Barbara Wand Seminar June 2023 – The Ethics of Professional Supervision

Good afternoon everybody, I'm Barry Gang. I'm the deputy registrar and director of professional affairs at College of Psychologists of Ontario. I'm very pleased to welcome you to this seminar provision.

The Barbara Wand as many have come to call the Barbara Wand seminars and professional ethics standards and Ethics was established in December 1991, 32 years ago to honor the contributions made by Doctor Wanda to the regulation of psychology in Ontario. Doctor Wand, who passed away about a year ago, was the registrar of the college's precursor, the Ontario Board of Examiners in psychology from 1976 to 1991. The barber wand is now normally a twice a year event and we continue to offer it online for anyone who's unable to watch day.

An archived version will be available within a couple of days. With approximately 2000 different devices connecting to the seminar, there are bound to be a few glitches and some of you might require technical support. As you know from your confirmation email, technical support is available from our vendor at supportventstream ca.

Rather than joining the queue right away to have question answered, you might want to try some of the common solutions that have worked for people before you can exit and reload the webcast, you can try a different browser, refresh your screen, and worst case scenario again, you'll be able to view it from our website within a couple of days. Taking questions throughout the event can be a challenge with so many people. There is a ask a question button at the bottom of your screens which you can use at the end of each segment.

The presenter will answer a couple of questions and then there will be a time for a few more questions at the end. It's unlikely we'll be able to answer all of the questions today, so if you have any unanswered questions after the event, please send them to bwsquestionspoo dot on dot Ca and that will come up on the screen later. Closed captioning of the presentations is provided and there should be a closed captioning button on the bottom of your screen.

In the past, one of the most frequently asked questions has been about CPD credits. You can claim three credits in section b for the 3 hours of knowledge acquisition today, whether you're listening live or you're listening to the archive reporting. In addition, you can also get an extra credit if you're watching and discussing the material with other people because of the value that we recognize of professional interaction.

Please save your documentation for the purpose of the CPD program in case you're audited. If you're watching with a group and you don't have the confirmation email just keep some sort of correspondence about whoever it is that's registered your group for the event. Finally, copies of the slides that are being used today were sent out to those who registered before yesterday afternoon.

If you registered late in the day yesterday or today, or for any reason you didn't get the materials, you can download them by clicking on the green event resource button on the page that opened when you logged into the presentation. And we've also posted them on the barber Wand seminar page on

our website. If you still can't access them for any reason, just please send us an email and we'll forward them to you.

To minimize the number of transitions that we're going to have this afternoon, I'm going to introduce all the speakers right now. The first person who's going to come onto the screen after me will be Doctor Wanda Towers, the president of the college council, who will formally start the seminar by welcoming you on behalf of the council. The rest of the seminar will feature our home team with presentations by our new registrar, our directors of investigations and hearings, and of registration and meeting.

I'm going to introduce all of them right now to cut down on the number of transitions that we'll have to make. As I said before, so Doctor Tony Dibono is the new registrar and executive director of the College of Psychologists of Ontario. For many of you, this may be the first time you're meeting him.

Tony received his doctoral degree in clinical developmental psychology from York University. After completing his pre doctoral internship at the Hospital for Sick Children, Tony earned dual MBAs from Queens University and Cornell University with distinction. He's held a variety of clinical and leadership roles in academic health science as chief of professional interprofessional pardon me practice at Hamilton Health Sciences.

He performed investigations of professional practice matters and has significant experience in applying the regulated Health Professions act, particularly with respect to mandatory reports to regulatory bodies. He served as a bioethics consultant at Hamilton Health Sciences and on hospital ethics committees. Prior to his appointment to the college, Tony was working on transformational initiatives at the Royal Ottawa Hospital Mental Health center with an interdisciplinary team developing strategic metrics and modernizing the process of obtaining client experience.

Feedback Tony served on the board of directors of the Ontario Psychological association in 2022 and was the recipient of the association's Doctor Ruth Berman Award for leadership as an early career psychologist in 2018. Lasha McKannon is our director of registration pardon me? Since 2012, she's been the director of registration of the college, and her responsibilities include management of the college's registration department and support to the registration committee and jurisprudence and ethics exam committee. Zimmer Yatnikov is the director of investigations and hearings of the college.

She oversees complaints, discipline and fitness to practice matters. Prior to becoming the director of the service, she was a case manager at the college and was responsible for investigating allegations of professional misconduct. Prior to joining the college in 2009, Miss Yatnikov worked as legal counsel with the special investigations unit at the Ministry of the Attorney General of Ontario.

So I'm now very happy to introduce Doctor Wanda Towers, president of the college. Wanda, please take the mic. Thank you.

Well, hello everyone. It really is a pleasure to greet you this afternoon on behalf of college council. I'm here to welcome you.

And we're again meeting virtually, and as a result we're all able to attend from locations across the province. And, you know, I want to begin by noting that each of these locations has its own history. So the college council believes it's important that we acknowledge the history of the lands and people on which the college is located at meetings such as this one.

So today I want to recognize with appreciation the relationship that indigenous people have had with the land where the college is located and honor them as stewards of it, where they've been living, working and caring for the land across time. So I want to acknowledge with respect that the land on which the college offices are located is the traditional territory of many nations, including the Mississaugas of the credit, the Anishinaabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. These lands are now home to many diverse first nations, Inuit and Metis people.

We also recognize that the meeting place of Toronto, traditionally known as tikaronto, is covered by treaty 13 of the Mississaugas of the credit and is within the lands of the dish with one spoon covenant. So, as you are all meeting across the province, I recognize that you're probably meeting from lands other than the one that we are located on and upon which indigenous communities also have traditional kinship relationships. But once again, welcome to the June 2023 Barbara Wan seminar.

It's great to see that so many of you have signed up to participate in our professional education opportunity from the college. And I'd like to offer a big thank you to Mister Barry gang, the deputy registrar for organizing this seminar once again. And it turns out it's on a timely topic.

So I'm sure that you're going to have a number of takeaways from today's talk as college staff lead us through some important points about supervision, and we all can benefit from hearing about a consideration of the ethical principles related to supervision, some common challenges that supervisors face when they're supervising those registering with the college. Maybe lessons we could all learn from ICRC or discipline decisions that are focused on supervision and also what resources are available to assist those of you who supervise as professionals in the community or maybe are considering doing that in the future. So I trust that you're going to consider how to apply what you've learned today in your professional practice as you provide ethical, client focused psychological services to the public in Ontario.

So without further ado, I'm sure you're going to look forward to hearing the first speaker, who is Doctor Tony Dibono, our new registrar and executive director at the college. So I'm going to pass the mic on to you now. Tony.

Thank you kindly, Doctor Towers, and thank you all to all of our psychological associates and psychologists who provide incredible care for the people of Ontario. We thank you. And certainly we wouldn't be able to sustain our profession without the goodwill and camaraderie of all of our professionals who provide supervision.

This is also a great opportunity for me to thank the entire college team. So we have our college directors here, as well as Stephanie Morton, who's our director of corporate services, who's been key to this seminar, as well as Caitlin O'Kelly and the rest of our college team. We're a small but mighty group and it's an absolute pleasure to be working amongst these great professionals.

So let's start. Let's jump right into it. What is supervision? What are our duties as self regulating health professionals? We have a social contract with society to be ethical, to be competent and to provide safe care.

But what are the building blocks of the particular competencies required to do so? Well, certainly in the world of psychology we very much rely on supervision. And certainly in the literature there is an extensive body of work around the importance of clinical supervision. So let's start with some definitions because this is important, particularly from a standards perspective.

According to the College of Psychologists of Ontario, our definition of supervision is that it's an ongoing educational, evaluative and hierarchical relationship where the supervisee is required to comply with the direction of the supervisor and the supervisor is responsible for the actions of the supervisee. So as you can imagine, the importance of supervision is paramount for public safety, public protection, and of course for the reputation and trust of the profession. And I would be remiss if I didn't speak to the two documents that are listed here.

Of course, folks are very familiar. I'm sure, with the standards of professional conduct where we talk about aspects of supervision and the standards. And I'm very proud of the work that's been done on the third edition of the supervision resource Manual.

Members of the psychology community like Doctors Phillips, Lettingham, Pierrez, of course the workgroup involved and the college staff underlying all of that work. So let's start with why. Why do you want to be a supervisor? Of course, for many of us, supervision is a really meaningful activity, brings meaning to our lives, brings meaning to our profession.

It's also an opportunity for legacy building. How incredible is it that we can work alongside each other, develop supervisees and eventually have colleagues in the profession? It's also an opportunity to exert power, and we'll be talking about some of that as well. So certainly there are some positives and there are some elements there that could pose some potential risks.

Maybe take a moment to reflect on your particular interest and desire to supervise. What stories come to mind? What pictures? When you think about supervision, perhaps think about your practicum experiences, your residency experiences, your supervised practice. Perhaps you're expanding practice areas or client groups.

Give some thought to the images in your mind and the perception of supervision that you have. For some folks, supervision is an active choice. For others, it might be part of a job description, perhaps reflect on the impact there.

And for others, in private practice in particular, supervision might be part of your business model. So it's important to reflect on what proportion of your business model is sustained by supervision. There's lots of great reasons why we supervise.

We're going to be talking about a few. So first and foremost, what makes a supervisor as a competence as a professional practice area, what makes a supervisor? Perhaps you've taken some graduate work or some CE or CPD workshops. Perhaps you have some experience providing supervision under supervision in select contexts.

But really the opportunity to supervise also is fulfilling for us as professionals along our own developmental path and trajectory. And let me just jump ahead as I work through the tech here. Oh, here we are.

It just was delayed for me. The second is to serve the public interest. The reality is self regulation is a privilege, it is not a guarantee.

So we as a college and as a community must demonstrate to the public that we produce safe, ethical and competent practitioners. So you folks as supervisors serve an important function for the protection mandate. And certainly some of the difficult challenges at times in supervision is around that professional gatekeeping role, around ensuring quality and at a minimum, ensuring that the minimum standards of care are met.

It's also really exciting to supervise folks because you know, learners oftentimes bring in new trends, developing themes, and oftentimes that's a huge source of fulfillment. And of course, I've strategically put in very small type from, from the college perspective, generating revenue is certainly a secondary impact that really the primary impact is around quality, around quality of care and protection of the public. But we also certainly recognize that of course, folks need to be compensated commensurate with their work.

And generating revenue is an important reality of the work that folks do. Let me jump to the next slide. All right, so let's take a moment to reflect on your own experiences being supervised.

Give a sort of moment of reflection. Back in the day when you were a supervisee, what aspects of supervision were most influential to you in a positive way? Think about what really stuck for you, who inspired you, who influenced you in a positive way that's impacted your own professional practice. Now, today, let's contrast that potentially with the realities that sometimes we might not have had the best of experiences.

And how do we navigate the fact that we might not have the best of experiences. And really this continuum between perhaps micromanagement in terms of control through to absenteeism of the supervisor at the other polarity and sort of noticing those tensions around developmental level of the trainee. And what's that? Just right mix between oversight and the development of developmentally appropriate autonomy.

But certainly, regardless if you had a positive experience or a negative experience at times during supervision, this is a golden opportunity to build your legacy and to make the realities in history for your supervisees a positive one. We'll be talking about some ethical principles, but the concept of duty is an important one and we'll talk about our duties. The first is of course our fiduciary duty to the public.

Ultimately, we are here as a profession through the social contracts we have with society, and it's incumbent upon us that we are providing a beneficial service to the public and supervision helps us with that quality control. Of course, as a supervisee, we have duties to train our next cohorts of professionals. Supervisees need us when we're in a supervisory capacity.

Supervisees are vulnerable to exploitation. And as you reflect on your own experiences, being supervised, supervision can really impact your life. Do you pass or do you fail? Do you go on to the next target or not? So certainly supervision has an impact both on the public and of course on the supervisee and of course the profession.

Your duty as a supervisor and the quality of the supervision you give, which by the way, by and large, we're extremely proud of the services that our members provide. There are times and cases where that is not so. And you folks are charged with an incredible responsibility where we ask of you to measure and assess a supervisee's maturity and professional attitude, how they navigate interpersonal relationships, do they understand their limits of competence? So you certainly have a large role.

And supervision is an important competence that develops over time. So that is the tripartite kind of idea. In terms of duties of supervision, let's talk a little bit about the overall ethical values that psychology shares with the rest of our healthcare colleagues.

