Virginia Department of Health Professions
Board of Psychology

Agenda
Regulatory Committee Meeting
December 2, 2024
1:00 p.m.
9960 Mayland Dr., 2nd Floor
Board Room 3
Richmond, VA 23233

Call to Order – Aliya Chapman, Ph.D, Committee Chair

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures……..Page 2

Approval of Minutes

- Regulatory Committee Meeting – May 13, 2024*…..……Page 4

Ordering of Agenda

Public Comment

The Committee will receive public comment related to agenda items at this time. The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Unfinished Business

- Draft Guidance Document on Equivalency Requirements*……Page 35
  - ASPPB Resource Guide……Page 38

New Business

- Verification of education form
- Draft Guidance document on supervision requirements*
  - ASPPB Supervision Guidelines……..Page 116
- Sample supervisor contract……Page 329
- Draft Guidance Document on Scope of Practice*…….. Page 333

Next Meeting – January 27, 2025

*Requires a Committee Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **LEFT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 2

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the doors, turn **LEFT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Virginia Department of Health Professions
Board of Psychology

Virginia Board of Psychology
Regulatory Committee Meeting Minutes
Department of Health Professions
Board Room 2
9960 Mayland Drive, Henrico, VA 23233
Monday, May 13, 2024, at 1:00 p.m.

PRESIDING OFFICER:	Aliya Chapman, Ph.D., LCP
COMMITTEE MEMBERS PRESENT:	J.D. Ball, Ph.D., LCP William Hathaway, Ph.D., LCP Gary Sibcy, Ph.D., LCP
BOARD STAFF PRESENT:	Jaime Hoyle, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Deputy Executive Director Meagan Ohlsson, Licensing Supervisor
DHP STAFF PRESENT:	Erin Barrett, Director of Legislative Affairs and Policy, DHP Matt Novak, Policy & Economic Analyst, DHP James Jenkins, RN, Agency Deputy Director, Special Advisor to the Governor on Workforce
CALL TO ORDER:	Dr. Chapman called the meeting to order at 1:03 p.m.
MISSION STATEMENT:	Dr. Chapman read the mission statement of the Department of Health Professions and the emergency egress procedures.
ESTABLISHMENT OF A QUORUM:	With four Committee members present a quorum was established.
APPROVAL OF MINUTES:	The Committee reviewed the minutes from the last meeting held on March 25, 2024. **Motion:** Dr. Hathaway made a motion, which was seconded by Dr. Sibcy, to adopt the minutes from the March 25, 2024, Regulatory Committee as presented. The motion passed unanimously.
ADOPTION OF AGENDA:	The agenda was adopted as presented.
PUBLIC ATTENDEES:	Karen Ellen Trump, School Psychologist, Ed.S. L. Frances Brown, Richmond Regional Representative, Virginia Academy of School Psychologists (VASP) Cyndi Young, School Psychologist, Ed.S., Regional Representative Coordinator, Virginia Academy of School Psychologist (VASP) Jennifer Morgan, Psy.D., Virginia Academy of Clinical Psychologists (VACP) Denise Daly-Konrad, Director of Strategic Initiatives for the Virginia Health Care Foundation

PUBLIC COMMENT:

Ms. Brown requested that the Board fill the vacant school psychology board position as soon as possible. Ms. Hoyle thanked Ms. Brown for her comments and interest in filling the vacant position. Ms. Hoyle and Dr. Ball provided an explanation of the gubernatorial appointment process for Board positions.

LEGISLATIVE AND REGULATORY REPORT:

Review of changes to 18VAC125-20 to license psychological practitioners

Ms. Barrett provided a detailed overview on the proposed changes that were discussed by the Committee at the March 25, 2024 meeting. Ms. Barrett stated that the Board will vote on the proposed regulatory changes at its September 9, 2024 meeting. (Attachment A)

In addition to the quarterly board meeting, a public hearing will be held on September 9, 2024 to allow for public comment.

November 13, 2024, is the final day to have the exempt regulations to the Registrar.

18VAC125-20-42 Prerequisites for licensure endorsement

After a lengthy discussion, the Committee agreed to not allow psychological practitioners to apply by endorsement at this time due to the lack of equivalent licenses in other jurisdictions.

Ms. Barrett recommended to add language to 18VAC125-20-42 to specify the endorsement section is only applicable to the applied, clinical and school psychologist license types. The Committee agreed.

18VAC125-20-57 Education requirements for psychological practitioners

Ms. Barrett provided an overview of the proposed changes to 18VAC125-20-57. Dr. Hathaway and Dr. Ball recommended changing the language to include clinical and school psychology to align with the American Psychological Association (APA).

18VAC125-20-58 Supervision and autonomous practice of psychological practitioners.

The Committee had a long discussion on the supervision requirements. The Committee felt strongly that the practitioner, unless autonomous, communicate to the public that they were under supervision and include the name of the supervising clinical psychologist.

18VAC125-20-59 Supervisors of psychological practitioners

The Committee discussed whether to allow supervision from a supervisor who is authorized to practice into Virginia through the Psychology Interjurisdictional Compact (PSYPACT).

Dr. Chapman was concerned that there would be a lack of supervisors available to provide supervision for psychological practitioners. After a long discussion, the Committee agreed to limit the supervision to clinical psychologists who are licensed in the jurisdiction which the practice occurs.

Review of guidance document regarding accreditation equivalency:

Dr. Chapman stated the Committee the Association of State and Provincial Psychology Boards (ASPPB) is currently working on its own guidance on the educational requirements for master's level licensure. Ms. Barrett stated that the agenda packet included a draft guidance document outlining the education requirements for psychological practitioners.

Dr. Hathaway stated that non-autonomous practitioners should not be required to pass the EPPP- Part 2 examination. If a candidate wanted to apply for an autonomous psychological practitioner license, they must pass both parts of the examination and complete the required 2,000 hours of supervised experience.

Ms. Lenart suggested the Board consider allowing psychological practitioners to use their examination scores for doctoral-level clinical licensure if their passing scores met the minimum passing rate for clinical psychologist. The Committee agreed.

Dr. Sibcy suggested the pathway to licensure be clear, especially for those who completed their degree many years ago. The Committee discussed that it would need to have further discussion on individuals who may not meet the education requirements and whether additional courses would be required. Ms. Lenart suggested that staff create a verification of education form outlining the course requirements to be completed and signed off by the schools.

18VAC125-20-80 General examination requirements

Dr. Ball suggested adding language to clarify section A of regulations 18VAC125-20-80(A). After brief discussion, Ms. Barrett agreed to make the appropriate changes.

Dr. Sibcy recommended staff create a flow chart to show the licensure process for psychological practitioners.

The Committee took a break at 3:24 p.m. and resumed at 3:34 p.m.

NEW BUSINESS:

Association of State and Provincial Psychology Board (ASPPB) Annual Meeting and spring Conference Report:

Dr. Chapman provided a recap of the top discussions from the conference.

The ASPPB sessions included discussions on:

- High Stakes Exams and Test Security: Navigating the Disruptions and Risks to Exam Integrity
- ASPPB Examination Program Overview
- Item Development Panel: How a Thought Becomes a Vetted Test Question

- ASPPB Updates
    - Strategic Plan Updated
    - Equivalency Task Force
    - Potential Regulatory Implications for Licensing Master's Trained Individuals Task Force
- Recruiting, Onboarding and Mentoring Board and College Members
- Succession Planning
- Ethics Complaints in the Telehealth Arena
- Success Stories from Jurisdictions

Dr. Chapman suggested creating a newsletter to share information to our licensee's and public on upcoming changes from the Board. Ms. Hoyle stated that staff will work on creating a blast or newsletter related to the changes.

The Committee discussed accredited and non-accredited programs. Dr. Sibcy suggested the Committee evaluate the inequalities across programs and course requirements offered through accredited verses non-accredited universities. Dr. Chapman thanked Dr. Sibcy for his knowledge and information and being an advocate for non-accredited programs.

Dr. Chapman discussed the need for increased engagement with training providers.

NEXT MEETING DATE: The next Regulatory Committee meeting is scheduled for September 09, 2024.

ADJOURNMENT: Dr. Chapman adjourned the meeting at 4:33 p.m.

_____ _____

Aliya Chapman, Ph.D., Committee Chair Chairperson Date

_____ _____

Jaime Hoyle, JD, Executive Director Date

ATTACHMENT A

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Part I
General Provisions

18VAC125-20-10. Definitions.

The following words and terms, in addition to the words and terms defined in §§ 54.1-3600 and 54.1-3606.2 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"ASPPB" means the Association of State and Provincial Psychology Boards.

"Board" means the Virginia Board of Psychology.

"CAEP" means Council for the Accreditation of Educator Preparation.

"Compact" means the Psychology Interjurisdictional Compact.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"CPA" means Canadian Psychological Association.

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques for the populations served and for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"E.Passport" means a certificate issued by ASPPB that authorizes telepsychology services in a compact state.

"Face-to-face" means in person.

"Intern" means an individual who is enrolled in a professional psychology program internship.

"Internship" means an ongoing, supervised, and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"IPC" means an interjurisdictional practice certificate issued by ASPPB that grants temporary authority to practice in a compact state.

"NASP" means the National Association of School Psychologists.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Practicum student" means an individual who is enrolled in a professional psychology program and is receiving pre-internship training and seeing clients.

"Professional psychology program" means an integrated program of doctoral study in clinical or counseling psychology or a master's degree or higher program in school psychology designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the U.S. Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"Resident" means an individual who has received a doctoral degree in a clinical or counseling psychology program or a master's degree or higher in school psychology and is completing a board-approved residency.

"School psychologist-limited" means a person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance, and instruction with respect to the skills and competencies of the person supervised.

"Supervisor" means an individual who assumes responsibility for the education and training activities of a person under supervision and for the care of such person's clients and who provides supervision consistent with the training and experience of both the supervisor and the person under supervision and with the type of services being provided.

18VAC125-20-20. (Repealed.)

18VAC125-20-30. Fees required by the board.

A. The board has established fees for the following:

	Applied psychologists, Clinical psychologists, School psychologists	School psychologists-limited	Psychological practitioners
1. Registration of residency (per residency request)	$50	- -	--
2. Add or change supervisor	$25	- -	--
3. Application processing and initial licensure	$200	$85	$200
4. Annual renewal of active license	$140	$70	$140
5. Annual renewal of inactive license	$70	$35	$70
6. Late renewal	$50	$25	$25
7. Verification of license to another jurisdiction	$25	$25	$25
8. Duplicate license	$5	$5	$5
9. Additional or replacement wall certificate	$15	$15	$15
10. Handling fee for returned check or dishonored credit card or debit card	$50	$50	$50
11. Reinstatement of	$270	$125	$270

a lapsed license			
12. Reinstatement following revocation or suspension	$500	$500	$500
13. Autonomous practice for psychological practitioners	--	--	$150

B. Fees shall be made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Between May 1, 2020, and June 30, 2020, the following renewal fees shall be in effect:

1. For annual renewal of an active license as a clinical, applied, or school psychologist, it shall be $100. For an inactive license as a clinical, applied, or school psychologist, it shall be $50.

2. For annual renewal of an active license as a school psychologist-limited, it shall be $50. For an inactive license as a school psychologist-limited, it shall be $25.

D. Between January 1, 2025, and December 31, 2026, the cost for application processing and initial licensure of psychological practitioners shall be $100.

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18VAC125-20-35. Change of name or address.

Licensees or registrants shall notify the board in writing within 60 days of:

1. Any legal name change; or

2. Any change of address of record or of the licensee's or registrant's public address if different from the address of record.

Part II
Requirements for Licensure

18VAC125-20-40. General requirements for licensure.

Individuals licensed in one licensure category who wish to practice in another licensure category shall submit an application for the additional licensure category in which the licensee seeks to practice.

18VAC125-20-41. Requirements for licensure by examination.

A. Every applicant for licensure by examination shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, 18VAC125-20-56, or 18VAC125-20-57 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and

2. Submit the following:

a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65, if applicable;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55, 18VAC125-20-56, or 18VAC125-20-57;

e. A current report from the National Practitioner Data Bank; and

f. Verification of any other health or mental health professional license, certificate, or registration ever held in Virginia or another jurisdiction. The applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration.

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination as a clinical, school, or applied psychologist must achieve a passing score on all parts of the Examination for Professional Practice of Psychology required at the time the applicant took the examination.

C. Every applicant for licensure as a psychological practitioner shall achieve a passing score as determined by the board for masters level psychological practice on the academic portion of the Examination for Professional Practice of Psychology. Every licensed psychological practitioner applying for autonomous practice shall achieve a passing score as determined by the board for masters level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology.

D. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

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18VAC125-20-42. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement for applied psychology, clinical psychology, or school psychology shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;

3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;

4. Verification of all other health and mental health professional licenses, certificates, or registrations ever held in Virginia or any jurisdiction of the United States or Canada. In order to qualify for endorsement, the applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration;

5. A current report from the National Practitioner Data Bank; and

6. Further documentation of one of the following:

a. A current credential issued by the National Register of Health Service Psychologists;

b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;

c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;

d. Five years of active licensure in a category comparable to the one in which licensure is sought with at least 24 months of active practice within the last 60 months immediately preceding licensure application; or

e. If less than five years of active licensure or less than 24 months of active practice within the last 60 months, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience, and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following: (1) Verification of a passing score on all parts of the Examination for Professional Practice of Psychology that were required at the time of original

licensure; and (2) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

18VAC125-20-43. Requirements for licensure as a school psychologist-limited.

A. Every applicant for licensure as a school psychologist-limited shall submit to the board:

1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.

2. An official transcript showing completion of a master's degree in psychology.

3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.

4. The application fee.

B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.

18VAC125-20-50. (Repealed.)

18VAC125-20-51. (Repealed.)

18VAC125-20-54. Education requirements for clinical psychologists.

A. Beginning June 23, 2028, an applicant shall hold a doctorate in clinical or counseling psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA, or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

B. Prior to June 23, 2028, an applicant shall either hold a doctorate from an accredited program, as specified in subsection A of this section, or shall hold a doctorate from a professional psychology program that documents that the program offers education and training that prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member

in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior, or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences involving assessment, diagnosis, and psychological interventions. The practicum experiences shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant shall graduate from an educational program in clinical psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA, or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

F. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65, in the doctoral practicum supervised experience, which occurs prior to the internship, and that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program that meets the criteria specified in this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment or intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided onsite or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:

a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;

b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and

c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.

4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.

5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.

6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

7. If the supervised experience hours completed in a series of practicum experiences do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate shall fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65.

18VAC125-20-55. Education requirements for applied psychologists.

A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university that meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or

Canada must provide documentation from a credential evaluation service acceptable to the board that demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, for example, developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors,

personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

18VAC125-20-56. Education requirements for school psychologists.

A. The applicant shall hold at least a master's degree in school psychology, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a regional accrediting agency, which was accredited by the APA or CAEP or was approved by NASP, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a master's degree in school psychology from a program accredited by the APA or CAEP or approved by NASP, the applicant shall have a master's degree from a psychology program that offers education and training to prepare individuals for the practice of school psychology as defined in § 54.1-3600 of the Code of Virginia and that meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board that demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:

a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

b. Educational foundations (e.g., instructional design, organization and operation of schools).

c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).

d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).

e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).

6. The program shall be committed to practicum experiences that shall include:

a. Orientation to the educational process;

b. Assessment for intervention;

c. Direct intervention, including counseling and behavior management; and

d. Indirect intervention, including consultation.

C. Candidates for school psychologist licensure shall have successfully completed an internship in a program accredited by APA or CAEP, or approved by NASP, or is a member of APPIC or one that meets equivalent standards.

18VAC125-20-57. Education requirements for psychological practitioners.

Every applicant for licensure as a psychological practitioner shall provide evidence of receipt of a master's degree in clinical or school psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the board, or from a program accredited by another national accrediting body approved by the board.

18VAC125-20-58. Supervision and autonomous practice of psychological practitioners.

A. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall practice under the supervision of a clinical psychologist with at least two years of clinical experience post-licensure as a doctoral level clinical psychologist. No psychological practitioner shall hold himself out as able to practice autonomously unless an autonomous practice designation has been granted by the board.

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B. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall communicate to patients and the public in writing that the psychological practitioner cannot practice autonomously and provide the name and contact information of the supervising clinical psychologist.

C. A psychological practitioner with a current, unrestricted license may qualify for an autonomous designation upon:

1. Successful completion of the clinical portion of the Examination for Professional Practice of Psychology; and

2. Completion of one year of full-time, post-licensure practice under the supervision of a clinical psychologist. One year of full-time, post-licensure practice, for purposes of this section, is at least 2,000 hours. Such hours must be completed within three years immediately preceding application to the board for autonomous practice authorization.

D. Qualification for authorization for autonomous practice shall be determined upon:

1. Submission of a fee as specified in 18VAC125-20-30;

2. Evidence of a passing score for masters level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology; and

3. Evidence of one year of full-time, post-licensure supervised practice. The evidence of supervised practice shall consist of an attestation which meets the following criteria:

a. The attestation shall be signed by the licensed clinical psychologist that served as a supervisor for the required supervised practice in subsection A;

b. The attestation shall specify that the psychological practitioner is competent to practice in all areas of practice contained on a form provided by the board; and

c. The attestation shall state that, in the opinion of the licensed clinical psychologist, the psychological practitioner demonstrated sufficient competency to practice autonomously.

18VAC125-20-59. Supervisors of psychological practitioners.

A. Supervisors shall be licensed as a clinical psychologist in the jurisdiction in which practice by the psychological practitioner occurs.

B. Supervision of post-licensure practice by a clinical psychologist shall include:

1. The periodic review of patient charts or electronic patient records by the supervising clinical psychologist;

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2. Appropriate and regular input by the clinical psychologist on cases, patient emergencies, and referrals;

3. Appropriate professional development; and

4. Management of areas of deficiency if needed or indicated during supervision.

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C. The supervisor shall be responsible for ensuring that the psychological practitioner only practices within the scope of his education and training.

D. Prior to practice, a psychological practitioner that has not received an autonomous practice designation must enter into a supervisory agreement with a qualified supervisor.

E. Both the psychological practitioner and the supervisor shall maintain a copy of all supervisory agreements for 3 years from the date that supervision ends.

18VAC125-20-60. (Repealed.)

18VAC125-20-65. Residency.

A. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board.

1. For clinical psychology candidates, the hours of supervised practicum experiences in a doctoral program may be counted toward the residency hours, as specified in 18VAC125-20-54. Hours acquired during the required internship shall not be counted toward the 1,500 residency hours. If the supervised experience hours completed in a practicum do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

2. School psychologist candidates shall complete all the residency requirements after receipt of their final school psychology degree.

B. Residency requirements.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to extend a residency if there were extenuating circumstances that precluded completion within three years.

2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56.

3. In order to have the residency accepted for licensure, an individual who proposes to obtain supervised post-degree experience in Virginia shall register with the board prior to the onset of such supervision by submission of:

a. A supervisory contract along with the application package;

b. The registration of supervision fee set forth in 18VAC125-20-30; and

c. An official transcript documenting completion of educational requirements as set forth in 18VAC125-20-54 or 18VAC125-20-56 as applicable.

4. If board approval was required for supervised experience obtained in another United States jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.

5. There shall be a minimum of two hours of individual supervision per 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per 40 hours.

6. Supervision shall be provided by a psychologist who holds a current, unrestricted license in the jurisdiction in which supervision is being provided and who is licensed to practice in the licensure category in which the resident is seeking licensure.

7. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence nor for activities for which the applicant has not had appropriate education and training.

8. The supervising psychologist shall maintain records of supervision performed and shall regularly review and co-sign case notes written by the supervised resident during the residency period. At the end of the residency training period, the supervisor shall submit to the board a written evaluation of the applicant's performance.

9. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervisors.

C. Residents shall not refer to or identify themselves as clinical psychologists or school psychologists, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists. Notwithstanding, this does not preclude supervisors or employing institutions from billing for the services of an appropriately identified resident. During the residency period, residents shall use their names, the initials of their degree, and the title "Resident in Psychology" in the licensure category in which licensure is sought.

18VAC125-20-70. (Repealed.)

Part III
Examinations

18VAC125-20-80. General examination requirements.

A. A candidate shall achieve a passing score on the final required step for the licensure type applied for of the national examination within two years immediately preceding licensure. A candidate may request an extension of the two-year limitation for extenuating circumstances. If the candidate has not taken the examination by the end of the two-year period, the applicant shall reapply according to the requirements of the regulations in effect at that time.

B. A candidate for autonomous practice as a licensed psychological practitioner shall achieve a passing score on the clinical portion of the national examination within two years immediately preceding the application for autonomous practice. A candidate may request an extension of the two-year limitation for extenuating circumstances.

C. The board shall establish passing scores on all steps of the examination.

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18VAC125-20-90. (Repealed.)

Part IV
Licensure [Repealed]

18VAC125-20-110. (Repealed.)

Part V
Licensure Renewal; Reinstatement

18VAC125-20-120. Annual renewal of licensure.

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license renewal form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.

2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.

3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. A person with an inactive license is not authorized to practice; no person shall practice psychology in Virginia without a current active license. An inactive licensee may activate a license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

4. Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.

5. A licensed psychological practitioner actively practicing without a designation for autonomous practice shall attest that the licensee is actively supervised.

18VAC125-20-121. Continuing education course requirements for renewal of an active license.

A. Licensees shall be required to complete a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience, or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for each of the following specific educational experiences:

a. Preparation for and presentation of a continuing education program, seminar, workshop, or academic course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

c. Serving at least six months as editor or associate editor of a national or international, professional, peer-reviewed journal directly related to the practice of psychology.

3. Ten hours will be accepted for one or more three-credit-hour academic courses completed at a regionally accredited institution of higher education that are directly related to the practice of psychology.

4. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment, and care of patients with moderate and severe mental disorders.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

F. Up to two of the 14 continuing education hours required for renewal may be satisfied through delivery of psychological services, without compensation, to low-income individuals receiving mental health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services as verified

by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

18VAC125-20-122. Continuing education providers.

A. The following organizations, associations, or institutions are approved by the board to provide continuing education:

1. Any psychological association recognized by the profession or providers approved by such an association.

2. Any association or organization of mental health, health, or psychoeducational providers recognized by the profession or providers approved by such an association or organization.

3. Any regionally accredited institution of higher learning.

4. Any governmental agency or facility that offers mental health, health, or psychoeducational services.

5. Any licensed hospital or facility that offers mental health, health, or psychoeducational services.

6. Any association or organization that has been approved as a continuing education provider by a psychology board in another state or jurisdiction.

B. Continuing education providers approved under subsection A of this section shall:

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.

2. Monitor attendance at classroom or similar face-to-face educational experiences.

3. Provide a certificate of completion for licensees who successfully complete a course. The certificate shall indicate the number of continuing education hours for the course and shall indicate hours that may be designated as ethics, laws, or regulations governing the profession, if any.

18VAC125-20-123. Documenting compliance with continuing education requirements.

A. All licensees in active status are required to maintain original documentation for a period of four years.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. Official transcripts showing credit hours earned from an accredited institution; or

2. Certificates of completion from approved providers.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure, is the responsibility of the licensee. The board may request additional information if such compliance is not clear from the transcripts or certificates.

E. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

18VAC125-20-130. Late renewal; reinstatement; reactivation.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed and by completing the continuing education requirements specified in 18VAC125-20-121 for that year.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has been expired, not to exceed four years;

2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and

3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and document completion of continued education hours equal to the number of years the license has been inactive, not to exceed four years.

18VAC125-20-140. (Repealed.)

Part VI
Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC125-20-150. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity, and worth of all people and are mindful of individual differences. Regardless of the delivery method, whether face-to-face or by use of technology, these standards shall apply to the practice of psychology.

B. Persons regulated by the board and persons practicing in Virginia with an E.Passport or an IPC shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by education, training, and appropriate experience;

2. Delegate to persons under their supervision only those responsibilities such persons can be expected to perform competently by education, training, and experience;

3. Maintain current competency in the areas of practices through continuing education, consultation, or other procedures consistent with current standards of scientific and professional knowledge;

4. Accurately represent their areas of competence, education, training, experience, professional affiliations, credentials, and published findings to ensure that such statements are neither fraudulent nor misleading;

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;

6. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;

7. Avoid harming, exploiting, misusing influence, or misleading patients or clients, research participants, students, and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable;

8. Not engage in, direct, or facilitate torture, which is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that causes harm;

9. Withdraw from, avoid, adjust, or clarify conflicting roles with due regard for the best interest of the affected party and maximal compliance with these standards;

10. Make arrangements for another professional to deal with emergency needs of clients during periods of foreseeable absences from professional availability and provide for continuity of care when services must be terminated;

11. Conduct financial responsibilities to clients in an ethical and honest manner by:

a. Informing clients of fees for professional services and billing arrangements as soon as is feasible;

b. Informing clients prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment;

c. Obtaining written consent for fees that deviate from the practitioner's usual and customary fees for services;

d. Participating in bartering only if it is not clinically contraindicated and is not exploitative; and

e. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting services provided, dates of service, or status of treatment.

12. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;

13. Construct, maintain, administer, interpret, and report testing and diagnostic services in a manner and for purposes that are current and appropriate;

14. Design, conduct, and report research in accordance with recognized standards of scientific competence and research ethics. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as participants in human research, with the exception of retrospective chart reviews;

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology;

16. Accurately inform a client or a client's legally authorized representative of the client's diagnoses, prognosis, and intended treatment or plan of care. A psychologist shall present information about the risks and benefits of the recommended treatments in understandable terms and encourage participation in the decisions regarding the patient's care. When obtaining informed consent treatment for which generally recognized techniques and procedures have not been established, a psychologist shall inform clients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation;

17. Clearly document at the outset of service delivery what party the psychologist considers to be the client and what, if any, responsibilities the psychologist has to all related parties;

18. Determine whether a client is receiving services from another mental health service provider, and if so, document efforts to coordinate care;

19. Document the reasons for and steps taken if it becomes necessary to terminate a therapeutic relationship (e.g., when it becomes clear that the client is not benefiting from the relationship or when the psychologist feels endangered). Document assistance provided in making arrangements for the continuation of treatment for clients, if necessary, following termination of a therapeutic relationship; and

20. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to confidentiality, persons regulated by the board shall:

1. Keep confidential their professional relationships with patients or clients and disclose client information to others only with written consent except as required or permitted by law. Psychologists shall inform clients of legal limits to confidentiality;

2. Protect the confidentiality in the usage of client information and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using clinical information in teaching, writing, or public presentations; and

3. Not willfully or negligently breach the confidentiality between a practitioner and a client. A disclosure that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

D. In regard to client records, persons regulated by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic records for each client. For a psychologist practicing in an institutional setting, the recordkeeping shall follow the policies of the institution or public facility. For a psychologist practicing in a noninstitutional setting, the record shall include:

a. The name of the client and other identifying information;

b. The presenting problem, purpose, or diagnosis;

c. Documentation of the fee arrangement;

d. The date and clinical summary of each service provided;

e. Any test results, including raw data, or other evaluative results obtained;

f. Notation and results of formal consults with other providers; and

g. Any releases by the client;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and dispose of written, electronic, and other records in such a manner as to ensure their confidentiality; and

3. Maintain client records for a minimum of five years or as otherwise required by law from the last date of service, with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining 18 years of age;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred pursuant to § 54.1-2405 of the Code of Virginia pertaining to closure, sale, or change of location of one's practice.

E. In regard to dual relationships, persons regulated by the board shall:

1. Not engage in a dual relationship with a person under supervision that could impair professional judgment or increase the risk of exploitation or harm. Psychologists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, intern, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of the client) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Because sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, and adverse impact on the client;

3. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the psychologist in his professional capacity; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

F. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license or registration for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude (i.e., relating to lying, cheating, or stealing);

2. Procuring or attempting to procure or maintaining a license or registration by fraud or misrepresentation;

3. Conducting practice in such a manner so as to make it a danger to the health and welfare of clients or to the public;

4. Engaging in intentional or negligent conduct that causes or is likely to cause injury to a client;

5. Performing functions outside areas of competency;

6. Demonstrating an inability to practice psychology with reasonable skill and safety to clients by reason of illness or substance misuse, or as a result of any mental, emotional, or physical condition;

7. Failing to comply with the continuing education requirements set forth in this chapter;

8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession, including § 32.1-127.1:03 of the Code of Virginia relating to health records;

9. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;

10. Performing an act or making statements that are likely to deceive, defraud, or harm the public;

11. Having a disciplinary action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction or surrendering such a license, certification, or registration in lieu of disciplinary action;

12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;

13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged and incapacitated adults as required in § 63.2-1606 of the Code of Virginia; or

14. Violating any provisions of this chapter, including practice standards set forth in 18VAC125-20-150.

18VAC125-20-170. Reinstatement following disciplinary action.

A. Any person whose license has been revoked by the board under the provisions of 18VAC125-20-160 may, three years subsequent to such board action, submit a new application to the board for reinstatement of licensure. The board in its discretion may, after a hearing, grant the reinstatement.

B. The applicant for such reinstatement, if approved, shall be licensed upon payment of the appropriate fee applicable at the time of reinstatement.

Board of Psychology
Education for Psychological Practitioner Applicants

Pursuant to Virginia Code § 54.1-3606.3 and [18VAC125---], an applicant for licensure as a psychological practitioner must have received a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association ("APA"), from a program equivalent to those accredited by the APA as determined by the Board, or from a program accredited by another national accrediting body approved by the Board.

As of the effective date of this Guidance Document, the Board has not approved a national accrediting body for master's degree programs in psychology or counseling psychology other than the APA.

Educational programs that meet the following guidelines are deemed equivalent to those accredited by the APA for master's degree programs in psychology or counseling psychology.

1. The program offers a training which prepares individuals for practice as a psychological practitioner as defined in Virginia Code § 54.1-3600.

2. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing.

3. Graduates of programs that are not within the United States or Canada may provide documentation from a credential evaluation service that provides information that allows the board to determine if the program is comparable to those recognized by the U.S. Department of Education or the Association of Universities and Colleges of Canada.

4. The program is recognizable as an organized entity within the institution. [Does this mean it is a specific college or program of study?]

5. The program is an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and educates an identifiable body of students who are matriculated in that program for a degree. The faculty of the program provides professional role models and engages in actions that promotes students' acquisition of knowledge, skills, and competencies consistent with the program's training goals.

6. The program encompasses at least two academic years of full-time graduate study or the equivalent thereof.

7. The program demonstrates that all students have acquired a general knowledge in the discipline of psychology prior to graduation in the knowledge areas listed below. This knowledge mastery can be either the graduate or undergraduate level, although not all of these areas can be mastered exclusively at the undergraduate level. [Last sentence needs work, this sounds like regulation.]

    a. Affective Bases of behavior (e.g., the psychology of affect, emotion and mood including topics such as the neuroscience of emotion or emotional regulation);

    b. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy);

    c. Cognitive- bases of behavior (e.g., learning theory, cognition, memory, decision making);

    d. Developmental bases of behavior (e.g., the psychology of development across the life span with a focus on two or more distinct developmental periods); and

    e. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, discrimination multicultural issues).

8. The program requires the following knowledge areas are mastered at the graduate level prior to graduation.

    a. Research Methodology (e.g., research design, quantitative and qualitative methods, data analysis, sampling procedures sufficient to allow consumption and application of psychological research); and

    b. Psychometrics (e.g., techniques of psychological measurement, issues of reliability and validity of psychological measures).

9. The program's clinical training requires that all students demonstrate masters-level competency in the following practice competencies:

    a. Integrating psychological science and practice;

    b. Ethical practice;

    c. Individual and cultural diversity;

    d. Professional values and behavior;

    e. Communication and interpersonal skills;

f. Psychological assessment;

g. Psychological intervention;

h. Knowledge of supervision approaches and theories; and

i. Consultation and interprofessional skills.

10. The program requires students to complete supervised experiences providing direct psychological practice services to a diverse population of clients as part of an organized sequence of training and under the supervision of a trained and credentialed professional that has direct responsibility for the clients receiving the student's services. The program ensures these practicum experiences allow for students to demonstrate practice competencies described in this guidance document. The program requires, as part of this practicum, treatment or assessment, interviewing of clients, scoring, reporting, or treatment note writing, and consultation related to face-to-face direct services.

Resource Guide for Establishing Equivalency to APA/CPA Accredited Training in Health Service Psychology

ASPPB

Association of State and Provincial Psychology Boards

June 2024

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Michelle Paul, Ph.D., ASPPB Board of Directors President and Task Force Chair

Table of Contents

I. Introduction

In its Model Licensing Act, ASPPB takes the position that graduation from an APA/CPA accredited program should be the minimum educational requirement for doctoral-level licensure for health service psychology. Yet, the majority of ASPPB jurisdictions either require applicants to have graduated from an APA- or CPA- accredited program in professional or health service psychology; *or* require applicants to establish that their training and educational curriculum was "equivalent" to that of an accredited training program.

Historically, regulators in Canada and the US have used course requirements (and accompanying credit hours) to determine equivalence; however, there has been a move to a competency-based education model in health professions that underscores accountability in the expectation that graduates are competent to practice. As such, under the new APA *Standards of Accreditation for Health Service Psychology (effective beginning January 1, 2017)* and the CPA revisions to its *Standards for Accreditation* (2023), establishing "equivalence" is more challenging. APA's *Standards of Accreditation* emphasizing a competency-based curriculum allow for the *uncoupling* of competencies from courses and credit hours. Adding to the challenge of establishing equivalency, the Canadian Free Trade Agreement of 2017 requires anyone licensed as a psychologist in *one* Canadian province or territory to be eligible for licensure as a psychologist in *any* Canadian jurisdiction. As a result, requests for guidance from ASPPB by member jurisdictions regarding "best practices" in establishing equivalency have increased significantly.

ASPPB surveyed member jurisdictions in Sept-Oct 2021. Fifty of ASPPB's 66 member jurisdictions responded. Of those, 37 (74%) reported that their jurisdiction allowed for "equivalency". Of those 37, 78% (n=28) responded that they would find it useful if ASPPB were able to develop a set of guidelines (e.g., toolkits, templates, rubrics, topics to consider, etc.) to assist in their equivalency reviews. Twenty-eight jurisdictions volunteered that they would be willing to send a representative to be part of a work group to develop said guidelines.

In response, in its February 2022 Board of Directors meeting, an Equivalency Task Force (ETF) was established to create a useful set of guidelines for establishing equivalence that jurisdictions can use. Despite ASPPB's position that accreditation should be the minimum standard, the Board of Directors agreed that a set of guidelines would move the field forward toward much-needed consistency and standardization among jurisdictions as they evaluate the educational requirements of candidates who did not complete their degrees in APA- or CPA-accredited programs. This helps jurisdictions fulfill their obligation of equitable licensing practices and public protection by ensuring consistent standards of psychology education for licensure/certification on which their publics can rely.

One final caveat: The focus of the Equivalency Task Force was guidance on determining equivalence for graduates from health service psychology programs, the types of programs that are accredited by the APA and the CPA. Additionally, we focused only on determining equivalence of training that occurred in the U.S., Canada, or the U.S. Territories. International programs in psychology and general applied psychology programs were beyond the scope of this Task Force's work.

II. Purpose

There are many requirements that an applicant must fulfill to achieve independent licensure. One critical element is to have obtained the requisite education and training. ASPPB endorses the position that graduation from an APA/CPA accredited program should be a minimum requirement for doctoral-level licensure for health service providers. This document was developed as a resource for regulatory bodies that are tasked with reviewing individual applications for licensure when the applicant has not graduated from an APA- or CPA- accredited program (aka "equivalency reviews"). It is specific to Health Service Psychology training programs. Future revisions of this document may explore establishing equivalency to MA-level accredited programs and non-Health Service Psychology training programs.

This resource is *not* intended to be a standard for training in graduate programs over which ASPPB has no jurisdiction. Further, this resource is not intended to definitively make recommendations regarding what is and is not equivalent. Rather, the Task Force prepared this document to provide information and considerations regarding APA and CPA standards to assist ASPPB member jurisdictions in assessing equivalency as it relates to licensure requirements in jurisdictions that allow for it. It may also prove to be a useful resource for regulatory bodies to develop guidance or tools for applicants who are coming from programs that are not APA- or CPA-accredited and who are preparing materials for Equivalency Reviews.

