

# OPA BEST PRACTICES FOR SUPERVISION OF REGISTERED MEMBERS OF OTHER COLLEGES AUTHORIZED IN THE CONTROLLED ACT OF PSYCHOTHERAPY

*These Guidelines are founded upon the Standards of Practice of the College of Psychologists of Ontario (CPO). As such, they are based upon the reality that supervising psychologists have full responsibility for the care of the client. The Ontario Psychological Association (OPA) recognizes that supervision must provide meaningful, responsible oversight over every client in the care of a supervising member of CPO. Responsible oversight protects the reputation of clinical supervision as a meaningful way of ensuring enhanced client safety, and ensures the best probability of a positive outcome for treatment. If all supervisors adhere to these guidelines, supervision will be seen as a benefit to the client and to any third-party payors.*

*While training needs can easily be met through this supervision, the emphasis in this document is on the provision of oversight of registered members of other professions as they perform the Controlled Act of Psychotherapy (CAP). As such, this document is distinct from, and supplements, the following, which focus on prospective CPO registrants:*

- *CPO Guidelines for Supervised Practice*
- *OPA Bill of Rights for Supervisees*
- *OPA Guidelines for Supervisee Responsibilities*
- *OPA Guidelines: Supervision of Masters Graduates Preparing to Register as Psychological Associates*
- *OPA Self-Assessment Tool for Best Practices in Supervision*

*In this document, a “MAC” (Member of Another College) refers to a member of one of the five other colleges who is authorized to conduct the CAP.*

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## 1) Nature of the Supervisory Relationship

Any clinical work carried out by non-members under the supervision of members of the College of Psychologists is, by definition, a psychological service. Many members of the College supervise the psychological work of Members of Another College (MACs) who are not planning to become members of the College of Psychologists. Supervisees covered by this section include members of the colleges below who are independently authorized to conduct the controlled act of psychotherapy. Please note this group does NOT include students and others who are not yet recognized as members of their colleges. These colleges include:

- The Ontario College of Social Workers and Social Services Workers
  - The College of Nurses of Ontario
  - The College of Occupational Therapists of Ontario
  - The College of Physicians and Surgeons of Ontario
  - The College of Registered Psychotherapists of Ontario
- There are a number of occasions where MACs may receive clinical oversight and supervision of a member of the College of Psychologists. Supervision of MACs is indicated in a number of situations including: a need to incorporate ongoing diagnostic evaluation and monitoring; a need for ongoing modification of the psychological interventions used; a need to have opportunities for direct intervention by the psychologist when indicated; etc.
  - The supervising member assumes direct professional responsibility for all the work of the supervisee, which, by virtue of the supervisory relationship, becomes the delivery of psychological services. Thus, the supervisee must comply with the same laws, regulations and standards of practice which govern the supervisor, and it is the supervisor's responsibility to ensure that they do so.
  - The supervising member cannot delegate the supervision to another individual. Supervision may be transferred to another member of CPO. In the event of the supervisor's temporary absence, the supervisor may appoint another psychologist as a consultant, but ultimate responsibility would remain with the supervising psychologist until such time as a new supervisory contract is completed.
  - The supervisor ensures that the supervisee does not engage in activities which the supervisor is not competent to perform themselves. For example, if a clinical psychologist hires a registered psychotherapist (RP) who has previous extensive experience working in correctional facilities, the supervisor nonetheless needs to ensure that the RP's work remains within the boundaries of clinical psychology and that neither of them strays into forensic/correctional psychology. Supervisees must be aware that, although their own College may not draw such distinctions, they will be bound by the supervisor's authorized areas of practice (clinical, rehabilitation, neuropsychology, etc) and authorized populations (child, family, seniors, etc).
  - In cases where the work takes place in a private practice, it will likely be the supervisor who is responsible for paying the supervisee. This does not blur the lines of authority; if anything, it reinforces the supervisor's role as the person in charge of professional activities. However, members of CPO should not act as supervisor over their own employer

or other person with authority over the supervisor, as this dual relationship could limit the supervisor's ability to direct the behaviour of the supervisee. For example, the psychologist should not be providing supervision to an RP who is also the psychologist's employer, or who holds other authority over the psychologist.

## 2) Supervision vs. Consultation

The member should differentiate clearly between situations in which they are providing supervision and situations in which they are offering consultation. Supervision implies an ongoing, evaluative, hierarchical relationship with an explicit contract specifying the goal and term of the relationship. In the supervisory relationship the supervisor is ethically responsible and accountable to the College of Psychologists for advice given and records kept, and for ensuring that psychological services resulting from that relationship are delivered competently. The client is considered to be the client of the supervisor. The supervisor has authority over the supervisee, who is obligated to follow the supervisor's advice.

Consultation occurs between professionals of relatively equal power and authority; that is, the consultant has no power over the actions of the consultee. It is typically based on a limited amount of information voluntarily supplied by the consultee. The consultant offers a point of view that is not binding with respect to the subsequent professional behavior of the consultee. The client is considered to be the client of the person seeking consultation, and the service would be a psychological service only if the consultee is a member of CPO. The person offering consultation has no authority over the actions of the consultee, who is not obligated to follow the advice offered.