This isn't unique to us in psychology. The first, and I'll go to actually the third on the list, but the first is really the concept of non maleficence, to do no harm. So at a minimum, the ethical principle is to do no harm.

And hopefully secondary, is beneficence, is this idea of providing benefit to the community, to providing benefit to society, benefit to our profession. And this is encapsulated within our duty of care. So our duty of care to the public and our duty of care to our supervisees, this is a fiduciary duty that we all hold.

And of course, this is underlied by our first principle from our code of ethics, and that's the concept of dignity for persons and peoples in ensuring dignity throughout the process. Concepts like integrity do you have clear expectations with your supervisee? Do you have the supervision agreement that outlines the parameters and the relationship involved? Integrity in your relationships are key and supervision is this interesting developmental stage of relying on another while also working towards increased autonomy within that developmental level. Ultimately, we do this for the best interests of the public and we want to do things that work, that have utility.

I'll alert you folks to the image here. This is a CBC News article and I referred specifically to the Caton Report by Harry Caton, formerly from the Professional Standards Authority of the UK, which really speaks to the importance of importance and really the paramount idea that professions have to be practicing in the best interest of the public, and if they're not, we will be held accountable. Supervision is a key form of demonstrating to the public that we care, that we take our time.

And certainly in the realm of psychology, when we think about the amount of supervision that our psychological associates and our psychologists have received, we're a small batch profession. We really, I think, value supervision as a key competency and as a method to ensure quality of care. So let's talk about the privilege of self regulation and this idea of therapeutic use of self.

Unlike some of the other healthcare providers, where there may be some ingredient or mechanism that provides the actual therapeutic intervention. Us, as psychology professionals, we are the vehicle of healing. We can also be the vehicle of harm.

And oftentimes, if you see any of the publicly available cases around boundary violations and those that cause harm to our patients and families, it's oftentimes not a knowledge gap, oftentimes not a. I didn't know the RHPA. In fact, our registrants take pride in their level of jurisprudence and ethics knowledge.

So what is that x factor? Well, the reality is the use of self can be therapeutic, the use of self can be harmful. So supervisors have an important role in terms of training that self reflective practice that's so key for self regulating health professionals, because in the world of psychology, we have an incredible amount of autonomy when it comes to that patient interaction. And with that, we have an incredible amount of responsibility.

So if the profession doesn't have folks like you who provide high quality supervision, places the public at risk, and here are some potential risks. Of course, we start with things like boundary violations. Those things can be abusive in nature of a varying level of degrees, but things like conflicts of interests across the spectrum and errors in judgment.

Of course, we're ultimately always looking to prevent harm, and abusive behavior is unfortunately an area that we, as psychology professionals continue to struggle with. And this is evidenced by the types of complaints that we navigate here at the college. Ultimately, the level of quality of care is related to the quality of supervision provided.

And for us to continue to grow and sustain, we need to have a roster of supervisors who are willing to ensure that we've got great qualified professionals. And I certainly honor and respect folks who take up the task of supervision. So here's a bit of a schematic that I created, and it's not a very scientific one, but here's the sort of idea behind it.

This particularly is important in the world of private practice. However, it's not exclusive to that. On one end, you see the power dynamic moving up the side of the triangle and the concept of scale or quantity facing down, and hence you see the pyramid or the triangle.

It's important for us to acknowledge and reflect upon the potential moral hazards that exist in supervision. For example, if you're an autonomously regulated member of our profession, you may have an incredible amount of power around being the billable registrant. And thus, there are sometimes the desire to increase scale, to increase your economic output, your productivity, how much money do you earn? And of course, earnings and revenue is an important part of, of anybody's lives.

And yet there is certainly an interesting phenomenon that we're experiencing at the college, and I think health professionals in general around this idea of how many or too many supervisees, can I really turn my mind sufficiently to the needs of the supervisee based on their developmental level and the needs of the clients they're serving? How much is too much? Certainly one can create a very large system whereby there are many folks doing the direct clinical work, and yet it's so important that there is sufficient oversight and that folks are monitoring and providing supervision commensurate with developmental level as well as the nature of the cases themselves. And taking

the time to turn the mind to the case in public settings and in private settings. Sometimes that's not the case where you may report up to somebody who's in a superior role than you.

And there are exceptions to this sort of pyramid of power differential. But nevertheless, always be mindful of the fact that given the formal definition of supervision, there is a hierarchical relationship, and with that power comes a duty. So we all know that supervision requires self reflection.

Being one of our members requires self reflection. So some questions to pose to oneself, particularly when things aren't going well. Am I truly promoting my supervisee's professional development? And this is a key component, and you'll see in our standards of professional conduct under the supervision section, I believe it's bullet nine that really talks about ensuring that there is this professional development component within the supervisory relationship.

Am I turning my mind sufficiently to my practice of supervision? Again, how many cases are too much? How many supervisees are too many? Am I able to safely do this when I'm evaluating, is there other stuff getting in the way? Am I fair, respectful, transparent? Ultimately, in my role, in my duty, am I helpful to the supervisee, always being attuned to that power differential, particularly around areas of things like equity, diversity, and inclusion, and ensuring that we're being respectful and humble in our interactions. And this old sort of idea, you know, taking out of the DBT literature, but the kernel of truth in the other person's stance. So what's my contribution to a disagreement that I may be having with my supervisee? Can I see the kernel of truth in that, particularly because I'm the one in that power role? And ultimately, of course, am I engaging in anything that's unethical? Am I harming the supervisee? And at the end of the day, this is about providing high quality psychological care to the public.

So how is this impacting client care? What gets in the way? Well, stuff, right. Our own personal material our own personal stuff can get in the way as supervisors. It is certainly an important reality in the public sector, for example, that you folks who work in public settings are under an immense amount of pressure.

Targets established by administrators in public settings, sometimes not permitting supervision where you're doing supervision sort of at the side of your desk or on top of your full workload. This is an important consideration, particularly in the public settings. And of course it's an important reality in the private settings that you have to sustain your business.

So of course the need for revenue is sometimes a factor for supervisors. And ultimately, regardless, we certainly have no shortage of demand for mental health and psychological services. This need to decrease wait lists and are we providing cases that are actually meeting the need for the supervisee based on their knowledge, skill and judgment and what they need to move forward to eventually become an independent professional? What about on the supervisee side? Well, we are human, so there are supervisee factors that are also personal to the supervisee.

There could be individual factors going on for the supervisee. We have a life outside of our profession and supervisees of course, doing any sort of psychology training, whether as a psychological associate or a psychologist, it is a practice in delayed gratification. So certainly

wanting to work through requirements as a gatekeeper, you have an important job to ensure that minimum standards are met.

And sometimes our supervisees are not meeting the minimum standard. And the duty around that concerns more generally about professional practice. Ultimately concerns about the quality of services you folks have, your professional standards and wanting to ensure that it meets at least the minimum standard.

Perhaps supervisees are requiring a disproportionate amount of time and training, not responding to feedback or improvements based on feedback. We've certainly, I think we've all experienced some of these factors in our work in terms of what gets in the way of that relationship. Ultimately, supervision is a professional relationship.

It's different than a therapeutic one, of course. However, it's a professional relationship nevertheless, that needs cultivation. The idea of attunement to that relationship, taking responsibility, particularly as a supervisor, to try to work through conflict and issues, being open and empathic.

These are values that we share in a number of different professions, services we provide, cultural humility and humility more generally. You are the most important role model for that person when you're in that supervisory relationship, being clear, transparent and setting appropriate expectations. So certainly it's a balancing act where you're responsible for the professional relationship and at least engaging in that relationship in a professional way.

We know unethical supervision can cause harm. We know that not responding to personal factors, issues of diversity, not responding or being reflective to the power differential can all be problematic in the supervisory relationship. And certainly there are situations where the behavior in and of itself, whether it's harassment or abusive behavior, although is certainly not the norm for our registrants, is something that we do need to acknowledge is a factor that happens.

So on the sort of professional side of things we do have in the law, in the professional misconduct regulation of the Psychology act, the importance here around supervision and the failure to supervise, a positive reframe for us to sort of end. My particular section of the talk is there are lots of great things that supervisors do each and every day. Attending to that supervisory relationship, being self reflective and self aware, using consultation and your peers, and the wealth of knowledge that we have in the psychology community, and just being overall self reflective providers.

Of course it's important for us to establish clear and documented expectations and supervisory agreements and those types of documents certainly help with ensuring that we've got the appropriate structure in place for safe and ethical supervisory practice. And the bright side is many and most of our members are doing this each and every day, and you folks are responsible for keeping our profession moving forward into the future. So thank you so much for this limited time.

I'm happy to take a few questions before we move on to Barry's presentation. So we're going to open up for questions. Let's see if any come through the chat.

Feel free, folks. And if you want to sit on those questions for now and at the end ask questions, I'll certainly still be here, so will the rest of the team. But we do have a few moments if you would like to ask questions.

Now. Now. All right.

Oh, here we are. I'm seeing something here. Okay.

I'm going to read off the message here and I apologize. Some of it is cut off for me. Psychologists must have a minimum of six years registered as a psychologist for the order of psychologists, Quebec, and that's the college there.

There are minimum number of years here in Ontario and the answer is no. There's no specific formal number of years. We certainly are, and it's a fantastic question.

Number of years of practice could be correlated with competence and supervision. I'm not certain on that literature. It's fascinating that there are jurisdictional differences in supervision even within the profession, but there is no formal amount of time.

But certainly if you're being asked as a member of the profession to supervise, I think it's important to self reflect on, do you have the knowledge and skill and experience in order to safely provide that service. That's a bit of personal and professional discovery. You can certainly, if you're a member of the profession, always contact us at practice advice.

We'd be happy to hear from you and to choose chat through issues and work through those things. And I would strongly recommend rely on your professional colleagues as well, that they are a wealth of knowledge. Well, this is a fantastic question.

And right off the gate here, do you have an opinion as to how many supervisees is too many? It's a fantastic question, so thank you for it. No, I don't. I think it depends.

Right. So I would want to turn my mind to the specific cases, the specific scenarios and sort of the specific infrastructure involved. So at least right now, and a fantastic question, there's no magic number.

Again, this requires that really reflective thinking around, you know, perhaps you can, based on your infrastructure, provide supervision ethically to many folks and ensure that you're doing your due diligence and that you're serving the community appropriately. However, there are certainly times where people are running off of their feet. They're extremely busy.

I think we can all appreciate being an autopilot at times. If you're finding yourself an autopilot and really just doing supervision, maybe off the side of your desk or finding yourself not fully able to turn your mind to the supervision, that might be a signal that it's too many. Fantastic question, but you're going to have to let me off the hook on that one because we don't have a magic number.

We are certainly relying on you folks to use your knowledge, skill and judgment around that and maybe get a sense of benchmarking as well. Talk to your colleagues. Talk to your peers.

Ooh, great question. What are the competencies? Next question in the queue here is what are the competencies required for supervision? And certainly there are texts and resources. Fallander and colleagues and others have written extensively on this topic.

But certainly you want to make sure that you have the knowledge, skill and judgment in the practice areas and the type of work that the supervisee is doing. You certainly want to have that level of knowledge and content expertise. You may consider, and we don't have sort of formal standards for this, but you may consider taking a graduate level course in supervision.

Some of our programs across the province offer courses in supervision and consultation, and that's where you'll get some formal training in theoretical frameworks of supervision, different styles of supervision, perhaps some shared as well as unique aspects of supervision. In assessment versus psychotherapy, a core competency of course, is this ability to turn inward and to be self reflective and to ensure the fact that you are really putting the public interest mandate first and foremost. So there are a range of competencies involved in the practice of supervision.

Many of you folks will have some of these, if not all of these competencies. But let's treat ourselves just like we treat our supervisees and trainees. We're all on a developmental trajectory, so all of us will develop over time in our role as providers as well as supervisees.

All right, and I'm going to take one more question because we're at 140. A fantastic question, and I'm going to take a venture at this one. And if I get it wrong, or if it's more nuanced, I'm going to tag in my teammates for this at the end of the presentation.

But can a psych associate supervise a PhD candidate? My first response is, yes, that would be allowed. I will, you know, if any of my colleagues want to chime in on that, that's totally okay. Barry's given me a thumbs up.