To assist member jurisdictions, we have gathered information from US and Canadian Jurisdictions' policies and procedures surrounding "equivalency" reviews. This document represents what was learned from jurisdictions about how equivalency is established and creates important areas for jurisdictions to consider as they seek to determine equivalence when evaluating the education and training credentials of candidates for licensure or registration who did not graduate from accredited programs. We hope the information will provide member jurisdictions with helpful guidance in approaching equivalency reviews.

III. Accreditation Standards

The evaluation tools in this resource guide are designed to closely align with the accreditation requirements of the American Psychological Association and the Canadian Psychological Association. This guide cannot, however, fully substitute the time and effort required to become familiar with accreditation standards and related documents. To establish equivalency, one needs a good understanding of the reference point being used for evaluation. These standards and documents are authoritative and represent the consensus of the health service psychology profession. For your convenience, links are provided to the primary source *Standards* and *Operating Procedure* documents.

American Psychological Association (APA)

The Office of Program Consultation and Accreditation (OPCA) and its home website are housed within the APA Education Directorate. OPCA oversees practices to support Accreditation and the APA Commission on Accreditation (CoA) . The website provides useful information regarding the purpose of accreditation and how the APA CoA conducts its business.

https://accreditation.apa.org/

Standards of Accreditation for Health Service Psychology & Accreditation Operating Procedures (SoA).
The SoA is the parent document that guides the accreditation process for health service psychology (clinical, school, and counseling) doctoral training programs. [It also does so for internship and postdoctoral residency programs.] This is the document to which accredited programs are held accountable.

https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf

Implementing Regulations (IRs) Related to the Standards of Accreditation (Section C).
The IRs accompany the SoA and provide important clarification and detail, including specific definitions for the standards, principles, procedures, curriculum and competencies, etc., covered in the SoA. This is also a document to which accredited programs are held accountable.

https://irp.cdn-website.com/a14f9462/files/uploaded/Section%20C%20032024.pdf

Canadian Psychological Association (CPA)

The Canadian Psychological Association's Accreditation Panel and Accreditation Office provide information about accreditation processes within the CPA website.

https://cpa.ca/accreditation/

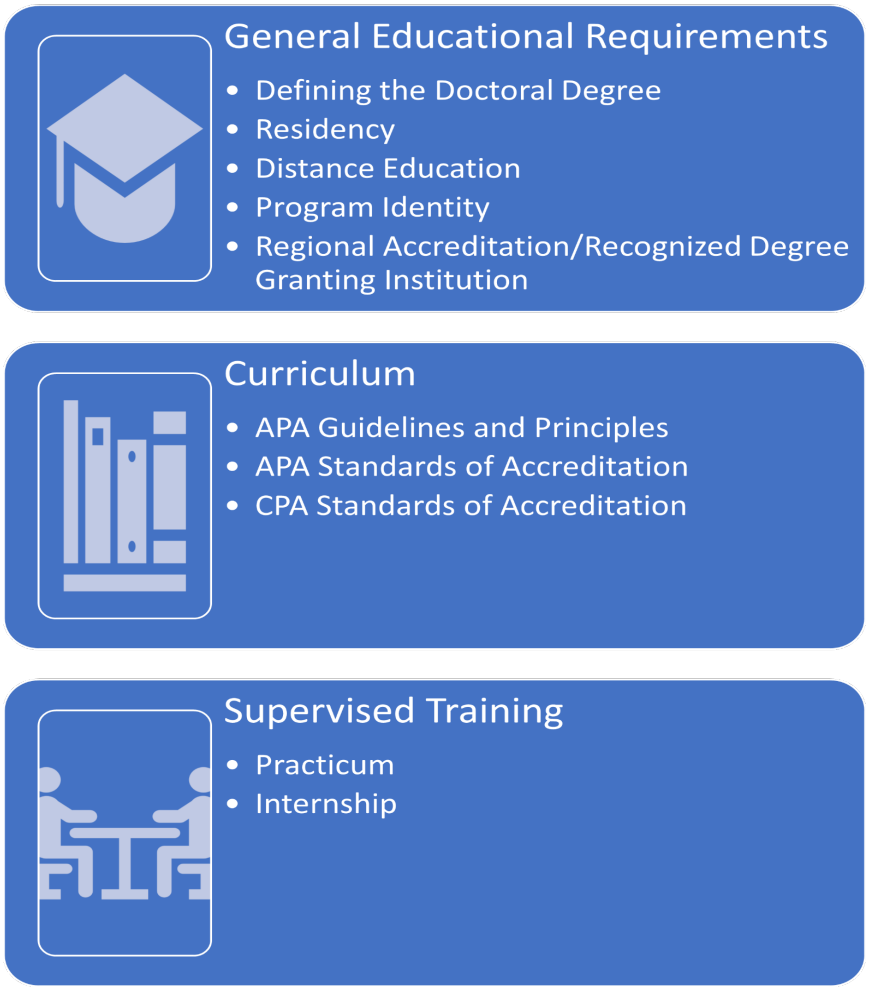
Between 2017 and 2023, CPA had been engaged in an *Accreditation Standards* revision process. The *6th Revision of Accreditation Standards and Procedures for Doctoral Programmes and Internships in Professional Psychology* was approved by the CPA Board of Directors in June, 2023.

https://cpa.ca/docs/File/Accreditation/CPA%202023%20Accreditation%20Standards_EN_Web.pdf

Note: While there would be no specific values assessment that would take place with regard to equivalence, the Task Force members wish to acknowledge that the 6th *Revision to the CPA Accreditation Standards* opens with a framework of values intended to promote a more diverse, inclusive, and socially just discipline:

- Excellence
- Evidence
- Human Rights and Social Justice
- Reconciliation Promotion
- Respect

IV. Areas for Review



General Education Requirements

Defining the Doctoral Degree **- Was the applicant's program of study at the doctoral level, and did it meet the doctoral training criteria as follows?**

APA- Health Service Psychology (Counseling, Clinical or School Psychology). According to the APA *Standards of Accreditation* (SoA, 2017), page 2, accredited doctoral programs in psychology *provide "broad and general training in scientific psychology and in the foundations of practice in health service psychology. Practice areas include clinical psychology, counseling psychology, school psychology, and other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas."*

And on page 18, "*Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate… Graduates of each type of program or other doctoral degree designations, however, must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.*

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built, as well as utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based, as well as in scientific inquiry and evaluation."

CPA -Professional Psychology. According to the Canadian Psychological Association Accreditation Standards, "*the program is a doctoral-level clinical psychology, counseling psychology, school psychology, clinical neuropsychology, or combined program within a department or a recognizable and coherent unit of psychologists that assume responsibility for it. The program, wherever it may be administratively housed, must be clearly identified as a psychology program. Such a program must specify in pertinent institutional catalogues,*
brochures, and electronic media its intent to educate and train professional psychologists.

The program has an identifiable body of students who are enrolled in the clinical

psychology, counseling psychology, school psychology or clinical neuropsychology program for the doctoral degree.

Doctoral programs typically accept applicants' post-honours baccalaureate (or its equivalent), but may vary in the way in which they define and operationalize master's degree training and requirements en route to the doctoral degree. If a program admits a student with advanced standing (i.e., a student who enters with a master's degree or a student who enters with a doctoral degree in a nonprofessional area of psychology), the program must have clearly-defined, documented mechanisms for assessing and assigning credit for previous graduate achievements. The program ensures that all students fulfill all the program's doctoral degree requirements." (CPA, 2023, p. 9)

Residency **- Did the program require full-time study in residence to achieve the critical purposes of residency in alignment with the doctorate as the highest degree of educational accomplishment in health service psychology?**

APA- Health Service Psychology (Counseling, Clinical or School Psychology). The Standards of Accreditation for Health Service Psychology establish the required length of degree and residency. Residency is defined in Section I.C.2 as "at least 1 year… in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement." (p. 7).

The Implementing Regulations (IRs), section C-5 D., Academic Residency for Doctoral Programs, shed further light on length of degree and residency. This IR underscores the requirement of at least 3 full-time academic years of graduate study (or equivalent) plus an internship prior to receiving the doctorate; at least 2 of the 3 academic years (or equivalent) within the program from which the doctoral degree is granted; and at least 1 year must be in full-time residence (or the equivalent).

According to the IRs, to establish equivalency for 1 year of full-time residency, the key question is whether the applicant's program materials clearly articulate how the program's approach to residency achieves the purpose of residency. The purpose of residency is two-fold:

- First, does the program's residency requirement ensure student development and socialization (including but not limited to working closely with professors, supervisors, and other students)?
- Second, does the program's residency requirement enable educators (e.g., faculty, clinical supervisors, etc.) to properly evaluate students' knowledge, skills, emotional stability and well-being, professional fitness, etc.?

In sum, are there clearly articulated processes and benchmarks built into the program to achieve these two critical purposes of residency?

Residency & APA Equivalency Landscape. Table 1. provides a summary of the Residency Landscape and manner in which APA accreditation is evaluated across the United States and Washington DC as of the writing of this document. For more detail regarding the Residency Requirement landscape across and within US jurisdictions, including the US territories, see Appendix B.

Table 1. The Residency Landscape in the United States

State	Residency relies on or is determined by	APA Accreditation
Alabama	ASPPB Model Act	Expedited
Alaska	Individual Applicant Review	Expedited
Arizona	Credit Hours	Equivalency
Arkansas	ASPPB Model Act	Equivalency
California	No Specific Requirement	Expedited
Colorado	Individual Applicant Review	Equivalency
Connecticut	ASPPB Model Act	Equivalency
Delaware	ASPPB Model Act	Expedited
Florida	Individual Applicant Review	Equivalency
Georgia	ASPPB Model Act	Required
Hawaii	Independent Applicant Review	Equivalency
Idaho	Individual Applicant Review	Expedited
Illinois	Contact or credit hours	Equivalency
Indiana	ASPPB Model Act	Expedited
Iowa	ASPPB Model Act	Required
Kansas	Individual Applicant Review	Expedited
Kentucky	Contact Hours	Regional Accreditation
Louisiana	ASPPB Model Act	Required
Maine	Two years	Equivalency
Maryland	ASPPB Model Act	Required
Massachusetts	ASPPB Model Act	Required
Michigan	ASPPB Model Act	Required

State	Residency relies on or is determined by	APA Accreditation
Minnesota	Contact or Credit Hours	Expedited
Mississippi	Individual Applicant Review	Required
Missouri	Hours Per Week	Equivalency
Montana	ASPPB Model Act	Expedited
Nebraska	Contact Hours	Expedited
Nevada	Contact Hours	Equivalency
New Hampshire	ASPPB Model Act	Expedited
New Jersey	ASPPB Model Act	Equivalency
New Mexico	Individual Applicant Review	Required
New York	Individual Applicant Review	Expedited
North Carolina	Credit Hours	Expedited
North Dakota	Individual Applicant Review	Equivalency
Ohio	Individual Applicant Review	Required
Oklahoma	Individual Applicant Review	Required (limited exceptions)
Oregon	Individual Applicant Review	Required
Pennsylvania	ASPPB Model Act	Required
Rhode Island	Credit Hours	Equivalency
South Carolina	Individual Applicant Review	Required
South Dakota	Individual Applicant Review	Equivalency
Tennessee	Individual Applicant Review	Equivalency
Texas	No Specific Requirement	Equivalency
Utah	No Specific Requirement	Required
Vermont	Contact Hours	Equivalency
Virginia	No Specific Requirement	Equivalency
Washington	Contact Hours	Expedited
West Virginia	Individual Applicant Review	Equivalency
Wisconsin	ASPPB Model Act	Equivalency

State	Residency relies on or is determined by	APA Accreditation
Wyoming	Contact hours	Equivalency
District of Columbia	ASPPB Model Act	Required

The Task Force reviewed two aspects of equivalency: 1) how jurisdictions review accreditation equivalency and 2) how jurisdictions evaluate residency, which is defined here as a physical in-person requirement for doctoral psychology programs.

Accreditation Equivalency:

1. Accredited Program Only – These jurisdictions require an applicant to have graduated from an accredited program. Programmatic accreditation is required; regional accreditation of the university is insufficient.
2. Expedited – These jurisdictions require that an applicant meet certain academic criteria to be eligible for psychologist licensure. Statutes or rules in this jurisdiction specify that accredited programs – APA, PCSAS, etc. – automatically meet these educational requirements. Applicants completing non-accredited programs go through a board review process to determine whether the applicant's program meets the jurisdiction's educational requirements.
3. Equivalency – These jurisdictions require applicants to graduate from an accredited program or equivalent. Applicants completing non-accredited programs go through a board review process to determine whether the applicant's program meets APA requirements.

Residency Requirements:

1. ASPPB Model Regulations – These jurisdictions require an applicant to demonstrate that their program meets the jurisdiction's residency requirements as outlined in ASPPB's Model Regulations for Licensure and Registration of Psychologists (March 2018) excerpted below. Jurisdictions' language varied somewhat from the Model Act, but the purpose was the same: to ensure that at least one full-time academic year was spent in a brick and mortar program at the educational institution.

"The curriculum shall encompass a minimum of three (3) academic years of full time graduate study which includes a minimum of (1) continuous academic year of full time residency at the educational institution granting the doctoral degree. An academic year is defined as two (2) consecutive academic semesters, each of which must be no less than four (4) months (or three (3) consecutive trimesters or quarters which is no less than (8) months). Continuous is defined as full time enrollment over the course of the defined academic year. Multiple long weekends and/or summer intensive sessions do not meet the definition of continuous. Residency means physical presence, in person, face-to-face, at an educational institution granting the doctoral degree for the purposes of facilitating acculturation in the profession, the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods less than one (1) continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution do not meet this definition of residency (ASPPB, March 2018, p 7-8)."

2. Contact Hours – These jurisdictions require an applicant to demonstrate their program meets the residency requirement as outlined by the contact hours an applicant spent in-person in the program. A contact hour is 60 minutes of educational activity.
3. Credit Hours - These jurisdictions require an applicant to demonstrate their program meets the residency requirement as outlined by the credit hours awarded to an applicant for the in-person parts of their program.
4. Individual Applicant Review – These jurisdictions require an applicant to demonstrate their program meets a residency requirement. In general, while these states have language requiring residency, they do not have language identifying how the board gauges residency of non-accredited programs. These boards review an individual applicant's program to make a determination about how the program meets state residency requirements.
5. No Specific Requirement - These jurisdictions do not have a specific residency requirement. *

*Note that jurisdictions that require Accredited Only programs may rely on the accrediting body's residency requirement.

CPA -Professional Psychology.

Up until June 2023, the CPA Accreditation Standards required programs to have a minimum of 3 academic years of full-time, resident, graduate study at the doctoral level. This changed with the 6th revision in 2023, as follows.

From the CPA Accreditation Standards, 6th Revision, 2023:
The program requires a minimum of 3 academic years of full-time graduate study (or its equivalent[10]) at the doctoral level. At least some proportion of the program's training is provided in an in-person format; programs offering part of their training via distance technologies must demonstrate how they have considered best practices in education in setting their proportion of in-person and electronically mediated educational technologies.[11]

[10] Training in professional psychology includes socialization to the profession, faculty role-modelling, competency development and evaluation, supervision, and didactic and practical components. Should individual students require accommodations (per Standards III.A and/or IX.A) to complete their training on a part-time basis, it is the responsibility of the program to demonstrate that these accommodations allow for substantial equivalency to full-time studies in all aspects of that student's training.

[11] The Accreditation Panel is aware of the evolving role of new technologies in education and training; it requires that any program utilizing distance or electronically mediated education technologies adhere to the requirements of Standard XI.B and ensure that in so doing they continue to comply with the 3-year full-time graduate study requirement. (CPA, 2023, p. 10)

Standard XI.B: When part of the program's education and training is delivered via evolving technologies or distance technology (e.g., distance education, online learning), programs must deliver this training in compliance with any emerging guidelines from relevant professional or regulatory bodies, including but not limited to those published by the CPA. Programs are responsible for ensuring that the training provided via distance or electronically mediated

technologies is equivalent to in-person, face-to-face instruction and training with respect to socialization to the profession, faculty role modelling, competency development and evaluation, research infrastructure, supervision, and didactic and practical training of students. Programs must also evaluate the outcomes of these methods of education and training and provide this data to the Accreditation Panel. (CPA, 2023, p. 22)

Residency Landscape. Table 2 provides a summary of the Residency Landscape across Canadian Jurisdictions as of the writing of this document.

Table 2. The Residency Landscape in Canada

Jurisdiction	Residency Requirements	Explanation
Alberta	No residency requirement	
British Columbia	Minimum of three academic years	Resident study and training: The program requires resident study and training, consisting of in-person participation in courses, seminars, practica and internships with face-to-face, in person, contact with faculty and other students, in order to develop trainee assessment, therapy and interpersonal skills, to permit faculty to directly observe trainee interactions with clients, other trainees and supervisors, and to provide opportunity for in-person, face-to-face faculty supervision of trainees. If distance education or electronically mediated formats are incorporated into the program, residency requirements, as set out below, must still be met: a) Residency requirement: The applicant is required to complete a minimum of three academic years of full-time resident study and training, or equivalent part-time study and training, at the educational institution granting the doctoral degree during the enrollment in the doctoral program.

Jurisdiction	Residency Requirements	Explanation
		b) Quantity of resident study and training: One year of resident study consists of at least 18 semester hours, exclusive of internship requirements, taken on a full-time or part-time basis at the educational institution granting the degree, accumulated in not less than 9 months and not more than 18 months, and includes student-to-faculty contact involving face-to-face, in person, group courses. Such educational meetings (1) include both faculty-to-student and student-to-student interaction, (2) are conducted by the psychology faculty of the institution at least 90% of the time, (3) are fully documented by the institution, and (4) relate substantially to the program and course content. c) Distribution of resident study and training: The program distributes education and training over the days and weeks of an academic year, at the educational institution granting the degree, and provides students with access to a core psychology faculty, with its members' primary time and employment responsibilities being to the educational institution, as well as access to other students matriculated in the program.
Manitoba	No residency requirement	Except any online or hybrid program must be CPA or APA accredited. (As of the writing of this guidebook, this eliminates all online or hybrid Canadian programs and all but one US program;

Jurisdiction	Residency Requirements	Explanation
		the 2023 6th Revision of the CPA Standards no longer identifies a minimum residency requirement beyond “at least some proportion of the program’s training” and so in time this could change.)
New Brunswick	Minimum of one continuous academic year	The doctoral program shall involve at least one continuous academic year of full-time residency or two years of half-time residency on the campus of the institution from which the degree is granted.
Northwest Territories	No residency requirement	
Ontario	Doctoral Level: Minimum of three years of full-time resident graduate study or a part-time equivalent of three years of full-time resident graduate study. Master’s Level: Minimum of one academic year of full-time resident graduate study and training or equivalent part-time resident graduate study and training.	Resident study and training consists of in-person participation in courses, seminars, practica and internships with face-to-face contact with faculty and other students.
Newfoundland and Labrador	Minimum of one continuous year	Acceptable programs must have a minimum of a one-year period of full-time ‘in-person’ academic residence that is defined as one continuous academic year or two academic semesters taken in succession. Practicum and internship are not counted toward the academic

Jurisdiction	Residency Requirements	Explanation
		residence requirement. Programs delivered entirely via technology are not accepted for registration. Some training via technology may be acceptable; however, such training can only be for non-applied theoretical courses and need to be approved by the Board.
Nova Scotia	Minimum of one continuous year	The program should have a body of resident students who are enrolled in that program. Programs that are primarily based on-line are not acceptable to the Board. The Board has adopted the Section on Residency from the ASPPB Model Licensing Act. It states: "Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g. multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution do not meet this definition of residency." Note: The minimum period of one continuous year of residency is in addition to any practica or internship completed as part of the program requirements.

Jurisdiction	Residency Requirements	Explanation
Prince Edward Island	Minimum of one academic year	The doctoral (for Psychologists) or masters (for Psychological Associates) program shall involve at least one continuous academic year of full-time residency at the University at which the degree is granted. Resident study at the educational institution granting the degree consists of in-person participation in courses and seminars with face-to-face contact with faculty and other students. The minimum period of one continuous academic year of residency is in addition to any practica or internship completed as part of the program requirements.
Quebec	Minimum of one academic year	Acceptable programs must have a one-year period of "in-person" academic residence that is defined as one continuous academic year or two academic semesters taken in succession. Practicum and internship are not counted toward the academic residence requirement
Saskatchewan	No Residency Requirement	

Distance Education **- A consideration related to residency is that of distance education. Was distance education used, and if so, was the use of distance education compatible with the following guidelines provided by the APA or CPA Accreditation Standards?**

APA- Health Service Psychology. APA is explicit in stating that a doctoral program "delivering education and training substantially or completely by distance education is not compatible with the SoA and could not be accredited." (See APA Commission on Accreditation, Implementing Regulations, Section C: IRs Related to Standards of Accreditation, p. 21, July 2023 revision)). Furthermore, practicum experiences must be conducted face-to-face, in-person, and the program must ensure that a student has had sufficient experience and in-

person supervision in intervention and assessment at the doctoral level and possesses a level of competence to justify [telesupervision]. [Note: APA COVID-19 pandemic exceptions were in effect from 2020-November 7, 2023 (180 days after the federal emergency mandate expiration of May 11 2023; https://accreditation.apa.org/covid-19). Regulatory bodies may have different time periods regarding this.]

CPA -Professional Psychology. As noted in the CPA programme definition, *"At least some proportion of the program's training is provided in an in-person format; programs offering part of their training via distance technologies must demonstrate how they have considered best practices in education in setting their proportion of in-person and electronically mediated educational technologies.[11]"*

The accompanying footnote states, "The Accreditation Panel is aware of the evolving role of new technologies in education and training, and requires that any program utilizing distance or electronically-mediated education technologies to adhere to the requirements of Standard XI.B, and ensure that in so doing they continue to comply with this 3-year residency requirement (CPA, 2023, p. 10)*."*

Standard XI.B states*, "When part of the program's education and training is delivered via evolving technologies or distance technology (e.g., distance education, online learning), programs must deliver this training in compliance with any emerging guidelines from relevant professional or regulatory bodies, including but not limited to those published by the CPA. Programs are responsible for ensuring that the training provided via distance or electronically-mediated technologies is equivalent to in-person, face-to-face instruction and training with respect to socialization to the profession, faculty role-modeling, competency development and evaluation, research infrastructure, supervision, and didactic and practical training of students. Programs must also evaluate the outcomes of these methods of education and training and provide this data to the Accreditation Panel* (CPA, 2023, p. 13)*."*

Regulatory bodies can evaluate equivalency in this domain after reviewing documentation provided by candidates for licensure or registration regarding how the distance education model in their program met requirements set out in the APA or CPA *Standards or Implementing Regulations*. That documentation should come from the office of an authority from the applicant's program, (e.g., the Dean, Department Chair, or Program Training Director).

Program Identity, Context, Resources, Policies & Procedures **- Was the applicant's program clearly identified and labeled as a recognizable, coherent, organizational entity within its institution?**

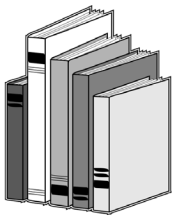
Both APA and CPA require that there had to have been an identifiable psychology faculty and a psychologist responsible for the program; an identifiable body of students enrolled in the program for a degree; and an integrated, organized sequence of study. Accreditation also emphasizes that the course of study is grounded in consistency and stability in resources, leadership, administration, maintenance and development, as well as in adherence to formal written governing policies and procedures.

Evidence of equivalency to accredited programs with respect to this requirement can be demonstrated by having applicants provide:

- Website links to program pages and university degree pages, including faculty and course of study
- Program Handbooks, Policies and Procedures (or weblinks)
- Program Course Catalogs and Brochures (or weblinks)
- Other evidence of program coherence such as links to data regarding student admissions, outcome and other data such as time to completion, internship placement, attrition, licensure, and admissions data

Regional Accreditation of Institution/Recognized Degree Granting Institution **- Was the home institution (University) of the applicant's program regionally accredited (APA) or offered in or through a not-for-profit Canadian university that has received ministerial consent, either through legal charter or another legislative process, to grant doctoral degrees in psychology (CPA)?**

This information can be demonstrated by having candidates provide a link to their school's website or other official publication that indicates their school's accreditation or chartered status.



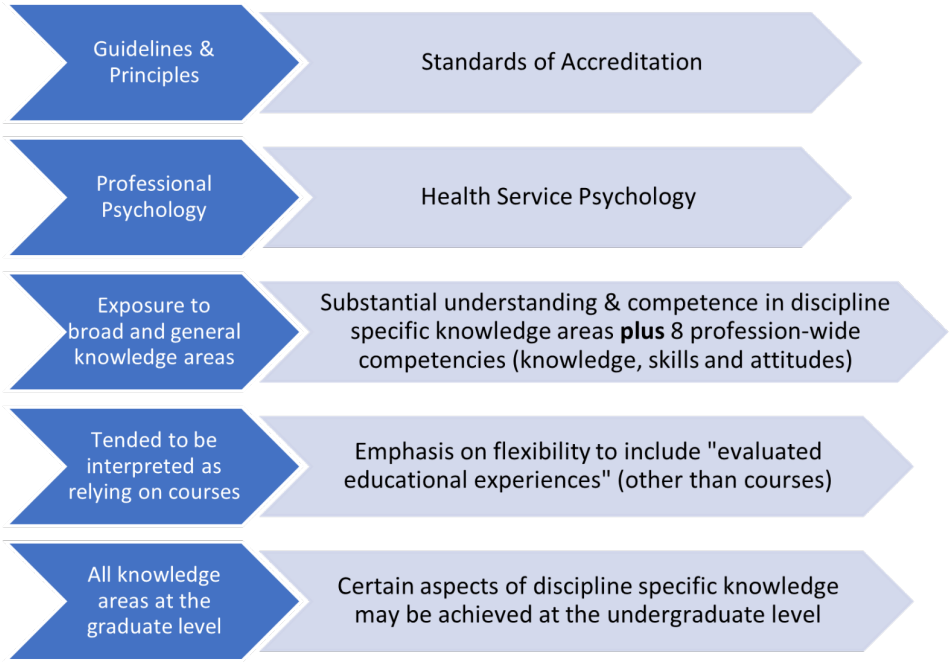
Curriculum[1]

American Psychological Association.

With respect to accreditation by APA, there are two distinct time periods that differ significantly: 1) for applicants who graduated before 2017, the *Guidelines and Principles for Accreditation* (the G & P) apply, and 2) for applicants who graduated after 2017, the *Standards of Accreditation* (SoA) apply. Figure 1. provides a visual representation of the differences between these two approaches to accreditation. This is followed by more thorough descriptions of each time period and considerations for equivalency.

[1] Readers are referred to the American Psychological Association Dictionary of Psychology for assistance in defining terms (e.g., biological, cognitive, affective) at https://dictionary.apa.org/.

Figure 1. Major differences between The G & P and SoA.



1. *1996-2016* - The accreditation process was guided by the document titled, Guidelines *and Principles for Accreditation in Professional Psychology* (*G&P)* ; (APA 2006). Retrieved from: http://www.apa.org/ed/accreditation/about/policies/guiding-principles.pdf

   The *G & P* emphasized that curriculum plans include exposure to knowledge in:

   - breadth of scientific psychology
     - biological aspects of behavior
     - cognitive and affective aspects of behavior
     - social aspects of behavior
     - history and systems of psychology
     - psychological measurement
     - research methodology;
     - techniques of data analysis
   - scientific, methodological, and theoretical foundations of practice
     - individual differences in behavior
     - human development
     - dysfunctional behavior or psychopathology;
     - professional standards and ethics
   - diagnosing or defining problems through psychological assessment and measurement and formulating and implementing intervention strategies (including training in empirically supported procedures)
     - theories and methods of assessment and diagnosis
     - effective intervention
     - consultation and supervision
     - evaluating the efficacy of interventions
     - issues of cultural and individual diversity

Programs typically demonstrated coverage of these areas by defined courses (or sometimes, by infusing content across several courses). Regulatory language appeared to have followed suit by also including a listing of required coursework that paralleled these content areas.

Equivalency for applicants graduating before 2017 is, therefore, established by a course-by-course review using student transcripts and reviewing syllabi. The following tools in the Appendix provide assistance in a course-by-course review process.

See Tool 1 in the Appendix: *Association of State and Provincial Psychology Boards 2016 Coursework Guidelines for Mobility.* This document lists content areas and sample coursework titles to aid in reviewing transcripts and syllabi.
See Tool 2 in the Appendix: *Arizona Core Program Requirements Worksheet*
See Tool 3 in the Appendix: *Hawaii Training Report Psychology*

2. *2017- Present* - Since 2017, the new *Standards of Accreditation for Health Service Psychology* (*SoA*) have replaced the *G & P,* and all programs are now required to align themselves with the *SoA* and the accompanying Implementing Regulations (IRs). The *SoA* introduced major changes to accreditation (Bell et al. 2017) including the following:

   - A move from "professional psychology" to "health service psychology", a narrower term emphasizing service delivery including assessment, intervention and consultation.
   - A move from "*exposure*… to broad and general knowledge" to ensuring that each student "obtains *substantial understanding and competence* in discipline-specific knowledge."
   - A requirement that programs demonstrate that each student achieves and demonstrates each of several core "profession-wide competencies." And,
   - Increased flexibility for programs with respect to how they train, including "evaluated educational experiences" other than courses

   Therefore, determination of equivalency for applicants graduating after 2017, requires more than a transcript and course-by-course review. Furthermore, regulatory language may require a shift in terminology from requiring that an applicant demonstrate they completed course work to requiring that an applicant demonstrate competencies achieved through evaluated educational experiences including, *but not limited to,* coursework.

   Nevada and Louisiana are two jurisdictions that revised regulations to provide language regarding equivalency in alignment with the new *APA Standards of Accreditation*.

   See Tool #4a in the Appendix: Nevada's regulations revised to align with the new APA Standards of Accreditation (Nevada NAC 641.061 and Nevada NAC 641.062)
   See Tool #4b in the Appendix: Louisiana's regulations revised to align with the new APA Standards of Accreditation

Discipline Specific Knowledge (DSK) (See **Tool #5 in the Appendix - Curricular Requirements Worksheet**). Trainees from accredited programs must demonstrate knowledge in the knowledge areas specific to psychology. There are four categories of DSK.

- History and Systems of Psychology
- Basic Content Areas (Aspects of Behavior) in Scientific Psychology
    - Affective
    - Biological
    - Cognitive
    - Developmental and
    - Social
- Advanced Integrative Knowledge in Scientific Psychology
- Methods of Inquiry and Research
    - Research Methods
    - Statistical Analysis and
    - Psychometrics

For regulators, it is important to note key points with regard to APA's *Standards of Accreditation.*

- Certain aspects of DSK may be achieved at the undergraduate level.
- Programs do not necessarily need to establish DSK through courses. They *do* need to identify "evaluated educational experiences", the outcomes of which are assessed to establish that the learner has achieved the knowledge of the competency (e.g., a course, parts of several courses, independent study, research requirements, comprehensive exams, or other methods).
- For content that must be achieved at the graduate level, there must be evidence that primary source materials were utilized (e.g., journal research articles) and that critical thinking and communication at an advanced level were emphasized.

Profession Wide Competencies (PWC) (See **Tool #5 in the Appendix - Curricular Requirements Worksheet**). Trainees from accredited training programs must demonstrate competencies for practice in health service psychology. The training must be consistent with the professional value of individual and cultural diversity; grounded in the current literature and science of psychological knowledge and methods; represent broad and general preparation for entry-level practice; and employ best practices in evaluation of competency (e.g., direct observation, evidence of regular evaluation and feedback regarding competency development using a system of behavioral benchmarks (see below)).

Although programs may provide training in other competency areas (e.g., Social Justice and Advocacy), they must provide training and ensure that their students demonstrate competence in the following nine areas:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values and attitudes
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision and
- Consultation and interprofessional/interdisciplinary skills.

Competency Behavioral Benchmarks for Professional Psychology. The Education Directorate of the APA developed the Benchmarks Evaluation System to provide graduate training programs a resource to consistently define and evaluate student achievement of professional competencies in the aforementioned nine areas (as well as several other *supplemental* areas). The *Benchmarks* system should not be used by jurisdictions as prescriptive to their task of establishing equivalency. Rather, jurisdictions are encouraged to review the *Benchmarks* system to familiarize themselves with how competencies are defined in the education and training community at various levels of development toward independent licensure. The *Benchmarks* system can be found here - https://www.apa.org/ed/graduate/benchmarks-evaluation-system.

Therefore, for the purposes of evaluating an educational program's equivalency, if an applicant came from a program that is equivalent, they can reasonably be expected to have documentation that their home program evaluated their success at achieving internship-ready competencies and their internship program evaluated their success at achieving practice-ready competencies for each of the eight areas listed above. Evaluation methods used by programs (e.g., supervisor ratings of competency development each term or each clinical rotation) may differ slightly but are expected to be integral to the curriculum, align with accreditation guidelines, and be based on at least *one direct observation per evaluation period (e.g., video review, audiotape review, or live observation)*.

For example, the following is an excerpt from the *Benchmarks Evaluation System's* "Readiness for Internship Level" Rating Form, for the profession-wide competency of Ethical and Legal Standards, with a rating of "4" designating internship-ready and N/O indicating not observed. An applicant from a non-accredited program can be reasonably expected to provide documentation that their program provided training and evaluated them with respect to achieving the knowledge, skills and attitudes of Ethical Legal Standards and Policy in alignment with what is provided below.

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines						
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4	[N/O]
3B. Awareness and Application of Ethical Decision-Making						

Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision-making to a dilemma	0	1	2	3	4	[N/O]
3C. Ethical Conduct						
Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4	[N/O]

CPA -Professional Psychology.

The CPA Accreditation Standards distinguish between General Psychology core content areas, foundational competencies, and functional competencies, with an expectation of integrated training in functional and foundational competencies.

General psychology core content areas are defined in the *Standards* Glossary as:

- Biological Bases of Behaviour
- Cognitive-Affective Bases of Behaviour
- Social-Cultural Bases of Behaviour
- Individual Differences, Diversity, Growth, and Lifespan Development
- Historical and Scientific Foundations of General Psychology
- Foundations of Psychopharmacology

Clinical Neuropsychology programs have additional requirements in the foundations for the study of brain-behaviour relationships: functional neuroanatomy; neurological and related disorders, including their etiology, pathology, course, and treatment; non-neurologic conditions affecting central nervous system (CNS) functioning; neuroimaging and other neurodiagnostic techniques; neurochemistry of behaviour (e.g., psychopharmacology); and, neuropsychology of behaviour.

Students can demonstrate competence in General Psychology core content areas by:

- passing suitable evaluations in each of the areas
- successfully completing at least one half-year graduate course in each of the areas
- successfully completing two semesters of undergraduate coursework in each of the areas. (An exception is the Historical and Scientific Foundations area, which can be fulfilled with a one-semester senior undergraduate course.)

Foundational Competencies are identified as essential values, knowledge, skills, and attitudes. Instruction in the following foundational competencies must be included:

- Individual, social, and cultural diversity
- Indigenous interculturalism
- Evidence-based knowledge and methods
- Professionalism

- Interpersonal skills and communication
- Reflective practice, bias evaluation
- Ethics, standards, laws, policies
- Interdisciplinary collaboration and service settings

Instruction in the following Functional Competencies must be included in every program, with an emphasis on domain-specific knowledge in clinical psychology, counseling psychology, school psychology, and clinical neuropsychology as fits the programme:

- Assessment
- Interventions
- Consultation
- Supervision
- Research
- Program development and evaluation

Training in each functional competence must include corresponding training in the foundational competencies. By way of illustration, the following Figure is cut and pasted here from the Canadian Psychological Association's Proposed Revisions for the *6th Revision of the Accreditation Standards for Doctoral and Residency Programs in Professional Psychology*, page 8:

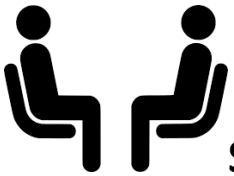
Figure 1 – Foundational and Functional Competencies in Professional Psychology Training

		Foundational Competencies							
		Individual, social, and cultural diversity	Indigenous interculturalism	Evidence based knowledge and methods	Professionalism	Interpersonal skills and communication	Reflective practice, Bias evaluation	Ethics, Standards, Laws, Policies	Interdisciplinary collaboration and service settings
Functional Competencies	Assessment								
	Intervention								
	Consultation								
	Supervision								
	Research								
	Program Development and Evaluation								
	Teaching								
	Leadership, Service, and Advocacy								

Figure 1 outlines the areas of focus in professional psychology training. Doctoral and residency programs are expected to address how the foundational competencies inform and shape the training of functional competencies. Programs are not expected to provide specific outcome data in all areas to demonstrate how these expectations are met. The shaded rows represent functional competencies that are typically developed after entry into the profession; while programs can provide exposure to these competencies, that exposure is not a requirement of the Standards.