Notwithstanding this distinction, members should be aware that in all circumstances they are accountable for providing competent advice relevant to psychological services.

## 3) Specific Responsibilities of the Supervisor

- Members of the College of Psychologists providing supervision to MACs assume professional responsibility for psychological services provided by the MAC. The supervising member must have adequate training, knowledge and skill in the provision of the services for which they are offering supervision. For example, even if the supervised MAC is an expert couples' therapist, the member must not undertake to provide supervision of couples' therapy unless they themselves are authorized to provide couples therapy. In addition, the supervisor must provide supervision appropriate to the level of knowledge, skills and competence of the supervised MAC.
- It is the responsibility of the supervisor to ensure that the supervised MAC is adequately trained to provide the psychological services for which supervision is being sought. This includes ensuring that the supervised MAC is knowledgeable about and adheres to the legislation and standards of practice pertaining to psychology. In particular, the supervising member must be the one to perform the controlled act of communicating a diagnosis, unless the supervisee has lawful access to that controlled act.
- The designation or title of the supervised MAC must be appropriate to their role and not misleading to the public.

- Public announcements of psychological services and fees must be offered only in the name of the supervising member. The name and title of the supervised MAC should be clearly evident on all invoices and documentation generated when a MAC is involved. Invoices to third party payers (e.g. insurance companies) for psychological services must be explicit about who provided the service and include the names and titles of both the supervisor and the supervisee.
- At the onset of service provision, the client must be provided with the name and contact information of the supervisor. Clients should be made aware that they may request face-to-face contact with the supervisor at any time and also that either the supervisor or supervised MAC may initiate such contact. Where applicable, clients must also be made aware of the nature of the billing arrangements established by the member of the College. It should be clear to clients that billing is the responsibility of the supervising member and billing must be carried out in the name of that member, psychology professional corporation or employer. Clients must also be informed of the professional status, qualifications and functions of the supervised MAC and that all services are reviewed with, and are the ultimate responsibility of, the supervisor.
- Similarly, it should be made clear to all concerned that the clinical file is the property and responsibility of the supervising member of the College, of the psychology practice through which services are being offered, or of an employer. The process for obtaining information contained in the file must also be explained to the client.
- All correspondence about a client sent to third parties and formal psychological reports related to the services provided must be signed by both the supervisor and the supervisee. The supervisory relationship between the two members must be clearly stated.
- The supervising member's name, clearly identified as the supervising member, and his/her contact information, must be clearly identified on all psychological reports and formal correspondence related to psychological services completed by the supervised MAC.
- At times, the supervising member may need to initiate direct contact with the client of their supervisee to ensure the effective delivery of services.
- The supervising member must not accept supervisory arrangements for the sole purpose of facilitating billing and payment for services by a third-party payer. The supervisor and supervisee should have a clear and explicit rationale for the supervision. Supervision of MACs is indicated in a number of situations including: a need to incorporate ongoing diagnostic evaluation and monitoring; a need for ongoing modification of the psychological interventions utilized; a need to have opportunities for direct intervention by the psychologist when indicated; in-depth training; continued training for new clinicians; etc.
- Supervisors are encouraged to review Section 11 of the Standards of Professional Conduct relating to appropriate remuneration arrangements. At a minimum, remuneration arrangements should be clearly specified before the supervisee starts work.

#### 4) Responsible Delivery of Supervision of Psychological Services

- Supervisors must limit the number of supervised MACs to ensure that they are able to provide meaningful direction and oversight to each supervisee and client, in keeping with the skill and experience of the supervisee, the number of hours worked by the supervisee, the number of clients seen by the supervisee and the complexity of the client's presentation.