And certainly in my experience being a PhD student, some of my best supervision and assessment was by a psychological associate at the CAMH. So certainly it worked for me when I was a PhD student. And there's your answer that, yes.

Okay, I'm going to answer one last question, and then we'll bring them to the end. Where can I find a supervisory agreement in the standards of professional conduct? What you'll find are essentially all of the components that should be in your supervisory agreement. So I would recommend take a look at those standards and then also maybe tag in a friend, a colleague who might have already created a supervisory agreement, and then make sure you cross reference it to the supervision section of the standards.

A fantastic question. Thank you. And they can look slightly different, so they don't have to look all the exact same as long as they have the core ingredients.

All right, Barry, over to you. Thank you for some great question and answer period. Thank you, Tony.

I think my slides will come up in a second. Here we are. So we're really not.

We're not going to talk about the nuts and bolts of how to supervise today, because, you know, it depends largely on the kind of practice you have, the setting, what kind of techniques you're using, but the focus is going to be on how to supervise ethically. As Tony mentioned, there are

opportunities for achieving competence in supervision. And there, you know, currently there are course.

There are courses and other materials currently offered by many of the graduate programs. At least in Canada, if you enrolled in a graduate program, you might have a little bit of trouble finding the resources and without endorsing any particular providers opinions or recommendations, because we haven't, we're not in a position to be able to do that. What I do want to do is just show you quickly just how many resources are, are out there just a few clicks away.

Why is this not working? There we go. So I'm going to, you don't have to write all of this down or take screenshots because you'll have copies of all of this. And what I'm going to show you is really available through the websites of the professional associations.

So it's really easy to find. And I just wanted to let you know what was out there and how many things are out there. So there on this page, there's a link to documents from the Canadian Psychological association, from the Ontario Psychological association, and the Ontario association of Mental Health Professionals, all of which, you know, are credible organizations.

We haven't gone through all of these offerings and, as I said, can't endorse absolutely everything they say, but these are, you know, obviously very credible organizations. We can move south of the border to the american side. Some good things coming from the APA, which has a huge number of resources.

All of them are available. Some of them, at least are probably there's some fee for, but just as there would be for any other kind of coursework, but a lot of materials available from the APA that you can find access to. So Tony mentioned Carol Fallander.

It's unfortunate that the Barbara Wan seminar that we had Carol provide, I believe it was for a full day several years ago, was just before we started recording them and putting them online. But she's a tremendous resource. She's a California, I believe, California psychologist who does a lot of work in this area.

She has a website that has lots of good material, as well as some of her current and relevant courses. I understand she's even doing a presentation from another for another regulator in another part of the country today that I'm trying to get access to. And if I can, we'll be able to give all of our members access to that up to date as of today.

Presentation. I can't make any promises, but I'm hoping that we'll be able to make that available to you as well. So the focus is on ethics, and you can look at this slide and then take the next half hour off and grab a coffee or go for a walk, because the basic message is that, you know, it's about right and wrong and good and bad and moral duties and all, and the rest is content.

You know, I believe that everybody who signed on to today's seminar is interested in doing right as opposed to wrong and so on. You know, there's some, there's a lot of subjectivity that goes with that, but really the question that you want to ask is for each of the people who have a stake in what you do, is this good for them? Is it bad for them? Hopefully it will at least not be bad, and ideally it will be good for them. But let's fill in the details now.

So ethics are obviously, at least to me anyway, informed by the values or the beliefs that we each carry and the attitudes we take into these relationships. So some of the commonly accepted funds, fundamental beliefs and values, obviously the best interest of the clients is at the top of the list. And because we're talking about supervisees of their future clients, so as a supervisor, one has an enormous influence over all of the clients that somebody will have throughout their careers.

I don't think I'm overstating the enormity of that responsibility. The best interest and development of the supervisee, which are, you know, which is very obviously very closely linked. We should never forget about the value of protecting our own well being.

As Tony mentioned before, we should be thinking about the integrity and the reputation and respect for the profession, which does translate into how people experience our services. Objectivity, fairness, trustworthiness, accountability, humility. And importantly, although, you know, it's not always on, you know, on a list in black and white, the lawfulness of what we do, because so much of what we do is, you know, mandated by legislation and regulation.

So, and Tony touched on these things a little bit and I'll touch on them a little bit, and I'm sure all of us are going to touch on these things a little bit. But the key ethical issues that we see, at least from the practice advisory service perspective, we see people who are struggling because inadvertently they've found their way into some kind of a dual relationship with the supervisee. It, you know, supervision can be a fairly, you know, there are power issues and, you know, sometimes supervisors are employers and supervisees are employees and that's, you know, that can be a loaded situation.

So it's not just sort of the, the pure passing on of wisdom and, and judgment and things like that. Supervision can be a fairly intimate, not in the romantic sense, but an intimate relationship. And you might find yourself drifting into what might feel in territory.

And that makes it sometimes difficult to be ineffective supervisor. There are all kinds of issues that come to play there. As I said, there are power imbalances.

Sometimes there's a conflict in some supervisors experience in being able to protect the best interests of the client in whatever kind of clinical situation they're involved in. And the feared impact, and it may just be a feared impact, it doesn't necessarily have to be a negative one of giving somebody critical feedback, because sometimes as a supervisor, you have to do that. There are tensions between the appropriate independence, because, you know, as somebody goes through the process of being supervised, ideally they're going to become more and more autonomous so that by the end of the game, they're not dependent anymore and having them be accountable.

So there are some tensions there. And as Tony sort of touched on, maybe not using these words, there can be a tension between the accessibility of services, for example, you know, there you can have an exponential number of services being provided when they're being provided under the supervision of one individual and the minimum standards of competence. Because if your supervision becomes too diluted and you're not really paying enough attention to any particular supervisee or any particular case of the supervisees, competence may be effective.

There are impediments to making good ethical decisions, one might find, and we hear about this, sometimes they don't have the time to supervise adequately, and that may be related to a lack of management or organizational support for adequate supervision. So we do hear from people who are being pressured to supervise people that they either don't feel that they're properly qualified to supervise or who they may not feel they have enough time to do a good job at supervising. Sometimes there are misunderstandings between the parties of the purpose of the supervision.

You know, the unfortunate questions sometimes we get suggest that people are using supervision just to get somebody's registration number for billing purposes, that when we take the position that that's really not okay. On the other hand, you know, on the other end of the spectrum, one wouldn't expect that somebody would teach everything that a person needs to know within supervision. So the purpose of supervision is very important to clarify.

And that's one of the reasons that we, we require people to have supervision contracts. So all that's clarified, sometimes we have a lack of training or skill in supervision. So it's being recognized, really around the world that supervision is a competence.

Just because you're a good clinician or you have lots of experience or you have a certain academic credential or whatever, doesn't mean that you know how to supervise. It's some. It's kind of like teaching.

There are brilliant clinicians that just may not have developed the skills to teach yet. Sometimes supervisees aren't necessarily prepared to do what you expect them to be able to do as a supervisor. And I realize I'm speaking, it seems like I'm speaking mainly to supervisors and I apologize to the supervisees out there who are listening.

You are also really important and I think you can just probably use the information that way. But I just realized what I'm doing and I'm going to try and be more conscious of that. Sometimes there are interpersonal challenges.

We don't always get along with the people that we work with. Hopefully we all have the skills and the supports to work through those things, but there can be challenges and we hear about those sometimes. How do we mitigate the risks that are involved to really everybody in supervision, the clients, the supervisees, and the supervisors? I think it's really important to take whatever steps you need to take as a supervisor or a supervisee to make sure that the client understands the accountability structure and that they have access to the supervisor.

So there should never be a supervisory arrangement where the client doesn't know the direct service provider is doing this under supervision. They need to be know that the identity of the supervisor needs to be known and the way to contact them needs to be known. Supervisors need to be monitoring the work of supervisees closely.

You really do need the time to understand and explore the dynamics of each client therapist relationship. So there was a question that was posed to Tony earlier about the, I don't know whether it was the maximum number or the optimum number of people who one can supervise, it's going to be different in every case. And that's one of the reasons we've never come up with an absolute number.

But unless you have the time to understand and explore each client therapist relationship that you're supervising, if you don't have the time to do that properly, then you're supervising to me, people. So that number is going to change depending on the kind of work you do, the competence of the supervisee, and other things like that. In that vein, supervisors have a duty to actually consider the boundary and counter transference issues that exist in every client and supervisor, client and direct, super direct provider under supervision.

And you know, those things are discernible through case discussion. So you really should, if you're a supervisor or a supervisee, you should be insisting on having discussions about each and every case and to monitor the progress of the client independent of the supervised ease own progress monitoring. So those are some of the things you can consider in terms of risk mitigation, pressing the wrong button to advance.

I'm not used to this yet, so I like to play with titles and I like to leave my strikeouts there because they usually tell you something about the struggle in terms of framing these things. So I started out with good supervision can get personal. My feeling after I saw it in print was that it should get personal, and obviously not personal in a friendship or an intimate or romantic way, but you're dealing with a person and you need to remember that they're a person and think about all of the interpersonal kinds of things.

So let's look at a scenario where you're supervising somebody who's working with a high degree of autonomy, and you're reviewing a case where the file is quite thick with notes, but there's no indication in the file of what the goals of therapy are or how well or not well progress is being made. You try and talk to the supervisee about it, and the supervisee becomes defensive. But you really do want to and feel you must learn more about the case.

But the supervisee deflects any substantive questions. And we hear about these kind of situations sometimes, and one, you know, they may say something like, I have so many other cases that are higher priority, where people are at greater risk, where I really don't know what to do. And it feels like because you're pressing me on this case, that you really don't trust me to deal with this simple case.

So even after you explain that the supervisory relationship implies the requires judgment or guidance. Pardon me? Because why are you supervising if you're not needed? That you have a super, that you have a responsibility to the client who's actually, in our eyes, your client as the supervisor to understand the case. This is a case.

You read it and you feel like you need a greater understanding and that you have a responsibility to them because they shouldn't be under supervision if they don't need it. So that's a scenario that you might hear about. Let me just go back to it for a second.

You know, we don't have the, I guess, the luxury of really the time to have, you know, an open q and A or a discussion. But I guess the questions to ask yourself, you know, in a scenario like this is what would you do? And if you're, if you're, if you're watching this with a group, this would be a good thing to talk about either during the break or after. But the basic message is that it should get personal on that level.

And you do need to be able to talk to somebody even when it becomes uncomfortable and even if they're not happy about having to talk to you about something. So some of this has to do with the format of supervision. And I know this has come up.

I know from the, the long time I spent working in the complaints area of the college some years ago, these kind of things were coming up, and I know from the questions we continue to get, they continue to come up, and that's around the format of supervision. And our view is that supervision should be conducted on an individual basis. There are practices around where there's a lot of group supervision, and that's a great adjunct to one to one supervision.

But our view is that there should always be a significant one to one component in privacy. In the privacy of a one to one meeting, people are more likely to be able to share their personal issues that may be impacting their clinical work. You may be able to have more in depth discussions in privacy without using the time that other supervisees don't need to be listening to discussions.

And importantly, it protects both client and supervisee confidentiality. Sure, there's a way to prevent client to protect client privacy in group settings, but you really can't protect supervisee confidentiality in a group setting. And you need to be able to be free to appropriately confront them and their supervisory behavior and that it has the potential for embarrassment, another sort of unfortunate consequences.

So group supervision is a great adjunct, but it's not a replacement for individual supervision. And that comes right from the OPA guidelines which are referenced on the bottom of this slide. So how do you manage what is really an unbalanced relationship? We all want to be in relationships that are where everybody's an equal partner, but you're not in a supervisory relationship.

And there have to be expectations right from the very beginning that yes, the ideal is that it's a collaborative relationship, but it's also hierarchical. The discussions that you have have to be high enough level to be educative, but they also have to be case specific enough to talk about the particular client supervisee issues. It's your duty to know each client, to be familiar enough with each client, to know whether or not they're progressing or not.

You need to stay aware of the self esteem of your supervisee. We don't want to be beating people up and making them feel badly, but we can't let worries about that prevent us from delivering supportive, constructive, which can be uncomfortable feedback. Remember that it's important to have trust, commitment.

You earn trust by being fair and objective, predictable and supportive, even while you're being constructively critical. And again, here's a reference on the bottom of the page to a longer article about that. So be clear of your role and what the boundaries are.