The CPA Accreditation Standards note that with respect to foundational and functional competencies, programs are expected "to adopt competency-based evaluation that favours the use of pertinent behavioural anchors as their main strategy for the evaluation of performance during practica and residency experiences." (p.5). The APA Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties (2020) present numerous examples of behavioral anchors

(https://www.apa.org/ed/graduate/specialize/taxonomy.pdf).



Supervised Training

Practicum

APA- Health Service Psychology (Counseling, Clinical or School Psychology)
Source: https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf
Revision approved Nov. 2019

When reviewing applicants from nonaccredited programs, regulators are advised to review the program's practicum training policies and procedures. Accreditation guidelines require that practicum experiences must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of the practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for the internship year, the student has attained the requisite level of competency.

Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.

Supervision must be provided by appropriately trained and credentialed individuals.

As part of a program's ongoing commitment to ensuring the quality of its graduates, each practicum evaluation must be based in part on direct observation of practicum students and their developing skills (either live or electronically). There should be direct observation and evaluation (https://www.apa.org/ed/accreditation/newsletter/2018/09/direct-observation) for each practicum experience with at least one direct observation per evaluation period (e.g., per semester or term).

CPA -Professional Psychology
The CPA Accreditation Standards note the importance of practicum training that is integrated with coursework, begins early in students' graduate training, occurs within settings where training is a core role, and where there is close contact between supervisors at the practicum setting and the doctoral training program.

A minimum of 300 hours of supervised practicum training in direct, face-to-face client contact is recommended as preparation for residency. Some students may require fewer and other students may require more hours to be adequately prepared, and the Director of Training must ensure that minimal competencies have been assessed and that the student is ready to be recommended for residency.

Supervision of psychological services must be provided by a psychologist registered for independent practice in the jurisdiction in which services are provided, and the supervising psychologist is responsible for the student's work. Supervision will be no less than 25% of the total time spent by students in direct service to clients. At least 75% of supervision time must be individual supervision, and up to 25% may be group supervision.

Internship/Residency[2]

APA- Health Service Psychology (Counseling, Clinical or School Psychology)

Accredited training programs must demonstrate that all students complete a one-year full-time or two-year part-time internship. The program's policies regarding student placement at accredited versus non-accredited internships should be consistent with national standards regarding internship training.

Accredited Internships. Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA- accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.

Non-accredited Internships. When a student attends a non-accredited internship, *it is the responsibility of the doctoral program* to provide evidence demonstrating the quality and adequacy of the internship experience. This must include information on each of the following:

- the nature and appropriateness of the training activities:
- frequency and quality of supervision
- credentials of the supervisors
- how the internship evaluates student performance
- how interns demonstrate competency at the appropriate level
- documentation of the experience

At the internship level, performance feedback must be provided on a semi-annual basis, and each instance of formal feedback must be based in part on an instance of direct observation. Should an intern or resident complete multiple rotations, each rotation must include an instance of direct observation.

CPA -Professional Psychology

CPA Accreditation Standards require completion of a 1600-hour residency carried out full time over one year, or half-time over two consecutive years at the same residency program. Residency work is undertaken *only* after completion of all required coursework and practicum requirements.

CPA accreditation standards for residencies address:

- Administrative standards
- Personnel standards
- Training standards
- Facilities, resources, and program-level evaluation standards

[2] In the Canadian system, the terms "internship" and "residency" are used interchangeably.

If a doctoral training program permits a student to complete a non-accredited residency, public disclosure of how the program established that the residency is equivalent to a CPA-accredited residency is required.

Review Processes and Procedures

In June of 2023, jurisdictions were surveyed regarding the process that best describes how the licensing Board/College reviews applications from individuals who have not come from an APA or CPA-accredited program. Thirty-two jurisdictions responded (49% response rate). See Table 3.

Table 3. Review Process Landscape

Based on a survey of jurisdictions, applications from individuals who have not graduated from an APA or CPA-accredited program are reviewed by jurisdictions in the following manner.

	%	Count
By staff	28.1%	9
By the Board as a whole	21.88%	7
By a subcommittee of the Board (2 or more Board members))	31.25%	10
By a single Board member reviewer	9.38%	3
By an outside reviewer (e.g., a program director provides a review or attestation of equivalence)	0.00%	0
Other (please explain)	9.38%	3
Total	100%	33

Of the jurisdictions selecting “by staff”, three noted that the Board is consulted in some capacity as needed (i.e., if there are questions, request for an appeal, or after initial review by staff). Two jurisdictions reported that a separate or umbrella government bureau or agency reviews applications (e.g., New York’s Bureau of Comparative Education reviews graduates from schools outside of New York and not accredited by APA/CPA. The Bureau conducts these reviews for 55 professions under New York’s Education law).

Of the jurisdictions selecting “by a subcommittee of the Board”, two clarified that the subcommittee makes a recommendation and the full board makes a final decision. One jurisdiction clarified that the subcommittee is made up of one Board member and one outside contracted consultant who is a former board member. One jurisdiction uses a primary and a secondary reviewer (both board members) identified by the Executive Director.

Of the jurisdictions selecting “by a single Board member reviewer”, two clarified that the single board member was on a review subcommittee.

Of the jurisdictions selecting “other”, one described a “multi-review process” with reviews at 3 levels (administrative, board member, board). Two noted equivalency was not applicable in their jurisdictions.

In light of its survey of jurisdictions, the Task Force offers the following recommendations to jurisdictions when developing or revising an equivalency review process.

- Assign a core group of individuals or a dedicated subgroup with staggering terms to maintain reliability in determinations and to maintain continuity of knowledge.
- Set the expectation that members of the group develop strong familiarity with the source documents at APA and CPA. Consider setting aside time as a group to train up on or review these materials annually.

Remediation and Respecialization

Jurisdictions were asked whether they allow applicants from non-accredited programs to remediate deficiencies in their application materials. Twenty-four jurisdictions responded to this question. Of the 24 jurisdictions (36.9% response rate), 15 (66.67%) reported that they allow applicants to remediate and 8 (33.33%) do not allow applicants to remediate.

Based on the survey responses received as well as personal communications with jurisdictions (e.g., jurisdictions represented on the Equivalency Task Force), many jurisdictions appear to allow for applicants to remediate between 1 and 4 deficiencies in their curriculum (i.e., courses, or required discipline specific knowledge or core content areas). In addition to completing postdoctoral graduate coursework (e.g., 3 or more graduate semester hours, 5 or more quarter hours, or 6 or more trimester hours in one deficient area in a doctoral-level psychology program at a university that is appropriately recognized to be degree granting), jurisdictions provided additional methods or conditions for remediating what are judged to be deficient areas in an applicant’s curriculum or training as follows.

- Demonstrating that up to two deficient content areas were passed in suitable comprehensive examinations.
- Being a diplomate of the American Board of Professional Psychology.
- Completing two courses within 1 year without having to start a new application but if missing more than two courses, completing all courses and submitting a new application.
- Applicants who have a doctoral degree from a department or school of psychology… who meet all other requirements excepting only two courses… may take up to 6 semester (9 quarter) hours from a psychology department which grants a doctoral degree with prior approval from the Board. Applicants who elect to meet curriculum requirements in this manner must register for a grade of “B” or better as reflected on the official transcript. Such courses must be taken within one year of the Board’s letter of approval or re-application will be required.
- Additional time under supervision or limits to scope of practice.
- CE courses that are recognized by statute or rule.
- Complete an internship that would satisfy the requirements.

One jurisdiction reported that they allow “as many [courses or core subject areas] as need to be remediated to meet the criteria.” Other jurisdictions reported that they did not have a formal policy written into law, rules or regulations regarding a limit on the number of deficient courses or core discipline content areas. Within this group, one jurisdiction reported that there were too few applications to have a policy; another reported dealing with deficiencies on a “case by case” basis but

noted, “remediation is very frequent and many applicants have to follow courses; and another noted that remediation was at the “Registration Committee’s discretion.” Lastly, one jurisdiction observed that while there was no limit, “Practically speaking, colleges/universities may limit course access short of completing a full program.”

For applicants judged to not meet equivalency standards, several jurisdictions in the United States require formal respecialization (e.g., Nevada, Maryland). In other words, psychologists who have completed doctoral training and who work in non-health service fields of psychology may retrain (i.e., respecialize) in health service psychology.

The American Psychological Association (APA) describes the respecialization process as:

> *Respecialization in Professional Psychology Respecialization in psychology refers to the process by which individuals already holding a doctoral degree in psychology complete additional education and training in order to change their specialist area of study. Respecialization programs typically involve intensive coursework in a health service psychology field (Clinical, Counseling, School or combinations of these areas), that includes education in relevant profession wide competencies (e.g., ethics, assessment, intervention), experiential education (i.e. practicum) and a one-year internship. Upon successful completion of the respecialization program, a certificate is awarded. (https://www.apa.org/ed/graduate/respecialization)*

The APA lists a number of formal respecialization programs that are available in the United States on its website. This list is not exhaustive. Notably, although a program that provides a certificate of respecialization may be accredited by The American Psychological Association, the respecialization program is not itself accredited. Therefore, individuals who complete respecialization are not considered to have graduated from an accredited program.

However, The APA Council adopted an official policy regarding respecialization programs (https://www.apa.org/about/policy/chapter-9#respecialization-training). In part, Council policy emphasizes that respecialization training should exemplify programs and internships accredited by APA and that merely taking an internship or acquiring a practicum is not considered adequate preparation. Rather someone engaging in respecialization “must meet all requirements of doctoral training in the new psychological specialty.” As such, the Task Force is satisfied that applicants who complete formal respecialization programs can be treated in the same manner as are applicants from accredited programs.

Overall, there does not appear to be a consensus or convergence of practices that would inform a policy regarding limits on allowable deficiencies. In other words, jurisdictions reported a wide range of parameters that would render an applicant’s training to fall too far outside of what is required to practice psychology independently (i.e., to provide services as a health service provider in psychology, including but not limited to the delivery of direct and indirect diagnostic, assessment, and therapeutic interventions), from no policy at all and a case-by-case approach, to very liberal remediation opportunities, to very well-defined limits.

In light of its survey of jurisdictions, the Task Force offers the following recommendations to jurisdictions for consideration.

- Develop a policy with observable and measurable definitions regarding allowable deficiencies in an applicant’s materials including required courses or core discipline content areas, and

supervised training experience.

- If an applicant's qualifications fall outside of allowable deficiencies that may be remediated, jurisdictions are advised to recommend formal respecialization.

Closing and Guiding Principles

Gratitude is extended to the members of the Equivalency Task Force:

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Lesia Mackanyn	ON	Michelle G. Paul, PhD	NV Task Force Chair
Peter M. Oppenheimer, PhD	RI	Jackie Horn, PhD	ASPPB
Samuel Sands, JD	MN	Nicole Smith	ASPPB
Stacey Saunders	WA		

Throughout its work the Task Force endeavored to provide member jurisdictions with guidance, easily accessible resources, and tools to increase the knowledge required for and enhance the consistency in conducting "equivalency" reviews of applicants who did not graduate from APA or CPA accredited programs in Health Service Psychology. The Task Force wishes to thank the many jurisdictions that contributed to this effort. In closing The Task Force offers a set of guiding principles for all jurisdictions to consider adopting in establishing equivalency reviews. Taken from *A Pan Canadian Framework for the Assessment and Recognition of Foreign Credentials (2009),* these principles provide a "north-star" framework for policies, procedures and decisions in this complex task of determining equivalency.

• Fairness
• Objective and reasonable criteria used for assessing qualifications
• Equal treatment in requirements for international and Canadian(American)-trained
• Transparency
• All steps fully described, understandable, and accessible
• Applicant informed of alternate options if full recognition not possible
• Consistency
• Methods for assessment and recognition mutually acceptable in all jurisdictions and results of assessment mutually recognized
• Timeliness
• Prompt and efficient process

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Appendix A

Tool #1 ASPPB Coursework Guidelines for Mobility (2016)

Coursework Reference List

General Principles: This reference guide is intended for use by regulatory bodies to promote and facilitate consistency in the review of academic coursework for an applicant. Ultimate acceptance of coursework is at the sole discretion of each board. Further review is not normally required if the program is APA or CPA accredited and the course title matches the content area.

Applicants may be asked for explanations, syllabi, and other documentation if needed to support their application.

This is meant to be a helpful guide and typical course titles are assumed to cover the appropriate information but additional information may still be required regardless of the course title.

Content Area	Typical Course Titles	Course content area
Scientific and professional ethics and standards Courses will address professional issues, scientific and professional ethics in psychology, and clinical ethical issues.	Scientific and Professional Ethics in Psychology Clinical Ethical Issues Professional Issues	Must include one of the following: APA or CPA code of ethics for psychologists Professional standards & guidelines for the practice of psychology Ethical decision-making process in the practice of psychology

Content Area	Typical Course Titles	Course content area
Research Design & Methodology Courses will address research design, methodology, and interpretation of research findings applicable to the discipline & practice of psychology.	Research Design Research Methodology Program Evaluation Qualitative Research Methods	Must include all of the following areas: Research methods; Research design; Criteria for critical appraisal & utilization of research Completion of a research project, thesis, or dissertation does <u>not</u> satisfy this course content area requirement.
Statistics Courses will address the collection, organizing, summarizing, and analyzing data and drawing conclusions from the data	Statistics Data Analysis Quantitative methods Evaluation and Measurement	Must include at least one of the following: Use of descriptive & inferential statistics Regression Analysis of variance Nonparametric statistics
Psychometric Theory Courses will address the theory and techniques for the measurement of characteristics of individuals, groups, or systems.	Test Construction Measurement Psychological Assessment (Psychological Assessment must involve training in *psychometric theory and application* beyond the applied assessment courses.)	Course content must include the theory and technique of psychological measurement, including such topics as test construction, reliability, validity, and generalizability.

Content Area	Typical Course Titles	Course content area
Biological Bases Courses will address biological influences on behavior, affect, cognition, and development.	Physiological Psychology Sensation and Perception Behavioral Neuroscience Neuropsychology* Neuropsychological Assessment* Psychopharmacology* * Neuropsychology, neuropsychological assessment, and psychopharmacology can be included in this category if they include one of the other course areas listed.	Course content must include at least one of the following areas: Basic neuroscience, clinical neuroscience, or organic disorders and their symptoms; Physiological correlates/determinants of behavior and affect; Biological bases of the behavior and affect associated with acute and chronic illness including knowledge of psychoneuroimmunology; Basic psychopharmacology including basic neuroscience, knowledge of drug action and metabolism, and drug categories; Genetic transmission and its role in understanding disorders and their behavioral, emotional and psychosocial manifestations; Relationship of stress to biological and psychological functioning, with particular reference to lifestyle and lifestyle modifications, psychological reactions to stress, behavioral health, physical or biological reactions to behavior.

Content Area	Typical Course Titles	Course content area
Cognitive-Affective Courses will address cognitive and affective bases of behavior and development. Courses on Cognitive assessment, cognitive therapy, and mood disorders can be included in this category if the majority of the course addresses one of the course content areas listed.	Learning Thinking Motivation Emotion Sensation Perception Cognition Cognitive Psychology	Courses content must include at least one of the following: Cognitive science; Theories and principles of learning; Theories of motivation; Theories of emotions; Reciprocal relationships among cognitions/beliefs, behavior, affect, temperament, and mood;
Social Bases Courses will address social influences on behavior, affect, cognition, and development.	Social Psychology Group Processes Organizational & Systems Theory Community Psychology Social Foundations of Psychology Family Systems/Processes Cultural identity	Course content must include at least one of the following: Social cognition and perception; Social interaction; Environmental/ecological psychology; Theories of cultural diversity, acculturation, within group and between group differences and the role of cultural differences in psychosocial development; Group dynamics and organizational structures and social influences on individual functioning.

Content Area	Typical Course Titles	Course content area
Individual Differences Courses will address the range and diversity of normal and abnormal human functioning and development. This area may include personality theory, human development, diversity, intelligence and abnormal psychology/psychopathology	Personality Theory Human Development Abnormal Psychology Psychopathology Individual Differences	Courses content must include at least one of the following: Normal growth & development from conception through old age; Theories of development; How psychological development is influenced by the organism- environment interaction over time; Personality development; Range of abnormal behaviors; Theories of personality
Assessment/ Evaluation Courses will address areas of both knowledge and skills in psychological assessment and evaluation including knowledge of assessment methods, populations served, appropriate test selection; and report writing.	Psychological Assessment Psychodiagnostic Assessment Neuropsychological Assessment Personality Assessment IQ Testing Projective Testing Forensic Assessment Program Evaluation Organizational Assessment	Course content must include at least one of the following: Administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning. Tests for the measurement of characteristics of individuals and the adaptation of these tests for use with special populations; Techniques other than tests for the measurement of characteristics of individuals; Utilization of various classifications systems for diagnosing client/patient functioning;

Content Area	Typical Course Titles	Course content area
		DSM or ICD diagnosis, syndromes, differential diagnosis, and diagnostic criteria; Theory and techniques for the measurement of client/patient changes Diagnostic interviewing skills; Program evaluation strategies and techniques; Instruments and methods for the measurement of characteristics of jobs, organizations, educational, and other social institutions
Treatment/ Intervention Courses will include instruction in the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological, and behavioral disorders. Additionally, courses could include interventions in organizations and those designed for growth and health promotion.	Psychotherapy Counseling Behavior Modification Intervention Techniques Career Counseling Psychological Consulting Cognitive Behavioral Therapy Group Therapy Techniques Consultation Organizational Consulting Organizational Change	Course content must include at least one of the following: Intervention planning process (including matching to appropriate treatment), efficacy outcome data, matching client/patient characteristics and knowledge of advocacy, cost-benefit outcome research; Theories and practice of intervention; Treatment technique, interventions and models designed to address larger system functioning such as system theories and system interventions and organizational interventions; Theory/practice of career development and counseling Consultation models, processes, and consulting to individuals, groups, and organizations

Tool #2 *Arizona Core Program Requirements Worksheet*

33.	Was your doctoral program accredited by the American Psychological Association (APA), Office of Program Consultation and Accreditation at the time of your graduation? a. **If YES, skip to item 34**. b. **If NO**: · Complete the Core Program Requirements section · Attach a copy of the official program description from the university catalog that most accurately reflects your program at the time of attendance.	Yes	No

CORE PROGRAM REQUIREMENTS

Name
Date_____

In accordance with A.R.S. 32-2071(A)(4) and Board Rules, an applicant shall show a minimum of 3 or more graduate semester hours (or 5 quarter hours, 6 trimester hours, or the equivalent classroom contact hours) in each of the following areas.

Please note: Providing course descriptions and/or course syllabi could be helpful in demonstrating that you meet these requirements of Arizona law. It is possible to satisfy one of these course requirements through your comprehensive examination [see A.A.C. R4-26-202(C) and (E)]. If you are deficient in one or two content areas, Arizona law allows you to make up those courses as a non-matriculated graduate student.

Semester & Year Course Taken	**Dept. & Course No.**	**Title and Brief Description of Course**	**# of Credit Hours**	**(Check or Circle One)**
		SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS IN PSYCHOLOGY:		
				Semester Quarter Trimester

Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
		RESEARCH METHOD AND STATISTICS: (May include design, methodology, statistics and psychometrics)		
				Semester Quarter Trimester
		BIOLOGICAL BASIS OF BEHAVIOR: (May include physiological psychology, comparative psychology, neuro-psychology, sensation and perception and psychopharmacology)		
				Semester Quarter Trimester
		COGNITIVE-AFFECTIVE BASIS OF BEHAVIOR: (May include learning, thinking, motivation and emotion)		

Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
				Semester Quarter Trimester
		THE SOCIAL BASIS OF BEHAVIOR: (May include social psychology, group processes, cultural diversity, and organizational and systems theory)		
				Semester Quarter Trimester
		INDIVIDUAL DIFFERENCES: (May include personality theory, human development and abnormal psychology)		
				Semester Quarter Trimester
		ASSESSMENT: (Includes instruction in interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning)		

Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
				Semester Quarter Trimester
		TREATMENT MODALITIES: (Includes Instruction in the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders)		
				Semester Quarter Trimester

Tool #3 Hawaii Training Report

TRAINING REPORT - PSYCHOLOGIST

(Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.)

Access this form via website at: **cca.hawaii.gov/pvl**

PRINT NAME OF APPLICANT (First, Middle, LAST): _____

Social Security No.: _____ Date of Birth: _____ Date: _____

1. In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **6** or more graduate semester hours (or **9** graduate quarter hours) in each of the following substantive content areas (A - F). A course may be applied only once and may not be repeated in any of the other areas.

List Course Number	Brief Description of Course Content	AMOUNT OF: Graduate Semester Hrs.	AMOUNT OF: Graduate Qtr. Hrs.	
	A. **BIOLOGICAL BASES OF BEHAVIOR:** PHYSIOLOGICAL PSYCHOLOGY, COMPARATIVE PSYCHOLOGY, NEUROPSYCHOLOGY, SENSATION AND PERCEPTION PSYCHOPHARMACOLOGY:			
	TOTAL HOURS (6)			(9)
	B. **COGNITIVE-AFFECTIVE BASES OF BEHAVIOR:** LEARNING, THINKING, MOTIVATION, EMOTION:			
	TOTAL HOURS (6)			(9)
	C. **SOCIAL BASES OF BEHAVIOR:** SOCIAL PSYCHOLOGY, GROUP PROCESSES, ORGANIZATIONAL AND SYSTEMS THEORY, COMMUNITY PSYCHOLOGY:			
	TOTAL HOURS (6)			(9)

(CONTINUED ON PAGE 2)

Training Report - Psychologist (Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.)

PRINT NAME OF APPLICANT (First, Middle, LAST): _____

Social Security No.: _____ Date of Birth: _____ Date: _____

1. In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **6** or more graduate semester hours (or **9** graduate quarter hours) in each of the following substantive content areas (A - F). A course may be applied only once and may not be repeated in any of the other areas.

List Course Number	Brief Description of Course Content	AMOUNT OF: Graduate Semester Hrs.	AMOUNT OF: Graduate Qtr. Hrs.	
	D. **INDIVIDUAL DIFFERENCES:** PERSONALITY THEORY, HUMAN DEVELOPMENT, ABNORMAL PSYCHOLOGY:			
	TOTAL HOURS (6)			(9)
	E. **PSYCHODIAGNOSIS AND INDIVIDUAL ASSESSMENT:** INTELLECTUAL, PERSONALITY AND BEHAVIORAL ASSESSMENT:			
	TOTAL HOURS (6)			(9)
	F. **THERAPY:** CHILD OR ADULT INTERVENTION, OR BOTH:			
	TOTAL HOURS (6)			(9)

(CONTINUED ON PAGE 3)

Training Report - Psychologist (Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.)

PRINT NAME OF APPLICANT (First, Middle, LAST): _____

Social Security No.: _____ Date of Birth: _____ Date: _____

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2. In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **3** or more graduate semester hours (or **4.5** graduate quarter hours) in each of the following areas (G - J). A course may be applied only once and may not be repeated in any of the other areas. **Incomplete or illegible form will not be accepted.**

List Course Number	Brief Description of Course Content	AMOUNT OF: Graduate Semester Hrs.	AMOUNT OF: Graduate Qtr. Hrs.	
	G. **SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS:**			
	TOTAL HOURS (3)			(4.5)
	H. **HISTORY AND SYSTEMS:**			
	TOTAL HOURS (3)			
	I. **RESEARCH DESIGN AND METHODOLOGY:**			(4.5)
	TOTAL HOURS (3)			(4.5)
	J. **STATISTICS AND PSYCHOMETRICS:**			
	TOTAL HOURS (3)			(4.5)

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Tool #4a *Nevada's Regulations for Equivalency for Programs Completed Before January 1, 2018 vs. On or After January 1, 2018: A Side-by-Side Comparison (https://www.leg.state.nv.us/NAC/NAC-641.html#NAC641Sec061)*

NAC 641.061 Educational requirements for psychologists: Submission of proof that unaccredited program completed before January 1, 2018, is equivalent to accredited program. (NRS 641.100, 641.110, 641.170)	**NAC 641.062 Educational requirements for psychologists: Submission of proof that unaccredited program completed on or after January 1, 2018, is equivalent to accredited program.** (NRS 641.100, 641.110, 641.170)
1. An applicant for licensure as a psychologist who, before January 1, 2018, has completed a training program not accredited by the American Psychological Association must establish to the satisfaction of the Board that the program is equivalent to a program accredited by the Association. 2. The applicant must present to the Board: (a) Transcripts, a description of the training program, letters from the directors of the departments of the institution where the program is conducted or other suitable documents showing that the program substantially complies with the accreditation standards of the American Psychological Association. (b) Proof of doctoral training at an institution which is considered by the Board to be an accredited educational institution pursuant to subsection 3 of NAC 641.050. (c) Proof that the primary purpose of the training program is the professional training of psychologists. Catalogs and brochures advertising the program must indicate that the program is intended to educate and train professional psychologists. (d) Proof that the program:	1. An applicant for licensure as a psychologist who, on or after January 1, 2018, has completed a training program that is not accredited by the American Psychological Association must establish to the satisfaction of the Board that the program is equivalent to a program accredited by the Association. 2. The applicant must submit to the Board: (a) Transcripts, syllabi, university catalog descriptions, a description of the training program, professional competency evaluations conducted of the applicant while in the program, letters from the directors of the departments of the institution where the program is conducted or other suitable documents showing that the program substantially complies with the accreditation standards for doctoral programs in the *Standards of Accreditation for Health Service Psychology* of the American Psychological Association, which is available, free of charge, at the Internet address **http://www.apa.org/ed/accreditation/index.aspx**, and Section C of the *Implementing Regulations* of the Commission on Accreditation of the American Psychological Association, which is available, free of charge, at the Internet address

(1) Is a recognizable, coherent organizational entity within the institution where the program is conducted. (2) Is an integrated, organized sequence of study. (3) Has an identifiable faculty composed primarily of psychologists and a psychologist who is responsible for the program. (4) Has an identifiable body of students who are matriculated in the program for a degree. (5) Includes supervised practical, internship, field or laboratory training appropriate to the practice of psychology. (e) Proof that the curriculum encompasses at least 3 academic years of full-time graduate study, not including any internships. The Board will count only 12 semester hours or 18 quarter hours of preparation of a dissertation toward the 3 academic years of full-time graduate study. (f) Proof that the program requires at least 60 semester hours or 90 quarter hours of credit in courses in substantive psychology. Dissertation hours may be counted toward the minimum hours required. (g) Proof that the applicant, while in the program, completed the equivalent of courses consisting of 3 semester hours in the following areas: (1) Scientific and professional ethics and standards. (2) Research design and methodology. (3) Statistics. (4) Psychometrics. (5) Biological bases of behavior, which may be satisfied by at least one of the following courses: (I) Physiological psychology; (II) Comparative psychology; (III) Neuropsychology; (IV) Psychopharmacology; or (V) Human sexuality. (6) Cognitive-affective bases of behavior,	**http://www.apa.org/ed/accreditation/section-c-soa.pdf**; and (b) The evaluation of the academic credentials of the applicant conducted pursuant to subsection 4 or 5. 3. For the purposes of paragraph (a) of subsection 2, a training program "substantially complies with the accreditation standards for doctoral programs" if the applicant submits to the Board, without limitation, proof: (a) Of doctoral training at an institution which is considered by the Board to be an accredited educational institution pursuant to subsection 3 of NAC 641.050. (b) That the primary purpose of the training program is to provide broad and general training in scientific psychology and in the foundations of practice in health service psychology. The program materials must demonstrate: (1) The integration of empirical evidence and practice; (2) That the training is sequential, cumulative, graded in complexity and designed to prepare students for practice or further organized training; and (3) That the program requires respect for and understanding of cultural and individual differences and diversity. (c) That the program: (1) Is a recognizable, coherent organizational entity within the institution where the program is conducted. (2) Is an integrated, organized sequence of study. (3) Has stable leadership provided by one or more designated doctoral-level psychologists who: (I) Are members of an identifiable core faculty of the program; and (II) Together with other core faculty of the program have primary responsibility for the program's design, implementation, evaluation

which may be satisfied by at least one of the following courses:

(I) Learning;

(II) Memory;

(III) Perception;

(IV) Cognition;

(V) Thinking;

(VI) Motivation; or

(VII) Emotion.

(7) Social bases of behavior, which may be satisfied by at least one of the following courses:

(I) Social psychology;

(II) Cultural, ethnic and group processes;

(III) Sex roles; or

(IV) Organizational and systems theory.

(8) Individual differences, which may be satisfied by at least one of the following courses:

(I) Personality theory;

(II) Human development;

(III) Abnormal psychology; or

(IV) Psychology of persons with disabilities.

(h) The evaluation of the academic credentials of the applicant conducted pursuant to subsection 3 or 4.

3. Except as otherwise provided in subsection 4, to determine whether the content of the courses and the supervised practical, internship, field or laboratory training taken by an applicant are equivalent to a program accredited by the American Psychological Association pursuant to subsection 1, the applicant must have his or her academic credentials, including, without limitation, the required curriculum, evaluated by:

(a) The Association of State and Provincial Psychology Boards; or

(b) The director of clinical training of a doctoral program that is accredited by the American Psychological Association and approved by the Board of Psychological Examiners.

4. An applicant who is unable to obtain an evaluation as required in subsection 3 may, and quality.

(4) Has an identifiable body of students who are matriculated in the program for the purpose of earning a degree.

(5) Includes supervised practicums which must include, without limitation:

(I) Supervised experience working with diverse persons who display a variety of presenting problems, diagnoses and issues;

(II) Supervised experience in settings committed to training and providing experiences consistent with health service psychology competencies, including, without limitation, those competencies listed in paragraphs (e) and (f);

(III) Supervision provided by appropriately trained and credentialed persons; and

(IV) Practicum evaluations which are based, at least in part, on direct observation, which may occur in person or via electronic means.

(d) That the program requires a student to complete successfully at least 3 academic years, or the equivalent, of full-time graduate study which includes at least 2 years, or the equivalent, of academic training and at least 1 year, or the equivalent, in full-time residence. A person seeking to satisfy the requirement for 1 year in full-time residence based on equivalent experience must demonstrate that the experience achieved all the purposes of the requirement, including, without limitation, mentoring, supervision and evaluation regarding the development of professional competence. Experience in a program that was conducted entirely through electronic means may not be used to satisfy the requirements of this paragraph.

(e) That the applicant, while in the program, acquired and demonstrated substantial graduate-level understanding and competence in discipline-specific knowledge in the following

upon the approval of the Board, have his or her academic credentials evaluated by a designee of the director of clinical training of a doctoral program that is accredited by the American Psychological Association. 5. The Board may establish a subcommittee to review the academic credentials of an applicant and present a recommendation to the Board. In determining whether to approve the academic credentials of an applicant pursuant to subsection 3 or 4, the Board will consider any recommendation from the Association of State and Provincial Psychology Boards, the director of clinical training of a doctoral program that is accredited by the American Psychological Association, or a designee of the director of clinical training of a doctoral program that is accredited by the American Psychological Association, as applicable, and the recommendation of the subcommittee, if any, but is not bound to follow such recommendations. 6. If the title of any course submitted by an applicant pursuant to paragraph (g) of subsection 2 does not adequately describe its content, the Board or subcommittee, as applicable, may require the applicant to submit additional information regarding the contents of the course, including, without limitation, a syllabus, a university catalog description or a statement from the instructor of the course. 7. If the Board finds that the training program completed by an applicant pursuant to this section is not equivalent to a program accredited by the American Psychological Association, the applicant may petition the Board for reconsideration. A decision of the Board upon reconsideration, or a decision of the Board to deny such a petition, is a final decision for the purposes of chapter 233B of NRS.	areas: (1) The history and systems of psychology. (2) Affective aspects of behavior. (3) Biological aspects of behavior. (4) Cognitive aspects of behavior. (5) Social aspects of behavior. (6) Developmental aspects of behavior across the lifespan. (7) Advanced integrative knowledge in scientific psychology. (8) Research methods. (9) Quantitative methods. (10) Psychometrics. (f) That the applicant, while in the program, achieved and demonstrated profession-wide competency in the following areas: (1) Research. (2) Ethical and legal standards. (3) Individual and cultural diversity. (4) Professional values, attitudes and behaviors. (5) Communication and interpersonal skills. (6) Assessment. (7) Intervention. (8) Supervision. (9) Consultation, interprofessional and interdisciplinary skills. 4. Except as otherwise provided in subsection 5, to determine whether the training program completed by an applicant is equivalent to a program accredited by the American Psychological Association pursuant to subsection 1, the applicant must have his or her academic credentials, including, without limitation, the required curriculum, evaluated by: (a) The Association of State and Provincial Psychology Boards; or (b) The director of clinical training of a doctoral program that is accredited by the American Psychological Association and approved by the Board of Psychological Examiners.

	5. An applicant who is unable to obtain an evaluation as required in subsection 4 may, upon the approval of the Board, have his or her academic credentials evaluated by a designee of the director of clinical training of a doctoral program that is accredited by the American Psychological Association. 6. The Board may establish a subcommittee to review the academic credentials of an applicant and present a recommendation to the Board. In determining whether to approve the academic credentials of an applicant pursuant to subsection 4 or 5, the Board will consider any recommendation from the Association of State and Provincial Psychology Boards, the director of clinical training of a doctoral program that is accredited by the American Psychological Association, or a designee of the director of clinical training of a doctoral program that is accredited by the American Psychological Association, as applicable, and the recommendation of the subcommittee, if any, but is not bound to follow such recommendations. 7. If the Board finds that the training program completed by an applicant pursuant to this section is not equivalent to a program accredited by the American Psychological Association, the applicant may petition the Board for reconsideration. A decision of the Board upon reconsideration, or a decision of the Board to deny such a petition, is a final decision for the purposes of chapter 233B of NRS.

Tool #4b *Louisiana's Regulations for Equivalency for Individuals Trained Prior to 2015 and after 2015: A Side-by-Side Comparison (https://lsbep.org/wp-content/uploads/46v63-rev-4-2023.pdf)*

Title 46 Professional and Occupational Standards. Part LXIII. Psychologists. Subpart 1. General Provisions. Chapter 3. Training and Credentials.

§301. School

A. A "school" or "college" approved by the board is a university or other institution of higher learning which at the time of the granting of the doctorate has met §301.B, C, and D:

B. is an institution accredited by a regional body that is recognized by the U.S. Department of Education;

C. has achieved the highest level of accreditation or approval awarded by statutory authorities of the state in which the school or college is located;

D. offers a full-time graduate course of study in psychology as defined in the regulations.

§303. Doctoral Programs in Psychology

A. A graduate who is of a doctoral program, at the time of graduation, that is either accredited by the American Psychological Association, or listed by the Association of State and Provincial Psychology Boards (ASPPB) and the National Register of Health Service Providers in Psychology's former yearly joint publication of the Doctoral Psychology Programs Meeting Designation Criteria is recognized as holding a doctoral degree with a major in psychology from a university offering a full-time graduate course of study in psychology.

B. A graduate of a doctoral program that is neither listed in Designate Doctoral Programs in Psychology nor accredited by the American Psychological Association must meet the criteria in Paragraphs B.1-B.11 below.

