

Ontario Psychological Association

**OPA SELF-ASSESSMENT
TOOL FOR BEST PRACTICES
IN CLINICAL SUPERVISION**

In collaboration with OAPA



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ONTARIO
PSYCHOLOGICAL
ASSOCIATION



OPA SELF-ASSESSMENT TOOL FOR BEST PRACTICES IN CLINICAL SUPERVISION

For the purpose of this document the term *Psychologist* is inclusive of both *Psychologists* and *Psychological Associates*

Consultation

Items	Yes/No	Action Steps before next review
<p>1. I am aware that consultation is distinct from supervision:</p> <p>Supervision: <i>I have both the authority over the work being done and responsibility (ethical and legal) for client care through the supervisee.</i></p> <p>Consultation: <i>In providing consultation to another health care professional, they are not obliged to follow my advice nor can I be held responsible for the outcome. I am not in a position of authority over another when providing a consultation.</i></p>		

Ethical/Legal Considerations

Items	Yes/No	Action Steps before next review
1. I have read the Supervision Resource Manual, 2 nd Edition, March 2009 published by the CPO.		
2. I have read the Ethical Guidelines for Supervision in Psychology (CPA, 2009).		
3. I provide supervision appropriate to the knowledge, skills and competence of the supervisee.		
<p>4. I ensure clients are informed:</p> <p>a. Of the professional status and qualifications a that all services are reviewed with and conduct under my supervision</p>		

<p>b. Of my identity and how they can contact me</p> <p>c. That a meeting can be arranged at their request the request of the supervisee</p> <p>d. Regarding confidentiality (i.e., that I will have access to all relevant, confidential information about them in order to provide adequate supervision)</p>		
<p>5. I ensure clients provide informed consent and are aware of not only therapeutic procedures, but also supervision procedures (e.g., whether sessions will be taped or observed, who will be involved in supervision, how intrusive supervision will be, and so on).</p>		
<p>6. I not only ensure informed consent for clients but also have an informed consent process for supervisees regarding their supervision (to be included in the supervision contract that is also discussed and negotiated).</p>		
<p>7. I am aware that my name, clearly identifying me as the supervisor and my contact information, must be clearly identified on all reports and formal correspondence.</p>		
<p>8. I am aware that I must countersign all written reports and formal correspondence prepared by non-regulated providers under my supervision.</p>		
<p>9. I assume full professional responsibility for all clients seen by my supervisee.</p>		
<p>10. I am aware that I have direct liability for providing adequate supervision, and vicarious liability for acts and omissions of supervisees.</p>		
<p>11. I am prepared to take appropriate action if: A supervisee is impaired, sexually attracted to a client and/or if there is a life in danger.</p>		
<p>12. It is my responsibility as supervisor to fully integrate legal and ethical issues into supervision as appropriate and relevant to cases and setting of services.</p>		
<p>13. I am aware that as a supervisor I should develop supervision-specific competence and receive formal preparation in this domain (e.g., becoming knowledgeable about supervision theory and research, receive supervision of initial supervisory experiences).</p>		
<p>14. If I am providing supervision for any other Allied Mental Health professionals (e.g., CRPO, RMFT) I am fully aware of the competency requirements for licensing for that professional.</p>		

Supervision Documentation

Items	Yes/No	Action Steps before next review
<p>1. My supervisory relationship always begins with me providing clear information regarding the expectations and parameters of supervision, communicated both verbally and in the form of a written contract (Bernard & Goodyear, 2014; Osborn & Davis, 2009; Thomas, 2007, 2010).</p>		
<p>2. My supervision contract (verbal or written) includes at a minimum (Best practices is moving towards using a written contract - as per APA, 2014):</p> <ul style="list-style-type: none"> a. Content, method, context of supervision (e.g., logistics, roles, and processes) b. Highest duties of the supervisor: protection of the clients(s) and gatekeeping for the profession c. Criteria for successful completion and processes of evaluation with sample evaluation/competency instruments d. Processes and procedures when the supervisee does not meet performance criteria or reference to such if they exist in other documents e. Expectations of supervisee's preparation for supervision sessions (e.g., video review, case notes, agenda preparation) f. Expectations for supervisee preparation for supervision sessions and informing supervisor of clinical work and risk situations g. Limits of confidentiality of supervisee disclosures, behaviour necessary to meet ethical and legal requirements for client protection, and methods of communicating with training programs regarding supervisee performance h. Expectations for supervisee disclosures including personal factors and emotional reactivity i. Legal and ethical parameters and compliance, such as informed consent, multiple relationships, limits of confidentiality, duty to protect and warn, and emergency situation procedures 		