Protect the boundaries of the relationship. A supervisor is not a therapist shouldn't become that person's therapist if they're really struggling with highly personal things. Good idea to, you know, recommend that they go into some sort of therapy or counseling situation.

You're not a parent figure, you're not a friend. The British association for Counseling and Psychotherapy has a great quote here. Supervision is a formal arrangement for therapists to discuss their work regularly with someone who's experienced in both superior and supervision.

And the job is to work together to develop the efficacy of the therapist client relationship. So how are we doing? It's 203 and I have about seven minutes left. So very quickly, in the last, in our last year, fiscal year which just ended, we had 157 queries about to the practice advisory service about student supervision.

You can all, I mean, I think you can probably all guess what these are. You can look at the list later, but it will come as no surprise. And we do put something like something about this in every edition of the headline.

So I'm going to skip through that and talk about just some of the basic questions we get. And, you know, the answers to almost all of these are in our FAQ section of the website. And what I should have said about the last slide is I think we're getting fewer questions about supervision because we are posting more and more questions and answers on the FAQ site, on our website, and I think people are turning more and more to that.

So a few questions, who can I permit to provide the control data? There's been a little bit of confusion about this lately and we're going to be putting information, more information out very shortly. But the answer to that is college members, and sometimes college members require supervision for various reasons. So you can let college members do it, you can let those fulfilling the requirements to become a member of the College of Psychologists, and you can also supervise members of other colleges whose members are permitted under legislation to perform those controlled acts.

May I supervise only some of a person's caseload? I believe the answer is yes, as long as it's clear in your contract with that supervisee that you're only supervising the cases which need supervision and that there's no misleading information in the public domain that could suggest all of the work is supervised and all of the clients of those supervised services are aware of the fact of the supervision. How many people can I supervise? That's that question. As many as you responsibly can.

And it means being able to monitor each and every case closely and be prepared to ensure the continuity of care for every client requiring services. So, unfortunately, we get calls sometimes from people who say, you know, I'm supervising somebody who has a huge caseload. For whatever reason, they've disappeared.

What do I do? Well, that's a big problem because you are responsible, they are your clients. So don't take on too many people if you don't believe you'll be able to adequately be able to either provide or quickly arrange continuity of services. Can I supervise someone delivering services if these services are outside my authorized areas of practice or population or competence? Even if I get consultation or someone else gets consultation, the standards are very clear about that, and the answer is no.

After supervision ends, who owns the file? Well, the health information custodian file, always. But for our purposes, that is the supervisor. While a case is being supervised, the supervisor owns the file, has full responsibility of it, and has to retain the file for the first, for the full retention period after the period of supervision ends.

Now, if the supervisee is going to take the file over, certainly you can get permission to make a copy of the file and give it to the supervisee, but that's only if the client gives you permission to do that. Does supervision only for the purpose of ensuring access to benefits violate the rule against supervising for the sole purpose of facilitating third party payment? Well, the answer is, yep, that's a problem. If they don't actually require supervision and you're not adding value, then.

Then it's a problem. If affordability is an issue and you could provide those services yourself, well, you are permitted to reduce fees, but just for the purpose of facilitating third party payment is not okay. Now that the prohibition against fee splitting is gone, can I retain a portion of the fees as compensation for the value added? The answer is yes, but you have to be aware of the appearance of a potential conflict of interest if it appears you're recommending more services or more sessions than the client requires.

Supervisors are required to, by the standards, to sign all formal reports and documents for everybody other than autonomous members of the college. So, yes, the answer is really kind of tricky here because nobody's ever defined formal. And whenever I answer that question, what I suggest is that it would be a good idea to co sign any documents that are expected to provide information about a client to anyone outside of the organization in which the supervising supervision is occurring.

So if you are fairly certain that, you know, whatever document it is will never be seen by anybody other than the people in your agency doing the work. Work, then it's. You know, it's.

It may not be. Unless it's a formal report, it may not be necessary. Should supervise supervision notes go into the client files? No.

All relevant information about a client, their treatment goals, their progress, should be in the client file. Information about the supervision, and particularly about the supervisee, is confidential and should not be available to the client. So it's simplest to just keep it in the supervision file.

I've already spoken about the last question here, and I am aware that I have used up almost all of my time, so I think I am going to end here without going into this scenario and maybe borrow a few minutes from Lasha, if it's okay. Maybe. Lasha, two minutes.

In case anybody has any pressing questions, there was one more scenario, which you're welcome to look at, and I'm certainly happy to take questions about later or even after the presentation. So, Lasha, do you want to, or. I think I'm going to.

We can remove the presentation in one or two questions, maybe if anybody has any. Tony, you have one. Okay, here's a question.

Does the college have a different view of supervision when it's autonomous members supervising another autonomous member who is expanding their license? Current standards do not address that type of supervision relationship directly. Yes, we do have a different view, and there are. If you look at the section four of the standards, there's a specific section of the standards that talks about autonomous, supervising autonomous members.

And the big difference, really, is that most of the same things apply. But if it's an autonomous member of the profession, they're already accountable through the college to the public, and they don't need to have their formal reports and corresponding cosigned by you. There should be a note in the file that you've reviewed it and endorsed whatever's being said.

And you know, the same billing rules don't apply. But please feel free to have a look at the standards. And if there's.

If there are any outstanding questions, please feel free to get in touch with me. Any other ones for me right now, do supervisors have to sign off on all clinical notes, on every clinical. On every client supervisees sees, as I said before, not on every clinical note, really.

The standard says formal reports and formal correspondence, so certainly, you know, anything that's called a psychological report, or a letter, you know, that requires your signature that's going outside of your office, must be signed. But, you know, things like clinical notes, which some people will call progress notes, if they're never going to. If there's no likelihood that they're ever going to be read outside of your organization, it's not absolutely required.

I tend to be perhaps overly cautious, and I would probably want to initial things that I've read, but it's not strictly required. So we're a little bit over time, Tony. So we stand corrected about one of our items.

And of course, we rely on the expertise of our, of our registrants. So that. Can a psychological associate supervise a doctoral trainee when it comes to supervised practice here in Ontario, yes.

However, this is nuanced. So if, for example, you're in a CPA accredited program, it's important to look at those standards because they may differ from our particular jurisdiction. So they may have the doctoral standard here in Ontario for supervised practice, it is acceptable.

However, that might not be the case in terms of CPA accreditation. So make sure you look up those accreditation standards. Thanks, Barry.

Thank you. That's really valuable. Thanks.

Okay, I'm going to pass it over to Lasha. Thanks very much. I'll just wait for my slides to show up.

Great. So, thanks, Barry. I'm going to be discussing common challenges in supervision for registration, and let me just advance my slides.

Great. So, you know, my focus will be supervised practice members who supervise candidates going through supervised practice. But many of the principles that I'm going to discuss can apply as well to members who supervise non members, those who aren't quite ready to undertake authorized supervised practice yet.

So I just wanted to point that out at the beginning. And another thing I wanted to mention was that all of the information that I'm going to be sharing in my slides really follows topics that are found in the college's supervision resource manual, as well as the college's registration guidelines for supervised practice. So I thought I would give an overview for those who might not be familiar with the period of authorized supervised practice.

It's intended for those candidates who've applied to the college. They've completed their either their doctoral or their master's degree in psychology, and they've had their academic requirements deemed acceptable. What's next for them is to complete a period of authorized supervised practice that takes place in Ontario under the supervision of at least two other members of the college who are autonomous practitioners.

And the purpose of it, of course, is for them to be established, to be ready for eventual autonomous practice at the end of that process. So they're required to complete at least 1500 hours of supervision with their two supervisors. And it can't be for any less than twelve months, but it can be for up to two years if necessary.

And that's helpful, especially for those who might be employed on a part time basis. They may need extra time to accumulate those hours. It's interesting though, that because the college's oral exams are just held twice a year in June and December, we often see that many candidates, by the time they arrive for their oral exam, which is the last step in their process, they've accumulated more than the minimum of 1500 hours and twelve months of supervised practice.

And it's important to know though, that, you know, even if a candidate has accumulated the minimum, they're still required to remain under supervision of their college supervisors right up until the time they pass their oral exam. Speaking of exams, during the period of supervised practice, there's three registration exams that candidates must pass. There's two written ones which are taken first.

That's the EEPPP, which I'm sure everyone's familiar with, and the jurisprudence and ethics examination, the JEE. And as I said before, the oral exam is the final step for them. So this was touched upon by Barry and Tony as well.

But the period of supervised practice certainly is intended to serve the public interest, to ensure that psychological services that newly graduated candidates are engaging in are safe and ethical for members who supervise. The activity of supervision certainly fosters professional development and for the college, supervised practice is a way for us to determine a candidate's ready for that eventual autonomous practice. So we refer to the two supervisors that a candidate must have as the primary and the alternate supervisor.

And essentially their roles are not different. I'll just go over briefly some of their duties and responsibilities. Both supervisors function as teacher and mentor to the candidate.

They serve as a role model for upholding the college's standards, and these supervisors accept ultimate responsibility for the services that are provided by the candidate during the period of supervision. They're also responsible for setting training goals with the candidate and identifying

learning objectives with them, as well as discussing plans and timelines for that period of supervision. Both supervisors maintain the record of supervision and they evaluate and report to the college on the candidate's progress via the work appraisal forms, which are submitted to the college at regular intervals throughout the supervised practice year.

Now they are required to meet for individual supervision where they're meeting face to face with the client. For the primary, they're meeting more frequently. The minimum requirement is that they must meet for supervision sessions at least 1 hour a week, and for the alternate, at least 1 hour every other week.

And certainly there might be times in the period of supervision where either the candidate or the supervisor would like to meet more frequently, and that's absolutely fine. These are just the minimum requirements that the college expects as far as communication. Both the primary and the alternate supervisor are expected to communicate with each other on the candidate's progress during this period.

And that's especially important if it so happens that they're not at the same setting, so that they won't see each other in person regularly at work, that they connect and discuss how the client, how the candidate, rather, is progressing during supervision. And so Barry touched upon this next point, but formal reports, of course, need to be co signed by supervisors. And in cases of private practice setting, supervisors are also responsible for client billing.

And lastly, supervisors are responsible for assisting the candidate in preparing for the college's examinations. So a member who's contemplating whether or not to be a primary or an alternate supervisor certainly has a lot of things to consider, and I know that both Tony and Barry went over many things for consideration. I've highlighted a few things as well.

One thing that's very important, I find, is that supervisors should really feel that they have an up to date understanding of the college's registration requirements, particularly if it's been some time since the supervisor has gone through the process themselves. There very well have been changes to certain college guidelines, registration policies, things like that, that are really important to be up to date on to, you know, avoid any misunderstandings once supervision gets started. And also, even if you're a newly registered member and you've gone through supervision recently, it's still important to review that information which the college has on its website, the declaration of competence, which essentially informs, you know, what the candidate on supervised practice is going to be doing and what they want their eventual autonomous practice to be is really important.

And so potential supervisors need to be aware that their authorized areas of practice and authorized client groups need to match up with that for which the candidate is going to be declaring themselves. This was touched upon earlier, but it is really important for supervisors to think about the time to dedicate to supervision, especially during supervised practice. I mentioned before that it's at least a year for supervised practice, but it can be up to two years.

And so that's an important thing to consider when you're, when you're thinking about, do you have sufficient time to dedicate to supervision? And seeing this person through their supervised practice period, it may be that you learn that they may need some more additional time or some extra support. Will you be in a position to be able to provide that for them? Then there's also something to

consider, which is the setting that supervised practice is going to take place at. And so really it's important to think about is this setting appropriate for a supervised practice candidate? Is the setting going to afford this candidate a broad enough.

Well, first of all, sufficient number of cases to see, but also a broad range of presenting issues within their declared area, confidence and client groups? Or is there an issue with the setting in that maybe there's only assessment cases available for them to do, or only intervention cases, in which case, you know, that wouldn't be appropriate? Or will they only be able to have access to a very narrow range of presenting issues? And the example I used here is, you know, within the practice of clinical psychology, maybe only eating disorders. So something like that. Very important to consider about what you can offer the candidate.