1. Training in professional psychology is doctoral training offered in a regionally accredited institution of higher education.
2. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists in an applied area of psychology recognized by the board.
3. The psychology program must stand as a recognizable, coherent organizational entity within the institution.
4. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

5. The program must be an integrated, organized sequence of study. 6. There must be an identifiable psychology faculty and a psychologist responsible for the program. 7. The program must have an identifiable body of students who are matriculated in that program for a degree. 8. The program must include supervised practicum, internship, field or laboratory training appropriate to the practice of psychology, in an applied area of specialization recognized by the board. 9. The program shall be an internal degree program (as opposed to an external degree program unless it is either designated by the Association of State and Provincial Psychology Boards (ASPPB) and the National Register or it is accredited by the American Psychological Association.)[3] 10. The doctoral program shall involve at least one continuous academic year of full-time residency on the campus of the institution at which the degree is granted.	
For individuals who were trained prior to 2015	**For individuals whose training began after 2015**
The curriculum shall encompass a minimum of three academic years of full-time graduate study. The program of study shall typically include graduate coursework with a minimum of three semester hours (five quarter hours) in each of the following three areas: scientific and professional ethics and standards, research design and methodology, and statistics and methodology. In cases where the material from one of these areas was incorporated into other courses, the program director shall submit material to the board indicating the educational equivalence of this requirement. Additionally, the core program shall require each student to demonstrate competence in each of the following substantive areas. This requirement typically will be met by including a minimum of three or more graduate semester hours (five or more graduate quarter hours) in each of the four substantive content areas. Graduates who cannot document competence in all substantive content areas	The curriculum shall encompass training in the nine profession-wide competencies, which include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in APA Commission on Accreditation Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency

[3] An internal degree program means the training occurs on the campus of the degree granting institution. An external degree is a degree offered by a university to students who have not been required to be physically present on the campus of the institution (i.e., online degree). (Personal Communication, Jaime T. Monic, Executive Director, Louisiana State Board of Examiners of Psychologists, May 12, 2023)

(§303.C.11.a-d below), may demonstrate competence by taking additional course work or examination, not to exceed one substantive content area: a. biological bases of behavior—physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology; b. cognitive-affective bases of behavior—learning, thinking, motivation, emotion; c. social bases of behavior—social psychology, group processes, organizational and systems theory; d. individual difference—personality theory, human development, abnormal psychology. In addition, all professional doctoral programs in psychology will include course requirements in specialty areas.	areas. At a minimum, students must demonstrate competence in the following. 1. Research. For example, individuals demonstrate knowledge, skills, and competence sufficient to produce new knowledge; to critically evaluate and use existing knowledge to solve problems; substantial knowledge of scientific methods, procedures, and practices; and ability to disseminate research. 2. Ethical and Legal Standards. For example, individuals demonstrate knowledge of ethical principles and state law; recognize ethical dilemmas as they arise; apply ethical decision-making processes; and conduct oneself in an ethical manner in all professional activities. 3. Individual and Cultural Diversity. For example, individuals are sensitive to cultural and individual diversity of clients and committed to providing culturally sensitive services. Individuals are aware of how one's background impacts clinical work and are committed to continuing to explore their own cultural identity issues and how they relate to clinical practice. 4. Professional Values, Attitudes, and Behaviors. For example, individuals behave in ways that reflect the values and attitudes of psychology; engage in self-reflection regarding their personal and professional functioning; and actively seek and demonstrate openness to feedback. 5. Communication and Interpersonal Skills. For example, individuals can establish and maintain effective interrelationships as well as produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated. 6. Assessment. For example, individuals demonstrate competence in choosing, administering, interpreting and providing results from evidenced-based assessments. Individuals

	also demonstrate knowledge of current diagnostic classification systems. 7. Intervention. For example, individuals demonstrate competence in utilizing evidenced-based interventions which have been chosen to meet the unique needs of the individual or group; demonstrate the ability to establish effective working relationships with clients and are able to evaluate the effectiveness of their interventions. 8. Supervision. For example, individuals demonstrate knowledge of supervision models and have applied this knowledge to the practical application of supervision principles. 9. Consultation and interprofessional/interdisciplinary skills, for example, individuals demonstrate the ability to intentionally collaborate with other professionals to address a problem; have knowledge of consultation models; and have applied practice serving in the role of consultant.

Tool #5 *Curricular Requirements Worksheet (APA Standards of Accreditation)*

Curricular Requirements Worksheet to demonstrate equivalency to APA Standards of Accreditation and Implementing Regulations for Discipline Specific Knowledge and Profession Wide Competency
Applicant Name:
Date:

Discipline Specific Knowledge (DSK)	**Discipline Specific Knowledge represents the core knowledge of psychology one must have to attain profession-wide competencies. Using the Table below, explicitly provide evidence that the licensing body (e.g., Licensing Board) can rely upon to evaluate your program's curriculum with respect to enabling you to attain and demonstrate graduate-level DSK. Note, a program did not need to provide a course for each area necessarily. Rather, explain how your graduate training program's curriculum ensured that you, the student, attained and demonstrated DSK through or across the program's curriculum (e.g. courses or other evaluated educational experiences). Feel free to reference specifically your program's handbook, catalog, syllabi, etc. to establish that you received educational experiences equivalent to those offered by APA accredited programs. Unless otherwise specified, provide evidence of graduate-level training (e.g., there must have been use of current primary source materials and emphasis on critical thinking at an advanced level).**			
	Description	**Timing of when this knowledge is to be accomplished.**	**Course Title(s) and Grades (and provide transcripts)**	**List other evaluated educational experiences (e.g. parts of other courses, specific assignments/exams, independent study, reviewed research experiences, portfolios, supervisor/instructor evaluations, research requirements, comprehensive exams, annual evaluation letters) and attach documentation. You must provide documentation of the method(s) used to instruct and evaluate your DSK; AND your evaluation results. In other words, how did your program both convey and establish that you achieved DSK in each of the categories/subcategories below?**

Category 1	History & Systems	Origins & development of major ideas in the discipline of psychology.	This is the ONLY area that may be accomplished entirely at the undergraduate level or at the graduate level. Undergraduate courses or experiences are acceptable here.		
Category 2 (Basic Content Areas in Scientific Psychology, both foundational and advanced, graduate-level)	Affective Bases of Behavior	Topics include affect, mood, & emotion. (Psychopathology and mood disorders do NOT fulfill this category by themselves.)	Foundational knowledge may have been achieved during undergraduate training, but advanced graduate-level knowledge must be provided in the graduate training program.		
	Biological Bases of Behavior	Includes multiple biological underpinnings of behavior such as neural, physiological, anatomical, and genetic. Neuropsychological assessment and psychopharmacology can be included but do NOT alone fulfill this category.	Foundational knowledge may have been achieved during undergraduate training, but advanced graduate-level knowledge must be provided in the graduate training program.		
	Cognitive Bases of Behavior	Includes learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do NOT, alone, fulfill this category.	Foundational knowledge may have been achieved during undergraduate training, but advanced graduate-level knowledge must be provided in the graduate training program.		

	Developmental Bases of Behavior	Includes transitions, growth, and development across an individual's life-span. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is NOT sufficient.	Foundational knowledge may have been achieved during undergraduate training, but advanced graduate-level knowledge must be provided in the graduate training program.		
	Social Bases of Behavior	Topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do NOT, by themselves, fulfill this category.	Foundational knowledge may have been achieved during undergraduate training, but advanced graduate-level knowledge must be provided in the graduate training program.		
Category 3	Advanced Integrative Knowledge in Scientific Psychology	At least one evaluated educational experience that entails integration of multiple basic discipline-specific content areas identified in Category 2 (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior).	This must have been achieved entirely during graduate school.		

Category 4 (Note: Statistical Analysis or Psychometrics do **not** require original primary source material)	Research Methods	Topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, experimental, and other quantitative research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; mixed methods; meta-analysis; and quasi-experimentation	This must have been achieved entirely during graduate school.		
	Statistical Analysis	Topics such as quantitative, mathematical modeling and analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null hypothesis testing and its alternatives, power, and estimation.	This must have been achieved entirely during graduate school.		

	Psychometrics	Topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.	This must have been achieved entirely during graduate school.		
Profession Wide Competencies		**These are the competencies expected of all students who graduate from programs accredited in health service psychology. Elements of each competency may be achieved across the program's curriculum through, for example, coursework, parts of courses, evaluated training experiences, and clinical training opportunities (practica & internship). Using the Table below, explicitly provide evidence that the licensing body (e.g., Licensing Board) can rely upon to evaluate your program curriculum's ability to enable you to attain and demonstrate profession-wide competencies. Note, a program did not necessarily need to provide a course for each area. Rather, explain how your program's curriculum ensured that you, the student, attained and demonstrated each competency through or across the program's curriculum (e.g. courses or other evaluated educational experiences including practicum and internship). Feel free to reference specifically your program's handbook, catalog, syllabi, etc. to establish that you received an educational experience equivalent to those offered by APA accredited programs. Practicum and internship training experiences, supervision methods, and evaluations of your competency development must also be included here.**			
		Competency Benchmarks	**General Description (adapted from the APA Commission on Accreditation Implementing Regulations; for a thorough description of each area, refer to the Implementing Regulations directly)**	**Course Title(s) and Grades**	**List other <u>evaluated</u> educational experiences (e.g. parts of other courses, graded work samples, clinical supervisor evaluations). You must provide supporting documentation of the method(s) used to instruct, observe, and evaluate your Profession-Wide Competency achievement; AND your evaluation results. In other words, how did your program (including internship training year) both convey and establish that you achieved each Profession-Wide Competency at the level required to graduate?**
	Research	The Education Directorate of the American Psychological Association developed the Benchmarks Evaluation System to provide graduate training programs a resource to consistently define and evaluate	Demonstrate independence in formulating and conducting research or other scholarly work that adds to the extant knowledge base of the field; critically evaluate and disseminate research or scholarship.		

Ethical and Legal Standards	expected levels of student achievement of professional competencies for graduation. The Benchmarks System can be found here and offers guidance (not prescriptions) for programs to align with nationally accepted competency benchmarks: https://www.apa.org/ed/graduate/benchmarks-evaluation-system.	Know and act in accordance with APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines. Recognize ethical dilemmas and apply ethical decision-making; Conduct self in an ethical manner.		
Individual & Cultural Differences		Build awareness of one's own history/culture/attitudes/ biases/ may affect how one understands and interacts with people different from you; know current theory and science base as it relates to addressing diversity across professional activities; demonstrate ability to integrate awareness and knowledge in professional roles; apply a framework for working effectively with diversity not previously encountered; work effectively with those whose worldviews create conflict with your own.		
Professional Values, Attitudes, & Behaviors		Behave in alignment with psychology values and attitudes, including integrity, deportment, professional identity, accountability, lifelong learning and concern for others' welfare; maintain and improve performance, well-being and professional effectiveness; be open and responsive to feedback and supervision		

Communication & Interpersonal Skills		Develop and maintain effective relationships in professional activities; produce and comprehend oral, nonverbal and written communications that are informative and well-integrated; demonstrate grasp of professional language & concepts; demonstrate effective interpersonal skills including in difficult situations.		
Assessment		Demonstrate knowledge of diagnostic systems, understanding of human behavior and functional and dysfunctional behavior within context; select and apply evidence-based assessment methods; collect relevant data using multiple sources and methods; interpret assessment results following best practices to inform case conceptualization and recommendations; communicate effectively the findings and implications of assessment.		
Intervention		Demonstrate competence in evidence-based interventions; establish and maintain effective working relationships with recipients of services; implement interventions informed by the research/scientific literature, assessment findings, diversity considerations, and contextual variables; evaluate intervention effectiveness and adapt goals and methods accordingly.		
Supervision		Demonstrate knowledge of supervision models and practices; apply knowledge in direct or simulated practice.		

Consultation & Interprofessional/Interdisciplinary Skills		Demonstrate knowledge and respect for the roles and perspectives of other professions; demonstrate knowledge of consultation models and practices; apply this knowledge in direct or simulated consultation.		

Appendix B

State Reviews of Residency Requirements,
to Accompany Table 1. The Residency Landscape in the United States

Key:

- Purple - in-person residency for one year (as detailed in and consistent with ASPPB and APA Model Acts)
- Blue – state-specific language not in line with either ASPPB or APA Model Acts (i.e., language about equivalent residency)
- ***APA Equivalency***

Alabama:

One year residency in person (to promote interactions with faculty and fellow students necessary for acculturation and socialization in the science and practice of psychology)

APA- and CPA- accredited programs meet requirement; accepts schools that meet Board's requirement of a definition of a department or school of psychology

APA equivalency listed in Statute.

Alaska:

Offers Licensed Psychologist (LP) and Psychological Associate (PA) licensure

For LP, requires one year of in-person residency and specific coursework

APA-accreditation meets all requirements for coursework, type of doctoral degree, supervised practicum and pre-doctoral internship.

APA equivalency listed in Statute.

Arizona:

Requires one year (18 semester hours, or 35 quarter hours) of in-person residency completed in 12 months at the educational institution, and expects active participation, direct contact with faculty and other students, and face to face educational meetings that are documented.

Statute states that APA- or PCSAS automatically meets educational requirements. Statutes state what specific requirements a degree program has to meet.

Because there is no requirement that the program be accredited, equivalency listed in Statute.

Arkansas:

Requires at least one year in-person, on campus, in residency and access to core psychology faculty, whose primary employment is to the educational institution, as well as access to students matriculated in the program. Residency is not intended to be accrued in experiences off campus. Residency also requires instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics, plus several specific core areas of biological bases of behavior, cognitive-affective bases of behavior, social basis of behavior, and individual differences.

APA- and CPA- accredited programs automatically meet requirements.

APA equivalency listed in Rules.

California:

Residency must be at the institution from which a doctoral degree is granted and should be full time over the course of 12 months. (Since only regional accreditation of the institution is required for licensure, "residency" does not mean in person.)

Accreditation is to be by a regional accrediting agency recognized by the US Dept of Education; one agency approved by the U.S. Dept of Ed is APA. No other accrediting agencies are provided.

California does not state that APA meets all requirements, but APA- and CPA- accreditation do meet all CA requirements for doctoral education. There are additional coursework requirements prior to licensure in the areas of human sexuality, alcoholism/chemical dependency detection and treatment, child abuse assessment training, spousal or partner abuse. These courses may be completed at an educational institution as part of the doctoral degree or as separate courses approved by APA or by the California Board.

Prior to 2020, California was also required to evaluate "state-approved degrees" for licensure. Here is a list of those approved schools and corresponding doctoral degrees: Board of Psychology - Unaccredited Approved Schools Accepted Prior to 2020 (ca.gov). Any degree from a state-approved school is no longer eligible for licensure in CA.

Criteria for evaluating education listed in Rules - 1386

Colorado:

One year of residence must be full time at the same institution that granted the degree.

Accepts an APA-accredited program as meeting the requirements.

APA equivalency listed in Rules.

Connecticut:

One year of residence must be completed in person and in full-time graduate study at the institution granting the doctoral degree.

APA-accreditation of a doctoral program in psychology "shall be approved".

APA equivalency listed in Statute.

Delaware:

Residency requires one year, full time at the institution where the doctoral degree was granted.

APA and PCSAS are accepted by the Board as they demonstrate meeting the National Register definition of a professional psychology program.

APA equivalency listed in Statute.

Florida:

Requires one full year of residence at the same institution where the degree was granted.

Only APA-accredited programs meet licensure requirements.

No equivalency.

Georgia:

"One year must be matriculated in continuous full-time residence or "equivalent thereof" at the same institution". *They go on to list additional requirements for residency and specifically that these requirements cannot be met by a program offered online.

Requires APA- or CPA- accreditation for licensure. *(*No "equivalent" pathway *except* for non-health service psychology areas.)

No equivalency.

Hawaii:

At least one year must be in full-time residence (or the equivalent) at the same institution that grants the degree.

Accepts APA or a professional psychology training program that is regionally accredited.

APA equivalent of a professional psychology training program that is regionally accredited listed in Statute.

Idaho:

Requires one academic year of residency in person and competency areas of coursework to be completed.

APA-accredited programs meet all requirements for licensure.

APA equivalency outlined in Statute.

Illinois:

Requires one year of residency and lists specifically what this must entail, such as face to face contact.

APA-accredited programs meet requirements; alternatives listed for programs housed in regionally accredited institutions.

APA equivalency listed in Rules.

Indiana:

Requires a minimum of one year of academic residency and lists specifics for the requirement.

APA- and CPA-accreditation meet requirements; they also establish alternative criteria for approval.

APA equivalency listed in Statute.

Iowa:

Requires one full-time year in residence at the institution at which the degree is granted. Coursework completed at a regionally-accredited institution that delivers education and training substantially or completely by distance education generally does not meet standards.

Only APA- and CPA- accredited programs, programs designated by ASPPB as a doctoral program in psychology, ABPP certificate, or formal re-specialization programs meet requirements.

No equivalency.

Kansas:

Requires one year in residence at the physical location of the educational institution and specifies coursework to be completed.

Accepts APA-accreditation and offers additional requirements for applicants who graduated after March 10, 2006.

APA equivalency is listed in Rules - 102-1-12 (ks.gov)

Kentucky:

Requires in-person residency at the degree-granting institution for one year.

Regional accreditation of the institution required for licensure. APA-accredited programs would meet educational requirements by virtue of the fact that all APA-accredited programs are housed in regionally-accredited institutions.

Because there is no requirement that the program be accredited, "equivalency" listed in Statute.

Louisiana:

Requires one continuous academic year of full-time residency on campus at the institution at which the degree is granted. Coursework completed at a regionally-accredited institution that delivers education and training substantially or completely by distance education generally does not meet necessary standards.

APA-accredited doctoral programs and/or programs that are listed by the ASPPB/National Register Designation Project meet requirements for licensure.

Equivalency is established in Rules.

Maine:

Requires **two years of full-time** residency at the educational institution granting the doctoral degree.

Requires programs be accredited by APA, CPA or NASP. Alternatives are listed for those otherwise accredited.

Equivalency is established in Rules.

Maryland:

Requires one year of full-time experience in residence. Coursework completed at a regionally accredited institution that delivers education and training substantially or completely by distance education generally does not meet standards.

Requires APA- or CPA- accreditation; programs that are listed by the ASPPB/National Register Designation Program meet criteria.

No equivalency.

Massachusetts:

Requires one full year in residence at an academic institution where the degree was granted. "Completed in residence" has specific criteria.

Recognizes APA-accreditation and programs listed by the ASPPB/National Health Register Designation Program as meeting educational requirements for licensure.

No equivalency.

Michigan:

Requires one year full-time in-person residency at the same educational institution where degree is conferred. Lists specific coursework areas and states that residency cannot be completed remotely.

Programs that are APA-, CPA-, or PCSAS- accredited, and programs with ASPPB/National Register designation are accepted as meeting degree requirements.

No equivalency.

Minnesota:

Requires minimum of 24 semester credit hours in residence from the educational institution through in-person psychological instruction with multiple program faculty and students. Must be accumulated over a period of 12 consecutive months.

APA- or CPA- accreditation meets educational requirements. Offers alternatives as well.

Equivalency for applicants that graduate from non-APA or CPA programs, or programs outside of the US, are listed in Rules.

Mississippi:

Requires one year of full-time residency at the same institution that granted the doctoral degree.

APA- and CPA- accreditation are recognized as meeting educational requirements.

No equivalency.

Missouri:

Requires at least one year, full time, in residency at institution where degree was granted. Language specifies coursework to be completed.

Recognizes APA-, CPA- and PCSAS- accreditation as meeting requirements.

Equivalency listed in Statute.

Montana:

Requires one year, full time, in residency, face to face, with very specific requirements.

APA-accredited programs, formal re-specialization programs, and programs housed in regionally accredited institutions and approved by the Board meet requirements.

Equivalency listed in Rules.

Nebraska:

Requires one year in residency that is specifically in person at the same institution where degree was granted and 600 contact hours.

Recognizes APA-accreditation as meeting requirements for licensure.

Equivalency requirements are listed in Statute.

Nevada:

Requires residency of one academic year (or equivalent).

Requires graduation from a regionally-accredited institution; APA-accredited program meets requirements for licensure.

Equivalency requirements are listed in Rules.

New Hampshire:

Requires one full year in residence plus onsite face to face training.

Recognizes APA- and CPA- accredited programs as meeting requirements for licensure.

Equivalency listed in Rules.

New Jersey:

Residency requires full-time students to be on campus (in person) for one year and part-time students to be on campus for two years.

Regional accreditation of the institution required for licensure; recognizes APA- or CPA- accreditation as meeting licensure requirements.

Program requirements established in Rules.

New Mexico:

Requires one full year in residence (or equivalent) in the same institution where the degree was granted.

Recognizes doctoral degrees from programs that are regionally- or nationally- accredited by CHEA. APA- and PCSAS- accredited programs meet this requirement.

No equivalency.

New York:

Requires one year, full time, in residence at institution where degree was granted.

Recognizes APA-accreditation, and has a list of degree programs approved by the NY State Department of Education – not all are APA accredited.

Equivalency is provided through Regulations of the Commissioner, listed in Statute.

North Carolina:

Requires one year of in-person instruction at the institution where the degree was granted.

Recognizes APA- and CPA- accredited programs as meeting requirements for licensure.

Equivalency (offered through requirements that also meet APA requirements or by formal re-specialization program) requirements listed in Rules.

North Dakota:

Requires one year, full time, in residence (or equivalent) at the same institution where degree was granted.

Requires graduation from an APA- or CPA- accredited program or from a program listed by the ASPPB/National Register Designation Program.

No equivalency.

Ohio:

Requires one-year, full-time residence (or equivalent) where the doctoral degree is granted.

Requires regional accreditation for licensure, but APA- and CPA-accredited programs and programs listed by the ASPPB/National Register Designation Program meet requirements for licensure.

Program requirements if not APA-, CPA, or ASPPB/National Register established in Rules.

Oklahoma:

Requires minimum of two years, full time on campus, graduate study; also lists specific coursework.

Requires APA accreditation unless the program meets certain exceptions (i.e., new programs, programs not accredited by APA because APA does not accredit certain types of programs, and programs outside of the U.S.)

Criteria for programs not accredited by APA and programs outside of the U.S. listed in Rules.

Oregon:

Requires one year of in-person, face to face, with full integration in the educational and training experience. Requirements also include specific coursework.

Requires graduation from an APA- or CPA- accredited program for licensure.

No equivalency (except for graduates of non-U.S. psychology programs) and that is established in Rules.

Pennsylvania:

No specifications regarding in-person requirements.

Requires graduation from an APA- or CPA-accredited program, or graduation from a program listed in the ASPPB/National Register Designation Project.

Equivalency options established in Rules.

Rhode Island:

Requires minimum of 36 credit hours in residence through in-person instruction with multiple program faculty and students; also lists coursework requirements. Psychologists (216-RICR-40-05-15) - Rhode Island Department of State

APA-accreditation is required for licensure with "equivalency" requirements for programs in allied fields.

Equivalency is listed in Statutes and in Rules.

South Carolina:

Requires one-year, full-time residency (or equivalent) from which the doctoral degree is granted.

Degree needs to be from a regionally accredited institution and a program that is either APA-accredited or listed by the ASPPB/National Register Designation Project.

Equivalency requirements listed in Rules.

South Dakota:

Requires one full year of in-person residency at the academic institution where degree was conferred. No online programs; and required coursework listed.

APA-accreditation is not required, but meets educational requirements.

Equivalency is listed in Statute - Codified Law 36-27A-1 | South Dakota Legislature (sdlegislature.gov)

Tennessee:

"Residency" is only addressed for the internship year (1180-020.02, 2(a). Full-time residency is for one year; half-time residency, for two continuous years. No specific residency requirement for doctoral program.

Requires graduation from a program listed by the ASPPB/National Register Designation Project; graduation from an APA-accredited program (CoA); or licensure prior to 1982.

Equivalency (for those licensed prior to 1982) established in Rules.

Texas:

Not a specific residency requirement; four academic years of study for those previously completing a master's degree.

Graduation from a regionally-accredited institution and certain course requirements listed in Rules; recognizes APA- and CPA-accreditation as meeting educational requirements for licensure.

Since program accreditation is not required for licensure, "equivalency" established in Rules.

Utah:

No specific residency requirement is listed.

Graduation from an APA-accredited program (CoA listed in Rules) required for licensure; or, if not an accredited program, must have graduated from a formal re-specialization program; or graduation must be from a program listed in the ASPPB/National Register Designation Project.

Equivalency listed in Rules (noted above) or, if a graduate of a foreign program, must be approved by the National Register as meeting their requirements for a doctoral program in psychology.

Vermont:

Residency is not specified unless the applicant petitions the Board under other acceptable degree program structure. Requirement is a minimum of 400 hours in program and clinical courses, exclusive of internship, to be in person on campus.

APA- or CPA- accredited program or designated as a doctoral program in psychology by the ASPPB/National Register Designation Project.

APA equivalency is listed in Rules (administrative rule 2.5 (other acceptable degree program structure) and 2.6 (courses as required from other acceptable degree programs)) psych-rulesadopted-clean-1229-2014.pdf (vermont.gov)

Virginia:

Residency requirements established through practicum and pre-practicum experiences that must be in person. No specified time, but specified hours.

Currently, must have graduated from a program accredited by APA or CPA, or from an "equivalent" program with specifications in Rules. Beginning June 2028, Rules change and graduation must be from a program accredited by APA or CPA, or an accrediting body "acceptable to the board."

Equivalency established in Rules as noted above and for graduates of General Applied Psychology programs.

Washington:

Requires one year in residency of continuous full-time study at the institution which grants the degree or a minimum of 750 hours of face to face student-faculty contact.

APA- or CPA-accreditation required for licensure or meet "equivalence" as established in Rules.

APA equivalency established in Rules.

West Virginia:

Requires one year in full-time residence (or equivalent).

Graduation from program in a regionally-accredited institution required for licensure; for doctoral-level psychologist, APA-accreditation meets requirements.

Since APA-accreditation not required, specifications for the doctoral program are in Rules.

Wisconsin:

One year in residence of full-time graduate study at the educational institution granting the doctoral degree. Coursework completed by a regionally accredited institution that delivers education and training substantially or completely by distance education generally does not meet standards established by the National Register for doctoral programs in psychology. Core courses must be completed in the program.

Doctoral degree in psychology from a regionally-accredited institution or credentials evaluated by the Nation Register. Graduation from an APA-accredited program meets requirements for licensure.

Since APA-accreditation is not required, equivalency established in Rules (000001.ildoc) (wisconsin.gov)

Wyoming:

Residency requirement of one-year, full-time, physical residency at the institution that grants the degree, or a minimum of 1500 hours of student-faculty contact involving in-person, individual, or group educational meetings. Educational meetings must include both faculty-student and student-student face to face interactions; be conducted by the psychology faculty of the institution at least 75% of the time; be fully documented by the institution and the applicant; and relate substantially to the program components as specified.

APA-accreditation meets educational criteria for licensure for doctoral degree programs in psychology.

APA equivalent is listed in Statute: chapter 5 section 2 (b)

District of Columbia:

One year in residence of full time graduate study at the educational institution granting the doctoral degree. Coursework completed in a regionally-accredited institution that delivers education and training substantially or completely by distance education generally does not meet the National Register standards for doctoral programs in psychology. Core courses must be completed in the program.

Recognizes doctoral degrees from an APA-accredited programs, psychology programs listed by the ASPPB/National Register Designation Project, the doctoral degree was conferred before 1981, or the applicant holds a diplomate awarded by ABPP and has completed at least 4000 hours of psychological practice.

No additional equivalency listed in Rules.

Guam:

One full-time year in residence at the institution from which the doctoral degree was conferred.

Doctoral programs must be housed in regionally-accredited institutions and specified course and program requirements listed in Rules. Programs accredited by APA meet educational requirements.

APA equivalency – degrees obtained in a foreign country other than the US or Canada listed in Statute Section 5.

Northern Mariana Islands:

Could not find any information about educational requirements for licensure.

Puerto Rico:

No residency requirements listed.

Graduates must be from accredited institutions, but may have doctorate or master's degrees. Degree should be in psychology. APA-accredited programs meet all educational requirements for licensure at the doctoral level.

Supervision Guidelines

ASPPB

Association of State and Provincial Psychology Boards

February 2020

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The Association of State and Provincial Psychology Boards (ASPPB) Supervision Guidelines

Approved by the ASPPB Board of Directors February 2020

Introduction

The Association of State and Provincial Psychology Boards (*ASPPB) Supervision Guidelines* were originally published in January 1998 and subsequently revised in 2003 (ASPPB, 1998, 2003). Since that time much has been written about the process, methods and techniques of supervision facilitating the necessity to once again review and revise the *ASPPB Supervision Guidelines.* Appendix I defines the process used to create these 2020 ASPPB Supervision Guidelines.

Supervision plays a critical role in the protection of the public and a central role in the training and practice of psychologists (Bernard & Goodyear, 2014; Falender & Shafranske, 2004, Orlinsky, Rønnestad et al., 2005). Supervisors' responsibilities include monitoring client care, ensuring the quality of practice, overseeing all aspects of client services, and mentoring the supervisee. Protection of and accountability to the public are paramount goals of supervision. A psychologist may supervise 1) a trainee seeking to become a doctoral-level provider of health service psychology (e.g., licensed psychology), that is for education and training for health service providers (HSP), 2) a trainee seeking to become a licensed practitioner for general applied psychology, that is for education and training for general applied providers (GAP), 3) licensed non-doctoral practitioner e.g., master's level, or 4) a licensed psychologist under a disciplinary order. These Guidelines are broken down into four (4) sections to address each of these supervision areas.

These ASPPB Supervision Guidelines are intended to assist jurisdictions in developing thoughtful, relevant and consistent supervision requirements. In addition, the Guidelines are meant to provide guidance to supervisors and supervisees regarding appropriate expectations and

responsibilities within the supervisory relationship (Westefeld, 2009). The complexity of the supervisory process, as well as the reality that supervision serves multiple purposes, necessitates that these Guidelines be comprehensive, covering many facets of psychological practice. However, these guidelines cannot address many important issues within the field of psychology (e.g., how to assess the supervisees' progress; how to know when supervision should cease; co-supervision).

CHAPTER ONE

ASPPB Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider (HSP)

Approved by the ASPPB Board of Directors August 2015

This Chapter of the ASPPB Supervision Guidelines exclusively focuses on the supervision for education and training for health service providers.

In keeping with the purpose of the Supervision Guidelines and recognizing the many and varied reasons for which psychologists enter into supervisory relationships, this Chapter is structured to provide information in the following areas:

- Ethics of Supervision
- Supervisor Competencies
- Supervision at Different Levels of Training
- Supervision Contract
- Specialty Areas of Supervision

Each of these areas will be covered briefly in the main body of this document and more thoroughly explored in the appendices.

Definitions

This section provides the meanings of terms as used in this document.

Client: Client or patient is used to refer to a direct recipient of psychological health care services within the context of a professional relationship including a child, adolescent, adult, couple, family, group, organization, community, or other populations, or other entities receiving psychological services. In some circumstances (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, or other administrative body), the client may be the individual or entity requesting the psychological services and not necessarily the recipient of those services.

While state laws vary, in the case of individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision making purposes, except the individual receiving services shall be the client for:

1. Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships, or

2. Issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

Competence: Professional competence is the integrated use of knowledge, skills, attitudes, and values that are necessary to ensure the protection of the public in the professional practice of psychology. Competency ensures that a psychologist is capable of practicing the profession safely and effectively (Rodolfa et al., 2005).

Delegated supervisor: A delegated supervisor is a licensed health practitioner to whom the primary supervisor may choose to delegate certain supervisory responsibilities.

In-person: The term *in-person,* which is used in combination with the provision of services, refers to interactions in which the supervising psychologist and supervisee are in the same physical space and does not include interactions that may occur through the use of technologies.

Licensed: Licensed means having a license issued by a board or college of psychology which grants the authority to engage in the autonomous practice of psychology. The terms registered, chartered, or any other term chosen by a jurisdiction used in the same capacity as licensed are considered equivalent terms.

Primary supervisor: A primary supervisor is a licensed psychologist who has ultimate responsibility for the services provided by supervisees and the quality of the supervised experiences as described in these guidelines.

Regulatory authority: Regulatory authority refers to the jurisdictional psychology licensing board (United States) or college of psychologists (Canada).

Remote: The term *remote,* used in combination with the provision of psychological services

utilizing telecommunication technologies, refers to the provision of a service that is received at a different site from where the supervisor is physically located. The term *remote* includes no consideration related to distance.

Supervisee: A supervisee means any person who functions under the extended authority of a licensed psychologist to provide psychological services.

Telepsychology supervision: Telepsychology supervision is a method of providing supervision using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information) (APA, ASPPB and APAIT Telepsychology Guidelines 2013).

Supervision for Education and Training

Supervision, a distinct, competency-based professional practice, is a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of enhancing the professional competence of the supervisee through monitoring the quality of services provided to the client for the protection of the public, and provides a gatekeeping function for independent professional practice (Bernard & Goodyear, 2014; Falender and Shafranske 2004). The ultimate effectiveness of supervision depends on a broad range of factors, including the competence of the supervisor, the nature and quality of the relationship between the supervisor and supervisee, and the readiness of the supervisee (Falender & Shafranske, 2007). It is important to differentiate supervision from psychotherapy and consultation (Falender and Shafranske 2004) and to recognize that supervision has a central role in the development of supervisee's professional identity and ethical behavior (Ladany, Lehrman-

Waterman, Molinaro, & Wolgast, 1999; Thomas, 2010). Supervision may also involve direct and vicarious legal liability (Barnett et al., 2007; Disney & Stephens, 1994; Falender and Shafranske, 2013b; Saccuzzo, 2002; Thomas, 2010).

Within North America, ethical and regulatory responsibilities of supervisors are set out in the ASPPB *Code of Conduct* (ASPPB 2005), the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association (APA, 2010), the *Canadian Code of Ethics for Psychologists* of the Canadian Psychological Association (CPA, 2000),American Psychological Association Guidelines for Clinical Supervision for Health Care Psychologist (APA, 2014)and the CPA (2009) *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice and Administration*. These codes provide a framework for the ethical and effective delivery of supervision. See Appendix II for more specific information about the ethical codes.

The Ethics of Supervision

Supervision is a discrete competency that presents unique ethical issues and challenges to supervisors and supervisees alike (Goodyear and Rodolfa, 2011). Multiple ethical principles and practices inform and govern the practice of supervision in psychology and provide a basis for the guidelines and regulations that follow. Particularly relevant to the development of regulations in supervision are ethical principles (e.g., respect, beneficence, integrity), competence in both psychological practice and supervision (ASPPB, 2005, III. A.), informed consent, confidentiality (ASPPB, 2005, III. F.), multiple relationships (ASPPB, 2005, III. B.), and ethical issues around the use of technology. Further, special attention to the ethical code sections relating to education and training (APA, Section 7, 2010; CPA, 2000) and cultural diversity (APA, Principle E, 2010) is important. As the supervisor's highest duty is protection of the public, ethical dilemmas may arise in which the supervisor is required to balance this duty with supervisee development, supervisory alliance, evaluative processes, and gatekeeping for the profession (Falender & Shafranske, 2004, 2007; Bernard & Goodyear, 2014). Please see Appendix II for further information in this area.

Supervisor Competencies

A clear prerequisite for competent supervision is that the supervisor is competent in the areas of the supervisee's practice being supervised (Bernard & Goodyear, 2014; Falender et al., 2004; Hoge et al., 2009). It is equally vital that the supervisor is competent in supervision that is to have the appropriate education, training, and experience in methods of effective supervision. However, insufficient attention has been given to describing the specific components of supervisor competence (ASPPB, 2003; Falender et al., 2004; Sumerall, Lopez & Oehlert, 2000). Having supervised without specific training in supervision for some period of time does not guarantee supervisor competence (Rodolfa, Haynes, Kaplan, Chamberlain, Goh, Marquis et al., 1998; Stevens, Goodyear, & Robertson, 1998). Inattention to supervisor competence is relevant for regulation due to the risk of harm for clients and supervisees alike, as increasingly supervisees report ineffective, multiculturally unresponsive, and harmful supervision that compromise both client care and supervisee emerging competence (Burkard et al., 2006; Burkard et al., 2009; Ellis et al., 2010; Magnuson, Wilcoxon, & Norem, 2000).

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes:

- An understanding of the professional practice being supervised (models, theories, and modalities of supervision);
- Research, scientific, and evidence-base of the supervision literature;
- Professional/supervisee development;
- Ethics and legal issues specific to supervision;
- Evaluation and process outcome; and
- Diversity in all its forms.