- The amount of time required by the psychological practitioner for responsible supervision of care of a client depends upon many variables. These include: the severity and complexity of the client's conditions, the level of experience, training and expertise of the supervisee, the familiarity of the supervisor with the skills of the supervisee, etc.
- We suggest the following as a reasonable, typical formula for calculating supervision needs: A supervision meeting of 30 minutes should be delivered individually to each MAC per 30 therapeutic sessions they administer to clients. For example, if a MAC has 30 client sessions in a week, an individual supervision meeting of 30 minutes should occur with their supervisor every week. Alternatively, they could meet every two weeks for an hour. . (Frequently, this may be inadequate, and an hour per week may be required, depending on the needs of clients and supervisees).
- When members are supervising MACs who have a small caseload, supervision meetings should take place approximately every four sessions of treatment provided for a given client in order to ensure ongoing monitoring and oversight.
- In addition to the time spent by the supervisor in meetings with the supervisee, the supervisor should also allocate time required for responsible care of the client. This may include: review of new documentation from other health professionals regarding the client; review of ongoing test data; report review and preparation; consultation with other health professionals involved in the care of the client and addressing other system issues; direct meetings with the client when indicated; consultation with case managers; review of audio or video tapes; etc. These additional activities related to psychological treatment of the client will need to be considered when determining how much supervision a member can do effectively. As a rule of thumb, we might expect that 30 supervised therapy sessions translates into 60 - 180 minutes of such indirect supervisory services, for a total of 90 - 240 minutes/week of demand on the supervisor's time. These demands may increase substantially depending on case complexity. Work with third party payers, such as the auto insurance system and WSIB, will likely land at the higher end of the scale.
- These numbers can be taken into account when developing a notion of the maximum number of supervisees and patients who can be taken on, bearing in mind the many variables of supervisee training and experience, client populations, case complexity, etc.
- Supervision sessions will not necessarily include an in-depth review of the progress of every client; more attention will likely be given to more complex cases. Nonetheless, the supervisor has a responsibility to every client; therefore, it is important to ensure that issues are not overlooked. In lieu of (or in addition to) a verbal review in the supervision sessions and subsequent documentation, the following are acceptable alternatives, which can occur every 6-8 sessions, or more frequently depending on the needs of the supervisee and clients:
  - A written progress summary can be provided to the supervisor by the supervisee. The supervisor can then review this, and raise any questions or concerns with the supervisee, or take other actions as indicated.
  - The supervisor can review all documentation, including session notes, and document that this has occurred, so that oversights or other issues can be addressed.
  - Supervisees can also reach out for additional time as needed for specific client matters or other urgent concerns
- It is preferable for the supervisor and supervisee to work in the same location. However, in some instances, supervisees may work off-site. In such instances, the member of CPO must ensure that the arrangement does not in any way compromise the well-being of the

client or the quality of care and business practices provided. For example, the supervisor should have access to all client information, such as progress notes or test results. In addition, it must be possible for there to be contact between the client and supervisor, whether in person or through remote access.

- Ideally, supervision is conducted in face-to-face meetings. However, if necessary, supervision can be conducted remotely by means of video or telephone conferencing. Given the importance of nonverbal communication to both the clinical and the supervisory process, the regular provision of supervision through e-mail or other text-based communication is discouraged.
- Supervision is an opportunity for the supervised MAC to present client case conceptualizations, and freely discuss obstacles in therapy. This can include those originating from the client, or the supervised MAC themselves. Supervision should be respectful, meaningful and supportive of the supervised MAC's clinical development, and the client's well-being should always be at the forefront. The well-being and growth of the supervisee is also an important consideration. However, supervision is not psychotherapy; supervisees are encouraged to explore how their own issues might impact client care, but are also encouraged to seek their own treatment as needed.
- There should be no financial barrier to a supervisee receiving supervision. Any financial arrangement between the supervisor and supervisee should take into account how much time the supervisor anticipates they will need to devote to the supervisee, but the supervisee should not be penalized for requiring additional time. For example, a model in which the supervisor is reimbursed through a percentage of the fees received from the client, or a flat fee per hour of service provided by the supervisee, is preferable to a model in which the supervisee pays directly for the supervisor's time. The latter model creates a disincentive to seeking the supervisor's time, and fails to recognize the supervisor's obligation to the client. However, this model is acceptable for consultation.
- Supervision should occur at a frequency that ensures the quality of services provided by the supervisee meets the standards of professional practice in psychology. This will vary with the level of expertise of the supervisee as well as with the complexity of the client's profile. Supervisors must limit the number of supervisees and/or supervised clients they take on so that effective, high-quality supervision is possible. Face-to-face supervision must occur with a frequency and duration such that the supervisee has an opportunity to review any challenges, and the supervising psychologist can be kept adequately abreast of each client's progress as appropriate, given the supervisor's clinical responsibility to the client.
- Supervision meetings should be delivered on an individual basis, as supervised MACs will be more apt to share personal issues that may be interfering with their clinical work in this format, and more in-depth discussions can occur without affecting the attention given to other supervisees. Individual supervision also is necessary to protect both client and supervisee confidentiality when having the discussions necessary to fulfil the requirements under Standard 4.1.1. Supervisors also need to feel free to appropriately confront supervisee behaviour when indicated, which could prove embarrassing in a group setting. Group supervision can be used for consultation and to augment oversight and training; group supervision cannot be used as a replacement for individual supervision.
- The primary goal of supervision meetings is to ensure effective, quality care for the client. As a secondary goal, the supervising member should make best efforts to ensure that the

supervisory relationship is conducive to professional development and is in the best interests of the supervised MAC.

- The supervisor should be available for emergency consultation with either the supervised MAC or client in situations in which this is likely to arise. In the event that the supervisor is not available, an alternative psychological practitioner should be named, and made available in their absence.
- In the event of the termination of the supervisory relationship, the best interest and preference of the client will determine the disposition of the case: termination, transfer to a third party, being moved to the former supervisor's caseload, or being moved to the former supervisee's caseload. The supervisor will ensure that the client is made aware of the disposition which has been decided upon. The supervisor retains the clinical record, as per College standards; with the client's permission, a copy of the record can be transferred to the MAC, if that person will be continuing to provide service, or to any other provider.
- The MAC will inform the supervisor of any change in registration status, limitations, investigations, disciplinary actions, remedial recommendations, or educational requirements imposed by their regulatory college.
- In the event that a MAC ceases to be registered with another College, and has no intention or possibility of joining CPO, then that person ceases to be eligible for supervision. The former MAC supervisee must terminate the provision of services as soon as can be managed safely, and responsibility for the disposition of the case will fall to the supervisor.