<p>j. Processes for ethical problem-solving in the case of ethical dilemmas (e.g., boundaries, multiple relationships)</p>		
<p>3. My orientation to supervision also includes information such as:</p> <p>a. My theoretical approach to clinical services</p> <p>b. Type of documentation required for supervision by supervisor and supervisee</p>		
<p>4. As a follow-up to my contract, I convey the value of the points in the supervision contract through conversations with supervisees, modifying the understanding over time as warranted by the goals of supervision change (APA, 2014).</p>		
<p>5. I maintain clear and detailed supervision session notes (e.g. interventions undertaken, report deadlines, expectations discussed)</p> <p>a. I have awareness that clear and accurate records of supervision may be the only evidence of my action in a time of trouble (i.e., substantiate claims, protect against false claims)</p> <p>b. I have awareness that lack of well-documented action or poor documentation can lead to “finger pointing” and increase the supervisor’s vulnerability to the consequences of the supervisee’s actions.</p>		
<p>6. I maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development (APA, 2007, Falvey & Cohen, 2004; Luepker, 2012; Thomas, 2010; APA, 2014).</p>		
<p>7. I ensure that my name as the supervisor is clearly identified as supervising psychologist, along with my contact information, are clearly identified on all psychological reports and formal correspondence related to psychological services. I co-sign all psychological reports and formal correspondence related to psychological services prepared by supervisees. (CPO Standards of Professional Conduct, September 1, 2005).</p>		
<p>8. All billing and payments for services are in my name as the supervising member or in the name of the psychology professional corporation or employer (CPO Standards of Professional Conduct, September 1, 2005).</p>		

9. I am aware that I am responsible to ensure that all CPO guidelines are followed by my supervisee with respect to records and record keeping (CPO Standards of Professional Conduct, September 1, 2005).		
10. As a supervisor I am aware that my supervisory role incorporates both oversight of patient care and co-sign at the level of training required, regardless of supervisee's level of training, credentials or professional designation.		

Supervisory Relationship / Supervisory Working Alliance

Items	Yes/No	Competence Rating 1 -2 -3 -4- 5 Low-----high	Action Required (Yes/No) Comments
1. I am aware that the quality of the supervisory relationship is: <ul style="list-style-type: none"> a. essential to effective clinical supervision (e.g., Bernard & Goodyear, 2014; Falender & Shafranske, 2004; Holloway, 1995; O'Donovan, Halford, & Walters, 2011) b. associated with more effective evaluation (Lehrman-Waterman, & Ladany, 2001) c. associated with satisfaction in supervision (Ladany, Ellis, & Friedlander, 1999) d. associated with supervisee self-disclosure of personal and professional reactions, which are essential pieces of information to mitigate professional and legal liability issues and also provide appropriate supervision that is timely and relevant for the supervisee and the client (Falender & Shafranske, 2004; Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999) 			
2. I understand that I am responsible as a supervisor for properly addressing issues related to the power differential and ensuring this is discussed and managed collaboratively with supervisees to address power issues (Porter & Vasquez, 1997).			
3. I initiate collaborative discussion regarding expectations, goals, and tasks of supervision.			

<p>4. I initiate discussions about differences, including values, beliefs, biases, and characteristic interpersonal styles that may affect the supervisory relationship and process.</p>			
<p>5. I am comfortable and able to initiate discussions with supervisees about the impact of differences in gender, sexual orientation, (dis)ability, socioeconomic status culture, race or ethnicity between myself and my supervisees on the supervisory relationship.</p>			
<p>6. I have completed readings on dealing with difficulties/challenges in the supervisory relationship (e.g., Bernard & Goodyear, 2014, Chapters 3 & 4), such as resistance, attachment issues, creating a “shame-free learning milieu (e.g., Bridges, 1999), effects of anxiety on supervisee learning and performance, quality of engagement with the supervisor, and so on.</p>			
<p>7. I model and teach professionalism in my own conduct and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism in supervision (APA, 2014).</p>			
<p>8. I have read and understand the Ethical Guidelines for Supervision in Psychology (CPA, 2009) and have considered how the four ethical principles contained in the Canadian Code of Ethics (i.e., respect for the dignity of persons, responsible caring, integrity in relationships, and responsibility to society) apply to the supervisory relationship.</p>			
<p>9. I have read recent research on inadequate and harmful supervision to enhance my awareness of potential blindspots (e.g., Workthen & McNeill, 1996; Kozłowska, Nunn, & Cousins, 1997; Wulf & Nelson, 2000; Nelson & Friedlander, 2001; Ellis, Berger, Hanus, Ayala, Swords, & Siembor, 2013; For a review, see Bernard & Goodyear, 2014 – p. 76).</p>			
<p>10. I consider my strengths in my clinical work with clients in developing a strong</p>			