Skills include:

- Providing supervision in multiple modalities (e.g., group, individual);
- Forming a supervisory alliance;
- Providing formative and summative feedback;
- Promoting the supervisee's self-assessment and growth;

- Self-assessing by the supervisor;
- Assessing the supervisee's learning needs and developmental level;
- Discussing relevant multi-cultural issues;
- Eliciting and integrating evaluative feedback from supervisees;
- Teaching and didactics;
- Setting boundaries;
- Knowing when to seek consultation;
- Flexibility; and
- Engaging in scientific thinking and translating theory and research to practice.

Attitudes and values include:

- Appreciation of responsibility for both clients and supervisees;
- Respect;
- Sensitivity to diversity;
- A balancing between being supportive and challenging;
- Empowering;
- A commitment to lifelong learning and professional growth;
- Balancing supervisee self-care and wellbeing with work demands of the training experience;
- Balancing obligations to client, agency, and service with training needs;
- Valuing ethical principles;
- Knowing and utilizing psychological science related to supervision;
- A commitment to the use of empirically-based supervision; and
- Commitment to knowing one's own limitations.

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the supervision (Falender et al., 2004). Recently the American Psychological Association has endorsed the *Guidelines for Clinical Supervision in Health Service Psychology* (APA, 2014). The

APA *Guidelines* present best practices guidelines for psychologists who supervise trainees using a competency based model. Please refer to Appendix III for further information and references about supervisor competence.

Regulatory Guidance Regarding Qualifications and Responsibilities of Supervisors

A. Qualifications of Supervisors

Supervising psychologists shall:

1. Be licensed at the doctoral level for the independent practice of health service psychology by the jurisdictional regulatory body that is a member of ASPPB and is responsible for the licensing of psychologist regardless of setting;
2. Abide by the ethical principles, codes of conduct, and jurisdictional statutes and regulations pertaining to the practice of psychology;
3. Have knowledge of relevant theory and scientific literature related to supervision,
4. Have training, knowledge, skill, and experience to render competently any psychological service undertaken by their supervisees;
5. Have current training, knowledge, and skill in providing competent supervision; This is typically met by a graduate level academic course (at least 1 (one) credit hour) from a regionally accredited institution of higher learning of at least one quarter/semester, or supervised experience in providing supervision of at least 2 hours a month of supervision over at least a six month period of time; or at least 9 hours of sponsor approved (e.g., APA) continuing education;
6. Abide by specific setting requirements needed for each level of training;
7. Depending on level of training, own, be an employee of, or be in contract status with the entity employing the supervisee; and
8. Not currently be under board discipline. In the event that disciplinary action is taken against the supervisor during the supervisory period, the supervisor shall immediately notify the supervisee and assist the supervisee in immediately obtaining a new supervisor.

B. Responsibilities of Supervisors

Supervising psychologists shall:

1. Assume professional and legal responsibility for the work of the supervisee;
2. Ensure that the supervisee's duties and services are consistent with their level of graduate training, competence, and meets their specific training needs;
3. Have knowledge of clients and of the services being provided in order to plan effective service delivery procedures to ensure the welfare of the clients;
4. Inform the supervisee of procedures to respond to client emergencies;
5. Inform and ensure that the supervisee complies with the laws, regulations, and standards of practice, including obtaining informed consent from the clients to disclose information about them to the supervisor;
6. Intervene in or terminate the supervisee's activities whenever necessary to protect the client from harm and to ensure the protection of the public;
7. Abide by the reporting requirements in the relevant jurisdiction regarding the supervisee's practice and violations of ethical or legal standards;
8. Delegate supervision to another licensed health professional whose competence in the delegated areas has been demonstrated by previous education, training, and experience when
    a. The service needs of the client are beyond the area of expertise of the supervisor,
    b. The training needs of the supervisee warrant such delegation, or
    c. It becomes necessary to provide for a qualified supervisor in case of interruption of supervision;
9. Allow for supervision of trainees completing their internship or postdoctoral experience to supervise others in areas where the trainee's competence has been demonstrate by previous education, training and experience as long as supervisees are supervised by a license psychologist;
10. Review and approve supervisee's progress notes and assessment reports;
11. Personally observe a videotaped (includes audio), or live client session at least once during each period of supervision;
12. Listening to other audio taped session on a regular basis is encouraged;

13. Ensure the supervisee has knowledge of relevant theory, scientific literature and cultural or contextual factors related to the area of supervised practice;
14. Be available to the supervisee in person or electronically 100% of the time when the supervisee are rendering professional services, or arrange the availability of a qualified supervisor;
15. Maintain professional boundaries by managing multiple relationships and not enter into sexual relationships, or other relationships with their supervisees that would interfere with the supervisors' objectivity and ability to provide effective supervision;
16. Not supervise any current or former client/patient or any immediate family member of a current or former client/patient;
17. Assist the supervisee in working with professionals in other disciplines as indicated by the needs of each client/patient and periodically observe these cooperative encounters; and
18. Generate and maintain records regarding dates of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence. These records must be maintained until the supervisee obtains a license or for at least 7 years after the supervision terminates, whichever is greater. If the records are requested by a regulatory body, the supervising psychologist shall provide them. Other uses and confidentiality of supervisee records shall be delineated in the supervision contract.

Regulatory Guidance for Supervision at Different Levels of Training

Education and training of psychologists encompasses many different activities, including learning the basic science of the discipline, conducting research, and applied training. Psychology training includes practical experiences in providing psychological services. These practical experiences are traditionally conducted at three different levels, practicum, internship, and postdoctoral fellowship, and are graded, cumulative and sequential in terms of complexity, supervision, and independence. The provision of supervision in psychology is fundamental to psychology trainees learning the knowledge, skills, attitudes, and values necessary for the competent practice of psychology. Supervision ensures that those entering the profession have obtained the requisite competencies for entry to the independent practice of psychology. A primary goal of supervision

for education and training, in addition to protection of the public, is the professional development of the supervisee.

Practicum training occurs during graduate school and consists of real world practical experience in providing psychological services. The training received during practicum is intended to meet basic skills, attitudes and knowledge in the provision of psychological services. The need for close monitoring and supervision at this level of training is well accepted. The doctoral internship is the next component of applied training and usually occurs after all of the graduate coursework is completed. It usually lasts one year full time (or sometimes two years half-time), and is considered as "an immersion experience" (McCutcheon and Keilin, 2014) in applied training. The trainee learns intermediate to advanced skills, attitudes and knowledge in the provision of psychological services. The need for monitoring and supervision progresses developmentally throughout the year in correlation with the acquisition of supervisee competence. The postdoctoral fellowship occurs after the internship has been completed and after the doctoral degree has been awarded. It is the last level of formal education for psychologists and as such the trainee is expected to master advanced competencies. Monitoring and supervision at this level of training focuses more on the acquisition of professional identity and advanced applied competencies than on the development of basic applied skills. While some of the supervision requirements for education and training apply to all of these levels, some differ depending on level. The following guidelines relate to supervision competencies and hours needed for licensure.

Regulatory Guidance for Supervision at the Different Levels of Training

A. Setting

Training settings must provide ongoing psychological services and have as a goal the training of professional psychologists.

1. The Director of Training (DOT) or the primary supervisor is responsible for maintaining the integrity and quality of all of the supervised experience for each supervisee;
2. The DOT or the primary supervisor shall ensure that the setting meets the broad and specialized needs of the supervisee within the framework of the population served

and the services provided in that setting. Physical components must be available such as an office, support staff and equipment necessary for a supervisee to be successful; and

3. The setting shall have as many licensed psychologists as necessary to meet the training needs of the supervisees.

B. General Requirements for Supervised Experience for Licensure

The following guidelines are recommended as general minimal requirements for doctoral level licensure as a health service psychologist:

1. Two years of supervised experience, at least one of which shall have been completed after receipt of the doctoral degree, for a minimum of 3,000 total clock hours;
2. Each year [or equivalent] shall be comprised of no less than 10 months, but no more than 24 months, and consist of at least 1,500 hours of professional service including but not limited to direct contact, supervision and didactic training;
3. One year must be doctoral internship which consists of a minimum of 1500 hours of actual work experience (exclusive of holidays, sick leave, vacations or other such absences). There may be exceptions for respecialization and general applied candidates;
4. Respecialization or general applied candidates may complete the entire 3,000 hours of supervised experience post-doctoral, however, the first 1,500 hours of such supervised experience must meet the requirements of the doctoral internship;
5. The DOT or primary supervisor shall ensure that the supervised experience is a systematic and planned sequence of supervised professional experience of increasing complexity, with the primary objective to prepare the supervisee for the next level of training or licensure;
6. The training status of the supervisee shall be identified by an appropriate title, such as student, intern, resident, fellow, psychological assistant, etc., in order that their training status is clearly identifiable to clients, third party payors, and other entities;
7. Services provided under the authority of a different profession (e.g., under a license as a Social Worker, under a license as a Licensed Professional Counselor,) cannot be used

to accrue supervised professional experience for the purposes of obtaining a license as a psychologist;

8. A supervisor shall not be responsible for the case supervision of more than three (3) full-time equivalent supervisees (full time equivalent equals 40 case hours per week) simultaneously for licensure;
9. Supervisees should not pay for supervision at the practicum or doctoral internship level. If payment is allowed for supervision at the post-doctoral level, supervisors should pay particular attention to the impact of the financial arrangements on the supervisory relationship and the supervisor's objectivity; and
10. Supervisee and supervisor should enter into a supervision contract at the beginning of each supervisory period. Details on the supervision contract are described below.

C. Regulatory Guidance Regarding Supervision at the Practicum Level

The following recommendations for practicum apply only to those experiences required for licensure. Practicum experiences not used for licensure are under the purview of the academic training program. Jurisdictions which require post-doctoral training for licensure do not generally regulate practicum training.

1. Practicum experiences shall be a minimum of 1500 hours of supervised professional experience and be broad and general in focus. Trainees must have at least three (3) different supervisors during this experience;
2. At least fifty (50) percent of the total hours of supervised experience accrued shall be in service-related activities, defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations (See Appendix V for further explanation;
3. At least twenty-five (25) percent of the supervised professional experience shall be devoted to in-person client contact (See Appendix V for further explanation);
4. Supervision shall be no less than twenty-five (25) percent of the time spent in service-related activities. Most of the supervision (a minimum of seventy-five (75) percent) shall be individual, in-person with a licensed psychologist, at least half of which shall be with the primary supervisor. The remainder of the supervision can be in a group

setting, and/or be provided by another licensed psychologist or licensed mental health provider or by a more advanced trainee under the supervision of a licensed psychologist (See Appendix V for further explanation);

5. Telepsychology supervision is not allowed during a student's first practicum experience if that experience is to be used to meet specifications listed above for fulfilling licensure requirements;
6. Telepsychology supervision shall not account for more than 50 percent of the total supervision at any given practicum site;
7. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
8. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence;
9. The use of telepsychology supervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm;
10. The practicum setting should offer a full spectrum training and provide a foundation for a career in psychology; and
11. The practicum experience should offer a variety of professional role models and diverse client/patient populations.

D. Regulatory Guidance Regarding Supervision at the Doctoral Internship Level:

1. The doctoral internship consists of a minimum of 1500 hours of work experience (exclusive of holidays, sick leave, vacations, or other such absences) under the supervision of a licensed doctoral level psychologist, completed in not less than ten (10) months and not more than twenty-four (24) months and provide a variety of professional experiences;
2. A maximum of forty-four (44) work hours per week and a minimum of 20 hours per week, including supervision time, may be credited toward meeting the supervised experience requirement;
3. At least fifty (50) percent of the doctoral supervised experience must be in service-related activities such as treatment/intervention, assessment, interviews, report

writing, case presentations, providing supervision, or consultation, including service-related activities as part of a clinical research project;

4. At least fifty (50) percent of the service-related activity time listed in D 3 must be in-person direct client contact;
5. No more than ten (10) percent of the internship time shall be allocated for non-clinically related research or teaching formal courses;
6. A doctoral intern shall be provided with supervision for at least ten (10) percent of the total time worked each week. At least fifty (50) percent of the supervision shall be in individual, in-person supervision, at least half of which must be with the primary supervisor(s). The remainder of the supervision can be in a group setting, and/or be provided by another licensed psychologist or licensed mental health provider or by a more advanced trainee under the supervision of a licensed psychologist;
7. No more than fifty (50) percent of the minimum required hours of individual supervision and no more than fifty (50) percent of the additional required hours of supervision shall be provided by Telepsychology supervision;
8. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
9. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence; and
10. The use of telepsychology supervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm.

E. Regulatory Guidance Regarding Supervised Experience at the Post-Doctoral Level

1. The postdoctoral supervised experience consists of a minimum of 1500 hours of work experience (exclusive of holidays, sick leave, vacations, or other such absences) under the supervision of a licensed doctoral psychologist, completed in not less than ten (10) months and not more than twenty-four months;
2. A maximum of forty-four (44) work hours per week and a minimum of 16 work hours, including the required two hours supervision time, may be credited toward meeting the supervised experience requirement;

3. At least fifty (50) percent of the post-doctoral supervised experience shall be in service-related activities such as treatment/intervention, assessment, interviews, supervision, report writing, case presentations, providing supervision, or consultation;
4. At least fifty (50) % of the service related activity time listed in C3 must be in-person direct client contact;
5. A postdoctoral resident shall be provided with at least two hours of individual supervision for each week worked (23 -44 hours); or at least one hour of individual supervision for each week worked (16-22 hours);
6. No more than fifty (50) percent of the minimum required hours of individual supervision and no more than fifty (50) percent of the additional required hours of supervision shall be provided by telepsychology supervision;
7. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
8. The use of telepsychology supervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm; and
9. Postdoctoral Settings should focus the training in areas of intended, advanced and specialized practice.

Supervision Contract

The current recommendation for the profession is that there should be a written contract between the supervisor and the supervisee (Osborn & Davis, 1996; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007). The purpose of such a contract is threefold: to inform the supervisee of expectations and responsibilities; to clarify the goals, methods, structure, and purpose of the supervision so that the supervisee can understand the expectation for supervision (Fall & Sutton, 2004; Guest & Dooley, 1999; McCarthy et al.,1995;, Barnett, 2001; Guest & Dooley, 1999; Prest et al., 1992; Teitelbaum, 1990; Welch, 2003); and to establish a context in which communication and trust can develop (Cobria & Boes, 2000). Clarifying the supervisory relationship in a contract establishes clear boundaries, creates a collaborative tone for supervision, increases accountability, and decreases misunderstandings (Thomas, 2007).

Prior to the initiation of supervision, the supervision contract should be completed and include the following elements:

1. The goals and the objectives of the supervision, including:
    a. Protection of the public, i.e., the protection of the welfare of the supervisee's clients;
    b. Protection of the supervisee;
    c. The role of gatekeeper, which is accomplished by assessing the supervisee's readiness for autonomous practice;
    d. Professional development of the supervisee;
    e. Remediation of areas where the supervisee is not meeting criteria for competence or ethical standards; and
    f. Preparation for independent practice.
2. A statement of the job duties and responsibilities of the supervisee, including:
    a. The psychological services to be offered;
    b. Maintenance of adequate records regarding services provided;
    c. Informing supervisors of all essential clinical and ethical elements of all cases being supervised, including disclosing all ethical, legal and professional problems; and
    d. Adhering to laws, regulations, ethical standards, and agency rules governing psychological practice, including:
        i. Informing clients of supervisees' training status,
        ii. Obtaining informed consent to share information about the psychological service with the supervisors.
3. A statement of the roles and responsibilities of supervisors, including:
    a. Informing supervisees of supervisors' licensure status and qualifications;
    b. Discussing with the supervisee relevant ethical, legal and professional standards of conduct;
    c. The format of supervision provided;
    d. Whether part of the supervision will be assigned to others and the qualifications of delegated supervisors;

e. With whom the ultimate legal responsibility for the services provided to clients resides;
f. The requirement to write a report to the relevant authority (training directors, regulatory authorities) regarding the supervisee's progress and competence; and
g. Documentation of supervision.

4. Contingency plans for dealing with unusual, difficult, or dangerous circumstances, including:
    a. Criteria about what constitutes an emergency and procedures to follow in an emergency;
    b. Availability of the supervisors for emergency supervision;
    c. Legal reporting requirements for both supervisors and supervisees; and
    d. Court involvement.
5. Resolving differences between supervisor and supervisee:
    a. How differences in opinion or approach should be handled; and
    b. How grievances can be managed or means of alternative resolution.
6. Informed consent regarding:
    a. Limits to confidentiality regarding the client;
    b. Limits to confidentiality regarding personal information provided by the supervisee;
    c. Financial arrangement for supervision;
    d. Requirements of supervision, including observation and review of records; and
    e. A statement of how both formative and summative evaluations will occur, including:
        i. Criteria used; and
        ii. How and to whom evaluations will be disclosed, e.g., licensing authority, training program;
7. Duration of the supervision contract to include days and times of when supervision incurs;
8. Grounds for termination of supervision; and
9. A statement that the supervisor is responsible for overseeing all work of the supervisee and shall review any work product and sign all reports and communications that are sent to others.

Regulatory Guidance Regarding Telepsychology Supervision and Supervision of Telepsychology

Introduction

Telecommunication technologies (e.g., telephone, video teleconferencing, instant messaging, internet, e-mail, chat, or web pages) are rapidly becoming more prevalent in the practice of psychology. Early proponents of telepractice in psychology defined "telehealth" services to include the use of technology in supervision of psychological practice (Nickelson, 1998). Telecommunication technologies are increasingly being integrated into psychological practice (Myers, Endres, Ruddy, & Zelikovsky, 2012).

Supervision via electronic means provides a platform to observe the psychological practice and interact remotely with the supervisee (e.g., cf. Abbass et al., 2011; Wood, Miller and Hargrove, 2005). In order to prepare adequately to use technological resources, psychologists who engage in the delivery of psychological services involving telecommunication technologies must take responsible steps to ensure ethical practice (Barnett, 2011; Nicholson, 2011).

The use of telecommunication technologies has direct application to the provision of supervision. The supervision of telepsychology has the potential to create greater access to care for recipients of psychological services in remote locations or with otherwise underserved populations (Dyck & Hardy, 2013; Layne & Hohenshil, 2005; McIlwraith, Dyck, Holms, Carlson, & Prober; Miller, Morgan, & Woods, 2009; Ragusea & VandeCreek, 2003). Although there is a growing body of literature describing the utility and safety of the use of technology, telecommunication in supervision presents unique risks and challenges that must be addressed to protect all parties involved in the provision of supervised psychological services.

As the practice of telepsychology affects all jurisdictions, the need for consistency in the development of regulations across jurisdictions is obvious (McAdams & Wyatt, 2010). Input for the model regulations presented below was adapted from the Ohio Board of Psychology regulations (OBOP, 2011). For more complete guidelines for the provision of telepsychology services to the public, the Guidelines for the Practice of Telepsychology (APA, 2013; ASPPB, 2013)

should be consulted.

All of the regulations above regarding supervision of trainees apply to the practice of telepsychology supervision. In addition, there are some specific regulations appropriate to the use of telepsychology supervision.

Guidelines regarding Telepsychology Supervision

Requirements for Supervisors in Provision of telepsychology supervision

Psychologists providing telepsychology supervision shall:

1. Be licensed. Interjurisdictional supervision is not permitted except in emergency situations at this time;
2. Be competent in the technology of the service-delivery medium;
3. Adhere to the ASPPB Principles/Standards for the Practice of Telepsychology (ASPPB 2013);
4. Ensure the electronic and physical security, integrity, and privacy of client records, including any electronic data and communications;
5. Inform supervisees of policies and procedures to manage technological difficulties or interruptions in services;
6. Verify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;
7. Inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;
8. If the supervisee is providing telepsychology services, ensure that proper informed consent concerning the risks and limitations of telepsychology is obtained from clients; and
9. If the supervisee is providing telepsychology services, ensure that the services provided

are appropriate to the needs of the client.

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APPENDIX I

Process of Guideline Development

Charges:

The ASPPB Board of Directors (BOD) authorized the establishment of the ASPPB Task Force on Supervision Guidelines[1] in 2010 to update and revise the 2003 version of the *ASPPB Supervision Guidelines* including:

- Defining the varied uses of supervision, including the processes and practices used for training and licensure, as well as supervision as a condition of licensure or as a requirement of a disciplinary action; and
- Providing draft regulatory language pertaining to supervision, along with commentary, for consideration by ASPPB members for inclusion in licensing regulations.

Process:

The initial meeting of the Task Force was held in July 2010. At that time, the Task Force focused on those essential areas to be included in supervision guidelines; namely, areas of supervision, structure of supervision, supervisor competence, supervisee competence and supervision ethics. The Task Force requested a larger workgroup[2] meeting made up of various interested parties and stakeholders who had expertise in supervision in the US and Canada to further articulate what was crucial to be included in the guidelines.

At the working group meeting held in February 2012, the group discussed different aspects of supervision. These included: 1) the purpose and structure of supervision; 2) supervisor and supervisee competence; 3) the ethics of supervision; and 4) supervision issues relating to training

[1] Members of the ASPPB Task Force on Supervision Guidelines were Jack Schaffer, PhD, Chair (MN), Carol Falender, PhD (CA), Steve Lewis, PsyD (VT), Rick Morris, PhD (ON), Emil Rodolfa, PhD (CA), Stephen DeMers EdD (ASPPB) and Janet Orwig, MBA (ASPPB).

[2] Members of the Working Group included members of the Task Force and Drs. Judith Blanton, Michael Ellis, Victoria Follette, Catherine Grus, Robert Hatcher, Kathleen Molloy, Steve McCutcheon, Carole Sinclair, Janet Thomas and Sheila Woody).

and regulation, with a focus on distinguishing those issues which are appropriate for regulation as foundational requirements for licensure and those more pertinent to training and education.

The Task Force group met again in May 2012 to delineate the core content in the supervision guidelines considered most relevant to regulations. In February 2013 the Task Force met to complete its draft and send it to the BOD. On August 2013 Drs. Schaffer, Falender and Rodalfa incorporated feedback from the BOD and submitted its final report to the BOD in September 2013.

The BOD referred the draft Guidelines to the Model Act and Regulations Committee (MARC) for review. After MARC's initial review, the BOD delegated a subcommittee[3] to condense and edit the draft report for BOD consideration. In October, 2014, the BOD approved the draft report to be sent out for public comment.

[3] The subcommittee consisted of Carol Webb, PhD., ABPP, Alex Siegel, JD, PhD, and Janet Orwig, MBA.

APPENDIX II

Ethical Codes and Codes of Conduct

The ASPPB Code of Conduct (2005) defines a supervisee as "any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services" (II.G). In addition, the ASPPB Code specifically mandates that any psychologist providing supervision shall perform this professional role appropriately and in compliance with all rules and regulations of the licensing authority (III.A.9). The ASPPB Code states that "the psychologist shall not engage in any verbal or physical behavior with supervisees which is seductive, demeaning or harassing or exploits a supervisee in any way – sexually, financially or otherwise (III.E.1). Finally, the ASPPB Code notes that the psychologist "shall not delegate professional responsibilities to a person not appropriately credentialed or otherwise appropriately qualified to provide such services" (III.A.10). While not only applicable to supervision, this delegation of professional responsibility restriction requires that supervisors be mindful of any legal restriction of a supervisee's scope of practice, as well as any limitations of competence that a supervisee may demonstrate during their period of supervised experience.

The APA Ethics Code, Principle E addresses "Respect for People's Rights and Dignity," which includes supervisees, regardless of the reason for the supervision. The Code sets out the responsibility to protect supervisees from harm (2.01e, 3.04) and to ensure that services being provided by supervisees are provided competently (2.05). Other standards include prohibiting exploitation of supervisees (3.08, 7.07), specifying requirements for informed consent (3.10, 9.03, and 10.01), stipulating limitations in requiring private information from supervisees (7.04), cautioning about multiple relationships (7.05), and addressing the evaluation of supervisees (7.06).

The CPA Code also sets standards for the practice of supervision as it emphasizes respect for the dignity of persons (I), the rights and promotion of the welfare of supervisees (I.8 and II.1), with the necessity of consent in relationships with supervisees (I.36). Other standards describe the importance of maintaining confidentiality with respect to information obtained (I.43) and the need to assume overall responsibility for the services offered by supervisees (I.47). The Code sets

out the responsibility of the supervisor to facilitate the professional development of supervisees (II.25), and the importance of avoiding multiple relationships with those being supervised (III.33).

The ethical and regulatory requirements that are elements of any psychological service also apply to supervision. Many jurisdictions currently prescribe components of the supervisory requirements in regulation, in particular for pre-licensure supervision (ASPPB, 2013). Some jurisdictions have developed regulations to provide guidance to psychologists for supervision in disciplinary cases.

The Ethics of Supervision

Supervisor Ethical Competence

Competence is an essential ethical ingredient in supervision, as it is in psychological practice. In order to provide competent supervision, the supervisor must be competent both in the services being provided by the supervisee and in the provision of supervision. As is implicit in supervisor competence generally, supervisors are assumed to abide by and model the highest ethical principles. Nevertheless, in one study, over 50% of supervisees reported their supervisors did not follow at least one ethical guideline (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), several of which involve standards of competent supervision (e.g., performance evaluation and monitoring of the supervisee's activities, defining limits of confidentiality in supervision issues, session boundaries and respectful behavior), compromising the supervision relationship due to the power differential implicit in supervision and jeopardizing client care, supervisee development of competence, and supervisee well-being.

Among the ethical competencies essential for the supervisor are the values and skills involved in appropriately delegating a client to the supervisee and in the ongoing monitoring of the supervisee's clients, as well as the monitoring of the professional development of the supervisee. Supervisors should have the ability to assess the supervisee's competencies and the ability to provide effective feedback in order to actively monitor the supervisee's interventions and the client's progress. This initial assessment is necessary to determine which clients may be assigned and what level of supervision is needed. Feedback is necessary to facilitate supervisee's learning (Barnett, Cornish, Goodyear, & Lichtenberg, 2007). Research demonstrates, however, that

psychologists have difficulty providing constructive feedback to supervisees (Hoffman, Hill, Holmes, & Freitas, 2005), although training in supervision improves the process of providing feedback to supervisees (Milne, Sheikh, Pattison, & Wilkinson, 2011). Supervisory integration of data from client self-report and monitoring of the client progress (Worthen & Lambert, 2007) is associated with enhanced client outcomes (Lambert, 2010).

Another ethical component of supervision is obtaining informed consent from the supervisee, which has a more narrow construction in supervision than when applied to clients, as it is informed by training and accreditation standards, workplace or practice setting policies, and jurisdictional regulations. The supervision contract, a means of obtaining informed consent, should delineate the expectations of supervision and the agreement between supervisor and supervisee (Thomas, 2007).

Limits of Confidentiality

Supervisors should disclose to supervisees the limits of confidentiality with respect to personal disclosures and evaluation processes. Defining these limits requires that the supervisor describe the multiple entities that normally receive information regarding supervisee competence and readiness for independent practice. Ethical guidelines dictate that the supervisee be informed that evaluative and competence assessment information is provided to graduate programs, supervision training teams, including administrative supervisors in the practice setting, and regulatory boards. In addition, the supervisor has the responsibility to ensure that the supervisee's clients have been informed of the supervisee's status as a trainee and that the supervisor is responsible for all services provided and has access to all clients' records.

Multiple Relationships

Although some multiple relationships in supervision are unavoidable, multiple relationships between supervisor and supervisee should be carefully considered due to the potential loss of supervisor objectivity or exploitation of the supervisee. Further, due to the power differential, supervisees may not be able to refuse to engage in a multiple relationship or to withdraw once commenced. Several helpful problem solving frames provide mechanisms to assess risks versus

benefits of entering into multiple relationships between supervisors and supervisees (Burian & Slimp, 2000; Gottlieb, Robinson, & Younggren, 2007).

Technology

Ethical supervision using telecommunication technologies requires special attention (ASPPB, 2013; McFadden & Wyatt, 2010). Issues include the following areas.

1. Potential risks exist for clients through telepsychology practice and for both supervisees and their clients when supervision occurs via telepsychology supervision. Supervisors and supervisees must pay careful attention to possible risks to, and limits of, confidentiality. They must be knowledgeable about the security of the connection, encryption, electronic breaches, and the vulnerability of the content of client interaction or supervision visible on a computer where others could observe it on an unsecure network (Fitzgerald, Hunter, Hadjistavropoulos, & Koocher, 2010);
2. Identity of the supervisee must be confirmed (Fitzgerald et al., 2010);
3. Identity and age of the client must be confirmed, and permission of parents or guardians should be obtained, if necessary (Fitzgerald et al., 2010; McIllraith et al., 2005);
4. Both supervisor and supervisee should be aware that nonverbal communication and emotional reactivity of both client and supervisee may be more difficult to assess using electronic means of communication;
5. Emergency procedures must be addressed, including limits to therapist or supervisor accessibility, accessing a local professional who could manage emergent situations, or situations when technical or logistical issues preclude therapist or supervisor contact;
6. The limits of confidentiality of videotaping client and supervision sessions should be fully understood. An informed consent should clearly state limitations of confidentiality using technology and describe the steps taken to protect the identity of the client;

7. The use of social networks and online communication should be reviewed carefully with the supervisee. Parameters for supervisee behavior should be identified, including ethical problem-solving strategies to consider friending or social network relationships between supervisor and supervisee, as well as between supervisee and client;
8. The ethics of internet searches of clients and supervisees, extra-therapeutic on-line contact between supervisee and client, use of texting, Facebook presence and use of emails to communicate all need to be considered to ensure professionalism (Clinton, Silverman, & Brendel, 2010); and
9. The ethics of blogs by supervisees/supervisors under their own names, information regarding supervisees and supervisors accessible on dating sites (Gabbard et al., 2011), and generally the increased transparency of client access to therapist information (Zur, Williams, Lehavot, & Knapp, 2009) should be reviewed, as well as steps to maximize security of technology processes and procedures (Manring, Greenberg, Gregory, & Gallinger, 2011). All use of technology in the provision of psychological services should adhere to the Guidelines for Telepsychology developed by ASPPB and APA (APA, 2013; ASPPB, 2013a).

Understanding their ethical obligations will help supervisors enhance their practice of supervision and, in turn, help supervisees improve professional services to the public they serve (Goodyear & Rodolfa, 2011).

APPENDIX III

Supervisor Competence

The process designed to train competent supervisors has not changed a great deal since the 1998 ASPPB Supervision Guidelines stated:

> Given the critical role of supervision in the protection of the public and in the training and practice of psychologists and psychology trainees, it is surprising that organized psychology, with few exceptions, has failed to establish a requirement for graduate level training in supervision. Few supervisors report having had formal courses on supervision and most rely on their own experience as a supervisee. In addition, the complexity of the supervisory process as well as the reality that supervision itself serves multiple purposes prevents simplistic guidelines….Concerns for protection of the public and accountability are paramount (p. 2).

There have been significant advances, however, in the research and scholarship on supervision (Borders et al., 2011; Ellis, 2010; Falender & Shafranske, 2008; Bernard & Goodyear, 2014; O'Donovan, Halford, & Walters, 2012). Criteria have been developed for supervisor competencies (Fouad et al., 2009; New Zealand Psychologists Board, 2010), supervisor skills to be developed (EFPA EuroPsy, 2009), ethical guidelines for supervision (CPA, 2009; Pettifor et al., 2011), supervision guidelines (Australian Psychological Society, 2003), and specific criteria for supervisor training (British Psychological Society, 2008; Psychology Board of Australia, 2013)

Although scholarship has significantly increased in the supervision literature, training for supervision has not kept pace. Even though training in supervision is required by the CoA (APA, 2010), limited courses exist. A possible reason for this limited progress is reported by Rings and colleagues (2009), who found that psychologists do not generally value training for supervision. As with other areas of practice in psychology, psychologists who choose to provide supervision should become competent through training that consists of both coursework addressing the core components of effective supervision and supervised experience in providing supervision. One purpose of this document is to ensure that the supervision provided as part of the licensure

process is performed in a manner that protects the public and contributes to the competence of supervisees.

Supervisory Competence Overview

Supervisory competence includes the following elements: competence in supervision and in the psychological practice being supervised; multicultural competence; ethical and legal competence; contextual competence; theory, skills, and processes for group and individual supervision; and attitudes and values supporting the conduct of competent supervision (Falender et al., 2004; Rings, Genuchi, Hall, Angelo, & Cornish, 2009). Contextual competence refers to knowledge, skills, and attitudes regarding the specific local context and the ethical and clinical aspects that arise from that context. These elements should be "above and beyond…competence as a therapist" (Bernard & Goodyear, 2014, p. 66). Such competence also entails interpersonal functioning and professionalism, as well as sensitivity and valuing the importance of individual and cultural diversity (Kaslow et al., 2007). Supervisory competence requires knowledge of supervision theory, skills, and processes, and up-to-date knowledge of developments in both psychological and supervision practice (Bernard & Goodyear, 2014), in addition to specific training in supervision. It is essential that the supervisor monitor and assess the competence of the supervisee in this competency-based era. This requires knowledge of the guidelines, effective practices, and client outcome assessment norms in the literature (Falender & Shafranske, 2013a; Bernard & Goodyear, 2013).

Critical tensions arise from balancing the supervisor's multiple roles. These roles include balancing the supervisor's primary duty to protect the client and to serve as gatekeeper to the profession, while at the same time establishing a strong supervisory alliance with the supervisee by supporting and monitoring supervisee growth and development through feedback and evaluation.

The concepts of supervisor competence and of competency-based supervision are implicit in APA (2009) and CPA (2011) accreditation criteria and regulation (DeMers, Van Horne & Rodolfa, 2008). There is a body of literature, however, that suggests there is a lack of adequate training in the provision of supervision that persists among practitioners who are current supervisors, (Johnson

& Stewart, 2000), and even among supervisees in the training pipeline (in Canada, Hadjistavropoulos, Kehler, & Hadjistavropoulos, 2010; in the United States, Crook-Lyon, Presnell, Silva, Suyama, & Stickney, 2011; Lyon, Heppler, Leavitt, & Fisher, 2008), compromising transmission of enhanced competencies in practice and supervision (Kaslow et al., 2012) to future generations of practitioners.

Effective Supervision

The growing literature describing supervision processes and procedures contributes to the profession's understanding of effective supervision, which in turn informs how to regulate supervision. Components of effective supervision (summarized in Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Bernard & Goodyear, 2014; Falender & Shafranske, 2004; 2008, 2012; Barnett et al., 2007; Bernard & Goodyear, 2014; College of Psychologists of Ontario, 2009; Johnson, Elman, Forrest, Robiner, Rodolfa, & Schaffer, 2008) include:

1. Complying with legal and ethical requirements (Falender & Shafranske, 2004; Goodyear & Rodolfa, 2011; Tebes et al., 2011);
2. Balancing the multiple roles of promoting supervisees' development, evaluation, and gatekeeping (Johnson et al., 2008);
3. Providing multiculturally sensitive supervision and addressing the diversity identities and worldviews of clients, supervisees, and supervisors (Burkard et al., 2009; Falender, Burnes & Ellis, 2012; Vargas, Porter, & Falender, 2008);
4. Clarifying the supervisor's expectations, including a formal supervision contract (Falender & Shafranske, 2004; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007);
5. Assessing the supervisee's readiness to participate in supervision (Falender & Shafranske, 2012a; Aten, Strain & Gillespie, 2008);
6. Assessing competency of the supervisee using observation of clinical sessions, client and supervision outcomes, and the supervisee's self-assessment (Bernard & Goodyear, 2014; Falender & Shafranske, 2007);
7. Monitoring the supervisee's performance, taking into account the supervisee's knowledge, skills, attitudes, and values (Bernard & Goodyear, 2014);

8. Assessing the relative competence of the supervisee to provide services to a client (Sterkenberg, Barach, Kalkman, Gielen, & ten Cate, 2011);
9. Using a strength-based approach to supervision (Fialkov & Haddad, 2012);
10. Providing ongoing formative and summative evaluation (Johnson et al., 2008; Goodyear & Bernard, 2009; Falender & Shafranske, 2007);
11. Addressing the supervisee's personal factors and emotional reactivity (Falender & Shafranske, 2004);
12. Identifying and repairing strains and ruptures (Falender & Shafranske, 2008);
13. Identifying and remediating the supervisee's competence problems (Behnke, 2012; Bieschke, 2012; Forrest, 2012; Jacobs et al., 2012); and
14. Gatekeeping to address the supervisee's competence problems and ensuring protection of the public (Barnett et al., 2007; Brear & Dorrian, 2010; Johnson et al., 2008);

"Defining competencies in psychology supervision: A consensus statement" (Falender et al., 2004) provided a structure of knowledge, skills, attitudes, and values as a preliminary model of entry-level supervisor competence. Falender et al. (2004) described five supra-ordinate factors: 1) competence in supervision is a life-long, cumulative developmental process with no end point; 2) attention to diversity in all its forms requires specific competence and relates to every aspect of supervision; 3) attention to legal and ethical issues is essential; 4) training is influenced by professional and personal factors, including values, beliefs, biases and conflicts, some of which are considered sources of reactivity or countertransference; and 5) self- and peer-assessment across all levels of supervisor development is necessary.