## 5) Recording of Supervision Activities

- The supervising psychologist maintains a record for each supervisee, including: a written supervision agreement, detailing the goals of supervision; emergency contact information of the supervisee; the supervisee's CV or resumé; and the supervisee's registration number with any relevant health colleges. This can be provided to the CPO upon demand.
- The psychologist has access to the client records, and maintains a list of all clients under their care, along with the name of the supervisee who provides treatment.
- The psychologist ensures that the clinical file meets CPO's Standards for record keeping.
- The supervisor is responsible for ensuring that the supervised MAC has sufficient liability insurance and has completed requirements of the Provision of Supervision Services for MACs Checklist (see attached).
- The supervisor is responsible for recording client specific supervision details into the supervisee's file. This should include the following:
  - a) the date and length of time of each supervision meeting;
  - b) information that will permit the identification of each client discussed at each supervision meeting;
  - c) a summary of discussions regarding each assessment and intervention matter occurring at each supervision meeting;
  - d) a summary of discussions regarding any relevant ethical, professional and jurisprudence issues discussed at each supervision meeting;
  - e) a notation of any directives provided to the supervisee at each supervision meeting; and

- f) a notation of any of the supervisee's strengths and needs for further development identified at each supervision meeting
- The supervisor is responsible to ensure that a note is placed in the client's clinical file, indicating the date on which the client was discussed, along with any specific directions for the management of the case.
- The supervisor should review the case file every 6-12 sessions, and this should be noted in the case file.
- Supervision records must be retained for at least two years past the date of the last supervisory contact with the supervisee.
- The supervisor must have a signed supervisory agreement (see attached sample), that addresses at minimum:
  - a) the date upon which the agreement is effective and the expected date upon which it will expire;
  - b) the specific duties and obligations of the supervisee;
  - c) any limitations imposed upon the activities of the supervisee;
  - d) the specific duties and obligations of the supervisor;
  - e) the expected frequency and length of supervision meetings;
  - f) the manner in which the supervisor will be directly involved in the planning, monitoring and evaluation of the services provided to clients;
  - g) contact information for both the supervisor and supervisee in case of emergency;
  - h) confirmation that the supervisee will comply with all requirements under the legislation and regulations relevant to the service and the Standards of Professional Conduct; and
  - i) identification of a plan for appropriate support for the supervisee in the event of the supervisor's unavailability.
- The supervisor is the custodian of the health record or client file and must store it for the required period. The exception to this would be the situation in which the supervised MAC works in an organization which is itself a health record custodian, in which case the file would remain with the organization.

## 6) Special Considerations for agreements between supervisors and supervised MACs

- Both the supervising member and the MAC supervisee must be absolutely clear that all activities which the supervised MAC carries out under supervision constitute the delivery of psychological services and must comply with the legislation, regulations and standards governing psychology. Although the supervised MAC is still governed by the standards of their own profession, it is the standards of practice of psychology which take precedence. By participating in the supervisory relationship, including signing off on reports and billing in their own name, the member of the College of Psychologists accepts full responsibility and accountability for the services provided by the supervised MAC. It is important the supervised MAC is very clear on these terms. Both the supervisor and the supervised MAC must be familiar with the following documents before agreeing to such an arrangement:
  - a) Regulated Health Professions Act
  - b) The Psychology Act
  - c) Canadian Psychological Association Code of Ethics
  - d) College of Psychologists of Ontario Standards of Professional Conduct



- e) Jurisprudence matters relevant to the supervisee's areas of practice
- f) College of Psychologists of Ontario Practice Guidelines relevant to the supervisee's area of practice
- In spite of the need to meet the Standards of Practice for the College of Psychologists, MACs continue to be subject to the authority of their own Colleges and Standards. Generally, there will be no conflict when the more demanding standard is followed.
- It is important for supervisors to be aware that the definition of supervision varies between colleges. For example, the College of Registered Psychotherapists of Ontario (CRPO) defines clinical supervision as:

*“a contractual relationship in which a clinical supervisor engages with a supervisee to discuss the direction of therapy and the therapeutic relationship; promote the professional growth of the supervisee; enhance the supervisee's safe and effective use of self in the therapeutic relationship; and safeguard the well-being of the client.”*

There is no mention of responsibility of care, reporting, documentation practices, etc. It is the supervisor's responsibility to ensure that supervision requirements for the College of Psychologists are met, regardless of other colleges' practices in defining supervision.

