of Professional Conduct.

6. PREPARING FOR EXAMINATIONS

a. Planning for the Examinations

Supervisors play an important role in assisting supervisees to prepare for the College's examinations. In some cases, it may have been some time since a supervisor completed the College's entry to practice examinations. For this reason, supervisors must ensure that they are aware of the College's examination resources, and the College's policy on examination accommodation.

It is important for candidates and their supervisors to discuss in advance preparation for the examinations, and supervisors should not rush candidates into attempting an exam if the candidate does not feel prepared. In cases where a candidate is not ready to attempt an examination supervisors should discuss the possibility of the candidate requesting an extension of their certificate authorizing supervised practice in keeping with the Registration Guidelines and length of time permitted to hold a certificate authorizing supervised practice.

The College's Examination Accommodations Policy provides information on how a candidate may request an accommodation for any of the College's required examinations. Supervisors should discuss accommodation needs with the candidate at the beginning of the supervised practice period.

Supervisors should discuss the supervisee's planned schedule for taking the examinations at the beginning of the supervision period. This can be revisited in later supervision sessions if the supervisor feels the supervisee is getting into difficulties, or if there is an upcoming change in workload or the supervisee's responsibilities that affect their ability to study. It is very important for the supervisee to think through their plan for taking an examination in light of their likely activities during the year of supervised practice and the planned date for taking the Oral Examination. For example, the Examination for Professional Practice in Psychology (EPPP) requires a substantial lead time in terms of booking an appointment to write and the results must reach the College a minimum of one month in advance of the Oral Examination session.

In general, it is a good plan to start studying for the EPPP very soon after starting supervised practice. This allows the supervisee to attempt a practice examination and get a sense of how close their score is to the passing point and thus how much more study will be needed before scheduling an actual examination.

b. Jurisprudence and Ethics Examination (JEE)

The JEE is a scenario-based multiple-choice examination which requires the application of jurisprudence and ethics knowledge to situations that may present themselves in practice; supervisors can assist the candidate by regularly discussing ethical scenarios and tricky issues during supervision meetings and reviewing relevant legislation as it applies to client situations.

The JEE is broad-based and will cover a broad range of areas. Therefore, even if a candidate works with adults only, they must still be aware of the application of jurisprudence in cases that may involve children and adolescents, or seniors, for example.

For example, if a candidate works only with adults, they should be aware of how to recognize information they receive in the course of practicing the profession that a child is in need of protection and what the guiding legislation is in that situation. Additionally, if a candidate only works with children, they should be aware of how to recognize and report abuse in a long-term care facility or retirement home.

Importantly, candidates should not use the College's Practice Advisory Service as a resource for JEE preparation. Instead, candidates should approach their supervisor first for guidance and, if their supervisor needs support, then the supervisor should approach the College's Practice Advisory for assistance.

c. Examination for Professional Practice in Psychology (EPPP)

The following strategies are suggested when preparing for the EPPP:

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

If a candidate does not pass an attempt at the EPPP, it is suggested that the candidate wait at least 90 days to re-take the exam in order to allow for sufficient time to review and prepare. It is important for supervisors and candidates to be aware that the candidate should not rush to re-take this examination after a failed attempt.

If a candidate finds that they do not feel well on the day of the examination, they should cancel the examination and re-schedule it for a later date.

d. Oral Examination

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

Another useful strategy is to seek peer support, both from others attending the planned Oral Examination session and from those who have recently taken the examination, who can describe the process and the strategies that worked for them. However, it is very important to note that the content of the examination is confidential and revealing it may constitute an act of professional misconduct. Finally, it's strongly recommended that candidates read the instructions sent to them before their examination extremely carefully, and probably so several times. Careful review of the information material provided will help to prevent surprises which can only increase stress levels. Below are some specific strategies which candidates have found helpful:

Review the Registration Guidelines to learn about each of the College's required examinations.

Review the College's Examination Accommodation Policy to understand how a candidate may request examination accommodations on the basis of a documented disability.