therapeutic alliance and endeavor to apply these to the supervisory relationship (without pathologizing my supervisee or treating them like a client).			
<p>11.I maintain appropriate boundaries with my supervisees, avoid multiple relationships when possible, and, in particular, abstain from incompatible multiple relationships that conflict, have the potential to result in exploitation, or may potentially appear as exploitative [e.g., any sexualized comments or behaviour; supervising spouses, relatives, friends, prior clients, employers, or anyone with whom you cannot be fully honest with your observations, directions or evaluations].</p> <p>I am aware that incompatible multiple relationships constitute a boundary bend which could compromise my objective position as supervisor and therefore potentially endanger client welfare.</p>			
12.I proactively anticipate potential boundary blends (compatible multiple relationships such as teacher/supervisor, co-investigator and supervisor, employer and supervisee) and discuss these with supervisees well in advance.			
13.I create a safe learning environment that permits discussion of boundary issues with supervisees, including times clients may cross or attempt to cross boundaries so they can be dealt with thoughtfully and become part of their learning process.			

Evaluation of Supervisees

Items	Yes/No	Competence Rating 1 -2 -3 -4- 5 Low-----high	Action Required (Yes/No) Comments
1. When providing feedback to supervisees I am aware that I must make every effort to: a. Link feedback to developmental goals			

<ul style="list-style-type: none"> b. Make recommendations regarding specific behavioural changes c. Highlight areas for improvement d. Clarify actions to be taken e. Focus on improvements f. Create an atmosphere of cooperation g. Instill a trusting relationship h. Improve supervisee's self-confidence 			
2. I agree that supervisees should be given the opportunity to disagree with their evaluation and to provide feedback to the supervisor.			
3. I am aware that I must provide two types of feedback to supervisees: <ul style="list-style-type: none"> a. Formative Feedback (i.e., regular feedback, during every supervision session to foster development); b. Summative Feedback (i.e., feedback that focuses on outcomes and attaining a required standard of competence based in part on the learning objectives identified at the start of supervision contract). 			
4. As a supervisor, I am aware of the importance of timely, constructive, and developmentally appropriate feedback (e.g., verbally, in writing, formal evaluations) that is ideally offered to provide the supervisee with an opportunity to demonstrate their integration of this feedback and their skill development. This feedback again is ideally offered in an ongoing manner prior to any formal/written evaluations.			

Models of Supervision

Items	Yes/No	Competence Rating 1 -2 -3 -4- 5 Low-----high	Action Required (Yes/No) Comments
1. My model of supervision is based on best practices and fits the setting and developmental level of my supervisees.			
2. I am cognizant of the factors that influence my choice of supervision model and act accordingly.			

3. I am able to articulate my model of supervision and communicate this to the supervisee early on in the working relationship.			

Techniques of Supervision

Items	Yes/No	Competence rating 1 -2 -3 -4- 5 Low-----high	Action Required (Yes/No) Comments
1. I am aware of factors that enhance supervision, such as format (e.g. Individual, Group, Team, Peer) and their pros and cons.			
2. I am aware of and understand the various methods case presentation, case conceptualization, written activities, audio-taping, videotaping, interactive live supervision, role plays, and co-therapy of supervision.			
3. I take into consideration how best to utilize various formats of supervision within the parameters of my supervisory practice and the supervisee's developmental stage in their clinical work.			

Crisis Intervention

Items	Yes/No	Competence Rating 1 -2 -3 -4- 5 Low-----high	Action Required (Yes/No) Comments
1. When a supervisee begins their service I am aware that I am responsible for informing them of the institutional practices to address a mental health crisis and the expectations of who to inform (i.e., if not assigned supervisor then the designated back up), when to inform (i.e., as soon as is reasonably possible), and how to document (i.e., identifying safety plan, resources, protective factors, summary of plan for client and ongoing care).			

2. In supporting efforts to develop appropriate self-care I provide education, support, and necessary resources.			
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