Based on the literature, the following questions may assist boards or colleges in determining the competency of psychologists to supervise (Falender et al., 2004):

- Has the psychologist successfully completed a course/training in supervision?
- Has the psychologist received supervision of supervision and has he or she been endorsed as ready to supervise?
- Has the psychologist used audio, video, or live supervision in supervision practice?

- Does the psychologist initiate and use a supervision contract?
- Is there evidence that the psychologist provides regular and corrective feedback to supervisees designed to improve their functioning?
- Does the psychologist require client outcome assessment?

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes: (a) an understanding of the professional practice being supervised (Falender & Shafranske, 2007); (b) models, theories, and modalities of supervision (Farber & Kaslow, 2010); (c) research, scientific, and evidence-base of the supervision literature (Milne & Reiser, 2012; Watkins, 2012); (d) professional/supervisee development (Fouad et al., 2009; Rodolfa et al. (2013); Stoltenberg & McNeil, 2010); (e) ethics and legal issues specific to supervision (Goodyear & Rodolfa, 2011; Gottlieb, Robinson, & Younggren, 2007; Koocher, Falender, & Shafranske, 2008; Thomas, 2007); (f) evaluation and process outcome; and (g) diversity in all its forms (Vargas, Porter, & Falender, 2008).

Skills include: (a) providing supervision in multiple modalities (e.g., group, individual) (Carter, Enyedy, Goodyear, Arcinue & Puri, 2009), (b) forming a supervisory alliance (Bernard & Goodyear, 2014), (c) providing formative and summative feedback (Hoffman, Hill, Holmes & Freitas, 2005), (d) promoting the supervisee's self-assessment and growth (Kaslow, Grus, Campbell, Fouad, Hatcher & Rodolfa, 2009), (e) self-assessing by the supervisor, (f) assessing the supervisee's learning needs and developmental level (Falender & Shafranske, 2012b; Stoltenberg, 2005), (g) eliciting and integrating evaluative feedback from supervisees (Bernard & Goodyear, 2014), (h) teaching and didactics (Falender & Shafranske, 2004), (i) setting boundaries (Burian & Slimp, 2000), (j) knowing when to seek consultation, (k) flexibility, and (l) engaging in scientific thinking and translating theory and research to practice Falender & Shafranske, 2013; Foo Kune & Rodolfa, 2012).

Attitudes and values include: (a) appreciation of responsibility for both clients and supervisees, (b) respect (Pettifor, McCarron, Schoepp, Stark, & Stewart, 2011), (c) sensitivity to diversity, (d) a balancing between being supportive and challenging, (e) empowering, (f) a commitment to lifelong learning and professional growth, (g) balancing obligations to client, agency, and service

with training needs, (h) valuing ethical principles, (i) knowing and utilizing psychological science related to supervision, (j) a commitment to the use of empirically-based supervision, and (k) commitment to knowing one's own limitations (Bernard & Goodyear, 2014; Falender & Shafranske, 2012a).

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the supervision (Falender et al., 2004).

APPENDIX IV

Sample Supervision Contract for Education and Training

Leading to Licensure as a Health Service Provider

I. Goals of Supervision

A. Monitor and ensure welfare and protection of patients of the Supervisee.

B. Gatekeep for the profession to ensure competent professionals enter.

C. Promote development of Supervisee's professional identity and competence.

D. Provide evaluative feedback to the Supervisee.

II. Structure of Supervision

A. The primary supervisor during this training period will be _____, who will provide _____ hours of supervision per week. The delegated supervisor(s) during this training period will be _____, who will provide _____ hours of supervision per week.

B. Structure of the supervision session: supervisor and supervisee preparation for supervision, in-session structure and processes, live or video observation ___times per ___ (time period).

C. Limits of confidentiality exist for supervisee disclosures in supervision. (e.g., supervisor normative reporting to graduate programs, licensing boards, training teams, program directors, upholding legal and ethical standards).

D. Supervision records are available for licensing boards, training programs, and other organizations/individuals mutually agreed upon in writing by the supervisor and supervisee.

III. Duties and Responsibilities of Supervisor

A. Assumes legal responsibility for services offered by the supervisee.

B. Oversees and monitors all aspects of patient case conceptualization

and treatment planning, assessment, and intervention including but not limited to emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, management of supervisee reactivity or countertransference to patient, strains to the supervisory relationship.

C. Ensures availability when the supervisee is providing patient services.

D. Reviews and signs off on all reports, case notes, and communications.

E. Develops and maintains a respectful and collaborative supervisory relationship within the power differential.

F. Practices effective supervision that includes describing supervisor's theoretical orientations for supervision and therapy, and maintaining a distinction between supervision and psychotherapy.

G. Assists the supervisee in setting and attaining goals.

H. Provides feedback anchored in supervisee training goals, objectives and competencies.

I. Provides ongoing formative and end of supervisory relationship summative evaluation on forms available at _____ (website or training manual).

J. Informs supervisee when the supervisee is not meeting competence criteria for successful completion of the training experience, and implements remedial steps to assist the supervisee's development. Guidelines for processes that may be implemented should competencies not be achieved are available at (website or training manual).

K. Discloses training, licensure including number and state(s), areas of specialty and special expertise, previous supervision training and experience, and areas in which he/she has previously supervised.

L. Reschedules sessions to adhere to the legal standard and the requirements of this contract if the supervisor must cancel or miss a supervision session.

M. Maintains documentation of the clinical supervision and services provided.
N. If the supervisor determines that a case is beyond the supervisee's competence, the supervisor may join the supervisee as co-therapist or may transfer a case to another therapist, as determined by the supervisor to be in the best interest of the patient.

IV. Duties and Responsibilities of the Supervisee

A. Understands the responsibility of the supervisor for all supervisee professional practice and behavior.

B. Implements supervisor directives, and discloses clinical issues, concerns, and errors as they arise.

C. Identifies to patients his/her status as supervisee, the name of the clinical supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records) obtaining patient's informed consent to discuss all aspects of the clinical work with the supervisor.

D. Attends supervision prepared to discuss patient cases with completed case notes and case conceptualization, patient progress, clinical and ethics questions, and literature on relevant evidence-based practices.

E. Informs supervisor of clinically relevant information from patient including patient progress, risk situations, self-exploration, supervisee emotional reactivity or countertransference to patient(s).

F. Integrates supervisor feedback into practice and provides feedback weekly to supervisor on patient and supervision process.

G. Seeks out and receives immediate supervision on emergent situations. Supervisor contact information: _____.

H. If the supervisee must cancel or miss a supervision session, the supervisee will reschedule the session to ensure adherence to the legal standard and this contract.

A formal review of this contract will be conducted on: _____ when a review of the specific goals (described below) will be made.

We, _____ (supervisee) and _____ (supervisor) agree to follow the parameters described in this supervision contract and to conduct ourselves in keeping with the American Psychological Association Ethical Principles and Code of Conduct or the Canadian Psychological Association Code of Ethical Conduct.

Supervisor Date

Supervisee Date

Dates Contract is in effect: Start date: _____End date: _____

Mutually determined goals and tasks by Supervisor and Supervisee to accomplish (and updated upon completion).

Goal 1:

Task for Supervisee

Task for Supervisor

Goal 2:

Task for Supervisee

Task for Supervisor

APPENDIX V

Regulatory Guidance Regarding Supervision at the Practicum Level

Explanation

In an attempt to clarify the recommended number of hours of supervised experience and all of the breakdowns for practicum training, the following example is offered.

For a typical practicum of 20 hours a week for one semester (so let's say 15 weeks), the total number of hours would be 300 (1/5 of the recommended 1500 hours). 150 hours (50%) of those 300 hours should be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations. 75 hours (25%) should be in in-person client contact that is direct interaction with a client in the same physical space.

There also needs to be at least 37.5 hours of supervision for that practicum over that semester. Of the 37.5 hours of supervision, at least 28 hours needs to be in-person individual supervision with a licensed psychologist (75%), and 14 hours (50%) needs to be with the primary supervisor. The other 14 hours can be provided by a delegated licensed psychologist. Group supervision, or supervision by another licensed mental health professional or trainee can account for no more than 9.5 hours.

For practicums of less duration or time/week involvement, prorated hours would be required. As an example, a practicum that was 1 day (8 hours/day) for a semester (15 weeks) would total 120 hours of which 60 hours would need to be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations with 30 hours in in-person client contact, that is direct interaction with a client in the same physical space.

Supervision requirements would involve at least 15 hours of which 11 hours would need to be in person with a licensed psychologist and 5.5 hours with the primary supervisor.

CHAPTER TWO

ASPPB Supervision Guidelines for Education and Training leading to Licensure as a General Applied Provider (GAP)

Approved by the ASPPB Board of Directors August 2019

Definitions

Administrative Supervisor: An administrative supervisor is responsible for managing employee performance and employee assignments. The administrative supervisor may or may not be a psychologist. In situations where the administrative supervisor is a licensed psychologist, he or she may take on the role of primary supervisor. In situations where the administrative supervisor is not a licensed psychologist, the organization shall engage the services of a qualified primary supervisor as acceptable to the regulatory authority.

Client: Client is used to refer to a direct recipient of psychological services within the context of a professional relationship including an individual, group, organization, community, other populations, or other entities receiving psychological services. In some circumstances, the client may be the individual or entity requesting the psychological services and not necessarily the recipient of those services.

Competence: Professional competence is the integrated use of knowledge, skills, attitudes, and values that are necessary to ensure the protection of the public in the professional practice of psychology. Competency ensures that a psychologist is capable of practicing the profession safely and effectively (Rodolfa et al., 2005).

Delegated Supervisor: A delegated supervisor is a licensed psychologist with expertise in the relevant general applied psychology area to whom the primary supervisor may delegate certain supervisory responsibilities.

General Applied Provider in Psychology: A General Applied Provider is a psychologist with appropriate training and experience who provides services outside health and behavioral health

fields for the purpose of enhancing individual and/or organizational effectiveness. This includes the provision of direct services to individuals and groups, for assessment and evaluation of personal abilities and characteristics for individual development, behavior change, and/or for making decisions about the individual; and may also include services to organizations that are provided for the benefit of the organization.

Health Service Provider in Psychology: A Health Service Provider in Psychology is a psychologist with appropriate training experience who provides services within the health and behavioral health fields. This includes, but is not limited to, the delivery of direct and indirect preventive, diagnostic, assessment, and therapeutic intervention services to clients/patients whose growth, adjustment, or functioning is impaired or is demonstrably at risk of impairment.

In-person: The term *in-person,* which is used in combination with the provision of services, refers to interactions in which the supervising psychologist and supervisee are in the same physical space and does not include interactions that may occur through the use of telecommunication technologies.

Licensed: Licensed means having a license issued by a board or college of psychology which grants the authority to engage in the autonomous practice of psychology. The terms registered, chartered, or any other term chosen by a jurisdiction used in the same capacity as licensed are considered equivalent terms.

Practicum/Field Training: An organized, sequential series of supervised experiences of increasing complexity under the supervision of licensed psychologists and other practitioners, serving to prepare the graduate student for internship.

Primary Supervisor: A primary supervisor shall possess a doctoral degree from a graduate program in an area of psychology consistent with the supervisee's intended area of practice or be a doctoral psychologist with a demonstrated competence in the supervisee's intended area of practice. The primary supervisor must be a licensed psychologist or other qualified supervisor deemed appropriate by the regulatory authority when there is compelling evidence of a lack of

licensed psychologists based on data presented to the regulatory authority. If the supervisor is not located within the organization where the supervisee is located, an appropriate mechanism will be developed to address necessary identified supervisor responsibilities.

Regulatory authority: Regulatory authority refers to the jurisdictional psychology licensing board (United States) or college of psychologists (Canada).

Remote: The term *remote,* used in combination with the provision of psychological services utilizing telecommunication technologies, refers to the provision of a service that is received at a different site from where the supervisor is physically located. The term *remote* includes no consideration related to distance.

Specialty Supervisor: A specialty supervisor is a professional with expertise in the specialized areas deemed appropriate by the primary supervisor.

Supervisee: A supervisee means any person who functions under the extended authority of a licensed psychologist to provide psychological services.

Telepsychology supervision: Telepsychology supervision is a method of providing supervision using telecommunication technologies.

Supervision for Education and Training

Supervision, a distinct, competency-based professional practice, is a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of enhancing the professional competence of the supervisee through monitoring the quality of services provided to the client for the protection of the public and provides a gatekeeping function for independent professional practice (Bernard & Goodyear, 2014; Falender and Shafranske 2004). The ultimate effectiveness of supervision depends on a broad range of factors, including the competence of the supervisor, the nature and quality of the relationship between the supervisor and supervisee, and the readiness of the supervisee (Falender & Shafranske, 2007). It is important to differentiate supervision from psychotherapy

and consultation (Falender and Shafranske 2004) and to recognize that supervision has a central role in the development of supervisee's professional identity and ethical behavior (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Thomas, 2010). Supervision may also involve direct and vicarious legal liability (Barnett et al., 2007; Disney & Stephens, 1994; Falender and Shafranske, 2013b; Saccuzzo, 2002; Thomas, 2010). In the case of I-O and consulting psychology, liability may be divided among various organizations or individuals.

Within North America, ethical and regulatory responsibilities of supervisors are set out in the ASPPB *Code of Conduct* (ASPPB 2005), the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association (APA, 2010), the *Canadian Code of Ethics for Psychologists* of the Canadian Psychological Association (CPA, 2017),American Psychological Association Guidelines for Clinical Supervision for Health Care Psychologist (APA, 2014)and the CPA (2009) *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice and Administration*. These codes provide a framework for the ethical and effective delivery of supervision. See Appendix I for more specific information about the ethical codes.

The Ethics of Supervision

Supervision is a discrete competency that presents unique ethical issues and challenges to supervisors and supervisees alike (Goodyear and Rodolfa, 2011). Multiple ethical principles and practices inform and govern the practice of supervision in psychology and provide a basis for the guidelines and regulations that follow. Particularly relevant to the development of regulations in supervision are ethical principles (e.g., respect, beneficence, integrity), competence in both psychological practice and supervision (ASPPB, 2005, III. A.), informed consent, confidentiality (ASPPB, 2005, III. F.), multiple relationships (ASPPB, 2005, III. B.), and ethical issues around the use of technology. Further, special attention to the ethical code sections relating to education and training (APA, Section 7, 2010; CPA, 2017) and cultural diversity (APA, Principle E, 2010) is important. As the supervisor's highest duty is protection of the public, ethical dilemmas may arise in which the supervisor is required to balance this duty with supervisee development, supervisory alliance, evaluative processes, and gatekeeping for the profession (Falender & Shafranske, 2004, 2007; Bernard & Goodyear, 2014). Please see

Appendix I for further information in this area.

Supervisor Competencies

A clear prerequisite for competent supervision is that the supervisor is competent in the areas of the supervisee's practice being supervised (Bernard & Goodyear, 2014; Falender et al., 2004; Hoge et al., 2009). It is equally vital that the supervisor is competent in supervision (i.e., have the appropriate education, training, and experience in methods of effective supervision). However, insufficient attention has been given to describing the specific components of supervisor competence (ASPPB, 2003; Falender et al., 2004; Sumerall, Lopez & Oehlert, 2000).

Having supervised without specific training in supervision for some period of time does not guarantee supervisor competence (Rodolfa, Haynes, Kaplan, Chamberlain, Goh, Marquis et al., 1998; Steven, Goodyear, & Robertson, 1998). Inattention to supervisor competence is relevant for regulation due to the risk of harm for clients and supervisees alike, as increasingly supervisees report ineffective, multiculturally unresponsive, and harmful supervision that compromise both client care and supervisee emerging competence (Burkard et al., 2006; Burkard et al., 2009; Ellis et al., 2010; Magnuson, Wilcoxon, & Norem, 2000).

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes:

- An understanding of the professional practice being supervised (models, theories, and modalities of supervision);
- Research, scientific, and evidence-base of the supervision literature;
- Professional/supervisee development;
- Ethics and legal issues specific to supervision;

- Evaluation and process outcome; and
- Diversity in all its forms.

Skills include:

- Providing supervision in multiple modalities (e.g., group, individual);
- Forming a supervisory alliance;
- Providing formative and summative feedback;
- Promoting the supervisee's self-assessment and growth;
- Self-assessing by the supervisor;
- Assessing the supervisee's learning needs and developmental level;
- Discussing relevant multi-cultural issues;
- Eliciting and integrating evaluative feedback from supervisees;
- Teaching and didactics;
- Setting boundaries;
- Knowing when to seek consultation;
- Flexibility; and
- Engaging in scientific thinking and translating theory and research to practice.

Attitudes and values include:

- Appreciation of responsibility for both clients and supervisees;
- Respect;
- Sensitivity to diversity;
- A balancing between being supportive and challenging;
- Empowering;
- A commitment to lifelong learning and professional growth;
- Balancing supervisee self-care and wellbeing with work demands of the training experience;
- Balancing obligations to client, agency, and service with training needs;
- Valuing ethical principles;
- Knowing and utilizing psychological science related to supervision;
- A commitment to the use of empirically based supervision; and
- Commitment to knowing one's own limitations.

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the supervision (Falender et al., 2004). Please refer to Appendix II for further information and references about supervisor competence.

Regulatory Guidance Regarding Qualifications and Responsibilities of Supervisors

A. Qualifications of Supervisors

The Primary Supervisor shall:

1. Be licensed at the doctoral level for the independent practice of psychology by the regulatory authority that is a member of ASPPB and is responsible for the licensing of psychologist regardless of setting; or be another qualified supervisor deemed appropriate by the regulatory authority when there is compelling evidence of a lack of licensed psychologists based on data presented to the regulatory authority;
2. Abide by the ethical principles, codes of conduct, and jurisdictional statutes and regulations pertaining to the practice of psychology;
3. Have knowledge of relevant theory and scientific literature related to supervision,
4. Have training, knowledge, skill, and experience to render competently any psychological service undertaken by their supervisees;
5. Have current training, knowledge, and skill in providing competent supervision completed within the last ten (10) years of becoming a supervisor, as acceptable to the regulatory authority, prior to serving as a supervisor. This is typically met by:
   a. a graduate level academic course (at least 1 (one) credit hour) from a regionally accredited institution of higher learning of at least one quarter/semester, or
   b. supervised experience in providing supervision of at least 2 hours a month over at least a six-month period; or
   c. at least 9 hours of sponsor approved (e.g., APA) continuing education;
6. Abide by specific setting requirements needed for each level of training;
7. Own, be an employee of, or be in contract status for at least the first 1,500 hours with the entity employing the supervisee. For the second 1500 hours, there must be a relationship established capable of carrying out the responsibilities listed below in B; and
8. Not currently be under board discipline. In the event that disciplinary action is taken against the supervisor during the supervisory period, the supervisor shall immediately notify the supervisee and assist the supervisee in immediately obtaining a new supervisor.

B. Responsibilities of Supervisors

Primary Supervisors shall:

1. Assume professional and legal responsibility for the direct work with clients of the supervisee. The relationship between the primary supervisor, organization and/or client may affect legal liability;

2. Ensure that the supervisee's duties and services are consistent with their level of graduate training, competence, and meets their specific training needs;
3. Have knowledge of clients and of the services being provided in order to plan effective service delivery procedures to ensure the welfare of the clients;
4. Inform the supervisee of procedures to respond to client emergencies;

5. Inform and ensure that the supervisee complies with the laws, regulations, and standards of practice, including obtaining informed consent from the clients to disclose information about them to the supervisor;

6. Intervene in or terminate the supervisee's activities whenever necessary to protect the client from harm and to ensure the protection of the public;
7. Abide by the reporting requirements in the relevant jurisdiction regarding the supervisee's practice and violations of ethical or legal standards;
8. Delegate supervision to another licensed psychologist who may consult with a specialty supervisor whose competence in the specialty areas has been demonstrated by previous education, training, and experience when
   a. The service needs of the client are beyond the area of expertise of the supervisor,
   b. The training needs of the supervisee warrant such delegation, or

   c. It becomes necessary to provide for a qualified supervisor in case of interruption of supervision;
9. Allow for supervision of trainees completing their internship or postdoctoral experience to supervise others in areas where the trainee's competence has been demonstrated by previous education, training and experience as long as

supervisees are supervised by a licensed psychologist;

10. Review and approve supervisee's consultation notes and assessment reports and co-sign;

11. Personally, observe a videotaped (includes audio), or live client session at least once during each supervisory evaluation sequence or period;
12. Listening to other audio taped session on a regular basis is encouraged;

13. Ensure the supervisee has knowledge of relevant theory, scientific literature and cultural or contextual factors related to the area of supervised practice;
14. Be available to the supervisee in person or electronically 100% of the time when the supervisee is rendering professional services, or arrange the availability of a qualified supervisor;
15. Maintain professional boundaries by managing multiple relationships and not enter into sexual relationships, or other relationships with their supervisees that would interfere with the supervisors' objectivity and ability to provide effective supervision;
16. Not supervise any current or former client or any immediate family member of a current or former client;
17. Assist the supervisee in working with professionals in other disciplines as indicated by the needs of each client and periodically observe these cooperative encounters; and
18. Generate and maintain records regarding dates of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence. The supervisor is responsible for keeping supervisee records indefinitely or until the supervision records are deposited in the ASPPB Credentials Bank. If the records are requested by a regulatory authority, the supervising psychologist shall provide them. Other uses and confidentiality of supervisee records shall be delineated in the supervision contract.

Regulatory Guidance for Supervision at Different Levels of Training

Education and training of psychologists encompasses many different activities, including

learning the basic science of the discipline, conducting research, and applied training. Psychology training includes practical experiences in providing psychological services. These practical experiences are traditionally conducted at three different levels, practicum, internship, and postdoctoral fellowship, and are graded, cumulative and sequential in terms of complexity, supervision, and independence. The provision of supervision in psychology is fundamental to psychology trainees learning the knowledge, skills, attitudes, and values necessary for the competent practice of psychology. Supervision ensures that those entering the profession have obtained the requisite competencies for entry to the independent practice of psychology. A primary goal of supervision for education and training, in addition to protection of the public, is the professional development of the supervisee.

Practicum training occurs during graduate school and consists of real-world practical experience in providing psychological services. The training received during practicum is intended to meet basic skills, attitudes and knowledge in the provision of psychological services. The need for close monitoring and supervision at this level of training is well accepted. In many general applied psychology training programs, the degree is conferred after coursework and practicum has been completed. The doctoral internship is the next component of applied training and usually occurs after all of the graduate coursework is completed. It usually lasts one-year full time (or sometimes two years half-time) and is considered as "an immersion experience" (McCutcheon and Keilin, 2014) in applied training. The trainee learns intermediate to advanced skills, attitudes and knowledge in the provision of psychological services. The need for monitoring and supervision progresses developmentally throughout the year in correlation with the acquisition of supervisee competence. The postdoctoral fellowship occurs after the internship has been completed and after the doctoral degree has been awarded. It is the last level of formal education for psychologists and as such the trainee is expected to master advanced competencies. Monitoring and supervision at this level of training focuses more on the acquisition of professional identity and advanced applied competencies than on the development of basic applied skills. While some of the supervision requirements for education and training apply to all of these levels, some differ depending on level. The following guidelines relate to supervision competencies and hours needed for licensure. It is important to note that currently many GAP programs do not require internship and most supervision must be obtained

postdoctorally.

Regulatory Guidance for Supervision at the Different Levels of Training

A. Setting

Training settings must currently provide ongoing psychological services:

1. The primary supervisor is responsible for maintaining the integrity and quality of all of the supervised experience for each supervisee;
2. The primary supervisor shall ensure that the setting meets the broad and specialized needs of the supervisee within the framework of the population served and the services provided in that setting. As appropriate, physical components (e.g. office, support staff, equipment, materials and/or other resources) are available necessary for a supervisee to be successful.

B. General Requirements for Supervised Experience for Licensure

The following guidelines are recommended as general minimal requirements for doctoral level licensure as a general applied psychologist:

1. Two years of supervised experience, at least one of which shall be completed after receipt of the doctoral degree, for a minimum of 3,000 total clock hours;

2. Each year [or equivalent] shall be comprised of no less than 10 months, but no more than 24 months, and consist of at least 1,500 hours of professional service including but not limited to direct contact, supervision and didactic training;

3. One year may be pre-doctoral internship which consists of a minimum of 1,500 hours of actual work experience (exclusive of holidays, sick leave, vacations or other such absences).

4. General applied candidates may complete the entire 3,000 hours of supervised

experience post-doctoral. The first 1,500 hours of the post-doctoral experience must meet the requirements as specified in D below.

5. The primary supervisor shall ensure that the supervised experience is a systematic and planned sequence of increasing complexity, with the primary purpose to prepare the supervisee for the next level of training or licensure;
6. The training status of the supervisee shall be identified by an appropriate title, such as resident, fellow, intern, psychological assistant, student, etc., in order that their training status is clearly identifiable to clients and other entities;
7. Services provided under the authority of a different profession cannot be used to accrue supervised professional experience for the purposes of obtaining a license as a psychologist;
8. A supervisor shall only be responsible for the number of full-time equivalent supervisees as acceptable to the regulatory authority. This is typically no more than three (3) full-time equivalent supervisees (full time equivalent equals 40 hours per week) simultaneously for licensure;
9. Supervisees should not pay for supervision at the practicum or doctoral internship level. Should the regulatory authority allow for payment for supervision at the post-doctoral level, supervisors should pay particular attention to the impact of the financial arrangements on the supervisory relationship and the supervisor's objectivity; and
10. Supervisee and supervisor should enter into a supervision contract at the beginning of the supervised experience. Details on the supervision contract are described below. A sample supervision contract is attached as Appendix III.

C. Regulatory Guidance Regarding Supervision at the Practicum Level

Practicum experiences are a required part of the educational program and must include:

1. A minimum of two (2) semesters of supervised professional experience appropriate

to the education and specialty area of the trainee; and

2. A written training plan for each practicum experience that describes how the trainee's time is allotted and shall assure the quality, breadth, and depth of the training experience through specific goals and objectives; and
3. Evaluations of the trainee's performance.

For an educational program in GAP to be acceptable for licensure, it must include a practicum experience(s) that must meet the following:

1. At least fifty (50) percent of the total hours of supervised experience accrued shall be in service-related activities, defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations (See Appendix IV for further explanation;
2. At least twenty-five (25) percent of the supervised professional experience shall be devoted to in-person client contact (See Appendix IV for further explanation);
3. Supervision shall be no less than twenty-five (25) percent of the time spent in service-related activities. Most of the supervision (a minimum of seventy-five (75) percent) shall be individual, in-person with a licensed psychologist, at least half of which shall be with the primary supervisor. The remainder of the supervision can be in a group setting, and/or be provided by another licensed psychologist or by a more advanced trainee under the supervision of a licensed psychologist (See Appendix IV for further explanation);
4. Telepsychology supervision is not allowed during a student's first practicum experience if that experience is to be used to meet specifications listed above for fulfilling licensure requirements;
5. Telepsychology supervision shall not account for more than 50 percent of the total supervision at any given practicum site;
6. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
7. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence;
8. The use of telepsychology supervision shall take into account the training needs of the

supervisee and the service needs of the clients, protecting them from harm;

9. The practicum setting should offer a full spectrum training and provide a foundation for a career in psychology; and
10. The practicum experience should offer a variety of professional role models and diverse client populations.

D. Regulatory Guidance Regarding Supervision at the Doctoral Internship Level:

1. The doctoral internship consists of a minimum of 1500 hours of work experience (exclusive of holidays, sick leave, vacations, or other such absences) under the supervision of the approved primary supervisor, completed in not less than ten (10) months and not more than twenty-four (24) months and provide a variety of professional experiences;
2. A maximum of forty-four (44) work hours per week and a minimum of twenty (20) hours per week, including supervision time, may be credited toward meeting the supervised experience requirement;
3. At least fifty (50) percent of the doctoral supervised experience must be in service-related activities such as intervention, assessment, interviews, report writing, case presentations, providing supervision, or consultation, including service- related activities as part of an applied research project;
4. At least fifty (50) percent of the service-related activity time listed in D 3 must be in-person direct client contact;
5. No more than ten (10) percent of the internship time shall be allocated to applied research or teaching formal courses;
6. A doctoral intern shall be provided with supervision for at least ten (10) percent of the total time worked each week. At least fifty (50) percent of the supervision shall be in individual, in-person supervision, at least half of which must be with the primary supervisor(s). The remainder of the supervision can be in a group setting, and/or be provided by another licensed psychologist or by a more advanced trainee under the supervision of a licensed psychologist;
7. No more than fifty (50) percent of the minimum required hours of individual supervision and no more than fifty (50) percent of the additional required

hours of supervision shall be provided by telepsychology supervision;

8. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
9. A minimum of one (1) in-person session shall occur with the supervisor before telepsychology supervision shall commence; and
10. The use of telepsychology supervision shall take into account the training needs of

the supervisee and the service needs of the clients, protecting them from harm.

E. Regulatory Guidance Regarding Supervised Experience at the Post-Doctoral Level

1. The postdoctoral supervised experience consists of a minimum of 1500 hours of work experience (exclusive of holidays, sick leave, vacations, or other such absences) under the supervision of the approved primary supervisor, completed in not less than ten (10) months and not more than twenty-four (24) months;
2. A maximum of forty-four (44) work hours per week and a minimum of sixteen (16) work hours, including the required two (2) hours supervision time, may be credited toward meeting the supervised experience requirement;
3. At least fifty (50) percent of the post-doctoral supervised experience shall be in service-related activities such as intervention, assessment, interviews, supervision, report writing, case presentations, providing supervision, or consultation;
4. At least fifty (50) percent of the service related activity time listed in C3 must be in-person direct client contact;
5. A postdoctoral resident shall be provided with at least two (2) hours of individual supervision for each week worked (23 -44 hours); or at least one (1) hour of individual supervision for each week worked (16-22 hours);
6. No more than fifty (50) percent of the minimum required hours of individual supervision and no more than fifty (50) percent of the additional required hours of supervision shall be provided by telepsychology supervision;

7. Telepsychology supervision shall be provided in compliance with the supervision requirements of the relevant regulatory authority in psychology;
8. The use of telepsychology supervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm; and
9. Postdoctoral settings should focus the training in areas of intended, advanced and specialized practice.

Supervision Contract

The current recommendation for the profession is that there should be a written contract between the supervisor and the supervisee (Osborn & Davis, 1996; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007). The purpose of such a contract is threefold: to inform the supervisee of expectations and responsibilities; to clarify the goals, methods, structure, and purpose of the supervision so that the supervisee can understand the expectation for supervision (Fall & Sutton, 2004; Guest & Dooley, 1999; McCarthy et al.,1995;, Barnett, 2001; Guest & Dooley, 1999; Prest et al., 1992; Teitelbaum, 1990; Welch, 2003); and to establish a context in which communication and trust can develop (Cobria & Boes, 2000). Clarifying the supervisory relationship in a contract establishes clear boundaries, creates a collaborative tone for supervision, increases accountability, and decreases misunderstandings (Thomas, 2007).

Prior to the initiation of supervision, the supervision contract should be completed and include the following elements:

1. The goals and the objectives of the supervision, including:

    a. Protection of the public, i.e., the protection of the welfare of the supervisee's clients;
    b. Protection of the supervisee;

    c. The role of gatekeeper, which is accomplished by assessing the supervisee's readiness for autonomous practice;
    d. Professional development of the supervisee;

    e. Remediation of areas where the supervisee is not meeting criteria for competence or ethical standards; and

f. Preparation for independent practice.

2. A statement of the job duties and responsibilities of the supervisee, including:

    a. The psychological services to be offered;

    b. Maintenance of adequate records regarding services provided;

    c. Informing supervisors of the essential elements of the cases being supervised, including disclosing all ethical, legal and professional problems; and
    d. Adhering to laws, regulations, ethical standards, and organizational/agency rules governing psychological practice, including:
        i. Informing clients of supervisees' training status,

        ii. Obtaining informed consent to share information about the psychological service with the supervisors.
3. A statement of the roles and responsibilities of supervisors, including:

    a. Informing supervisees of supervisors' licensure status and qualifications;
    b. Noting that the supervisor will discuss relevant ethical, legal and professional standards of conduct with the supervisee;
    c. The format of supervision provided;

    d. Whether part of the supervision will be assigned to others and the qualifications of delegated supervisors;
    e. With whom the ultimate legal responsibility for the services provided to clients resides;
    f. The requirement to write a report to the relevant authority (training directors, regulatory authorities) regarding the supervisee's progress and competence; and
    g. Documentation of supervision.

4. Contingency plans for dealing with unusual, difficult, or dangerous circumstances,

including:

a. Criteria about what constitutes an emergency and procedures to follow in an emergency;
b. Availability of the supervisors for emergency supervision;
c. Legal reporting requirements for both supervisors and supervisees; and
d. Court involvement.

5. Resolving differences between supervisor and supervisee:

a. How differences in opinion or approach should be handled; and
b. How grievances can be managed or means of alternative resolution.

6. Informed consent regarding:

a. Limits to confidentiality regarding the client;
b. Limits to confidentiality regarding personal information provided by the supervisee;
c. Financial arrangement for supervision;
d. Requirements of supervision, including observation and review of records; and
e. A statement of how both formative and summative evaluations will occur, including:
    i. Criteria used; and
    ii. How and to whom evaluations will be disclosed,(e.g., licensing authority, training program);

7. Duration of the supervision contract to include days and times of when supervision

occurs;

8. Grounds for termination of supervision; and

9. A statement that the supervisor is responsible for overseeing all work of the supervisee and shall review any work product and sign all reports and communications that are sent to others.

Regulatory Guidance Regarding Telepsychology Supervision and Supervision of Telepsychology

Introduction

Telecommunication technologies (e.g., telephone, video teleconferencing, instant messaging, internet, e-mail, chat, or web pages) are rapidly becoming more prevalent in the practice of psychology. Early proponents of telepractice in psychology defined as "telehealth" services to include the use of technology in supervision of psychological practice (Nickelson, 1998). Telecommunication technologies are increasingly being integrated into psychological practice (Myers, Endres, Ruddy, & Zelikovsky, 2012).

Supervision via electronic means provides a platform to observe the psychological practice and interact remotely with the supervisee (e.g., cf. Abbass et al., 2011; Wood, Miller and Hargrove, 2005). In order to prepare adequately to use technological resources, psychologists who engage in the delivery of psychological services involving telecommunication technologies must take responsible steps to ensure ethical practice (Barnett, 2011; Nicholson, 2011).

The use of telecommunication technologies has direct application to the provision of supervision. The supervision of telepsychology has the potential to create greater access to psychological services in remote locations or with otherwise underserved populations (Dyck & Hardy, 2013; Layne & Hohenshil, 2005; McIlwraith, Dyck, Holms, Carlson, & Prober; Miller, Morgan, & Woods, 2009; Ragusea & VandeCreek, 2003). Although there is a growing body of literature describing the utility and safety of the use of technology, telecommunication in supervision presents unique risks and challenges that must be addressed to protect all parties involved in the provision of supervised psychological services.

As the practice of telepsychology affects all jurisdictions, the need for consistency in the development of regulations across jurisdictions is obvious (McAdams & Wyatt, 2010). Input for the model regulations presented below was adapted from the Ohio Board of Psychology regulations (OBOP, 2011). For more complete guidelines for the provision of telepsychology services to the public, the Guidelines for the Practice of Telepsychology (APA, 2013; ASPPB, 2013) should be consulted.