Another thing is just to think about a plan for how you might continue on if you realize that either yourself or the candidate isn't available to continue. If for whatever reason, you might not be able to continue being a supervisor, is there someone else at your work setting who's there and who can step in and take your place? Similarly, if the candidate isn't able to continue, is there a plan in place for transitioning client care to another provider? Is that possible in that setting? So again, I think both Barry and Tony identified best practices, and so I've highlighted a few as well that I thought were important for supervised practice just to, as ways of mitigating any issues or challenges in the process. I think first and foremost, the most important thing is to ensure that you take that time with a candidate that you are considering supervising to sit down and really discuss expectations and goals for the period of supervised practice timelines, how long they think they're going to be needing on supervised practice, and maybe what their plans for taking exams are, and also to discuss compensation.

All of that's really important to talk about before beginning the supervision period. And it's important to also not only discuss it verbally, but to have it as a written agreement. And this was mentioned earlier, but the individual supervision agreement, which you can find in section four of the standards of professional conduct, really goes over all of the elements that that agreement should incorporate.

Placing a value on engaging in regular and frequent communication is really beneficial, both between supervisor and candidate, but also between the supervisors themselves and staying flexible as well, and being open to revisiting goals and relooking at timelines during the process when necessary, if there's any changes. And this was also touched upon earlier, but creating for the supervisor, creating conditions in which the candidate feels safe and feels comfortable to raise questions with you, discuss their challenges, any challenges they're encountering, and just feeling like there's a trust in that supervision relationship, that they could even challenge some of your direction and feel that it's safe to do so. Barry and Tony both talked about supervisor self reflection, and so being mindful of unconscious bias and assumptions, both for supervisor and candidate, is particularly important.

And of course, the college is there for advice and really encourages supervisors who identify a particular supervision issue early on to reach out for support to the college. So I've identified some common challenges that we encounter in supervised practice, and I've included here some tips for navigating those challenges. I'll start by mentioning offsite supervision.

Those are cases where, and it does happen occasionally where a candidate does have a supervised practice setting lined up, but there aren't at least two other members of the college there who'd be willing to, or able to act as supervisors for registration. So in those cases, the college would be open to considering accepting offsite students supervisors. It does require a little bit of coordination and planning with the work site and the candidate and the prospective supervisors making sure that the work site gives the supervisor access to client files, access to clients if the client or the supervisor would like to meet with the client, and access to signing off on reports and reviewing notes when necessary.

And it is really important to inform clients of these supervision arrangements for sure, so they're aware of who the supervisor is working remotely. What I mean by that is, you know, especially during COVID But even, even in cases where, let's say a supervisee is in a remote part of Ontario and, you know, sort of geographically remote, there's going to be times where they need to meet with their supervisor and they're not able to meet in person. So it is possible to meet virtually, you know, the standard is to have it be live in real time and face to face.

And the advice from the college, of course, is that the candidate and supervisors need to ensure that whatever platform they're using to do this, that it be secure. Obviously, since information discussed is going to be confidential, it does happen occasionally that candidates will need to take a leave of absence during, you know, in the middle of their supervised practice. And this could be for things like parental leave, for example, and in those cases, the college, once we're advised, we can temporarily suspend the certificate for supervised practice.

So effectively, you know, the clock on how long you can hold your certificate for supervised practice stops taking at that point, and then the college just needs to be notified in advance when that person is returning. Similarly, it might happen that supervisors need to take a leave of absence. And so, as well, you know, the candidate and supervisors need to notify the college in advance and propose alternate plans for supervision, give the college some time to review those arrangements and then make those changes on our end.

In cases where a candidate does need to take a leave of absence, though, it is important for the supervisor to make plans for how to transition client care while they're away. I wanted to talk as well about the guidelines for declaration of competence, and these are found in, in the registration guidelines document supervised practice, and especially because in recent years these guidelines have been updated. So it's really important for supervisors to be familiar with these guidelines to avoid any misunderstandings once supervision is already underway.

But essentially what the guidelines say is that candidates on supervised practice should not be selecting more than two areas of practice and two client groups on their declaration of competence. And the reason being is, you know, it's not really feasible to gain sufficient breadth of experience during that limited time on supervised practice. And it's certainly not acceptable for a candidate to, to include either an area of practice or a client group on their declaration of competence for which they don't have formal academic training in.

And by that I mean graduate level coursework as well as supervised experience from their graduate program. And so supervisors need to be aware of that. And there may be, it may be that the candidate is feeling some form of pressure, pressure to check off more areas than they might be really prepared for, or they may not have a good appreciation of their limits of competence.

And this is something that the supervisor and candidate should discuss together and explore in keeping with the college's guidelines, of course. From the colleges side of things, when the college is reviewing applications for supervised practice, if there does seem to be a lack of congruence between what the candidates put on their declaration of confidence versus their academic training, then usually there'll be some reaching out on behalf of the college and maybe asking the candidate to provide some additional information just to support their declaration of competence. But there may be times where the registration committee has reviewed a declaration of competence and they do require that the candidate change it if they find that it's not appropriate.

And so this type of review usually can hold up the college being able to issue a certificate for supervised practice to the candidate until the issue is resolved. So something to keep in mind. Another important thing to remember, though, is that there is a college process in place for autonomous practitioners to be able to expand their client groups or their practice areas once they're already authorized for autonomous practice.

So it's not the case that, that you need to if you don't declare everything at the beginning of supervised practice, then you won't have that chance again in the future. There is the examinations, of course, which are a big part of the period of supervised practice and certainly can be a source of candidate anxiety. They're high stakes exams because they're also, there's a limited number of attempts permitted at each of the exams.

So supervisors play a big role in assisting candidates through this, and one thing that they need to be mindful of is that during exam prep time, that candidate may need to reduce their workload at work in order just to set aside some time for intensive studying. So for that reason, it's really important for supervisors to discuss exam timelines with candidates, be aware of how they're doing in their planning, discuss their studying strategies, and if a candidate hasn't passed one of the written exams on their first attempt, then it's really important for supervisors to show support to them and make sure that candidates don't feel that they have to rush to retake an exam if they're really not ready to do that. There may be some pressure felt by candidates to get through the period of supervised practice as quickly as possible, and that might lead them to attempt an exam when they're really not feeling prepared to do that.

As I said, encouraging discussion early on in supervision about exams is really important, and supervisors can offer support in lots of ways. For example, in studying for the jurisprudence and ethics exam topics such as ethics jurisprudence, specific legislation can be incorporated into supervision discussions. There could be sample scenarios of applying ethical principles to tricky issues, etcetera.

And also in preparing for oral exams, supervisors can assist by setting up mock oral exams when it comes time to that. So evaluating a candidate's readiness for autonomous practice, this is sort of what supervisors are entrusted with. It's their responsibility and what the college is relying on supervisors to do.

So really important then for supervisors to be mindful of giving genuine and constructive feedback to the candidate and to the college as well in the work appraisal forms that are required, certainly because that's an important part of what the college is looking for, and there may be times, and this was mentioned earlier as well where a candidate might not agree with a supervisor's evaluation. And so I think the emphasis there is on, you know, working to create and maintain that supervisory relationship where the candidate feels safe and supported, because that's important, then when needing to address areas that require remediation for the candidate. If there are some concerns, if a supervisor is concerned about a candidate's readiness for autonomous practice, then discussion with the other supervisor, either the primary or the alternate supervisor, is particularly important in this case because you may want to know whether the other supervisor shares the same concerns.

They might have some information that might help you or might alleviate some of your concerns, or they might share the same concerns as you. And overall, you know, the candidates are expected to defer to supervisors direction. So really, if it's determined by the supervisors that, you know, a candidate might not be ready for autonomous practice just yet, that they need some additional time, some additional support.

Certainly the college encourages supervisors to let the college know and to be aware that an extension of the certificate for supervised practice is possible, and supervisors should just notify the college when that's the case. Okay. And I also wanted to address candidates who might be completing a training plan during their supervised practice.

Not all have to do this, but these are in cases where the registration committees identified that a candidate might have a particular gap in required courses. For example, there might be a subject that needs to be covered, and so that they would undertake this during the period of supervised practice. And so because they're doing this on top of all the other things that they need to get done during this time, it's typical that then someone doing a training plan would take a little bit longer on supervised practice, and they may even require more intensive supervision at times because they'll be integrating this knowledge from what they're getting out of the training plan into their profession practice.

So in that case, you know, supervisors are there to support the candidate, but also to help the candidate develop their proposal for a training plan to make sure that it gets to the college's registration committee early on in the supervision process. And for that, the college has resources available for supervisors, such as the training plan manual, which goes into great detail about what's expected in a training plan proposal. So I've just summarized on this slide the main resources, and I think, I'm happy to take some questions, and I think there are questions already waiting for me.

Is okay, is there a recommended number of cases a supervisor, a supervisee should have to obtain? Sorry, the chat is just going to see if I could toggle. Is there a recommended number of cases a supervisee should have to obtain sufficient experience and development. That's a good question.

No, not necessarily. The college hasn't, I think Tony said before, there's not a magic number. I think it really depends on where the supervisee is at.

They're, you know, all different from each other. And so if there were, if the college were to come up with a magic number, then, you know, I don't think that would really be appropriate. I think it's really up to, to the candidate, you and supervisors to be able to just gauge through however many cases they're able to do during supervised practice that they're progressing and that they're demonstrating that they are ready for autonomous practice regardless of how many cases they do end up seeing.

Next question. There's one. Are all clients under the license of both supervisors or if both supervisors are at the same clinic, are the clients separated out by supervisor? You think about that? I think that question means.

I'm not sure what that question means. Sorry, or I'll. Clients.

I did the license. Yeah, I. Clients, I'm not sure what this question means.

Anybody offer any. Okay, another question. My understanding was that if the primary supervisor had to withdraw example for illness, then the secondary was expected to fulfill this rule.

Well, yes, an alternate supervisor can step in for the primary supervisor if they're unable to continue, but then there needs to be a replacement for the alternate supervisor because you need to have two supervisors at all times. So that's fine. And that might make a lot of sense for the alternate supervisor to take over that role if they're able.

In some cases it doesn't make sense if they're not all working in the same setting or if somehow the areas of practice are divvied up between supervisors. But yes, that's one possibility. But then it's important to remember that then another supervisor does need to come in because you certainly need to have at least two.

Right? Are there any other questions? Okay, master's level psychological associates also require at least 6000 hours of postmasters work before they're permitted to engage in student. I want to clarify if that requires. Yes, it does.

Yes. So those masters, those who are eventually going to be applying for psychological associate registration they will first need to complete a period of supervised postmasters work experience. They start their authorized supervised practice so they're not members of the college while they're engaging in that postmaster's work experience, but they are members of the college when they're issued with a certificate for supervised practice.

Are both supervisors on the clinical receipts, does that mean billing? No, not necessarily. No, they don't need to both be listed there, but at least one does. That's a good question.

Is there a particular concern about doing supervision virtually on a regular basis? I think what the college would be interested in knowing if someone proposed that they do their supervision virtually, like 100% would really be knowing about the particular supervision arrangements. And, you know, maybe, you know how meetings are going to be set up and would they be able to meet in person if necessary? If they would be able to meet in person if necessary. But I think we could discuss this

issue probably when we do question and answers, all of us together, and I'm being told that we should probably do a break now.

We're going to break for about five minutes, and then when we return from break, we're going to be joined by Zimra Yetnikov. And then I think at the end of today's presentation, we're going to do more questions and answers of the group. Hi, everybody.

Welcome back. I hope that was a refreshing break you were able to take for at least five minutes. I am going to be talking, talking about supervision issues from the perspective of investigations and hearings.

These supervision issues, despite all the guidance and the resources and the issues that you can talk about with the college and with colleagues, issues do tend to come to the investigations committee for review when they go wrong and also when they don't go wrong. So let's talk a little bit more about that. So, supervision is a source of complaints.

In the last five and a half fiscal years, from June 1, 2017 into April 2023, we've had 70 complaints and reports regarding supervision concerns, out of 546 complaints and reports in the same period overall. So complaints and reports regarding supervision do amount to about 13% of the total, which is not an insignificant amount in terms of the significance of outcomes. That's another story.

The significance of outcomes can tell us, even if the volume of concerns is a lot, whether there's any significance to the concerns that have been identified, take no further. Action is the highest proportion of outcomes. As you can see, it's actually pretty small on my screen, but 30% overall looks like, and then coming close.

Second and third are advice and undertakings as outcomes for supervision concerns. 3% of outcomes result in discipline decisions, and some of them are withdrawal on. Some of them result in f and v, which is frivolous and vexatious, where the ICRC committee decides not to pursue any investigation at all.

