



COLLEGE OF  
PSYCHOLOGISTS AND  
BEHAVIOUR ANALYSTS  
OF ONTARIO

# SUPERVISION RESOURCE MANUAL FOR PSYCHOLOGY REGISTRATION

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## 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/primary-supervisor-agreement-form/)
- [https://cpbao.ca/cpo\\_resources/alternate-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/](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-primary/)
  - [https://cpbao.ca/cpo\\_resources/supervisors-work-appraisal-form-alternate/](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/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/](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](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.

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## 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](#)

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## 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.

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## **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. Fulfillment of College Quality Assurance Requirements**

The requirements of the College's Quality Assurance Program apply to all registrants, including individuals holding a Certificate of Registration for Supervised Practice, as set out in the [Quality Assurance](#) Regulation. Currently, all supervised members must participate in the program components for Self-Assessment and Continuing Professional Development. Supervised members may also be required to participate in an Assessment or Peer Assisted Review if the Quality Assurance Committee deems it necessary. Supervisors are tasked with the responsibility of ensuring that supervisees are aware of, and completing, these obligations satisfactorily and will engage in regular 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.

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### 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.

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## 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.

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## **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.

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## **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.

Preparing for the Jurisprudence and Ethics Examination (JEE) will likely need study time which does not overlap with study time for the EPPP. 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 a broad-based exam 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.

The following references may be helpful in preparing for the JEE:

- Evans, D. R. & Dobson, K. S. (2021). *Law, standards, and ethics in the practice of psychology* (4<sup>th</sup> ed.). Toronto, ON: Carswell.
- Truscott, D., & Crook, K. H. (2021). *Ethics for the practice of psychology in Canada*. Edmonton (3<sup>rd</sup> ed.), AB: University of Alberta Press
- [The Canadian Psychological Association. \(2017\). \*Canadian code of ethics for psychologists\* \(4<sup>th</sup> ed.\). Ottawa, ON: The Canadian Psychological Association.](#)

Additional tips for JEE preparation:

- It is important to check for changes in legislation since the date of publication;
- Review material published by the College regarding legal and ethical issues (e.g. [JEE Preparation Document](#), College communications, Standards);
- Review the actual [legislation](#) which is available online on the Ontario and Canadian government [e-laws](#) website;
- Be able to restate the legislation in your own words;
- Make diagrams, charts and other visual aids to assist with understanding and retaining legal and procedural information that is less familiar;
- Be able to discuss legislation and ethical issues with supervisors and how the procedures that are used in daily practice relate to the legislation.
- Get clarification for information that is unclear (first from your supervisor and then from Practice Advisory only if needed);
- Review test taking strategies for multiple choice examinations.

### **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.

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## 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.



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## 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>
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# PRIMARY SUPERVISOR'S WORK APPRAISAL FORM - PSYCHOLOGY

Due Date: **July 31, 2024**

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## SUPERVISED MEMBER INFORMATION

Name of Supervised Member:

**Pixel Panifer, Ph.D., C.Psych. (Supervised Practice)**

Name of Supervisor:

**August Avery, Ph.D., C.Psych.**

This report is based on the period from:

**May 1, 2024**

to

**July 31, 2024**

(start date)

(end date)

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## SUPERVISED MEMBER HOURS

During the period covered by this report, the **total number of hours** worked by the supervised member under supervision of the primary supervisor were:

**450 hours**

(Note: list the total number of hours worked in this reporting period. Do not list number of hours worked per week)

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## SUPERVISION INTERRUPTIONS

Explain if supervision of the supervised member was interrupted at any time during this reporting period (e.g. sick leave, vacation, etc.):

**Vacation from May 21-25, 2024**

**SUPERVISEES & SUPERVISORS MUST RETAIN A COPY OF THIS REPORT  
FOR THEIR RECORDS**

**Email the completed form to: [workappraisals@cpbao.ca](mailto:workappraisals@cpbao.ca)**



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## DESCRIPTION OF RATING CATEGORIES IN PROFESSIONAL PERFORMANCE

The following is a description of the supervisor's ratings to be used by the primary and alternate supervisors when completing the work appraisal form.

**U: Unacceptable, remedial action required**

A rating of **U** during this reporting period means that the supervised member has never or has rarely demonstrated knowledge and skills in this area.

NOTE: If any professional dimensions have been rated U, or any significant liabilities are reported, indicate any corrective or remedial steps being taken by the supervised member, or recommended to the supervised member by the supervisor.

**A: Acceptable level for supervised practice**

A rating of **A** during this reporting period means that the supervised member has demonstrated a beginning awareness of knowledge and skills in this area.