All of the regulations above regarding supervision of trainees apply to the practice of telepsychology supervision. In addition, there are some specific regulations appropriate to the use of telepsychology supervision.

Guidelines Regarding Telepsychology Supervision

Requirements for Supervisors in Provision of Telepsychology Supervision

Psychologists providing telepsychology supervision shall:

1. Be licensed. Interjurisdictional supervision is not permitted except in emergency situations at this time;
2. Be competent in the technology of the service-delivery medium;
3. Adhere to the ASPPB Principles/Standards for the Practice of Telepsychology (ASPPB 2013);
4. Ensure the electronic and physical security, integrity, and privacy of client records, including any electronic data and communications;
5. Inform supervisees of policies and procedures to manage technological difficulties or interruptions in services;
6. Verify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;
7. Inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;

8. If the supervisee is providing telepsychology services, ensure that proper informed consent concerning the risks and limitations of telepsychology is obtained from clients; and
9. If the supervisee is providing telepsychology services, ensure that the services provided are appropriate to the needs of the client.

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APPENDIX I

Ethical Codes and Codes of Conduct

The ASPPB Code of Conduct (2018) defines a supervisee as "any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services" (II.G). In addition, the ASPPB Code specifically mandates that any psychologist providing supervision shall perform this professional role appropriately and in compliance with all rules and regulations of the licensing authority (III.A.9). The ASPPB Code states that "the psychologist shall not engage in any verbal or physical behavior with supervisees which is seductive, demeaning or harassing or exploits a supervisee in any way – sexually, financially or otherwise (III.E.1). Finally, the ASPPB Code notes that the psychologist "shall not delegate professional responsibilities to a person not appropriately credentialed or otherwise appropriately qualified to provide such services" (III.A.10). While not only applicable to supervision, this delegation of professional responsibility restriction requires that supervisors be mindful of any legal restriction of a supervisee's scope of practice, as well as any limitations of competence that a supervisee may demonstrate during their period of supervised experience.

The APA Ethics Code, Principle E addresses "Respect for People's Rights and Dignity," which includes supervisees, regardless of the reason for the supervision. The Code sets out the responsibility to protect supervisees from harm (2.01e, 3.04) and to ensure that services being provided by supervisees are provided competently (2.05). Other standards include prohibiting exploitation of supervisees (3.08, 7.07), specifying requirements for informed consent (3.10, 9.03, and 10.01), stipulating limitations in requiring private information from supervisees (7.04), cautioning about multiple relationships (7.05), and addressing the evaluation of supervisees (7.06).

The CPA Code also sets standards for the practice of supervision as it emphasizes respect for the dignity of persons (I) and the rights and promotion of the welfare of supervisees (I.38). Other standards describe the importance of maintaining competence in supervision (II.9) confidentiality with respect to information obtained (I.43) and the need to assume overall responsibility for the services offered by supervisees (I.47). The Code sets out the responsibility of the supervisor to facilitate the professional development of supervisees (II.26), and the importance of avoiding multiple relationships with those being supervised (III.30).

The ethical and regulatory requirements that are elements of any psychological service also apply to supervision. Many jurisdictions currently prescribe components of the supervisory requirements in regulation, in particular for pre-licensure supervision (ASPPB, 2013). Some jurisdictions have developed regulations to provide guidance to psychologists for supervision in disciplinary cases.

The Ethics of Supervision

Supervisor Ethical Competence

Competence is an essential ethical ingredient in supervision, as it is in psychological practice. In order to provide competent supervision, the supervisor must be competent both in the services being provided by the supervisee and in the provision of supervision. As is implicit in supervisor competence generally, supervisors are assumed to abide by and model the highest ethical principles. Nevertheless, in one study, over 50% of supervisees reported their supervisors did not follow at least one ethical guideline (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), several of which involve standards of competent supervision (e.g., performance evaluation and monitoring of the supervisee's activities, defining limits of confidentiality in supervision issues, session boundaries and respectful behavior), compromising the supervision

relationship due to the power differential implicit in supervision and jeopardizing client care, supervisee development of competence, and supervisee well-being.

Among the ethical competencies essential for the supervisor are the values and skills involved in appropriately delegating a client to the supervisee and in the ongoing monitoring of the supervisee's clients, as well as the monitoring of the professional development of the supervisee. Supervisors should have the ability to assess the supervisee's competencies and provide effective feedback in order to actively monitor the supervisee's interventions and the client's progress. This initial assessment is necessary to determine which clients may be assigned and what level of supervision is needed. Feedback is necessary to facilitate supervisee's learning (Barnett, Cornish, Goodyear, & Lichtenberg, 2007). Research demonstrates, however, that psychologists have difficulty providing constructive feedback to supervisees (Hoffman, Hill, Holmes, & Freitas, 2005), although training in supervision improves this process (Milne, Sheikh, Pattison, & Wilkinson, 2011). Supervisory integration of data from client self-report and monitoring of the client progress (Worthen & Lambert, 2007) is associated with enhanced client outcomes (Lambert, 2010).

Another ethical component of supervision is obtaining informed consent from the supervisee, which has a narrower construction in supervision than when applied to clients, as it is informed by training and accreditation standards, workplace or practice setting policies, and jurisdictional regulations. The supervision contract, a means of obtaining informed consent, should delineate the expectations of supervision and the agreement between supervisor and supervisee (Thomas, 2007).

Limits of Confidentiality

Supervisors should disclose to supervisees the limits of confidentiality with respect to personal disclosures and evaluation processes. Defining these limits requires that the supervisor

describe the multiple entities that normally receive information regarding supervisee competence and readiness for independent practice. Ethical guidelines dictate that the supervisee may be informed that evaluative and competence assessment information may be provided to graduate programs, supervision training teams, administrative supervisors in the practice setting, and regulatory boards. In addition, the supervisor has the responsibility to ensure that the supervisee's clients have been informed of the supervisee's status as a trainee, that the supervisor is responsible for all services provided, and that the supervisor has access to all clients' records.

Multiple Relationships

Although some multiple relationships in supervision are unavoidable, multiple relationships between supervisor and supervisee should be carefully considered due to the potential loss of supervisor objectivity or exploitation of the supervisee. Further, due to the power differential, supervisees may not be able to refuse to engage in a multiple relationship or to withdraw once commenced. Several helpful problem-solving frames provide mechanisms to assess risks versus benefits of entering into multiple relationships between supervisors and supervisees (Burian & Slimp, 2000; Gottlieb, Robinson, & Younggren, 2007).

Technology

Ethical supervision using telecommunication technologies requires special attention (ASPPB, 2013; McFadden & Wyatt, 2010). Issues include the following areas.

1. Potential risks exist for clients through telepsychology practice and for both supervisees and their clients when supervision occurs via telepsychology supervision. Supervisors and supervisees must pay careful attention to possible risks to, and limits of, confidentiality. They must be knowledgeable about the

security of the connection, encryption, electronic breaches, and the vulnerability of the content of client interaction or supervision visible on a computer where others could observe it on an unsecure network (Fitzgerald, Hunter, Hadjistavropoulos, & Koocher, 2010);

2. Identity of the supervisee must be confirmed (Fitzgerald et al., 2010);

3. Identity and age of the client must be confirmed, and permission of parents or guardians should be obtained, if necessary (Fitzgerald et al., 2010; McIlwraith et al., 2005);
4. Both supervisor and supervisee should be aware that nonverbal communication and emotional reactivity of both client and supervisee may be more difficult to assess using electronic means of communication;
5. Emergency procedures must be addressed, including limits to therapist or supervisor accessibility, accessing a local professional who could manage emergent situations, or situations when technical or logistical issues preclude therapist or supervisor contact;
6. The limits of confidentiality of videotaping client and supervision sessions should be fully understood. An informed consent should clearly state limitations of confidentiality using technology and describe the steps taken to protect the identity of the client;
7. The use of social networks and online communication should be reviewed carefully with the supervisee. Parameters for supervisee behavior should be identified, including ethical problem-solving strategies to consider friending or social network relationships between supervisor and supervisee, as well as between supervisee and client;
8. The ethics of internet searches of clients and supervisees, extra-therapeutic on-line contact between supervisee and client, use of texting, Facebook presence

and use of emails/text messages to communicate all need to be considered to ensure professionalism (Clinton, Silverman, & Brendel, 2010); and

9. The ethics of blogs by supervisees/supervisors under their own names, information regarding supervisees and supervisors accessible on dating sites (Gabbard et al., 2011), and generally the increased transparency of client access to therapist information (Zur, Williams, Lehavot, & Knapp, 2009) should be reviewed, as well as steps to maximize security of technology processes and procedures (Manring, Greenberg, Gregory, & Gallinger, 2011). All use of technology in the provision of psychological services should adhere to the Guidelines for Telepsychology developed by ASPPB and APA (APA, 2013; ASPPB, 2013a).

Understanding their ethical obligations will help supervisors enhance their practice of supervision and, in turn, help supervisees improve professional services to the public they serve (Goodyear & Rodolfa, 2011).

APPENDIX II

Supervisor Competence

The process designed to train competent supervisors has not changed a great deal since the 1998 ASPPB Supervision Guidelines stated:

> Given the critical role of supervision in the protection of the public and in the training and practice of psychologists and psychology trainees, it is surprising that organized psychology, with few exceptions, has failed to establish a requirement for graduate level training in supervision. Few supervisors report having had formal courses on supervision and most rely on their own experience as a supervisee. In addition, the complexity of the supervisory process as well as the reality that supervision itself serves multiple purposes prevents simplistic guidelines…. Concerns for protection of the public and accountability are paramount (p. 2).

There have been significant advances, however, in the research and scholarship on supervision (Borders et al., 2011; Ellis, 2010; Falender & Shafranske, 2008; Bernard & Goodyear, 2014; O'Donovan, Halford, & Walters, 2012). Criteria have been developed for supervisor competencies (Fouad et al., 2009; New Zealand Psychologists Board, 2010), supervisor skills to be developed (EFPA EuroPsy, 2009), ethical guidelines for supervision (CPA, 2009; Pettifor et al., 2011), supervision guidelines (Australian Psychological Society, 2003), and specific criteria for supervisor training (British Psychological Society, 2008; Psychology Board of Australia, 2013).

Although scholarship has significantly increased in the supervision literature, training for supervision has not kept pace. Even though training in supervision is required by the CoA (APA, 2010), limited courses exist. A possible reason for this limited progress is reported by Rings and colleagues (2009), who found that psychologists do not generally value training for supervision.

As with other areas of practice in psychology, psychologists who choose to provide supervision should become competent through training that consists of both coursework addressing the core components of effective supervision and supervised experience in providing supervision.

One purpose of this document is to ensure that the supervision provided as part of the licensure process is performed in a manner that protects the public and contributes to the competence of supervisees.

Supervisory Competence Overview

Supervisory competence includes the following elements: competence in supervision and in the psychological practice being supervised; multicultural competence; ethical and legal competence; contextual competence; theory, skills, and processes for group and individual supervision; and attitudes and values supporting the conduct of competent supervision (Falender et al., 2004; Rings, Genuchi, Hall, Angelo, & Cornish, 2009). Contextual competence refers to knowledge, skills, and attitudes regarding the specific local context and the ethical and clinical aspects that arise from that context. These elements should be "above and beyond…competence as a therapist" (Bernard & Goodyear, 2014, p. 66). Such competence also entails interpersonal functioning and professionalism, as well as sensitivity and valuing the importance of individual and cultural diversity (Kaslow et al., 2007). Supervisory competence requires knowledge of supervision theory, skills, and processes, and up-to-date knowledge of developments in both psychological and supervision practice (Bernard & Goodyear, 2014), in addition to specific training in supervision. It is essential that the supervisor monitor and assess the competence of the supervisee in this competency-based era. This requires knowledge of the guidelines, effective practices, and client outcome assessment norms in the literature (Falender & Shafranske, 2013a; Bernard & Goodyear, 2014).

Critical tensions arise from balancing the supervisor's multiple roles. These roles include balancing the supervisor's primary duty to protect the client and to serve as gatekeeper to the profession, while at the same time establishing a strong supervisory alliance with the supervisee by supporting and monitoring supervisee growth and development through feedback and evaluation.

The concepts of supervisor competence and of competency-based supervision are implicit in APA (2009) and CPA (2011) accreditation criteria and regulation (DeMers, Van Horne & Rodolfa, 2008). There is a body of literature, however, that suggests there is a lack of adequate training

in the provision of supervision that persists among practitioners who are current supervisors, (Johnson & Stewart, 2000), and even among supervisees in the training pipeline (in Canada, Hadjistavropoulos, Kehler, & Hadjistavropoulos, 2010; in the United States, Crook-Lyon, Presnell, Silva, Suyama, & Stickney, 2011; Lyon, Heppler, Leavitt, & Fisher, 2008), compromising transmission of enhanced competencies in practice and supervision (Kaslow et al., 2012) to future generations of practitioners.

Effective Supervision

The growing literature describing supervision processes and procedures contributes to the profession's understanding of effective supervision, which in turn informs how to regulate supervision. Components of effective supervision (summarized in Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Bernard & Goodyear, 2014; Falender & Shafranske, 2004; 2008, 2012; Barnett et al., 2007; Bernard & Goodyear, 2014; College of Psychologists of Ontario, 2009; Johnson, Elman, Forrest, Robiner, Rodolfa, & Schaffer, 2008) include:

1. Complying with legal and ethical requirements (Falender & Shafranske, 2004; Goodyear & Rodolfa, 2011; Tebes et al., 2011);
2. Balancing the multiple roles of promoting supervisees' development, evaluation, and gatekeeping (Johnson et al., 2008);
3. Providing multiculturally sensitive supervision and addressing the diversity identities and worldviews of clients, supervisees, and supervisors (Burkard et al., 2009; Falender, Burnes & Ellis, 2012; Vargas, Porter, & Falender, 2008);
4. Clarifying the supervisor's expectations, including a formal supervision contract (Falender & Shafranske, 2004; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007);
5. Assessing the supervisee's readiness to participate in supervision (Falender & Shafranske, 2012b; Aten, Strain & Gillespie, 2008);
6. Assessing competency of the supervisee using observation of clinical sessions, client and supervision outcomes, and the supervisee's self-assessment (Bernard & Goodyear, 2014; Falender & Shafranske, 2007);

7. Monitoring the supervisee's performance, taking into account the supervisee's knowledge, skills, attitudes, and values (Bernard & Goodyear, 2014);
8. Assessing the relative competence of the supervisee to provide services to a client (Sterkenberg, Barach, Kalkman, Gielen, & ten Cate, 2011);
9. Using a strength-based approach to supervision (Fialkov & Haddad, 2012);
10. Providing ongoing formative and summative evaluation (Johnson et al., 2008; Goodyear & Bernard, 2014; Falender & Shafranske, 2007);
11. Addressing the supervisee's personal factors and emotional reactivity (Falender & Shafranske, 2004);
12. Identifying and repairing strains and ruptures (Falender & Shafranske, 2008);
13. Identifying and remediating the supervisee's competence problems (Behnke, 2012; Bieschke, 2012; Forrest, 2012; Jacobs et al., 2012); and
14. Gatekeeping to address the supervisee's competence problems and ensuring protection of the public (Barnett et al., 2007; Brear & Dorrian, 2010; Johnson et al., 2008).

"Defining competencies in psychology supervision: A consensus statement" (Falender et al., 2004) provided a structure of knowledge, skills, attitudes, and values as a preliminary model of entry-level supervisor competence. Falender et al. (2004) described five supra-ordinate factors: 1) competence in supervision is a life-long, cumulative developmental process with no end point; 2) attention to diversity in all its forms requires specific competence and relates to every aspect of supervision; 3) attention to legal and ethical issues is essential; 4) training is influenced by professional and personal factors, including values, beliefs, biases and conflicts, some of which are considered sources of reactivity or countertransference; and 5) self- and peer-assessment across all levels of supervisor development is necessary.

Based on the literature, the following questions may assist boards or colleges in determining the competency of psychologists to supervise (Falender et al., 2004):

- Has the psychologist successfully completed a course/training in supervision?

- Has the psychologist received supervision of supervision and has he or she been endorsed as ready to supervise?
- Has the psychologist used audio, video, or live supervision in supervision practice?
- Does the psychologist initiate and use a supervision contract?

- Is there evidence that the psychologist provides regular and corrective feedback to supervisees designed to improve their functioning?
- Does the psychologist require client outcome assessment?

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes: (a) an understanding of the professional practice being supervised (Falender & Shafranske, 2007); (b) models, theories, and modalities of supervision (Farber & Kaslow, 2010); (c) research, scientific, and evidence-base of the supervision literature (Milne & Reiser, 2012; Watkins, 2012); (d) professional/supervisee development (Fouad et al., 2009; Rodolfa et al. (2013); Stoltenberg & McNeil, 2010); (e) ethics and legal issues specific to supervision (Goodyear & Rodolfa, 2011; Gottlieb, Robinson, & Younggren, 2007; Koocher, Falender, & Shafranske, 2008; Thomas, 2007); (f) evaluation and process outcome; and (g) diversity in all its forms (Vargas, Porter, & Falender, 2008).

Skills include: (a) providing supervision in multiple modalities (e.g., group, individual) (Carter, Enyedy, Goodyear, Arcinue & Puri, 2009), (b) forming a supervisory alliance (Bernard & Goodyear, 2014), (c) providing formative and summative feedback (Hoffman, Hill, Holmes & Freitas, 2005), (d) promoting the supervisee's self-assessment and growth (Kaslow, Grus, Campbell, Fouad, Hatcher & Rodolfa, 2009), (e) self-assessing by the supervisor, (f) assessing the supervisee's learning needs and developmental level (Falender & Shafranske, 2012b; Stoltenberg, 2005), (g) eliciting and integrating evaluative feedback from supervisees (Bernard & Goodyear, 2014), (h) teaching and didactics (Falender & Shafranske, 2004), (i) setting

boundaries (Burian & Slimp, 2000), (j) knowing when to seek consultation, (k) flexibility, and (l) engaging in scientific thinking and translating theory and research to practice Falender & Shafranske, 2013; Foo Kune & Rodolfa, 2012).

Attitudes and values include: (a) appreciation of responsibility for both clients and supervisees, (b) respect (Pettifor, McCarron, Schoepp, Stark, & Stewart, 2011), (c) sensitivity to diversity, (d) a balancing between being supportive and challenging, (e) empowering, (f) a commitment to lifelong learning and professional growth, (g) balancing obligations to client, agency, and service with training needs, (h) valuing ethical principles, (i) knowing and utilizing psychological science related to supervision, (j) a commitment to the use of empirically-based supervision, and (k) commitment to knowing one's own limitations (Bernard & Goodyear, 2014; Falender & Shafranske, 2012b).

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the supervision (Falender et al., 2004).

APPENDIX III

Sample Supervision Contract for Education and Training Leading to Licensure as a General Applied Psychologist

I. Goals of Supervision

A. Monitor and ensure welfare and protection of clients of the supervisee.
B. Ensure competent professionals enter the field.
C. Promote development of supervisee's professional identity and competence.
D. Provide evaluative feedback to the supervisee.

II. Structure of Supervision

A. The primary supervisor during this training period will be_____, who will provide_____hours of supervision per week. (If applicable) The administrative supervisor(s) during this training period will be_____, who will provide_____hours of supervision per week. (If applicable, the delegated supervisor(s) during this training period will be_____, who will provide_____hours of supervision per week. (If applicable, the specialty supervisor(s) during this training period will be_____, who will provide_____hours of supervision per week.
B. The structure of the supervision session between the supervisor and supervisee will be _____(e.g., preparation for supervision, in-session structure and processes, live or video observation) _____times per_____(time period).
C. Limits of confidentiality exist for supervisee disclosures in supervision (e.g., supervisor normative reporting to graduate programs, licensing boards, training teams, program directors, upholding legal and ethical standards).
D. Supervision records are available for licensing boards, training programs, and other organizations/individuals mutually agreed upon in writing by the supervisor and supervisee.

III. Duties and Responsibilities of Primary Supervisor

A. Assumes legal responsibility for client services offered by the supervisee.
B. Oversees and monitors all aspects of client engagement conceptualization, including planning, assessment, and intervention.
C. Ensures availability when the supervisee is providing client services.
D. Reviews and approves all planning documents and intervention-related products and services.

E. Develops and maintains a respectful and collaborative supervisory relationship.
F. Practices effective supervision that includes describing supervisor's theoretical approach to supervision and service delivery.
G. Assists the supervisee in setting and attaining goals.
H. Provides feedback anchored in supervisee training goals, objectives and competencies.
I. Provides ongoing formative and summative evaluation.
J. Informs supervisee when the supervisee is not meeting competence criteria for successful completion of the training experience and implements remedial steps to assist the supervisee's development.
K. Maintains documentation of the supervision and services provided.
L. If the supervisor determines that the intervention is beyond the supervisee's competence, the supervisor may assist the supervisee or may transfer a the intervention to another provider, as determined by the supervisor to be in the best interest of the client.

IV. Duties and Responsibilities of the Supervisee

A. Understands the responsibility of the supervisor for all supervisee professional practice and behavior.
B. Implements supervisor directives and feedback into practice.
C. Shares self-assessment with supervisor by disclosing relevant professional issues, concerns, and areas for improvement.
D. Informs the client of his/her status as supervisee and the name of the supervisor, and obtains the client's consent to discuss all aspects of the work with the supervisor.
E.Seeks out and receives immediate supervision on emergent situations.

We,_____(supervisee) and_____(supervisor) agree to follow the parameters described in this supervision contract and to conduct ourselves in keeping with the _____ (American Psychological Association Ethical Principles and Code of Conduct, or the Canadian Psychological Association Code of Ethical Conduct, or the ASPPB Code of Conduct.

Supervisor Date

Supervisee Date

Dates Contract is in effect: Start date:_____End date: _____

PLAN FOR A SUPERVISED PROFESSIONAL EXPERIENCE FOR

LICENSURE AS A GENERAL APPLIED PSYCHOLOGIST

Please use this form to document the plan for each supervised professional experience for applicants who plan to pursue licensure as a general applied psychologist.

APPLICANT INFORMATION

Name:_____Degree: _____in _____ (degree name)

Name and address of setting in which supervised experience will occur:_____
_____
_____

Job Title:_____Work phone #:_____

SUPERVISORS INFORMATION (as applicable)

PRIMARYSUPERVISOR (must be licensed by the jurisdiction in which the supervision occurred and/or must meet requirements of the appropriate regulatory authority):

Name:_____License Type: _____ License #:_____

If not licensed, please attach an explanation.

ADMINISTRATIVE SUPERVISOR:

Name:_____ Terminal degree:_____In _____ (degree name)

Licensed: YES NO If yes, License Type: _____ License #:_____

DELEGATED SUPERVISOR(S):

Name:_____ Terminal degree:_____In_____ (degree name)

Licensed: YES NO If yes, License Type: _____ License #:_____

SPECIALITY SUPERVISOR:

Name:_____ Terminal degree:_____In_____ (degree name)

Licensed: YES NO If yes, License Type: _____ License #:_____

The above applicant will be delivering General Applied Psychology services as described below in accordance with the statues and rules of this jurisdiction.

Start and anticipated completion dates of the proposed supervision plan: _____ to _____

Number of supervised hours expected to be accrued during the plan period:_____

List competencies to be evaluated during the supervision plan period:

Please attach a description of the specific duties the trainee will perform as they relate to the practice of psychology at the doctorate level. **The plan must demonstrate appropriate preparation of the trainee to practice effectively in General Applied Psychology services and within the specified work setting. The plan shall address goals and content of the training experience and documents that clear expectations existed for the breadth, depth, and quality and quantity of the trainee's work at the time of the supervised professional experience.**

SUPERVISION WILL MEET THE FOLLOWING REQUIREMENTS: One-year, full-time supervision requires a minimum of two hours of individual, face-to-face supervision per week. Part-time supervision must include at least one hour per week of face-to-face supervision. Two hours of group supervision may be substituted for one of the hours of individual face-to-face supervision. (MAY BE MODIFIED BASED ON THE REQUIREMENTS OF THE APPROPRIATE REGUALTORY AUTHORITY)

Anticipated number of hours of supervised experience per week: _____

Anticipated number of hours of **individual, face-to-face** supervision per week: _____

Anticipated number of hours of **group** supervision per week:_____

***

I, _____, attest (Primary Supervisor)

that I will provide supervision to _____ to practice psychology within the areas of my competence. As Primary Supervisor I assume responsibility for the activities of the individual registered under my supervision. We hereby agree to this supervision plan which is a part of the Supervision Contract.

_____	_____	_____
Printed name of supervisor	Primary Supervisor signature	Date
_____	_____	_____
Printed name of supervisee	Supervisee signature	Date

APPENDIX IV

Regulatory Guidance Regarding Supervision at the Practicum Level

Explanation

In an attempt to clarify the recommended number of hours of supervised experience and all of the breakdowns for practicum training, the following example is offered.

For a typical practicum of 20 hours a week for one semester (e.g., 15 weeks), the total number of hours would be 300 (1/5 of the recommended 1500 hours). 150 hours (50%) of those 300 hours should be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations. 75 hours (25%) should be in in-person client contact that is direct interaction with a client in the same physical space.

There also needs to be at least 37.5 hours of supervision for that practicum over that semester. Of the 37.5 hours of supervision, at least 28 hours needs to be in-person individual supervision with a licensed psychologist (75%), and 14 hours (50%) needs to be with the primary supervisor. The other 14 hours can be provided by a delegated licensed psychologist. Group supervision, or supervision by another licensed mental health professional or trainee can account for no more than 9.5 hours.

For practicums of less duration or time/week involvement, prorated hours would be required. As an example, a practicum that was 1 day (8 hours/day) for a semester (15 weeks) would total 120 hours of which 60 hours would need to be in services such as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations with 30 hours in in-person client contact, that is direct interaction with a client in the same physical space.

Supervision requirements would involve at least 15 hours of which 11 hours would need to be in person with a licensed psychologist and 5.5 hours with the primary supervisor.

CHAPTER THREE

Supervision Guidelines for Licensed Psychological Associates

Approved by the ASPPB Board of Directors February 2019

Introduction

In August 2015, the Association of State and Provincial Psychology Boards (*ASPPB)* published its Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider (ASPPB, 2015). Those guidelines were intended as a resource to assist member jurisdictions in developing supervision requirements for students pursuing licensure as Health Service Providers (HSPs). At the same time, it was known that this would be the first in a series of supervision guidelines documents, given the multiple reasons that psychologists, students of psychology, or other providers might enter into a supervisory relationship. Apart from supervision for licensure as an HSP, supervision may be for (a) trainees pursuing licensure as a general applied psychologist (GAP), (b) non-licensed persons providing psychological services, e.g., psychometrists, and (c) psychologists who find themselves in violation of a state/provincial law or national ethical code. A fourth reason why providers might enter into a supervisor relationship, and the focus of this document, is when a licensee is a non-doctoral psychology service provider, i.e. Licensed Psychological Associates (Please note: other terms may be used but for the purposes of this document, Licensed Psychological Associate will be used to identify Master's level licensed professionals). This set of guidelines will provide information and recommendations in a set of broad areas including:

- The ethics of supervision
- Supervisor competencies
- Qualifications of supervisors
- Responsibilities of supervisors
- Regulatory guidance regarding telepsychology supervision and supervision of telepsychology

Each of these areas will be more fully developed in this document, with specific examples and sample documents provided in the appendices.

Supervision plays a critical role in the protection of the public and a central role in the training and practice of psychologists (Bernard & Goodyear, 2014; Falender & Shafranske, 2004, Orlinsky, Rønnestad et al., 2005). Supervisors' responsibilities include monitoring client care, ensuring the quality of practice, overseeing all aspects of client services, and mentoring the supervisee. Along with developing the competencies of supervisees, protection of and accountability to the public are paramount goals of supervision.

These ASPPB Supervision Guidelines are intended to assist jurisdictions in developing thoughtful, relevant and consistent supervision requirements. In addition, the Guidelines are meant to provide guidance to supervisors and supervisees regarding appropriate expectations and responsibilities within the supervisory relationship (Westefeld, 2009). The complexity of the supervisory process, as well as the reality that supervision serves multiple purposes, necessitates that these Guidelines be comprehensive, covering many facets of psychological practice. However, these guidelines cannot address many important issues within the field of psychology (e.g., how to assess the supervisees' progress; co-supervision).

Definitions

This section provides the meanings of terms as used in this document.

Client: Client or patient is used to refer to a direct recipient of psychological services within the context of a professional relationship including a child, adolescent, adult, couple, family, group, organization, community, or other populations, or other entities receiving psychological services. In some circumstances (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, or other administrative body), the client may be the individual or entity requesting the psychological services and not necessarily the recipient of those services.

While state and provincial laws vary, in the case of individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision making

purposes, except the individual receiving services shall be the client for:

1. Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships, or

2. Issues specifically reserved to the individual and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

Competence: Professional competence is the integrated use of knowledge, skills, attitudes, and values that are necessary to ensure the protection of the public in the professional practice of psychology. Competency ensures that a Licensed Psychological Associate is capable of safely and effectively practicing the profession under supervision (Rodolfa et al., 2005).

In-person: The term in-person, which is used in combination with the provision of services, refers to interactions in which the supervising psychologist and supervisee are in the same physical space and does not include interactions that may occur through the use of technologies.

Licensed: Licensed means having a license issued by a board or college of psychology which grants the authority to engage in the autonomous practice of psychology. The terms registered, chartered, or any other term chosen by a jurisdiction used in the same capacity as licensed are considered equivalent terms.

Licensed Psychological Associate: A Licensed Psychological Associate is a person with a master's degree licensed by a board or college of psychology which grants the authority to engage in the practice of psychology under the supervision of a fully licensed psychologist.

Regulatory authority: Regulatory authority refers to the jurisdictional psychology licensing board (United States) or college of psychologists (Canada).

Remote: The term remote, used in combination with the provision of psychological services utilizing telecommunication technologies, refers to the provision of a service that is received at

a different site from where the supervisor is physically located. The term *remote* includes no consideration related to distance.

Supervisee: A supervisee means any Licensed Psychological Associate who functions under the extended authority of a fully licensed psychologist to provide psychological services.

Supervisor: A supervisor is a fully licensed psychologist who has ultimate responsibility for the services provided by supervisees and the quality of the supervised experiences as described in these guidelines.

Telepsychology supervision: Telepsychology supervision is a method of providing supervision using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information) (APA, ASPPB and APAIT Telepsychology Guidelines 2013).

Supervision of Licensed Psychological Associates

Supervision, a distinct, competency-based professional practice, is a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of enhancing the professional competence of the supervisee through monitoring the quality of services provided to the client for the protection of the public (Bernard & Goodyear, 2014; Falender and Shafranske, 2004). The ultimate effectiveness of supervision depends on a broad range of factors, including the competence of the supervisor, the nature and quality of the relationship between the supervisor and supervisee, and the readiness of the supervisee

(Falender & Shafranske, 2007). It is important to differentiate supervision from psychotherapy and consultation (Falender and Shafranske, 2004) and to recognize that supervision has a central role in the continuing development of supervisee's professional identity and ethical behavior (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Thomas, 2010). Supervision may also involve direct and vicarious legal liability (Barnett et al., 2007; Disney & Stephens, 1994; Falender and Shafranske, 2013b; Saccuzzo, 2002; Thomas, 2010).

Within North America, ethical and regulatory responsibilities of supervisors are set out in the ASPPB *Code of Conduct* (ASPPB, 2018), the *Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association* (APA, 2010), the *Canadian Code of Ethics for Psychologists* of the *Canadian Psychological Association* (CPA, 2017), American Psychological Association Guidelines for Clinical Supervision for Health Care Psychologist (APA, 2014)and the CPA (2009) *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice and Administration*. These codes provide a framework for the ethical and effective delivery of supervision. See Appendix I for more specific information about the ethical codes.

The Ethics of Supervision

Supervision is a discrete competency that presents unique ethical issues and challenges to supervisors and supervisees alike (Goodyear and Rodolfa, 2011). Multiple ethical principles and practices inform and govern the practice of supervision in psychology and provide a basis for the guidelines and regulations that follow. Particularly relevant to the development of regulations in supervision are ethical principles (e.g. respect, beneficence, integrity), competence in both psychological practice and supervision (ASPPB, 2005, III. A.), informed consent, confidentiality (ASPPB, 2005, III. F.), multiple relationships (ASPPB, 2005, III. B.), and ethical issues around the use of technology. Further, special attention to the ethical code sections relating to education and training (APA, Section 7, 2010; CPA, 2017) and cultural diversity (APA, Principle E, 2010) is important. As the supervisor's highest duty is protection of the public, ethical dilemmas may arise in which the supervisor is required to balance this duty with supervisee development, supervisory alliance, and evaluative processes (Falender &

Shafranske, 2004, 2007; Bernard & Goodyear, 2014). Please see Appendix I for further information in this area.

Supervisor Competencies

A clear prerequisite for competent supervision is that the supervisor is competent in the areas of the supervisee's practice being supervised (Bernard & Goodyear, 2014; Falender et al., 2004; Hoge et al., 2009). It is equally vital that the supervisor is competent to provide supervision, that is to have the appropriate education, training, and experience in methods of effective supervision. However, insufficient attention has been given to describing the specific components of supervisor competence (ASPPB, 2003; Falender et al., 2004; Sumerall, Lopez & Oehlert, 2000). Having supervised without specific training in supervision for some period of time does not guarantee supervisor competence (Rodolfa, Haynes, Kaplan, Chamberlain, Goh, Marquis et al., 1998; Stevens, Goodyear, & Robertson, 1998). Inattention to supervisor competence is relevant for regulation due to the risk of harm for clients and supervisees alike, as increasingly supervisees report ineffective, multiculturally unresponsive, and harmful supervision that compromises both client care and supervisee competence (Burkard et al., 2006; Burkard et al., 2009; Ellis et al., 2010; Magnuson, Wilcoxon, & Norem, 2000).

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes:

- An understanding of the professional practice being supervised (models, theories, and modalities of supervision);
- Research, scientific, and evidence-base of the supervision literature;
- Professional/supervisee development;
- Ethics and legal issues specific to supervision;
- Evaluation and process outcome; and
- Diversity in all its forms.

Skills include:

- Providing supervision in multiple modalities (e.g., group, individual);
- Forming a supervisory alliance;
- Providing formative and summative feedback;
- Promoting the supervisee's self-assessment and growth;
- Self-assessing by the supervisor;
- Assessing the supervisee's learning needs and developmental level;
- Discussing relevant multi-cultural issues;
- Eliciting and integrating evaluative feedback from supervisees;
- Teaching and didactics;
- Setting boundaries;
- Knowing when to seek consultation;
- Flexibility; and
- Engaging in scientific thinking and translating theory and research to practice.

Attitudes and values include:

- Appreciation of responsibility for both clients and supervisees;
- Respect;
- Sensitivity to diversity;
- Balancing between being supportive and challenging;
- Empowerment;
- Commitment to lifelong learning and professional growth;
- Balancing supervisee self-care and well being with work demands of the training experience;
- Balancing obligations to client, agency, and service with training needs;
- Valuing ethical principles;
- Knowing and utilizing psychological science related to supervision;

- Commitment to the use of empirically-based supervision; and
- Commitment to knowing one's own limitations.

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the supervision (Falender et al., 2004). Please refer to Appendix II for further information and references about supervisor competence.

Regulatory Guidance Regarding Qualifications and Responsibilities of Supervisors

A. Qualifications of Supervisors

Supervising psychologists shall:

1. Be fully licensed at the doctoral level for the independent practice of psychology by the jurisdictional regulatory body that is a member of ASPPB and is responsible for the licensing of psychologists regardless of setting;
2. Abide by the ethical principles, codes of conduct, and jurisdictional statutes and regulations pertaining to the practice of psychology;
3. Have knowledge of relevant theory and scientific literature related to supervision;
4. Have training, knowledge, skill, and experience to render competently any psychological service undertaken by their supervisees;
5. Have training, knowledge, and skill in providing competent supervision at least within the last ten years of beginning the supervision; This is typically met by a graduate level academic course (at least one (1) credit hour) from a regionally accredited institution of higher learning of at least one quarter/semester, or supervised experience in providing supervision of at least two (2) hours a month of supervision over at least a six (6) month period of time; or at least nine (9) hours of sponsor approved (e.g., APA) continuing education;

6. Abide by specific setting requirements;
7. Regularly provide psychological services in those public or private facilities where the supervisee practices; and
8. Currently, not under board discipline. In the event that disciplinary action is taken against the supervisor during the supervisory period, the supervisor shall immediately notify the supervisee and assist the supervisee in immediately obtaining a new supervisor.