And then there is some scripts and cautions as well, breaking that down further into remedial and non remedial outcomes. We can see that non remedial outcomes are less than remedial outcomes overall with respect to superior provision concerns. Non remedial outcomes include f and b considerations where the ICRC decides not to proceed with an investigation, where complaints are withdrawn, and where the ICRC decides not to take any further action.

Remedial outcomes include advice, undertakings, scurps which are specified, continuing education and remedial programs, and cautions discipline is in and of itself because it's not a decision of the ICRC to pursue a certain outcome, but it's a decision of the ICRC to refer a matter to the discipline committee, for the discipline committee to decide what the appropriate outcome might be. So that's separate from the remedial and non remedial outcomes. As I've set it up here and breaking it down a little bit further, I've divided into the remedial outcomes that would be public and the remedial outcomes that would not be public.

So it is public. Remedial outcomes that are public include undertakings while they're in effect, and there can be a huge range of undertakings, and so undertakings could be in effect for a year or more, or they could be for less. Scripts are public as well as cautions.

Referrals to the discipline committee are noted on the public register as well as discipline outcomes. Advice is a remedial outcome that is not public. So it's, that's between the ICRC and the member and it does not appear on the public register.

And here's a comparison to those outcomes overall to the 546 complaints in this time period that I mentioned earlier. So you can see right away that the outcomes in relation to taking a further action are higher or the number one outcome, but you can see that the first is also a little bit higher. 35% of all outcomes are taken further action as opposed to the 30% in relation to supervision.

Concerns with respect to concerns overall, advice and undertakings again come in in second and third place, respectively. But you'll note again that the proportions are a little bit smaller with the concerns overall discipline is a little bit higher, but respect to concerns overall at 5% and f and b outcomes again are higher with respect to overall concerns versus supervision. Breaking it down again in terms of what's remedial and what's non remedial, you can see that the proportions are flipped with respect to outcomes overall than they were with super provision.

So non remedial outcomes, again, those are the f and b decisions complaints that are withdrawn take no further action decisions. Those are 54% of outcomes. Overall, remedial outcomes are at 41% with advice, undertaking scripts and cautions, and then discipline again at 5%.

Looking at it again from the remediation that's public and what might be considered considered private remediation, namely advice. Again, 54% is non remedial and 5% is discipline. Private remedial outcomes or advice are at 21% and public remedial outcomes are at 20%.

Looking at them both together, you can really see the comparison between super outcomes and outcomes. Overall, you can see that remedial outcomes are higher in supervision, 54% versus 41, and that public remediation is also higher, 27% versus 20%. So given those statistics and the analysis thereof, as well as the discussion of all the issues that can arise with supervision that we've talked about already today, it does appear that supervision is a higher risk practice activity than maybe other areas of practice.

And what is it that makes supervision higher risk? One thing is likely that members who supervise are taking on responsibility for client care when somebody else is providing that direct client care. So that can maybe be a little bit risky. Another area of risk is the volume of supervisees and the volume of the clients that supervisees are seeing.

That can be an element of risk as well. Our colleges standards with respect to supervision are over four and a half pages long, so that can lead to some confusion of members and supervisees as well as clients. With respect to what the supervisor's role is and the provision of supervised services, there can be confusion about billing and invoices, including for third parties who has responsibility for client records, what should be included in supervision records, and what should be included in the supervision contract.

All of these are complicated issues and can give rise to those elements of risk. So what I've done here is to come up with a few case scenarios to discuss what these risks are and how you might

deal with them in any given situation. The first situation that I've come up with is where you've identified that you have a supervisee with personal issues.

So you have a supervisee who may be going through a difficult time, and you've had some complaints from clients from the MS staff about sessions starting late and missed sessions. We don't believe that this supervisees should be seeing any clients at this time, that their personal issues may be starting to affect their judgment in client care. What would you say is the best way to handle this situation? Some options that I've come up with for you to consider are listed here.

So the first option is for you to instruct the supervisee to inform clients that they will be taking some time off. Have the supervisee ensure that clients are provided with alternative care options. Second option is to inform clients that the supervisee is not available due to personal reasons.

Take on responsibility for all the clients in the short term and in the long term, give clients the option to continue with you or another supervisee. Third option, terminate the supervisory relationship and take on direct care of all clients. Ask the supervisee to take some time off and if they agree, transition their client's care to another supervisee in your office.

And finally, transition the supervisees clients to another supervisee in your office regardless of your supervisees desire to take any time off. So given Tony berries and lashes discussions, I believe that you all know the answer, but I will nevertheless go ahead and discuss these options and what I have identified as the optimal choice in this situation. So I've identified option two as the optimal choice here.

Inform clients that this supervisee is not available and take on responsibility for all clients in the short term and in the long term, give the clients the option to consider continue with you or another supervisee. There could be variations of this option. For example, the supervisee could provide a communication piece, but ultimately this is the most appropriate choice and I'll go through some of the other options and discuss what might be problematic or not ideal with some of them as I've set them out here.

So with respect to option one, the problem with this one, as I've set it up, is that you are giving the supervisee the responsibility to ensure that clients are provided with alternative care. As the supervisor, these are already your clients and so they are your responsibility in the supervisee's absence. And if you need to arrange alternative care because you don't have the capacity to take them on directly, that is the supervisor's responsibility.

The first part is fine, you can instruct the supervisee to take on that communication piece, but the second part is there is the problem. Option three, terminate your supervisory relationship and take on direct care. That is fine, but that communication piece and that option is missing.

So it's not clear that clients are informed and they are knowing what's going on with their care and who's providing that direct care. Option four, ask the supervisee to take time off and if they agree, arrange transitioning client care. The problem with that one is in the scenario that I've set up, you've identified issues with the supervised use ability.

Safely provide client care. In that situation, it should not be up to the supervisee to determine whether they are going to continue to provide client care or not. That is your responsibility of supervisor, to have them stop providing services to your clients if you don't believe that it's safe for them to do so.

Additionally, the problem with this option is transitioning client care to another supervising your office. Now, this could potentially be an option. However, it misses the informed consent piece that's required with respect to the clients.

These clients are the supervisor's clients and the supervisor's responsibility, and it would not be appropriate to simply transfer their care from one supervisee to another without informing these clients and getting their informed consent. So, and there's a similar issue with the fifth option, transitioning supervisees to another client even if the supervisee says they are okay to continue for the same reason that transferring client care really needs to be done with clients informed consent. So here are some things to think about coming out of the analysis of this case study and the options.

One thing, and this can be this can come up with different scenarios when you are terminating supervisory relationships, whether it's because the supervisee has some issues, or maybe the supervisee is moving out of town, or you've decided that you're going to downsize your practice and you're not going to have as many supervisees any longer, or there could be all kinds of reasons why you're transitioning a supervisory relationship from one thing to another. So important things to think about, regardless of the reason for why you may be ending a supervisory relationship. So one thing to think about is how do you have difficult conversations with a supervisee? And in this scenario, who appears to be going through a difficult time? And what is your threshold for ensuring that your supervisee is practicing safely? Lots of people go through difficult personal issues.

So what is it about this supervisee that makes you think that it's not safe for them to continue practicing? As a supervising member, do you have a full account of all the clients that you're responsible for? What is your actual client volume? It's very important to be aware of how many clients you are responsible for. And do you have a plan for seamless continuing services? Should one or more of your supervisees be unable to continue providing services and following up on that, what is your transition or termination plan should you be unable to take on direct service provision for all of these clients? So whether you planned to do this or not, however much time you have to transition clients from your supervisee to your direct care, and perhaps to others. What is that plan? I'm going to move on to my next case study.

I know it's a lot to think about, so I'll try to slow down a little bit. So the case study next that I have is relating to issues where you would think about terminating a supervisor relationship, not because of any personal issues that your supervisee may have, but because of concerns you have about the supervisees professional misconduct in relation to client care. So a little bit of a different perspective.

So this scenario here is of a longstanding, trusted supervisee who is a member of the CRPO. And I've chosen that as you'll see a little bit further, because it's important in this scenario that your supervisee be regulated elsewhere. A client wrote to you at the end of a session indicating that she

was crying at the end of the session, and the supervisee hugged her and then kissed her on the mouth, and she no longer wants to continue in therapy with, with the supervisee.

As proof of her allegations, this client forwards you an email where the supervisee writes, I'm sorry about what happened. It was probably too much. It won't happen again.

You immediately raised this allegation with yourself supervisee. And he explains, and he says he hugged the client at the end of the session because she was crying and he recognized that he may not have obtained her consent to do so. He firmly denies having kissed the client.

He says the apology reference is only in reference to the hug. How do you proceed? So here are some options. One, you can tell the client that you have the utmost trust in your supervisee.

You believe he's learned his lesson and she can continue therapy with him. Option number two, given the alleged breach of boundaries and sexual abuse regarding this one client, take this client on directly. Option three, immediately reassign all the supervisees clients to another supervisee and reassess your supervisory relationship and learning plan.

Option four, terminate the supervisory relationship, report the allegations to the CRPO and take on all of the supervisees clients. Option five, terminate the supervisory relationship, take on all of the supervisee clients and make a self report to the CPO, this college. So as you think about these options, I mean, there are some things that I have added in the scenario that make it a little bit easier to maybe assess these options.

One, the documentary evidence of the email indicating that there was something that may have gone too far. The admission, helpfully, from the supervisee that you may not have obtained consent for the hug. But you can imagine that there are situations where you don't have that kind of information.

There is no documentary evidence to support anybody's version of events. There is no admission. But you still have this allegation.

What do you do? Well, going back to this option, because it is a little bit easier, let's discuss some of these options, and you'll see that I've identified item four as the most appropriate option given the information that I've set up. So that option is to terminate the supervisory relationship, the allegations to the CRPO, and take on all of the supervisees clients. Now, this is the option I've identified as most appropriate is because if you believe that the boundary violations at least, and or the sexual abuse occurred as alleged, it will not be appropriate for this supervisee to continue seeing this client and possibly any other clients at this time.

It may be that you consider that the supervisor relationship might be still solid with focused learning, but certainly not with this client and perhaps not with any clients, at least not at this time. Additionally, if you do have reasonable and probable grounds to believe that sexual abuse did occur, you may also have a mandatory duty to report the supervisee to the CRPO, who is the supervisee's regulator as well, even if you don't think that there's reasonable and probable grounds to support the allegation of sexual abuse. But you do believe that boundary violations occurred and you do limit the supervised ability to see your clients, or you terminate the supervisory relationship.

You may have a separate reporting requirement to the CRPO on that basis as well. So going through some of the other options, we can talk about what some of the issues or challenges might be with choosing one of those. The first option where you tell the client that you trust the supervisee and they're okay to continue with therapy, is likely inappropriate because you know at least that there were boundary issues and you have the admission that the hugging was without consent and it may be detrimental to the client to have her continue therapy with these boundary violations as they took, as they are alleged to have taken place.

Problems with option number two, take on the client directly, is that it doesn't address any possible concerns with other clients that the supervising might be safe. You've already identified, even if not sexual abuse, you've identified boundary violations definitely. And is it appropriate for the supervisee to be seeing any of your clients? Additionally, even if the supervisee were seeing your other clients, you would need to balance the conflict between seeing this client and continuing to supervise the individual who she alleges abused her and or breached her boundaries.

So you'd have to have a tricky balancing between your duty to the client and your supervisory role here. So that's also not an ideal option. Option number three, yes, you would need to reassess your supervisory relationship and learning plan.

But the problem is with the first part, and we've talked about this already, immediately reassigning all the supervisees clients to another supervisee, because you would need to do that with the informed consent of the clients if you haven't taken on those clients directly, and then finally terminating the supervisory relationship and making a self report to the CPO. This supervisee is not a member of this college, so a report needn't be made to this college. Any concern with respect to the supervising member? Maybe with respect to the adequacy of your supervision in this situation, but not with respect to the actual breach of boundaries or sexual abuse.

However, if a complaint were made to the college about the situation, the college would investigate the adequacy of the supervision and in addition, the client may be entitled to funding for therapy as a result. Some things to think about. Again, some takeaways from this scenario and the analysis thereof.