## Appendix 1 Annotated Bibliography

Canadian Psychological Association (2009). *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration*

### Comprehensive Texts

**Bernard, J.M., & Goodyear, R.K. (2004).** *Fundamentals of clinical Supervision*. New York, NY: Pearson. Suggestions on how to organize the supervisory experience, along with a “supervisory toolbox” of materials related to supervision

**Bradley, L.J. & Ladany, N. (Eds.). (2001).** *Counselor supervision: Principles, process, and practice (3rd ed.)*. New York, NY: Brunner-Routledge. Covers specialty area supervision of school counselors, career counselors, and family counselors as well as of group supervision

**Campbell, J.M. (2006).** *Essentials of clinical supervision*. Hoboken, NJ: Wiley. Includes charts summarizing key points, makes practical suggestions, focuses on beginning, intermediate, and advanced goals for supervision

**Falender, C. A., & Shafranske, E. P. (2004).** *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association. Extensive reviews of literature on supervision, useful appendices of forms, measures, and contracts to use in supervision

**Falender, C. A., & Shafranske, E. P. (Eds.). (2008).** *Casebook for clinical supervision: A competency-based approach*. Washington, DC: APA. Addresses best practices in supervision and examines the competencies related to effective supervision and how they differ over time, and from different theoretical perspectives, reflecting the personal and cultural backgrounds of the participants

**Falvey, J.E. (2002).** *Managing clinical supervision: Ethical practice and legal risk management*. Pacific Grove, CA: Brooks/Cole. Focuses on issues of supervisor competence, ethical/legal obligations, and risk management

**Haynes, R., Corey, G., & Moulton, P. (2003).** *Clinical supervision in the helping professions: A practical guide*. Pacific Grove, CA: Brooks/Cole. Suggests concrete actions and assignments to use in supervision and explores supervision from various theoretical orientations

**Holloway, E. (1995).** *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage Publications. Addresses contextual influences on supervision beyond the supervisor-supervisee relationship, including institutional factors

**Ladany, N., Friedlander, M.L., & Nelson, M.L. (2005).** *Critical events in psychotherapy supervision*. Washington, DC: American Psychological Association. Addresses a specific number of problematic events for supervisors (including remediating skill deficits, heightening multicultural awareness, working through countertransference, managing sexual attraction, repairing the supervisor working alliance)

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## Appendix 2

**SAMPLE AGREEMENT FOR SUPERVISION OF A MEMBER OF ANOTHER COLLEGE**

|                       |  |                                       |  |
|-----------------------|--|---------------------------------------|--|
| Supervisor's name:    |  | Supervisee's name:                    |  |
| Company name:         |  | Credentials & title:                  |  |
| Credentials & title:  |  | Licencing college and registration #: |  |
| Emergency Contact:    |  | Emergency Contact:                    |  |
| Alternate Supervisor: |  | Supervisee's Insurance:               |  |
| Alternate's Contact:  |  |                                       |  |

**This agreement is effective starting:**  
**Expected expiry of agreement (if appropriate)**

[SUPERVISEE] agrees that they will perform all of the duties required of their position. These duties include [LIST DUTIES]

It is agreed that [SUPERVISEE] will not communicate any diagnosis to a client. In addition, [SUPERVISEE]'s practice will be subject to the following limitations:

- [LIST LIMITATIONS OF PRACTICE]

In carrying out these duties and responsibilities, [SUPERVISEE] shall comply with all policies and procedures of [PSYCHOLOGICAL COMPANY NAME or NAME OF PSYCHOLOGIST/PSYCHOLOGICAL ASSOCIATE]. All ethical principles, rules and regulations will be informed by the Standards, Practice Guidelines, and advice of the College of Psychologists of Ontario, and the Canadian Code of Ethics for Psychologists, published by the Canadian Psychological Association. It is also understood and agreed to by the supervisee that their assignment, duties and responsibilities and reporting arrangements may be changed by [SUPERVISOR] at their sole discretion without causing termination of this agreement.

Where the Standards of the supervisee's profession and that of Psychology are in conflict, the resolution will be found by following the more stringent standard.

[SUPERVISOR] will make themselves accessible in the form of regular supervisory meetings. These face-to-face meetings will generally take place on a \_\_\_\_\_ basis and will be approximately \_\_\_\_\_ minutes in length. [SUPERVISOR] will provide information so that [SUPERVISEE] can connect via text or phone in case of emergency. In [SUPERVISOR]'s absence [ALTERNATE SUPERVISOR] will operate as an alternative connection.

Supervision meetings will be conducted at [LOCATION]. These meetings are mandatory, and can be changed only with the consent of the supervisor.

[SUPERVISOR] will be involved in the planning, monitoring and evaluation of the services provided to all clients who attend treatment at [PSYCHOLOGICAL COMPANY NAME]. For the provision of psychological

services, the client is considered to be the client of the supervisor. [SUPERVISOR] may, at any time, connect directly with the client at their discretion.

All external correspondence, including letters, assessments, other formal documentation, will be co-signed by [SUPERVISOR]. Receipts and invoices will show both the name of the supervisor and that of the supervisee, and make clear the relationship between them. [SUPERVISOR] may also choose to co-sign notes.