Tips for preparing for the Oral Examination:

- Discuss preparation for the Oral Examination with supervisors; ask them to arrange a mock Oral Examination for you, or if they don't feel comfortable with this, approach other members of the College to see if they will do so;
- Be able to clearly articulate the procedures that are used in your practice; taking into account legal and ethical standards, be able to explain why you use them;
- Review the range of disorders most commonly seen in your practice;
- Pick (visualize) a typical case for each one of these disorders and go through the procedures and decision-making process in a step-by-step manner;
- Pick (visualize) unusual and difficult cases; review the procedures and decision-making processes for these cases;
- Review the diagnostic criteria for the range of disorders most commonly seen in your practice; review information pertaining to differential diagnosis; review decision making process when a client's symptoms differ from those that are expected;

- Review assessment tools that used for the range of disorders most commonly encountered; are there any other instruments that used in situations that are not straightforward? Are there EDI considerations associated with the use or interpretation of measures or of intervention approaches?
- Review possible treatment plans/interventions and alternatives that are related to various client profiles;
- Review the application of jurisprudence and ethical standards to the type of issues most frequently encountered in practice;
- Think about limits of competence; which cases are suitable, and which need to be referred;
- And most importantly, think about the conceptual/theoretical framework upon which decision-making is based, both in assessment and treatment.

7. CONTROLLED ACTS

During a person's period of Supervised Practice, and possibly while they are engaged in satisfying the requirements to become eligible for registration with the College, those who are preparing to become psychologists or psychological associates will be trained to perform Controlled Acts which are set out in section 27 (1) of the Regulated Health Professions Act (RHPA) The Act contains 14 Controlled Acts which, due to their potential to cause harm if performed improperly, may only be performed by those specifically authorized in legislation to do so.

Psychology Members of the College are permitted by legislation to perform the following 3 of the 14 Controlled Acts:

- *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis*.
- *Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.*
- *Applying or ordering the application of a form of energy prescribed by the regulations under this Act*. The Regulations permit members of the College to apply or order the application of one of the 10 forms of energy set out in the Regulations:
    - *A member of the College of Psychologists and Behaviour Analysts of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying, or ordering the application of, electricity for aversive conditioning.*

Individuals who are in the course of fulfilling the requirements to become a psychology member of the College may perform a Controlled Act under the supervision or direction of a psychology member of the profession as long as the supervisor determines that they demonstrate the required knowledge, skills and competencies.

Those who are not yet members of the College or fulfilling the requirements for eligibility to register may not perform a controlled act themselves. For example, for the communication of a diagnosis, only the supervising member may perform the controlled act of communication of a

diagnosis, either in person or through 'real time' communication such as by telephone, teleconferencing or videoconferencing.

In all cases, the supervising member must determine the process for the performance of the controlled acts taking into consideration the knowledge, skills and competence of the supervisee.

APPENDIX A

References

Bautista-Biddle, M. M., Pereira, L. M., & Williams, S. N. (2020). The Fallacy of "Good Training Experiences": The Need to Protect Psychology Trainees From Harassment and the Imperative of Multiculturally Competent Supervision. *Training and Education in Professional Psychology*, Advance online publication, http://dx.doi.org/10.1037/tep0000353

Bernard, J.M. & Goodyear, R.K. (2019). *Fundamentals of Clinical Supervision, 6th edition*. New York, NY, Pearson.

Bienart, H. (2014). Building and Sustaining the Supervisory Relationship. In Watkins, C.E, & Milne, D.L The Wiley *International Handbook of Supervision*, First Edition.

Borders, D. (2014). Best Practices in Clinical Supervision. *American Journal of Psychotherapy, 68(2),* 151-162.

DePue, M. K., Liu, R., Lambie, G. W., & Gonzalez, J. (2020). Examining the Effects of the Supervisory Relationship and Therapeutic Alliance on Client Outcomes in Novice Therapists. *Training and Education in Professional Psychology*, Advance online publication. http://dx.doi.org/10.1037/tep0000320

Ellis, M.V., Berger, L., Hanus, A.E., Ayala, E.E., Swords, B.A. & Siembor, M. (2014). Inadequate and Harmful Clinical Supervision: Testing a Revised Framework and Assessing Occurrence. *The Counseling Psychologist, Vol. 42(4),* 434–472.