Are you familiar with reporting requirements, especially if you're supervising members of this college or another regulated health college? Are you familiar with the reporting requirements with respect to sexual abuse? With respect to termination for reasons of professional conduct and confidence or incapacity? Are you familiar with reporting requirements for other regulators, non health regulators, for example, the only of social workers and social service workers, they are not regulated by the RHPA, but by other legislation. Are you familiar with the RHPA definition of sexual abuse? So the RHPA has the specific definition of sexual abuse, which would include more than just frank acts of sexual conduct, but also things like kissing, hugging, which could be sexual nature, depending on the circumstances. It could include comments of a sexual nature.

So important to know, in conjunction with your reporting requirements, what needs to be reported and what's the definition of sexual abuse under the RHPA? Also important to consider non mandatory reporting. So if you have concerns that there was a breach of boundaries, would you consider making a non mandatory report to the CRPO in this situation or in others? And also, would you provide your client with information about the potential for funding from this college if they

allege sexual abuse, especially knowing that giving them this information may lead to them making a complaint about the adequacy of your supervision? So definitely a conflict there and something you'd have to consider and then balancing the duty to your clients and the supervisory relationships. When you get a negative report from a client, maybe not even boundaries or sexual abuse.

But if you get a negative report about a supervisee from a client, how do you treat that? And how do you navigate the two relationships that you have with your client and with your supervisee? Okay, I'm going to move into my final scenario that I set up, which is more of a list of talking points rather than a list of options. So here the scenario I set up is you're invited to supervise services at a private clinic. It's a small clinic, but it's run by a mix of psychotherapists, social workers and unregulated therapists.

You are intrigued, but given your presence here today, you are very interested in taking your role as supervisor seriously. So you schedule an exploratory meeting with the clinic owners and what are some of the things that you will need to learn before deciding whether to supervise at this clinic? So here is the list of options, and they include learning what the clinics areas of practice and client populations might be. How many clients do they have and is supervision required for all of them? What is the intake process like? What is the goal or purpose of supervision? How will your supervisory rule be communicated to clients? Where are the client records stored and who has access to them? What is the background, training and experience of all potential supervision, or all of the above and more? And I think hopefully by now you will know that the answer is the last one.

All of the above and more. We've discussed some of these several times, and I can give you a little bit of some anecdotes from how these come to the ICRC and what the risk elements are here. With respect to client populations and areas of practice, it's really important that you only supervise services that you're authorized to provide yourself.

So, for example, if you're not authorized to provide services to children, you may not supervise services that are provided to children. And I can tell you that the ICRC does see this not infrequently, that a complaint comes in about a service that was supervised if the member was not authorized to provide. So it does come up and it's important to verify that you are only supervising services that you yourself are authorized to provide.

What is the purpose of supervision? So what is the specific training and background of each supervisee that you are intending to supervise, and what are the specific learning goals? There would need to be a supervision agreement and plan in place for each supervisee, not generally for the clinic, which would be reviewed on a regular basis. Intake process also important to verify and arrange. Are you appropriately assessing the suitability for each client, of each client, for each supervisee.

So an example of this might be where you're providing quarterly supervision for the clinic. And this is, you know, not an ideal situation, but something that we see at the ICRC. And do you only find out about a new client after months of having that client being provided with services, and then you find out at a later time that perhaps this client has been provided with psychotherapy, perhaps by a person regulated, perhaps not.

What if this client has a conflict with somebody that you're seeing in your private practice? So all kinds of issues that can come up at intake if you are not certain who is being taken on as a client by your supervisee, and you're only finding out at a later time. So really important to have a timely view of who's being taken on and which supervisee is taking on which client, and also important as part of the intake process that if not all clients are supervised. And this goes back to what the purpose of supervision is.

It could be that the purpose of supervision is for a particular client population, that you are authorized for, that more training is requested. Sometimes the ICRC will see a setup where clients ask for supervision because they need the third party benefits, and that is not considered to be an appropriate reason for the supervision to be provided, and that would be part of ensuring the intake process is appropriate. Another consideration is how many clients you will be responsible for.

And this is also in combination. If you have your own private practice, how many clients you will be responsible for overall? And the questions you need to ask yourself are combined with your own clients. Are you able to provide direct service to all clients should one or more of the supervisees become unavailable? And then even if all the supervisees are available and everything runs smoothly, are you able to adequately supervise services for dozens or perhaps even hundreds of clients? Because we do see that from time to time and communication of the supervisory relationship.

Do clients understand that you were responsible for services and can they contact you at any time? Do they have your contact information? Again, at the ICRC, we can see sometimes clients who don't know who the supervisor is, sometimes don't know that the services are supervised and don't know who to contact if they have issues with supervisee. If a client calls you, will you recognize who they are and be able to address their questions or concerns? Again, something that we sometimes see at the ICRC. A client reaches out to a supervising member, and the supervising member says, I don't know who you are or you're not my client.

Again, very probably problematic. And then finally, are you identified as the psychological services provider in all public communications and advertisements? So in a situation like this, where it's a clinic outside of your own practice, how are they communicating the services that they are providing and how are they communicating your role? That is the supervising member's responsibility to ensure that psychological services are advertised in their name. Finally, client records.

Do you have access to and retain all client records and do you have adequate and appropriate supervision records? Documentation can be really important, especially at the ICRC stage when there's a complaint made about an adequacy of supervision. Having the documentation to indicate that supervision was applied, was applied appropriately is going to be very important. So some things to think about coming out of this scenario again, going back to the ultimate risk factor in supervision, is that when you are providing supervision, you may not be providing services directly to the client, but you are fully accountable for the services provided to that client.

This means that you need to know your supervisees well and trust their knowledge and judgment. You'll need to have a good understanding of the reason for supervision for each and every supervisee and your role as supervisor. There will be a need for frequent and substantive supervision meetings.

You'll need to be proactive about supervision rather than wait for the supervisee to bring issues to you or hear about them from the call. You'll need to have an excellent account of your client volume and a plan. Should you be required to provide direct services to some or all clients and know that you need to be accessible and responsive to all clients.

So I hope that wasn't too rushed. I think I've gone through a lot of material and I think I'm even early so I can take on some questions and then I will at some point include everybody else and we'll open up to questions for the entire group. I see a question has already come up.

Please give some examples of undertakings. There can be a huge range of undertakings. A lot of undertakings that we'll see are of coaching where there's a peer element to the remediation.

So the ICRC will ask that a member retain a coach to, with respect to supervision, at least review the supervision standards, make sure that their supervision is set up appropriately, that they're conducting it appropriately. It can be reflection on the particular case that came before the OICRC. There can be some study that's required so they can range that.

There can be a range of things. What is an example of non mandatory reporting? So the RHPA mandates certain reporting reports so sexual abuse that you learn of while you're providing services that needs to be reported, if you learn of potential sexual abuse when you're not providing psychological services, so you don't necessarily have a mandatory duty to report, you might consider whether you still believe it's your ethical duty or that you think it's in the public interest to make that report even though it's not mandatory. That's, that would be an example of non mandatory reporting.

In case number two, with the sectional misconduct of the supervisee with the client, how should this be documented in the client file? Probably the more documentation the better, especially if this is going to come to a complete. So I think if the client is alleging this, it would be important that it appear in the client file because it's going to impact how you treat the client and the treatment of that client going forward. It should probably also be in the supervision documentation because you're going to need to address it in supervision as well.

Thank you for the compliment. About the presentation for case study number two, if the therapist was a female, would the situation be treated the same and considered sexual abuse? Yes, it would be. Okay.

I don't see anything popping up immediately, so I'm thinking I will. I don't know what the mechanism here is exactly. I'm sorry, but I'm going to turn it back over to the group so that we can all receive and answer some questions.

Okay, this one looks like it was directed to me. Can a supervisor delegate communication of a diagnosis to a master's level supervisee when they're in their years of work experience? The answer will be different depending on whether or not this master's level supervisee is yet a member of the

college in fulfilling the requirements to become a member of the profession or not. If they are a member under supervised practice, the supervisee can communicate the diagnosis under the supervision of the supervisor.

But if they're not yet a member, then the communication has to come directly from the supervisor in real time. Next question is, with the addition of applied Aba applied behavior analysis analysts in Ontario to the college, what are the specific requirements for supervision of BCBAs? That is a fabulous question and I hope we can answer it shortly. But that's part of the, the enormous amount of work that's being done right now to get ready for regulation of the behavior analyst and we don't have a clear answer yet.

Stay tuned. I'll just. If they're not directed to anybody, I'm happy to just read these questions out and then between the four of us, we can figure out who the best person to answer is.

What are the particular considerations with supervising related to. Pardon me? What are the particular considerations with supervising related professional trainee, such as a registered psychotherapist? So that's a really broad question. It's a good broad question.

And we do have. We laid out very specifically in section four of the standards. There is a section there, and also in our faq, which is on the website, but it's very close to, I mean, it's, you know, a registered psychotherapist is a non member of the college.

And I think that the only, you know, different. The only significant difference there would be between supervising a registered psychotherapist and somebody who's not registered anywhere really falls around the controlled act. So if this is a registered psychotherapist, regardless of whether they're fully autonomous or they're in what's called colloquially as an RPQ, qualifying.

There may be an ability to supervise them in the performance of the controlled act, but not if they're not already registered with the college. I think that's the biggest one. But certainly if you have a look at section four and that specific section of the standards and the faqs, if there are any outstanding issues or questions, please get in touch with us and we'll be able to provide more information.

If I could just jump in on the last question. I don't know if it's possible to go back to it so I could see it again. But one thing to consider if supervising somebody who's registered with another college is what is the purpose of that supervision? What is the goal and the plan for that supervision? So that you don't get into the trap of justifying that it's not, not just for insurance benefits, it's going to be really important if they are autonomously able to provide the service that you're supervising.

What it is exactly that you're supervising and what are the goals and what's the plan? Yeah, that's a great addition to that answer. Thank you. Okay.

Whoops. There was one there and it disappeared. I saw that question, Barry, and I could answer that one.

Okay. Please. Thanks.

Sure. The question was, if a supervisor has to take, I think it was a sick leave, it said, or something like that, would the college assist the candidate in finding a supervisor? So technically, no, that college doesn't get involved with helping to. For new registrants to secure supervisors.

But we do have some resources if they're really struggling, for example, if there's no one at their work site, or they're just having a hard time. So we could assist with the searching the public register of members, showing them how to do that. Yeah.

But ultimately, it is the responsibility of the candidate to secure their own supervision. So the next question is for me, can you take a minute to give your answer to the scenario? That's the scenario I didn't have enough time to get into. I'm very happy to take a couple of minutes to do that.

I don't know, Mike, who's in the background, whether or not the end of my presentation can be put up, put back up on the screen, because there are a bunch of charts that go with it. I'll wait for an answer for Mike, and then if. Ah, thank you.

Okay, so let me just go back, folks. Okay, so here's the scenario. You notice supervisee has been wearing a new Rolex, which you know is worth many thousands of dollars.

You compliment them, and then they tell you it was a holiday gift from a wealthy client. As a good supervisor, you review the standard, the relevant standard, which is that members must know, not accept a gift of more than token value from a client. Clearly, I think in most people's eyes, that would be of more than a token value, regardless of how wealthy the client might be.

In accepting even a small gift, members must carefully consider the potential clinical implications of this. So even after you've had a fulsome discussion of the clinical importance of protecting professional boundaries, avoiding a potential conflict of interest, the supervisee refuses to return the watch. And for the purposes of the discussion, you've tried everything, and they're just really not moving on this.

They're saying that no matter how well they could explain this to the client, it would offend the client, and that would risk disrupting a productive therapeutic alliance with a highly vulnerable client. So there are many different ideas. And the way that I structured this scenario is that there are many.

I mean, you could probably come up with more than the four choices that I've put down here, and perhaps, or even likely, better choices than what I put down here. But for the sake of looking at how to approach something like this, I've given you a few options. Except that the supervisee may be correct about risking the therapeutic alliance and just let the issue go.

Don't do anything. B, tell the supervisee that unless they either comply with your direct. I've got a typo here.

Sorry. Unless they comply with your direction, you will no longer be willing to supervise them. Now assume you know, for the sake of this scenario, that you've really everything, and you're just stuck.

Reassess the supervisees knowledge and skill with a view to reviewing all of their existing cases and using that information to determine whether any other boundary problems are, or apparent conflict with interest are occurring. Or contact the client yourself and advise them that your supervisee

cannot accept this gift and take whatever steps are possible for you to arrange for the supervisee to return it. Now, you know, admittedly, that's quite a heavy handed thing to do, but assuming that you really have tried everything you can, would you consider doing that? So let's look at the rules very quickly.