[SUPERVISOR] and [SUPERVISEE] agree that ***supervision is never provided solely for the purpose of billing.***

This supervisory agreement is undertaken for the following purposes (check all that apply):

- Improved access to psychological services
- Diagnostic input
- Oversight of treatment planning and implementation
- Enhanced training and experience for the supervisee
- Improved quality of care
- Oversight of complex and high-risk cases
- Reduction of wait times for psychological services
- Help supervisor to meet demand for psychological services
- Provision of psychological services in underserved area
- Ensure triage to the right level of care
- Provide insight into supervisor's areas of expertise
- Support for supervisee who wishes to be supervised
- Assurance of research-informed, evidence-based assessment and treatment
- Oversight for third party payors
- Support for supervisee with less in-depth training
- Other:

[INDICATE RATIONAL FOR SUPERVISION]

I [SUPERVISEE] confirm that I will comply with all requirements in this document, under the legislation and regulations relevant to the service and the current Standards of Professional Conduct.

I [SUPERVISEE] will inform [SUPERVISOR] of any change in registration status, limitations, investigations, disciplinary actions, remedial recommendations, or educational requirements imposed by my regulatory college. Such changes may require termination of this supervision contract, at the sole discretion of [SUPERVISOR].

|                   |                        |      |
|-------------------|------------------------|------|
|                   |                        |      |
| Provider's Name   | Provider's Signature   | Date |
|                   |                        |      |
| Supervisor's Name | Supervisor's Signature | Date |

*The information provided in this checklist is intended to provide general guidance to assist members of the College of Psychologists of Ontario (CPO) in identifying issues and options that should be considered when supervising a registered Member of Another College (MAC) involved in the delivery of the controlled act of psychotherapy. This checklist is intended to assist in ensuring that procedures are put in place to make all parties fully aware that the client is the client of the supervisor. This checklist is useful in implementing strategies and addressing issues that may arise in the course of supervision. The use of this checklist should be used to improve the delivery of safe, effective, meaningful supervision.*

*Readers are advised that the documents provided are not legal advice, and do not supplant any applicable legislation, the CPO's Code of Conduct, nor any other College communications. This checklist is not intended to be comprehensive, the information in this checklist is not exhaustive, and the OPA and CPO make no warranty or representation as to its currency, completeness or accuracy. Furthermore, the OPA and CPO accept no responsibility for any errors or omissions, and expressly disclaims any such responsibility.*

*This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Registered Health Professions Act. This guideline represents best practices, and it is not intended to impose mandatory requirements beyond those in the Standards of Practice. In the case of any inconsistency between this checklist and any Standard, the Standard governs. The final decision on the course of action to be taken in any practice situation is made by the member, and checklists are not intended as a substitute for the professional judgment and responsibility of the member. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own circumstances.*

*This document has been adapted based on documentation from the College of Psychologists on B.C.*

## **Checklist for Supervision of a Member of Another College (MAC)**

This document is intended to assist members of the College of Psychologists of Ontario who provide supervision services to MACs conducting the Controlled Act of Psychotherapy (hereafter, "CAP") These colleges include:

- The Ontario College of Social Workers and Social Services Workers
- The College of Nurses of Ontario
- The College of Occupational Therapists of Ontario
- The College of Physicians and Surgeons of Ontario
- The College of Registered Psychotherapists of Ontario

The supervisor (psychologist or psychological associate) should complete a checklist for each supervisee and maintain the document in the supervisee's record. A copy of the document should be provided to the supervisee.

|                              |  |
|------------------------------|--|
| Supervisee's Name:           |  |
| Credentials:                 |  |
| Licensing College:           |  |
| College Registration number: |  |
| Controlled Title:            |  |

Members who are or will be providing supervision services should contact the College directly with any questions or concerns regarding their specific supervision agreement(s) and be familiar with all other codes and standards regarding supervision, including those of the College of the MAC.

- I have conducted a review of the CPO's *Standards of Professional Conduct* to ensure my contemplated services are in compliance with all relevant requirements.
- I have the requisite education, training, and experience to offer supervision services.
- I have the requisite education, training, and experience to supervise the content area and activities



being considered for this MAC involved in the delivery of the controlled act of psychotherapy.

- I have a plan for maintaining professional and regulatory knowledge related to the supervisory services being provided.
- I have familiarized myself with any relevant professional and regulatory documents pertaining to the profession of my intended supervisees from their college. The supervisee is aware that in the event that there is a conflict in the standards, ethics or practices delineated by their college, the CPO's standards, ethics and practices will be followed. The supervisee has agreed to these terms.
- I assume professional, legal and ethical responsibility for all the professional activities of this supervisee that are within the scope of the practice of psychology, fall within my competency, and are under my supervision. This includes ensuring clarity on behalf of all parties that the client receiving supervised services is my client and that I am responsible for their psychological care.
- I understand I must be available for emergency consultation and intervention for client issues in relation to the practice of this supervisee. If I am not available, I will ensure an alternative psychologist or psychological associate supervisor is available. If my supervisee requires the support of this alternate, I retain responsibility for the client care.
- I will establish a defined professional relationship with this supervisee. I will have no conflicts of interest or dual relationships with this supervisee that would cloud my judgment or actions as supervisor.
- I have reviewed the education, training, and experience of this supervisee, considered the responsibilities that my supervisee is able to perform competently on the basis of their education, training, or experience with the level of supervision I am providing, and will ensure that there is an appropriate match between the responsibilities I assign and the level of supervision I offer.
- I will not teach the use of any techniques or procedures to individuals who lack the prerequisite training, legal scope of practice, or expertise.
- I have considered my existing agreements with test publishers and considered supervisee qualifications for using any specific testing materials and will only teach the use of testing materials to appropriately qualified individuals.
- I will maintain awareness of the quality of the services provided under my supervision to the service recipients to ensure they are meeting the requirements of CPO's *Standards of Professional Conduct*.
- I recognize that the supervisee may be bound by requirements of their own College; any conflicts between the expectations of the two Colleges will generally be resolved by adhering to the more demanding expectation.
- I will provide psychological information during training accurately and objectively.
- I have reviewed the appropriate process for assessing, and providing feedback to, supervisees.
- I will create and maintain supervisory records in accordance with the requirements of CPO's *Standards of Professional Conduct*.
- I am aware that I must retain supervision records for at least two years following the last supervision contact with the MAC.
- I am aware that I am the Health Information Custodian and that I am responsible for the client records,