**AR: Almost ready for autonomous (unsupervised) practice**

A rating of **AR** during this reporting period means that the supervised member regularly demonstrates knowledge and skills in this area.

**R: Ready for autonomous practice**

A rating of **R** during this reporting period means that the supervised member consistently demonstrates knowledge and skills in this area and is competent at an entry level for autonomous (unsupervised practice) practice.\*

\*A supervised member must attain the "R" rating in all categories on the final work appraisal forms from their primary and alternate supervisors at the conclusion of their period of authorized supervised practice in order to be invited to attend an oral examination.

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## RATING PROFESSIONAL PERFORMANCE

*Dimensions of the supervised members professional performance to be rated (see descriptions below)*

*Supervisor's evaluation of the supervised members current level of functioning (see key above)*

	U	A	AR	R
Overall awareness/knowledge of Ontario jurisprudence		✓		
Competence in declared area(s) of competence (see supervised member's Declaration of Competence form)			✓	
Competence in formulating and communicating a diagnosis		✓		
Awareness of limits of competence		✓		
General maturity of professional attitude			✓	

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## DESCRIPTIONS OF DIMENSIONS OF PROFESSIONAL PERFORMANCE

To assist supervisors and supervised members in understanding what is meant by a rating of “R” or “Ready for autonomous practice”, which can also be conceptualized as “competent” or “entry level autonomous practice”, the following indicators of professional performance have been developed:

### 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 supervised member 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 supervised member 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.

## RATING CORE COMPETENCIES FOR PROFESSIONAL PRACTICE

Core Competencies for Professional Practice (see descriptions below)	Supervisor's evaluation of supervised member's current level of functioning (see key on page 3)			
	U	A	AR	R
Interpersonal relationships			✓	
Ethics and standards			✓	
Assessment and evaluation		✓		
Intervention and consultation		✓		
Research (rate only if this is an activity declared by the supervised member in the Declaration of Competence)				

### DEFINITIONS OF CORE COMPETENCIES FOR PROFESSIONAL PRACTICE

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

#### 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 client, 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 members 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.



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## GOALS OF SUPERVISION

### Outline the main goals or objectives of supervision during this period:

(Use the Declaration of Competence and the various steps in the College's registration process as a basis for defining the goals for the supervision period and developing a supervision/learning plan)

To set goals and objectives to ensure training in key dimensions of professional practice (e.g., cont'd development of Pixel's assessment skills, increasing Pixel's understanding & use of various assessment measures; ongoing discussion of differential dx, and intervention/consultation. Lastly, issues related to Pixel's preparation for taking the JEE and EPPP exams.

### To what extent were these goals or objectives achieved?

The goals and objectives outlined above were well achieved during this reporting period.

### Identify areas in which the supervised members growth is most evident:

Pixel demonstrated growth in declared areas of practice and in awareness of ethical knowledge, limits of competence, & general maturity & professional attitude. Pixel continues to gain experience in administering & interpreting a variety of measures, improving on developing formulations & making diagnoses & recommended interventions.

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## Supervised Member's AREAS NEEDING FURTHER DEVELOPMENT

### Areas (if any) in which the supervised member needs further development are:

I have not seen any liabilities or limitations which would prevent Pixel from achieving autonomous practice following their year of authorized supervised practice.

### Action being undertaken by supervised member in reference to the above (when required):

N/A

### Identify future learning needs (if any):

N/A

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## TRAINING PLAN

Is the supervised member completing a Training Plan? Yes:  No:

If **YES**, outline their progress here: (A separate evaluation of the Training Plan must be submitted to the Registration Committee when the plan has been completed).

The Registration Committee approved Pixel's proposal for a training plan in the subject of psychological intervention. I anticipate that Pixel's training plan will be completed by October 31, 2024.

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**REGISTRATION EXAMINATIONS**

Supervised member has successfully completed the:

Jurisprudence and Ethics Examination (JEE):

Yes:  No:

Examination for Professional Practice in Psychology (EPPP):

Yes:  No:

Outline supervised member's progress in preparing for the EPPP, JEE and/or Oral Examination:

Pixel's preparing to take the JEE in September 2024, and the EPPP in February 2025. Our weekly supervision meetings include a review of Pixel's progress in studying, and managing their time.

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**SUMMARY STATEMENT**

Summarize in point form the supervised members supervised professional activities corresponding to this reporting period (for example, number and nature of psychotherapy cases, workshops attended by the supervised member, research activities, etc.).