Falender, C.A. & Shafranske, E.P. (2004). *Clinical Supervision: A Competency-Based Approach*. Washington DC., American Psychological Association.

Falender, C.A. & Shafranske, E.P. (2017). *Supervision Essentials for the Practice of Competency-Based Supervision.* Washington DC., American Psychological Association.

Friedlander, M.L. (2015). Use of Relational Strategies to Repair Alliance Ruptures: How Responsivesupervisors Train Responsive Psychotherapists. *Psychotherapy, 52(2)*, 174-179.

Hook, J.N., Watkins, C.E., Davis, D.E., Owen, J., Van Tongeren, D.R. & Marciana, J.R. (2016). Cultural humility in psychotherapy supervision. Americal Journal of Psychotherapy, 70(2), 149-166.

Hutman, H. & Ellis, M.V. (2020). Supervisee Nondisclosure in Clinical Supervision: Cultural and Relational Considerations. *Training and Education in Professional Psychology, 14(4),* 308-315.

Johnson, E.A. (2019). Recommendations to Enhance Psychotherapy Supervision in Psychology. *Canadian Psychology, 60 (4),* 290-301.

Mehr, K.E., Ladany, L., & Caskie, G.L. (2015). Factors Influencing Trainee Willingness to Disclose in Supervision. *Training and Education in Professional Psychology, 9(1),* 44-51.

Milne, D. (2007). An empirical definition of supervision. *British Journal of Clinical Psychology, 46(*4), 437-447.

Mosher, D.K., Hook, J.N., Farrell, J.E., Watkins Jr., C.E., & Davis, D.E. (2017). Handbook of Humility: Theory, Research and Applications. New York, NY: Routledge/Taylor & Francis Group.

Patallo, B.J. (2019). The multicultural guidelines in practice: Cultural humility in clinical training and supervision. *Training and Education in Professional Psychology*, *13(3*), 227-232.

Tasca, G.A., Angus, L, Bonli, R., Drapeau, M., Fitzpatrick, M., Hunsley, J. & Knoll, M. (2019). Outcome and Progress Monitoring in Psychotherapy: Report of a Canadian Psychological Association Task Force. *Canadian Psychology, 60(3)*, 165-177.

Tsong, Y. & Goodyear, R.K. (2014). Assessing Supervision's Clinical and Multicultural Impacts: The Supervision Outcome Scale's Psychometric Properties. *Training and Education in Professional Psychology, 8(3),* 189-195.

Upshaw, N.C., Lewis, D.E., & Nelson, A.L. (2020). Cultural Humility in Action: Reflective and Process-Oriented Supervision With Black Trainees. *Training and Education in Professional Psychology, 14(4),* 277-284.

Vacha-Haase, T., Elman, N.S., Forrest, L., Kallaugher, J., Lease, S.H., Veilleux, J.C., & Kaslow, N.J. (2019). Remediation Plans for Trainees With Problems of Professional Competence. *Training and Education in Professional Psychology, 13(4),* 239-246.

Watkins, C.E., Hook, J.N., Owen, J., DeBlaere, C., Davis, D.E. & Van Tongeren, D.R. (2019). Multicultural orientation in psychotherapy supervision: Cultural humility, cultural comfort, and cultural opportunities. *American Journal of Psychotherapy, 72(2),* 38-46.

Williams, T.R & Raney, S. (2020). Relational Cultural Supervision Enhances the Professional Development of Postdoctoral Residents of Color in Health Service Psychology. *Journal of Psychotherapy Integration, 30(1),* 140-146.

Wrape, E.R., Callahan, J.L., Ruggero, C.J., & Watkins, C.E. (2015). An Exploration of Faculty Supervisor Variables and Their Impact on Client Outcomes. *Training and Education in Professional Psychology, 9(1),* 35-43.