unless an employer (e.g., a hospital or other institution) is responsible for retention of records.

- I have clarified any relevant reporting requirements regarding my supervisee(s) with employers, organizations, educational institutions, regulatory bodies, etc., and discussed these requirements with my supervisee.
- I have clarified the intended objectives of the supervisee in seeking my supervision services, and have ensured that the purpose, intent, and substance of my supervision services is consistent with these objectives.
- I am aware that, as the supervising member, I must make my best effort to ensure that the supervisory relationship is in the best interest of the supervisee and conducive to their professional development.
- If my potential supervisee is, or plans to be, an applicant for registration with the College of Psychologists of Ontario, I have, as part of clarifying the intended objectives of the supervisee in seeking my supervision services, ensured they have determined any registration requirements for supervision and whether my supervision services meet those requirements.
- I have confirmed that I am not offering supervision services for an inappropriate purpose or to someone who lacks the requisite education, training, and experience to undertake the supervised activities.
- I am not offering supervision services for the sole purpose of facilitating third party billing.
- I will obtain informed consent, clearly stating the nature of the supervisory relationship, from all of my clients before offering supervised services.
- I am aware that all informed consent procedures with potential clients include all relevant information relating to the supervised nature of the services being offered, including my professional responsibility, ethical and legal accountability for those services.
- I will ensure that I am clearly identified as the supervisor to my clients and any third-party payers, along with the name, relevant degrees and professional designations of the MAC under my supervision.
- All invoices and receipts will accurately include the supervised nature of the services and the identity and status of the service provider.
- I have added this supervisee's name to my roster of supervisees and will provide this to CPO upon demand.
- I have a method for monitoring this supervisee's caseload.
- I have ensured my liability insurance will cover my supervisory activities.
- I have received information regarding this supervisee's liability insurance and determined that coverage is sufficient for the purposes of our work arrangement.
- I have ensured that there is an individual supervision agreement, signed by both supervisor and this SCN which includes, at a minimum:
  - a) the date upon which the agreement is effective and the expected date upon which it will expire;
  - b) the specific duties and obligations of the supervisee;
  - c) any limitations imposed upon the activities of the supervisee;
  - d) the specific duties and obligations of the supervisor;

- e) the expected frequency and length of supervision meetings;
  - f) the manner in which the supervisor will be directly involved in the planning, monitoring and evaluation of the services provided to clients;
  - g) contact information and emergency contact information for both the supervisor and supervisee;
  - h) confirmation that the supervisee will comply with all requirements under the legislation and regulations relevant to the service and the Standards of Professional Conduct (2017); and
  - i) identification of a plan for appropriate support for the supervisee in the event of the supervisor's unavailability.
- I have confirmed with the supervisee that they are familiar with the following documents:
    - a) Regulated Health Professions Act
    - b) The Psychology Act
    - c) Canadian Psychological Association Code of Ethics
    - d) College of Psychologists of Ontario Standards of Professional Conduct
    - e) Jurisprudence matters relevant to the supervisee's areas of practice
    - f) College of Psychologists of Ontario Practice Guidelines relevant to the supervisee's area of practice
  - I have advised the supervised MAC of their obligation to inform me of any change in registration status, limitations, investigations, disciplinary actions, remedial recommendations, or educational requirements imposed by their regulatory college.
  - In the event of the termination of the supervisory relationship, the best interest of the client will be the primary factor in deciding the disposition of the case.
  - If the MAC ceases to maintain registration in the other College, and has no intention or possibility of joining CPO, then the supervisee agrees to terminate all supervised activity as soon as it is safe to do so, and responsibility for the disposition of the case will be determined by the supervisor.
  - The supervisee and supervisor agree that the purpose of supervision is never solely for the purpose of billing.
  - A comprehensive list of reasons for supervision has been included in the supervision contract.