The professional misconduct regulation spells out, you know, various acts. The first of like 1.2 is basically, you know, a coverall, failing to maintain the standards of profession.

So let's look at the standard, the standard standards of the profession in a minute. But under the professional misconduct regulation, failing to supervise adequately, somebody under a supervisor's responsibility is professional misconduct. If you decided to take away the case, or maybe even all of the cases of the supervisee, depending on how well or not well it goes, you have to make sure that you can arrange for continuity of service.

So you need to look at all the things you would have to do as the person whose client it is. And generally speaking, what it means is making reasonable efforts to arrange alternative services, which could include providing the service yourself or giving the client a reasonable opportunity to arrange an alternative service. Providing a service that the member knows or ought to know is not likely to benefit the client.

And you might decide that in a case like this, depending on what's going on, if the supervisee is really, you know, unaware of the, you know, the potentially problematic dynamics it might, the continued service under that person might not be benefiting the client. And allowing that to happen under your watch is a problem. And practicing the profession while the members in a conflict of interest, you know, note the members, the supervisor is not in a conflict of interest.

They're not the one who's gaining a significant material benefit. But the supervisee has to adhere to that standard under your watch. Under the standards of professional conduct, all supervisors have to assess the knowledge, skills and competence.

And this might be a signal that the knowledge, skills and competence are not where they need to be. It's individual supervision agreement. Most people already know that.

And the thing within that agreement is confirmation that the supervisee will comply with all of the requirements, including the requirements under the standards. And unrelated to that, the supervising member must have, must make best efforts to ensure that the supervisory relationship is conducive to the professional development and in the best interest of the supervisee. So that can go either way, you know, it may be conducive to their professional development to stop and say, you know, maybe you're not ready to continue with this case and we need to do some work and so on.

So let's go a little further and look at a chart. Now I used a similar chart, last barber wand, or maybe even the one before that, but just as a structured way of trying to add a little bit of objectivity to how you make these decisions. And clearly, you know, red is a bad color and green is a good color.

So except that the supervisor may be correct and let the issue go in terms of the likelihood and severity of that being a problem. I think that clearly. I think that clearly maybe others will have a difference of opinion and you're entitled to have that.

And these kind of arguments can be really interesting, but I think most people, or many people anyway, would be of the view that it's possibly a serious problem and it would be an unacceptable risk. You may not have adequately addressed, assessed the knowledge, skills and competence of the person. You may have allowed provision of a service that you know or ought to have known was not likely to benefit the client.

It's probable that you will have failed to maintain the standards of profession and failed to supervise adequately. So that's in my view anyway, not a great option because it's all in the red. Tell the supervisee that unless they're willing to either comply with your direction, that you'll no longer be willing to supervise them.

You know, that's all over this chart and you know, there would largely, you know, obviously it's a very limited fact scenario and it can go all kinds of different directions. But if you did end up doing that, it might be an acceptable risk and unlikely to cause any real harm because it may mean that you are supervising adequately. You won't be accused of failing to supervise adequately under your professional responsibility.

It might be a tolerable risk and there may be possible harm in terms of, you know, the requirement to ensure that the relationship is conducive to their professional development in the best interests of their, of the supervisee. That's where it really largely depends how you handle it. In the, in the red zone, the unacceptable, you know, zone, where it's possible there could be a problem if the clients lose service because you abruptly discontinue the therapy relationship, that could be a problem, but as we looked at before, that could be handled.

Reassess the person's knowledge and skill, I don't think that's ever going to be a problem. You'll never be accused of failing to supervise adequately. You'll never be accused of having failed to assess the person's knowledge, skill and judgment.

That's a fairly safe thing. And I should have mentioned before that these are not mutually exclusive options. You can combine them to, and you could contact the member, the client yourself, you know, it in terms of, you know, confirming that the service is offered under your supervision.

Vision are within, you know, are not contrary to the standards. I think it's an acceptable risk and it's unlikely to cause much harm. Again, depending on how you do it.

Hopefully it'll be done with sensitivity and discretion and tact and so on, and it would be a tolerable risk. And it could, you know, it could possibly cause problems, you know, depending on the delivery of the message that, you know, best, best efforts are, aren't being made to ensure that it's conducive to the person's development in the best interests of the supervisee. So that's the very quick tour through that and I'm not going to take any more time with that, but I'm very happy to answer follow up questions offline.

So next question comes. Sorry to re ask a question still not entirely clear. If a master's student has completed the JEE and the EPPP, but are still accumulating their 4 hours of full time experience, can they communicate a diagnosis? I'm going to assume that they're not a member yet.

And if they're not a member, they cannot. Lasha, please correct me if I've left anything out because I think that's more your area than mine. Yeah, they cannot.

It would depend. It says that they're under supervision still. So the question implies that, you know, they're en route to registration and they may be under supervision of a member.

So I think with the standards of professional conduct, there is a clause there for the controlled acts and whether they may communicate, it would be up to the supervisor's discretion. The big division is, are they yet a member under supervised practice or not? Yeah. Next question.

Excuse me. In response to working remotely in terms of supervision meetings in reference for supervision taking place in a completely virtual process practice, what is your suggestion for meaningless supervisees? So, I mean, my own view is that the physically, the further you get away from those in person cues you get in a room with a person around body language and the things you can't see in, you know, from the shoulders up, it's always, I think, awesome to have it take place in person in the same room. But if it can't, I guess, you know, try and gather as much information as you can.

It's not prohibited, it's not forbidden, but just be aware that you may have to work extra hard at, you know, gleaning the information you might otherwise get through body language and other nonverbal information you get when you're in person. Anybody have anything else to add to that? Well, I think, and I mentioned this earlier too, as much as possible for the supervised practice requirements to have them be in real time so that, you know, it's not primarily, you know, emails and phone calls, but actually face to face individual supervision meetings. And please don't take what I said before to mean that you should never do this virtually.

I mean, virtual. We've all learned that there's a lot of value to virtual services when they're needed. Next.

Is there a next question, Stephanie? Ah, this one's a good lasher question. I think it isn't. That's a very interesting question.

So is it the supervisor's job to find another supervised practice officer opportunity for the supervisee should the current relationship be terminated? No, I don't believe it is the supervisor's job to do that. I don't think it prohibits the supervisor from offering any assistance, but it's certainly not a college requirement. Anybody else have anything to offer there? I guess from the ICRC perspective, if it did come as a complaint, it's not clear what the reason for the termination is.

Is it an appropriate termination? Is the termination perhaps not appropriate? Is the result of an adequate supervisory relationship or not? So it might depend on what led out to the termination? That's true. Next question. In the case of an autonomous practice psychologist or Pa, who is supervised in a new practice area.

So that's one good reason for somebody who's already a full member to be supervised. Can you clarify if the supervisor is responsible, responsible for billing or the ones on the receipts? Thanks in advance. If they are an autonomous practice, if they have an autonomous practice certificate, they are permitted to do the billing and issuance of receipts.

So, you know, the idea is that they're already full membered, they're accountable to the public through the college. It's fine for them to handle the billing. Next one is a good lasher question.

Sorry, can I just jump into the last one again? I just want to clarify whether the supervision is being provided for this area where this autonomous practice member is not otherwise authorized. So if this is billing for a service that they are providing under supervision, then I believe that the supervisor's name would need to be on the bill because the supervisor is responsible for that service. It's a really good point, and there was a lot of debate about that.

I guess it was pre 2017, to the best of my knowledge, and I'm always open to being wrong, but to the best of my knowledge, it's actually not required. But you and I, Zimmer, you and I can do this offline and we can provide some information later. Sounds good.

Through, maybe through headlines or something. Okay. Barry, did you want me to take the next question, please? Yes.

Yeah. Okay. The next question is, what happens if a supervisee is unable to pass the exams and has exhausted all attempts? So fortunately, that doesn't happen very often, but there are a limited number of attempts permitted at the college's exam.

So top, if a supervisor. Sorry. If a supervisee has not been able to pass either the EPPP, the JEE, or the oral exam, then the reg and has exhausted all attempts, then the registrar will propose to refuse that person's application and refer them on to the registrar registration committee, who will take a closer look at the situation, and certainly that that supervisee will be invited to make a submission to the registration committee for them to consider whether there are any issues that might have occurred during.

During that time that they need to consider. Well, I think I can take the next question as well. Everybody's okay with that.

So if you're on leave of absence from supervised practice, can you still write the exams during your leave? Yes, absolutely, you can. That's kind of the nice thing about that, is that, you know, you may be on a parental leave, so you're not technically on your supervised practice anymore. You may be on a sick leave or anything like that, where certificate for supervised practice has been temporarily suspended, but you're still given permission to do the EPPP or the JEe if you'd like.

You're also still given permission to finish up any training plans that you might have, if that's the case for you. So it's quite flexible in that way. If a hospital is based, if a on hospital based supervising psychologist leaves their position, who retains the supervision records? The psychologist or the institution or training committee? That's a very good question, and I'm happy to give it a shot.

Tony, I don't know whether or not your audio has been fixed, but I can. Oh, no. Can't hear you.

It's a problem with Tony's audio for some reason. So I'll give it a shot. The issue is, who is the health information custodian? And in a hospital, it's generally the.

Whoever's in charge of the hospital is formally the health information custodian. So the hospital retains the records. I suppose there may be some possible exceptions.

If there was an agreement that the psychologist is the health information custodian, and everybody involved knew that, including the client, but strictly speaking, it's the hospital, and they would retain the records. And interestingly, we've heard of situations in which the psychologist is the only one left in the hospital, and then what happens? And those records still belong to the health information custodian. Okay, there's another question here, but it is outside the frame, and I can't read it all.

I understand from Stephanie that there's a huge number of questions, so we're not going to get to all of them today, and we will commit to sending responses to everybody who asks the questions. So I think in the interest of time, just because I can't read the beginning of the question on the screen. Let me just see if I can shift something.

No, nothing shifts here. Maybe we should skip this one and we will definitely answer it. Ah.

Okay. Steph. Oops.

Stephanie gave me the first few lines, but the question is gone now. Here's the next one. Does the college rely on any of the guidelines around supervision developed by OPA in understanding the adequacy of supervision? Formally speaking, we do not.

The college doesn't rely on it. We have a lot of respect for what the various organization professional associations say, and we encourage members to look at what they say. But formally speaking, no, we don't.

Can you hear me now? Yes. Welcome for technology. I think the other point, too, Barry, around the OPA sort of best practices, is that, of course, as you mentioned, Barry very much appreciate the expertise of OPA.

We're really also looking at minimum standard, so we rely on the standard of care. OPA might be talking about best practices, which might be very good for the client and for the supervisee, but certainly for us, we rely on the minimum standard, standard as the appropriate standard of care. But certainly, you know, the work of the OPA is quite important for clinical practice as well.

Okay. The audio is not perfect. I don't know if it was garbled for everybody else, but.

Okay, great. So it's just my computer. I'm going to take this, the one on the screen, as the last one, just because we're just about at 04:00.

And what is the difference between consultation and supervision. So if you look at the back, if you, after the presentation, go back to the standards of. They are defined there.

Excuse me. The key difference, or the key differences are that in consultation, and you should have a clear contract with whoever you're consulting with, it should be very clear that the consultant is not clinically responsible for the care, that the consultant is free to disregard the advice. You know, our members are still accountable for giving good advice, but they're not accountable for the actual casework.

In supervision, the supervisee is bound to follow the direction of the supervisor. They are responsible for the clinical outcome, and that's not the case with consultation. So it's 1 minute to four, and, you know, we're going to let everybody go that has other places to go.

I wanted to thank all of my colleagues here for taking time out of incredibly busy schedules, and, you know, they're all working very hard for putting the information together. I want to thank all of the attendees for taking time out of their busy days, and we hope that it was helpful. A big thanks to the people behind the scene.

Stephanie Morton, who, you know, this wouldn't happen without her, and Caitlin, who provides an enormous amount of help to us and also to the, you know, all of the other staff that we don't have time to mention for helping, you know, put together the stats and all the that they provide. We wouldn't be able to do our jobs without them. The other thing to let you know is that evaluation surveys, if they're not in your inbox, already, will be there momentarily.

And we really do want you to fill them out. We do review them and use them to improve what we do and decide what to talk about next. So it's 04:00 thank you all, and we'll see you, if not sooner, at the next.