22 cases involving psychological assessment of children and adolescents; recommended interventions at school and at home as well as referrals to agencies & other health care and academic professionals in the community where appropriate. Cases involves issues pertaining to cognitive, academic, social-emotional adjustment, head injury, behaviour management, inattention, hyperactivity, self-esteem, depression, abuse, & significant emphasis on differential diagnosis.

208 sessions involving consultation & remedial program planning & development with school administrators, teachers, parents, & other professionals. Cases involves issues pertaining to learning, ASD, ESL issues, cognitive issues, sensory issues, behavioural issues, reporting to CAS, and support for gifted students.

Pixel attended staff meetings dealing with professional issues, standards of practice, & issues in assessment & intervention. Pixel attended workshops and seminars related to the administration of the ADOS.

<b>Supervisor Statement:</b>	<b>Supervised Member Statement:</b>
I have shown the supervised member all my ratings and comments and discussed them with them:	My supervisor has shown me all of their ratings and comments and has discussed them fully with me.
Name (Please Print):	Name (Please Print):
<b>August Avery, Ph.D., C.Psych.</b>	Pixel Panifer, Ph.D., C.Psych. (Supervised Practice)
Signature:	Signature:
Date:	Date:

**SUPERVISION LOG**

For the period beginning:	<b>May 1, 2024</b>	And Ending:	<b>July 31, 2024</b>
Supervised Member:	Pixel Panifer, Ph.D., C.Psych. (Supervised Practice)	Name of Supervisor:	August Avery, Ph.D., C.Psych.

<b>Supervisor Statement:</b>	<b>Supervised Member Statement:</b>
I have reviewed all log entries with the supervised member:	I have reviewed all log entries with my supervisor:
Signature:	Signature:

Date:	Time Spent:	Nature of contact with supervisor (be specific):
May 2, 2024	<b>60 min</b>	Reviewed active cases. Discussed supervision process & College requirements (record keeping). Reviewed supervised practice documents. EPPP exam, test taking strategies, and time management.
May 10, 2024	<b>60 min</b>	Reviewed active cases. Discussed interpreting assessment information. variability in scores and implications for recommendations, incorporating social skills development into daily living activities for DD students. Discussed self-care during unprecedented times.
May 16, 2024	<b>75 min</b>	Reviewed active cases. Discussed community resources for DD adolescents (especially in relation to sexuality issues). Reviewed plans for studying for EPPP and JEE. Discussed consulting with Children's Aid about a specific case. Discussed teletherapy options and considerations.
May 23, 2024	<b>60 min</b>	Reviewed active cases. Reviewed diagnostic criteria for LD, including LDAO definition. Discussed how to do a functional analysis of a problem behaviour, explanation given to parents about risk/benefits of an assessment, differential dx of ODD and CD, use of BASC and Connors rating scales.
June 3, 2024	<b>70 min</b>	Reviewed active cases. Discussed ethical dilemma regarding dual relationships. Reviewed procedures for releasing information outside of school board. Discussed strategies for establishing/maintaining rapport w students w ASD, and in service and training for the ADOS.
June 9, 2024	<b>60 min</b>	Reviewed active cases. Discussed professional development activities, how to conduct a feedback meeting with parent & school staff re student w significant behavioural concerns.

**CONTINUATION OF SUPERVISION LOG**

Date:	Time Spent:	Nature of contact with supervisor (be specific):
June 17, 2024	<b>60 min</b>	Reviewed active cases. Discussed differential dx re high functioning ASD, communication disorders and Aspergers. Use of Social Communication checklist when assessing for autism. Discussed provision of services during school closure.
June 30, 2024	<b>60 min</b>	Reviewed active cases. Discussed differential dx of Mild and Moderate DD; importance of adaptive checklists, classroom observation & parent and teacher anecdotal reports.
July 6, 2024	<b>75 min</b>	Reviewed active cases. Discussed use of the WASI, behaviour logs and observation when assessing students with significant behaviour concerns. Initial learning session for Merrill-Palmer and Leiter-3.
July 13, 2024	<b>60 min</b>	Reviewed active cases. Reviewed recommendation for remediation of working memory deficits, structuring attention, pro-social behaviours, concrete visual aids, hand-eye coordination and reading comprehension.
July 20, 2024	<b>60 min</b>	Reviewed active cases. Discussed ethical dilemma around efficacious delivery of group intervention within school environment. Discussed professional challenges and environment within the school setting. Discussed dx of ADHD, ODD & other behavioural difficulties.
July 27, 2024	<b>70 min</b>	Reviewed active cases. Discussed delivering assessment feedbacks over the phone and things to keep in mind. Consultation re: developmentally disabled student (informed consent), observations, assessment tools, meetings with teachers & parents).



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