I have read and agree to the aforementioned and will re-evaluate whether supervision continues to be required or requested

by the supervisee named on \_\_\_\_\_.  
dd/mm/yyyy

---

Supervisor's name (printed)

---

Supervisor's signature

---

Date

*The information provided in this checklist is intended to provide general guidance to assist members of the College of Psychologists of Ontario (CPO) in identifying issues and options that should be considered when supervising a registered Member of Another College (MAC) involved in the delivery of the controlled act of psychotherapy. This checklist is intended to assist in ensuring that procedures are put in place to make all parties fully aware that the client is the client of the supervisor. This checklist is useful in implementing strategies and addressing issues that may arise in the course of supervision. The use of this checklist should be used to improve the delivery of safe, effective, meaningful supervision.*

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- The College of Physicians and Surgeons of Ontario
- The College of Registered Psychotherapists of Ontario

The supervisor (psychologist or psychological associate) should complete a checklist for each supervisee and maintain the document in the supervisee's record. A copy of the document should be provided to the supervisee.

|                              |  |
|------------------------------|--|
| Supervisee's Name:           |  |
| Credentials:                 |  |
| Licensing College:           |  |
| College Registration number: |  |
| Controlled Title:            |  |

Members who are or will be providing supervision services should contact the College directly with any questions or concerns regarding their specific supervision agreement(s) and be familiar with all other codes and standards regarding supervision, including those of the College of the MAC.

- I have conducted a review of the CPO's *Standards of Professional Conduct* to ensure my contemplated services are in compliance with all relevant requirements.
- I have the requisite education, training, and experience to offer supervision services.

- I have the requisite education, training, and experience to supervise the content area and activities being considered for this MAC involved in the delivery of the controlled act of psychotherapy.
- I have a plan for maintaining professional and regulatory knowledge related to the supervisory services being provided.
- I have familiarized myself with any relevant professional and regulatory documents pertaining to the profession of my intended supervisees from their college. The supervisee is aware that in the event that there is a conflict in the standards, ethics or practices delineated by their college, the CPO's standards, ethics and practices will be followed. The supervisee has agreed to these terms.
- I assume professional, legal and ethical responsibility for all the professional activities of this supervisee that are within the scope of the practice of psychology, fall within my competency, and are under my supervision. This includes ensuring clarity on behalf of all parties that the client receiving supervised services is my client and that I am responsible for their psychological care.
- I understand I must be available for emergency consultation and intervention for client issues in relation to the practice of this supervisee. If I am not available, I will ensure an alternative psychologist or psychological associate supervisor is available.
- I will establish a defined professional relationship with this supervisee. I will have no conflicts of interest or dual relationships with this supervisee that would cloud my judgment or actions as supervisor.
- I have reviewed the education, training, and experience of this supervisee, considered the responsibilities that my supervisee is able to perform competently on the basis of their education, training, or experience with the level of supervision I am providing, and will ensure that there is an appropriate match between the responsibilities I assign and the level of supervision I offer.
- I will not teach the use of any techniques or procedures to individuals who lack the prerequisite training, legal scope of practice, or expertise.
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- I have ensured my liability insurance will cover my supervisory activities.
- I have received information regarding this supervisee's liability insurance and determined that coverage is sufficient for the purposes of our work arrangement.
- I have ensured that there is an individual supervision agreement, signed by both supervisor and this SCN which includes, at a minimum:
  - j) the date upon which the agreement is effective and the expected date upon which it will expire;
  - k) the specific duties and obligations of the supervisee;
  - l) any limitations imposed upon the activities of the supervisee;
  - m) the specific duties and obligations of the supervisor;

- n) the expected frequency and length of supervision meetings;
  - o) the manner in which the supervisor will be directly involved in the planning, monitoring and evaluation of the services provided to clients;
  - p) contact information and emergency contact information for both the supervisor and supervisee;
  - q) confirmation that the supervisee will comply with all requirements under the legislation and regulations relevant to the service and the Standards of Professional Conduct (2017); and
  - r) identification of a plan for appropriate support for the supervisee in the event of the supervisor's unavailability.
- I have confirmed with the supervisee that they are familiar with the following documents:
- g) Regulated Health Professions Act
  - h) The Psychology Act
  - i) Canadian Psychological Association Code of Ethics
  - j) College of Psychologists of Ontario Standards of Professional Conduct
  - k) Jurisprudence matters relevant to the supervisee's areas of practice
  - l) College of Psychologists of Ontario Practice Guidelines relevant to the supervisee's area of practice
- I have advised the supervised MAC of their obligation to inform me of any change in registration status, limitations, investigations, disciplinary actions, remedial recommendations, or educational requirements imposed by their regulatory college.
- In the event of the termination of the supervisory relationship, the best interest of the client will be the primary factor in deciding the disposition of the case.
- If the MAC ceases to maintain registration in the other College, and has no intention or possibility of joining CPO, then the supervisee agrees to terminate all supervised activity as soon as it is safe to do so, and responsibility for the disposition of the case will be determined by the supervisor.
- The supervisee and supervisor agree that the purpose of supervision is never solely for the purpose of billing.
- A comprehensive list of reasons for supervision has been included in the supervision contract.

I have read and agree to the aforementioned and will re-evaluate whether supervision continues to be required or requested

by the supervisee named on \_\_\_\_\_.  
dd/mm/yyyy

\_\_\_\_\_  
Supervisor's name (printed)

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date