B. Responsibilities of Supervisors

Supervising psychologists shall:

1. Assume professional responsibility for the work of the supervisee;
2. Ensure that the supervisee's duties and services are consistent with their level of graduate training, competence, and meets their specific training needs;
3. Have knowledge of clients and of the services being provided in order to plan effective service delivery procedures to ensure the welfare of the clients;
4. Inform the supervisee of procedures to respond to client emergencies;
5. Inform and ensure that the supervisee complies with the laws, regulations, and standards of practice, including obtaining informed consent from the clients to disclose information about them to the supervisor;
6. Intervene in or terminate the supervisee's activities whenever necessary to protect the client from harm and to ensure the protection of the public;
7. Abide by the reporting requirements in the relevant jurisdiction regarding the supervision, supervisee's practice, and violations of ethical or legal standards;
8. Ensure the supervisee has knowledge of relevant theory, scientific literature, and cultural or contextual factors related to the area of supervised practice;
9. Be available to the supervisee for emergency consultation at the request of the supervisee or arrange the availability of a qualified supervisor;
10. Maintain professional boundaries by managing multiple relationships and not enter into sexual relationships or other relationships with their supervisees that would

interfere with the supervisors' objectivity and ability to provide effective supervision;

11. Not supervise any current or former client/patient or any immediate family member of a current or former client/patient;
12. Assist the supervisee in working with professionals in other disciplines as indicated by the needs of each client/patient; and
13. Generate and maintain records regarding dates of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence. These records must be maintained for at least seven (7) years after the supervision terminates.

Supervision Contract

The current recommendation for the profession is that there should be a written contract between the supervisor and the supervisee (Osborn & Davis, 1996; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007). The purpose of such a contract is threefold: to inform the supervisee of expectations and responsibilities; to clarify the goals, methods, structure, and purpose of the supervision so that the supervisee can understand the expectation for supervision (Fall & Sutton, 2004; Guest & Dooley, 1999; McCarthy et al.,1995; Barnett, 2001; Guest & Dooley, 1999; Prest et al., 1992; Teitelbaum, 1990; Welch, 2003); and to establish a context in which communication and trust can develop (Cobria & Boes, 2000). Clarifying the supervisory relationship in a contract establishes clear boundaries, creates a collaborative tone for supervision, increases accountability, and decreases misunderstandings (Thomas, 2007).

Prior to the initiation of supervision, the supervision contract should be completed and include the following elements:

1. The goals and the objectives of the supervision, including:
    a. Protection of the public, i.e., the protection of the welfare of the supervisee's clients;
    b. Protection of the supervisee;

c. Continuing Professional Development of the supervisee; and
d. Remediation of areas where the supervisee is not meeting criteria for competence or ethical standards.

2. A statement of the job duties and responsibilities of the supervisee, including:
    a. The psychological services to be offered;
    b. Maintenance of adequate records regarding services provided;
    c. Informing supervisors of all essential clinical and ethical elements of all cases being supervised, including disclosing all ethical, legal and professional problems; and
    d. Adhering to laws, regulations, ethical standards, and agency rules governing psychological practice, including:
        i. Informing clients of supervisees' training status; and
        ii. Obtaining informed consent to share information about the psychological service with the supervisors.
3. A statement of the roles and responsibilities of supervisors, including:
    a. Informing supervisees of supervisors' licensure status and qualifications;
    b. Discussing with the supervisee relevant ethical, legal, and professional standards of conduct;
    c. The format of supervision provided;
    d. With whom the ultimate professional responsibility for the services provided to clients resides;
    e. Reporting requirements to the relevant regulatory authority; and
    f. Documentation of supervision.
4. Contingency plans for dealing with unusual, difficult, or dangerous circumstances, including:
    a. Criteria about what constitutes an emergency and procedures to follow in an emergency;
    b. Availability of the supervisors for emergency supervision;
    c. Legal reporting requirements for both supervisors and supervisees; and

d. Court involvement.

5. Resolving differences between supervisor and supervisee:
    a. How differences in opinion or approach should be handled; and
    b. How grievances can be managed or means of alternative resolution.
6. Informed consent regarding:
    a. Limits to confidentiality regarding the client;
    b. Limits to confidentiality regarding personal information provided by the supervisee;
    c. Financial arrangement for supervision;
    d. Requirements of supervision, including observation and review of records; and
    e. A statement of how both formative and summative evaluations will occur, including:
        i. Criteria used; and
        ii. How and to whom evaluations will be disclosed, e.g., licensing authority.
7. Description of supervisory arrangement in each setting.
8. Grounds for termination of supervision.
9. A statement that the supervisor will determine the manner in which the supervision is provided based on an assessment of the experience, skill, knowledge, and training of the supervisee and is responsible for overseeing all work of the supervisee and shall review any work product and sign all reports and communications that are sent to others.

Regulatory Guidance Regarding Telepsychology Supervision and Supervision of Telepsychology

Introduction

Telecommunication technologies (e.g., telephone, video teleconferencing, instant messaging, internet, e-mail, chat, or web pages) are rapidly becoming more prevalent in the practice of psychology. Early proponents of telepractice in psychology defined “telehealth” services to

include the use of technology in supervision of psychological practice (Nickelson, 1998). Telecommunication technologies are increasingly being integrated into psychological practice (Myers, Endres, Ruddy, & Zelikovsky, 2012).

Supervision via electronic means requires providing a platform to observe the psychological practice and interact remotely with the supervisee (e.g., cf. Abbass et al., 2011; Wood, Miller and Hargrove, 2005). In order to prepare adequately to use technological resources, Licensed Psychological Associates who engage in the delivery of psychological services involving telecommunication technologies must take responsible steps to ensure ethical practice (Barnett, 2011; Nicholson, 2011).

The use of telecommunication technologies has direct application to the provision of supervision. The supervision of telepsychology has the potential to create greater access to care for recipients of psychological services in remote locations or with otherwise underserved populations (Dyck & Hardy, 2013; Layne & Hohenshil, 2005; McIlwraith, Dyck, Holms, Carlson, & Prober; Miller, Morgan, & Woods, 2009; Ragusea & VandeCreek, 2003). Although there is a growing body of literature describing the utility and safety of the use of technology, telecommunication in supervision presents unique risks and challenges that must be addressed to protect all parties involved in the provision of supervised psychological services.

As the practice of telepsychology affects all jurisdictions, the need for consistency in the development of regulations across jurisdictions is obvious (McAdams & Wyatt, 2010). Input for the model regulations presented below was adapted from the Ohio Board of Psychology regulations (OBOP, 2011). For more complete guidelines for the provision of telepsychology services to the public, the Guidelines for the Practice of Telepsychology (APA, 2013; ASPPB, 2013) should be consulted.

All of the regulations above regarding supervision of trainees apply to the practice of telepsychology supervision. In addition, there are some specific regulations appropriate to the use of telepsychology supervision.

Guidelines regarding Telepsychology Supervision of Licensed Psychological Associates

Requirements for Supervisors in Provision of Telepsychology Supervision

Psychologists providing telepsychology supervision shall:

1. Be licensed. Interjurisdictional supervision is not permitted except in emergency situations at this time;
2. Be competent in the technology of the service-delivery medium;
3. Adhere to the ASPPB Principles/Standards for the Practice of Telepsychology (ASPPB 2013);
4. Ensure the electronic and physical security, integrity, and privacy of client records, including any electronic data and communications;
5. Inform supervisees of policies and procedures to manage technological difficulties or interruptions in services;
6. Verify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;
7. Inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;
8. If the supervisee is providing telepsychology services, ensure that proper informed consent concerning the risks and limitations of telepsychology is obtained from clients; and
9. If the supervisee is providing telepsychology services, ensure that the services provided are appropriate to the needs of the client.

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APPENDIX I

Ethical Codes and Codes of Conduct

The ASPPB Code of Conduct (2018) defines a supervisee as "any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services" (II.G). In addition, the ASPPB Code specifically mandates that any psychologist providing supervision shall perform this professional role appropriately and in compliance with all rules and regulations of the licensing authority (III.A.9). The ASPPB Code states that "the psychologist shall not engage in any verbal or physical behavior with supervisees which is seductive, demeaning or harassing or exploits a supervisee in any way – sexually, financially or otherwise" (III.E.1). Finally, the ASPPB Code notes that the psychologist "shall not delegate professional responsibilities to a person not appropriately credentialed or otherwise appropriately qualified to provide such services" (III.A.10). While not only applicable to supervision, this delegation of professional responsibility restriction requires that supervisors be mindful of any legal restriction of a supervisee's scope of practice, as well as any limitations of competence that a supervisee may demonstrate during their period of supervised experience.

The APA Ethics Code, Principle E addresses "Respect for People's Rights and Dignity," which includes supervisees, regardless of the reason for the supervision. The Code sets out the responsibility to protect supervisees from harm (2.01e, 3.04) and to ensure that services being provided by supervisees are provided competently (2.05). Other standards include prohibiting exploitation of supervisees (3.08, 7.07), specifying requirements for informed consent (3.10, 9.03, and 10.01), stipulating limitations in requiring private information from supervisees (7.04), cautioning about multiple relationships (7.05), and addressing the evaluation of supervisees (7.06).

The CPA Code also sets standards for the practice of supervision as it emphasizes respect for the dignity of persons (I) and the rights and promotion of the welfare of supervisees (I.38).

Other standards describe the importance of maintaining competence in supervision (II.9) confidentiality with respect to information obtained (I.43), and the need to assume overall responsibility for the services offered by supervisees (I.47). The Code sets out the responsibility of the supervisor to facilitate the professional development of supervisees (II.26) and the importance of avoiding multiple relationships with those being supervised (III.30).

The ethical and regulatory requirements that are elements of any psychological service also apply to supervision. Many jurisdictions currently prescribe components of the supervisory requirements in regulation, in particular for pre-licensure supervision (ASPPB, 2013). Some jurisdictions have developed regulations to provide guidance to psychologists for supervision in disciplinary cases.

The Ethics of Supervision

Supervisor Ethical Competence

Competence is an essential ethical component in supervision, as it is in psychological practice. In order to provide competent supervision, the supervisor must be competent both in the services being provided by the supervisee and in the provision of supervision. As is implicit in supervisor competence generally, supervisors are assumed to abide by and model the highest ethical principles. Nevertheless, in one study, over 50% of supervisees reported their supervisors did not follow at least one ethical guideline (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), several of which involve standards of competent supervision (e.g., performance evaluation and monitoring of the supervisee's activities, defining limits of confidentiality in supervision issues, session boundaries, and respectful behavior), compromising the supervision relationship due to the power differential implicit in supervision and jeopardizing client care, supervisee development of competence, and supervisee well-being.

Among the ethical competencies essential for the supervisor are the values and skills involved in appropriately delegating a client to the supervisee and in the ongoing monitoring of the supervisee's clients, as well as the monitoring of the professional development of the

supervisee. Supervisors should have the ability to assess the supervisee's competencies and the ability to provide effective feedback in order to actively monitor the supervisee's interventions and the client's progress. This initial assessment is necessary to determine which clients may be assigned and what level of supervision is needed. Feedback is necessary to facilitate supervisee's learning (Barnett, Cornish, Goodyear, & Lichtenberg, 2007). Research demonstrates, however, that psychologists have difficulty providing constructive feedback to supervisees (Hoffman, Hill, Holmes, & Freitas, 2005), although training in supervision improves the process of providing feedback to supervisees (Milne, Sheikh, Pattison, & Wilkinson, 2011). Supervisory integration of data from client self-report and monitoring of the client progress (Worthen & Lambert, 2007) is associated with enhanced client outcomes (Lambert, 2010).

Another ethical component of supervision is obtaining informed consent from the supervisee, which has a narrower construction in supervision than when applied to clients, as it is informed by training and accreditation standards, workplace or practice setting policies, and jurisdictional regulations. The supervision contract, a means of obtaining informed consent, should delineate the expectations of supervision and the agreement between supervisor and supervisee (Thomas, 2007).

Limits of Confidentiality

Supervisors should disclose to supervisees the limits of confidentiality with respect to personal disclosures and evaluation processes. Defining these limits requires that the supervisor describe the multiple entities that normally receive information regarding supervisee competence and readiness for independent practice. Ethical guidelines dictate that the supervisee be informed that evaluative and competence assessment information is provided to graduate programs, supervision training teams, including administrative supervisors in the practice setting, and regulatory boards. In addition, the supervisor has the responsibility to ensure that the supervisee's clients have been informed of the supervisee's status as a trainee and that the supervisor is responsible for all services provided and has access to all clients' records.

Multiple Relationships

Although some multiple relationships in supervision are unavoidable, multiple relationships between supervisor and supervisee should be carefully considered due to the potential loss of supervisor objectivity or exploitation of the supervisee. Further, due to the power differential, supervisees may not be able to refuse to engage in a multiple relationship or to withdraw once commenced. Several helpful problem-solving frames provide mechanisms to assess risks versus benefits of entering into multiple relationships between supervisors and supervisees (Burian & Slimp, 2000; Gottlieb, Robinson, & Younggren, 2007).

Technology

Ethical supervision using telecommunication technologies requires special attention (ASPPB, 2013; McFadden & Wyatt, 2010). Issues include the following areas.

1. Potential risks exist for clients through telepsychology practice and for both supervisees and their clients when supervision occurs via telepsychology supervision. Supervisors and supervisees must pay careful attention to possible risks to, and limits of, confidentiality. They must be knowledgeable about the security of the connection, encryption, electronic breaches, and the vulnerability of the content of client interaction or supervision visible on a computer where others could observe it on an unsecure network (Fitzgerald, Hunter, Hadjistavropoulos, & Koocher, 2010);
2. Identity of the supervisee must be confirmed (Fitzgerald et al., 2010);
3. Identity and age of the client must be confirmed and permission of parents or guardians should be obtained, if necessary (Fitzgerald et al., 2010; McIllraith et al., 2005);
4. Both supervisor and supervisee should be aware that nonverbal communication and emotional reactivity of both client and supervisee may be more difficult to assess using electronic means of communication;

5. Emergency procedures must be addressed, including limits to therapist or supervisor accessibility, accessing a local professional who could manage emergent situations, or situations when technical or logistical issues preclude therapist or supervisor contact;
6. The limits of confidentiality of videotaping client and supervision sessions should be fully understood. An informed consent should clearly state limitations of confidentiality using technology and describe the steps taken to protect the identity of the client;
7. The use of social networks and online communication should be reviewed carefully with the supervisee. Parameters for supervisee behavior should be identified, including ethical problem-solving strategies to consider friending or social network relationships between supervisor and supervisee, as well as between supervisee and client;
8. The ethics of internet searches of clients and supervisees, extra-therapeutic online contact between supervisee and client, use of texting, Facebook presence and use of emails to communicate all need to be considered to ensure professionalism (Clinton, Silverman, & Brendel, 2010); and
9. The ethics of blogs by supervisees/supervisors under their own names, information regarding supervisees and supervisors accessible on dating sites (Gabbard et al., 2011), and generally the increased transparency of client access to therapist information (Zur, Williams, Lehavot, & Knapp, 2009) should be reviewed, as well as steps to maximize security of technology processes and procedures (Manring, Greenberg, Gregory, & Gallinger, 2011). All use of technology in the provision of psychological services should adhere to the Guidelines for Telepsychology developed by ASPPB and APA (APA, 2013; ASPPB, 2013a).

Understanding their ethical obligations will help supervisors enhance their practice of supervision, and in turn, help supervisees improve professional services to the public they serve (Goodyear & Rodolfa, 2011).

APPENDIX II

Supervisor Competence

The process designed to train competent supervisors has not changed a great deal since the 1998 ASPPB Supervision Guidelines stated:

> Given the critical role of supervision in the protection of the public and in the training and practice of psychologists and psychology trainees, it is surprising that organized psychology, with few exceptions, has failed to establish a requirement for graduate level training in supervision. Few supervisors report having had formal courses on supervision and most rely on their own experience as a supervisee. In addition, the complexity of the supervisory process as well as the reality that supervision itself serves multiple purposes prevents simplistic guidelines…. Concerns for protection of the public and accountability are paramount (p. 2).

There have been significant advances, however, in the research and scholarship on supervision (Borders et al., 2011; Ellis, 2010; Falender & Shafranske, 2008; Bernard & Goodyear, 2014; O'Donovan, Halford, & Walters, 2012). Criteria have been developed for supervisor competencies (Fouad et al., 2009; New Zealand Psychologists Board, 2010), supervisor skills to be developed (EFPA EuroPsy, 2009), ethical guidelines for supervision (CPA, 2009; Pettifor et al., 2011), supervision guidelines (Australian Psychological Society, 2003), and specific criteria for supervisor training (British Psychological Society, 2008; Psychology Board of Australia, 2013)

Although scholarship has significantly increased in the supervision literature, training for supervision has not kept pace. Even though training in supervision is required by the CoA (APA, 2010), limited courses exist. A possible reason for this limited progress is reported by Rings and colleagues (2009), who found that psychologists do not generally value training for supervision. As with other areas of practice in psychology, psychologists who choose to provide supervision should become competent through training that consists of both coursework addressing the core components of effective supervision and supervised experience in providing supervision.

One purpose of this document is to ensure that the supervision provided as part of the licensure process is performed in a manner that protects the public and contributes to the competence of supervisees.

Supervisory Competence Overview

Supervisory competence includes the following elements: competence in supervision and in the psychological practice being supervised; multicultural competence; ethical and legal competence; contextual competence; theory, skills, and processes for group and individual supervision; and attitudes and values supporting the conduct of competent supervision (Falender et al., 2004; Rings, Genuchi, Hall, Angelo, & Cornish, 2009). Contextual competence refers to knowledge, skills, and attitudes regarding the specific local context and the ethical and clinical aspects that arise from that context. These elements should be "above and beyond…competence as a therapist" (Bernard & Goodyear, 2014, p. 66). Such competence also entails interpersonal functioning and professionalism, as well as sensitivity and valuing the importance of individual and cultural diversity (Kaslow et al., 2007). Supervisory competence requires knowledge of supervision theory, skills, and processes, and up-to-date knowledge of developments in both psychological and supervision practice (Bernard & Goodyear, 2014), in addition to specific training in supervision. It is essential that the supervisor monitor and assess the competence of the supervisee in this competency-based era. This requires knowledge of the guidelines, effective practices, and client outcome assessment norms in the literature (Falender & Shafranske, 2013a; Bernard & Goodyear, 2014).

Critical tensions arise from balancing the supervisor's multiple roles. These roles include balancing the supervisor's primary duty to protect the client and to serve as gatekeeper to the profession, while at the same time establishing a strong supervisory alliance with the supervisee by supporting and monitoring supervisee growth and development through feedback and evaluation.

The concepts of supervisor competence and of competency-based supervision are implicit in APA (2009) and CPA (2011) accreditation criteria and regulation (DeMers, Van Horne & Rodolfa,

2008). There is a body of literature, however, that suggests there is a lack of adequate training in the provision of supervision that persists among practitioners who are current supervisors, (Johnson & Stewart, 2000), and even among supervisees in the training pipeline (in Canada, Hadjistavropoulos, Kehler, & Hadjistavropoulos, 2010; in the United States, Crook-Lyon, Presnell, Silva, Suyama, & Stickney, 2011; Lyon, Heppler, Leavitt, & Fisher, 2008), compromising transmission of enhanced competencies in practice and supervision (Kaslow et al., 2012) to future generations of practitioners.

Effective Supervision

The growing literature describing supervision processes and procedures contributes to the profession's understanding of effective supervision, which in turn informs how to regulate supervision. Components of effective supervision (summarized in Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Bernard & Goodyear, 2014; Falender & Shafranske, 2004; 2008, 2012; Barnett et al., 2007; Bernard & Goodyear, 2014; College of Psychologists of Ontario, 2009; Johnson, Elman, Forrest, Robiner, Rodolfa, & Schaffer, 2008) include:

1. Complying with legal and ethical requirements (Falender & Shafranske, 2004; Goodyear & Rodolfa, 2011; Tebes et al., 2011);
2. Balancing the multiple roles of promoting supervisees' development, evaluation, and gatekeeping (Johnson et al., 2008);
3. Providing multiculturally sensitive supervision and addressing the diversity identities and worldviews of clients, supervisees, and supervisors (Burkard et al., 2009; Falender, Burnes & Ellis, 2012; Vargas, Porter, & Falender, 2008);
4. Clarifying the supervisor's expectations, including a formal supervision contract (Falender & Shafranske, 2004; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007);
5. Assessing the supervisee's readiness to participate in supervision (Falender & Shafranske, 2012b; Aten, Strain & Gillespie, 2008);

6. Assessing competency of the supervisee using observation of clinical sessions, client and supervision outcomes, and the supervisee's self-assessment (Bernard & Goodyear, 2014; Falender & Shafranske, 2007);
7. Monitoring the supervisee's performance, taking into account the supervisee's knowledge, skills, attitudes, and values (Bernard & Goodyear, 2014);
8. Assessing the relative competence of the supervisee to provide services to a client (Sterkenberg, Barach, Kalkman, Gielen, & ten Cate, 2011);
9. Using a strength-based approach to supervision (Fialkov & Haddad, 2012);
10. Providing ongoing formative and summative evaluation (Johnson et al., 2008; Goodyear & Bernard, 2009; Falender & Shafranske, 2007);
11. Addressing the supervisee's personal factors and emotional reactivity (Falender & Shafranske, 2004);
12. Identifying and repairing strains and ruptures (Falender & Shafranske, 2008);
13. Identifying and remediating the supervisee's competence problems (Behnke, 2012; Bieschke, 2012; Forrest, 2012; Jacobs et al., 2012); and
14. Gatekeeping to address the supervisee's competence problems and ensuring protection of the public (Barnett et al., 2007; Brear & Dorrian, 2010; Johnson et al., 2008).

"Defining competencies in psychology supervision: A consensus statement" (Falender et al., 2004) provides a structure of knowledge, skills, attitudes, and values as a preliminary model of entry-level supervisor competence. Falender et al. (2004) describes five supra-ordinate factors: 1) competence in supervision is a life-long, cumulative developmental process with no end point; 2) attention to diversity in all its forms requires specific competence and relates to every aspect of supervision; 3) attention to legal and ethical issues is essential; 4) training is influenced by professional and personal factors, including values, beliefs, biases, and conflicts, some of which are considered sources of reactivity or countertransference; and 5) self- and peer-assessment across all levels of supervisor development is necessary.

Based on the literature, the following questions may assist boards or colleges in determining the competency of psychologists to supervise (Falender et al., 2004):

- Has the psychologist successfully completed a course/training in supervision?
- Has the psychologist received supervision of supervision and has he or she been endorsed as ready to supervise?
- Has the psychologist used audio, video, or live supervision in supervision practice?
- Does the psychologist initiate and use a supervision contract?
- Is there evidence that the psychologist provides regular and corrective feedback to supervisees designed to improve their functioning?
- Does the psychologist require client outcome assessment?

Rather than a unitary concept, supervisor competence is a construct of knowledge, skills, attitudes, and values. Supervision knowledge includes: (a) an understanding of the professional practice being supervised (Falender & Shafranske, 2007); (b) models, theories, and modalities of supervision (Farber & Kaslow, 2010); (c) research, scientific, and evidence-base of the supervision literature (Milne & Reiser, 2012; Watkins, 2012); (d) professional/supervisee development (Fouad et al., 2009; Rodolfa et al. (2013); Stoltenberg & McNeil, 2010); (e) ethics and legal issues specific to supervision (Goodyear & Rodolfa, 2011; Gottlieb, Robinson, & Younggren, 2007; Koocher, Falender, & Shafranske, 2008; Thomas, 2007); (f) evaluation and process outcome; and (g) diversity in all its forms (Vargas, Porter, & Falender, 2008).

Skills include: (a) providing supervision in multiple modalities (e.g., group, individual) (Carter, Enyedy, Goodyear, Arcinue & Puri, 2009), (b) forming a supervisory alliance (Bernard & Goodyear, 2014), (c) providing formative and summative feedback (Hoffman, Hill, Holmes & Freitas, 2005), (d) promoting the supervisee's self-assessment and growth (Kaslow, Grus, Campbell, Fouad, Hatcher & Rodolfa, 2009), (e) self-assessing by the supervisor, (f) assessing the supervisee's learning needs and developmental level (Falender & Shafranske, 2012b;

Stoltenberg, 2005), (g) eliciting and integrating evaluative feedback from supervisees (Bernard & Goodyear, 2014), (h) teaching and didactics (Falender & Shafranske, 2004), (i) setting boundaries (Burian & Slimp, 2000), (j) knowing when to seek consultation, (k) flexibility, and (l) engaging in scientific thinking and translating theory and research to practice (Falender & Shafranske, 2013; Foo Kune & Rodolfa, 2012).

Attitudes and values include: (a) appreciation of responsibility for both clients and supervisees, (b) respect (Pettifor, McCarron, Schoepp, Stark, & Stewart, 2011), (c) sensitivity to diversity, (d) a balancing between being supportive and challenging, (e) empowering, (f) a commitment to lifelong learning and professional growth, (g) balancing obligations to client, agency, and service with training needs, (h) valuing ethical principles, (i) knowing and utilizing psychological science related to supervision, (j) a commitment to the use of empirically-based supervision, and (k) commitment to knowing one's own limitations (Bernard & Goodyear, 2014; Falender & Shafranske, 2012b).

Training to achieve competence specific to supervision should include not only coursework in the designated skills, knowledge sets, attitudes, and values listed above, but also supervised experience in providing supervision, including some form of live or video observation of the supervision (Falender et al., 2004).

APPENDIX III

Sample Supervision Contract for Licensed Psychological Associates

I. Goals of Supervision

A. Monitor and ensure welfare and protection of patients of the Supervisee.

B. Promote continuing development of Supervisee's professional identity and competence.

C. Provide evaluative feedback to the Supervisee.

II. Structure of Supervision

E. The supervisor during this training period will be _____, who will provide _____ hours of supervision per _____.

F. Structure of the supervision session: supervisor and supervisee preparation for supervision, in-session structure and processes, live or video observation ___times per ___ (time period).

G. Limits of confidentiality exist for supervisee disclosures in supervision. (e.g., supervisor normative reporting to licensing boards upholding legal and ethical standards).

H. Supervision records are available for licensing boards and supervisee.

IV. Duties and Responsibilities of Supervisor

A. Assumes professional responsibility for services offered by the supervisee.

B. Oversees and monitors all aspects of patient case conceptualization

and treatment planning, assessment, and intervention including but not limited to emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, management of supervisee reactivity or countertransference to patient, strains to the supervisory relationship.

C. Ensures availability when the supervisee is providing patient services.

D. Develops and maintains a respectful and collaborative supervisory relationship within the power differential.

E. Practices effective supervision that includes describing supervisor's theoretical orientations for supervision and therapy and maintaining a distinction between supervision and psychotherapy.

F. Assists the supervisee in setting and attaining goals.

G. Provides feedback anchored in supervisee goals, objectives, and competencies.

H. Provides ongoing formative and end of supervisory relationship summative evaluation as appropriate.

I. Informs supervisee when the supervisee is not meeting competence criteria and implements remedial steps to assist the supervisee's continuing development.

J. Discloses training, licensure including number and state(s), areas of specialty and special expertise, previous supervision training and experience, and areas in which he/she has previously supervised.

K. Reschedules sessions to adhere to the legal standard and the requirements of this contract if the supervisor must cancel or miss a supervision session.

L. Maintains documentation of the supervision and services provided.
M. If the supervisor determines that a case is beyond the supervisee's competence, the supervisor may join the supervisee as co-provider or may transfer a case to another provider, as determined by the supervisor to be in the best interest of the patient.

IV. Duties and Responsibilities of the Supervisee

A. Understands the responsibility of the supervisor for all supervisee professional practice and behavior.

B. Implements supervisor directives, and discloses clinical issues, concerns, and errors as they arise.

C. Identifies to patients his/her status as supervisee, the name of the supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records) obtaining patient's informed consent to discuss all aspects of the clinical work with the supervisor.

D. Attends supervision prepared to discuss patient cases with completed case notes and case conceptualization, patient progress, clinical and ethics questions, and literature on relevant evidence-based practices.

E. Informs supervisor of clinically relevant information from patient including patient progress, risk situations, self-exploration, supervisee emotional reactivity or countertransference to patient(s).

F. Integrates supervisor feedback into practice and provides feedback to supervisor on patient and supervision process.

G. Seeks out and receives immediate supervision on emergent situations. Supervisor contact information: _____.

H. If the supervisee must cancel or miss a supervision session, the supervisee will reschedule the session to ensure adherence to the legal standard and this contract.

A formal review of this contract will be conducted on: _____ when a review of the specific goals (described below) will be made.

We, _____ (supervisee) and _____ (supervisor) agree to follow the parameters described in this supervision contract and to conduct ourselves in keeping with the *ASPPB Code of Conduct, American Psychological Association Ethical Principles and Code of Conduct or the Canadian Psychological Association Code of Ethical Conduct*.

Supervisor Date

Supervisee Date

Dates Contract is in effect: Start date: _____End date: _____

Mutually determined goals and tasks by Supervisor and Supervisee to accomplish (and updated upon completion).

Goal 1:

Task for Supervisee

Task for Supervisor

Goal 2:

Task for Supervisee

Task for Supervisor

CHAPTER FOUR

The Association of State and Provincial Psychology Boards

Supervision Guidelines – Mandated Supervision

Approved by the ASPPB Board of Directors February 2018

Introduction

In August 2015, the Association of State and Provincial Psychology Boards (ASPPB) published its Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider (ASPPB, 2015). Those guidelines were intended as a resource, to assist member jurisdictions in developing supervision requirements for students pursuing licensure as Health Service Psychologists (HSP). At the same time, it was known that this would be the first in a series of supervision guideline documents, given the multiple reasons that psychologists (or students of psychology) might enter into a supervisory relationship. Apart from supervision for licensure as an HSP, supervision may be required for (a) licensed non-doctoral psychology service providers, (b) trainees pursuing licensure as a general applied psychologist (GAP), and (c) non-licensed persons providing psychological services, e.g., psychometrists. A fourth reason psychologist might enter into a supervisory relationship, and the focus of this document, is when a psychologist finds him/herself in violation of a state/provincial law or national ethical code. In addition to common regulatory authority sanctions such as reprimands, probation, and/or license suspensions or revocations, psychologists and his/her practice may be placed under mandated monitoring or supervision. For our purposes, mandated supervision is defined as "supervision that is prescribed for psychologists [or other mental health professionals] following a determination by a regulatory authority that the professional has violated ethical or practice standards or relevant laws. The primary objectives of such supervision include the rehabilitation of the professional and the protection of the supervisee's clients and the public" (Thomas, 2014). This document is intended to assist member boards in creating supervision and monitoring guidelines for such circumstances. It is important to recognize that these guidelines

are presented as recommendations to assist regulatory authorities, but in all cases local laws and regulations must be followed as they will take precedence over these recommendations.

Following a similar format to that of the 2015 ASPPB Training Supervision Guidelines document, this set of guidelines will provide information and recommendations in a set of broad areas including:

- Overview of Supervision for Discipline
- Supervisor Competencies in Case Supervision
- Supervisor Competencies in Monitoring
- Disciplinary Supervision Contracts
- Responsibilities of Regulatory Authorities in Disciplinary Supervision/Monitoring
- Unique Challenges in Mandated Supervision

Each of these areas will be more fully developed in this document, with specific examples and sample documents provided in the appendices.

Definitions

This section provides the meanings of terms as used in this document.

Client (also known as patient):

1. A direct recipient of psychological services within the context of a professional relationship including a child, adolescent, adult, couple, family, group, organization, community, or other populations, or other entities receiving psychological services.

2. The individual or entity requesting the psychological services and not necessarily the recipient of those services (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, administrative body or an organization).

3. An organization such as a business corporation entity, community or government that receives services directed primarily to the organization, rather than to the individual associated with the organization; or

4. In the case of individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision making purposes, but the individual receiving services shall be the client for:

    A) Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships, or

    B) Issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

Competence: The integrated use of knowledge, skills, attitudes, and values that are necessary to ensure the protection of the public in the professional practice of psychology.

Cross-disciplinary Supervision: Supervision occurring between practitioners from different professions (O'Donoghue, 2004).

Delegated Supervisor: A licensed health psychologist whom the primary supervisor may choose to delegate certain supervisory responsibilities.

Disciplinary Action: Any action taken by a regulatory authority which finds a violation of a statute or regulation that is a matter of public record.

Disciplined Practitioner: A psychologist under supervision that is mandated following a determination by a regulatory authority that the psychologist has violated ethical or practice standards or relevant laws.

Immunity: Legal protection from liability, obligation, or penalty.

In-person: Interactions in which the supervisor and supervisee are in the same physical space and does not include interactions that may occur through the use of technologies.

Liability: Responsibility for the consequences of one's acts or omissions, enforceable by disciplinary sanction, civil remedy (damages), or criminal punishment.

Licensed: Licensed denotes having a license issued by a board of psychology which grants the authority to engage in the practice of psychology as permitted by the act and the rules and regulations of that board. The terms registered, chartered, or any other term chosen by a jurisdiction used in the same capacity as licensed are considered equivalent terms.

Licensee: The psychologist (or other psychological practitioner) who is the subject of mandated supervision or monitoring. Terms such as registrant are interchangeable with licensee.

Mandated Supervision: Supervision that is prescribed by the regulatory authority as a result of a finding that a psychologist has violated relevant laws or ethic codes (Thomas, 2014).

Monitored Practice: The practice of a psychologist that is being monitored following an order from a regulatory authority.

Monitored Practitioner: Any psychological psychologist that is having his/her practice monitored, following an order from a regulatory authority.

Monitoring: Mandated oversight of professional practices by a monitor, in various daily activities (e.g., record keeping, billing, substance use).

Primary Supervisor: A licensed psychologist who has professional responsibility for the services provided by supervisees and the quality of the supervised experiences as described in these guidelines.

Regulatory Authority: The jurisdictional psychology licensing board (United States) or college of psychologists (Canada).

Supervised Practice: The practice of a psychologist that is being supervised following an order from a regulatory authority.

Supervised Practitioner: Any psychological psychologist that is having his/her practice supervised, following an order from a regulatory authority.

Telepsychology Supervision: A method of providing supervision using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information) (APA, ASPPB and APAIT Telepsychology Guidelines 2013).

Mandated Supervision for Discipline

Mandated supervision for discipline is a subset of supervision in general and refers to those times when supervision is part of a disciplinary order for a professional usually given by his/her regulatory authority. Supervision, a distinct, competency-based professional practice, is usually thought of as a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of developing and enhancing the professional competence of the supervisee through observation, review of case files, feedback and guidance for advancing the quality of services provided to the client, and providing a gatekeeping function for independent professional practice (Bernard & Goodyear, 2014; Falender and Shafranske 2004). However, in contrast, objectives for mandated supervision for discipline "include the rehabilitation of the professional and the protection of the supervisee's clients and the public" (Thomas, 2014, p. 1105). Thus, the goals of mandated supervision are comparable to those of any clinical supervision, however may focus more on remediation of deficits in competence, that is, helping the professional bring competence back to previously acquired acceptable levels, and less on developing, enhancing or improving competence beyond minimal standards. Additionally, the primary focus of mandated supervision is on maintaining public protection by ensuring that the quality of services offered to individual clients are within an acceptable range.

The ultimate effectiveness of supervision depends on a broad range of factors, including the competence of the supervisor, the nature and quality of the relationship between the supervisor and supervisee (ensuring that the mandated supervisee has not been a previous supervisee, supervisor, or client of the individual providing mandated supervision), and the readiness of the supervisee (Falender & Shafranske, 2007) to accept and benefit from the supervision. It is important to differentiate supervision from psychotherapy and consultation (Falender and Shafranske 2004), and in the case of mandated supervision, important to recognize that the client of the supervisor is not the supervisee, but the regulatory authority that has mandated the supervision. The supervisee is the recipient of the professional

service of supervision, but the supervisor ultimately is accountable to the regulatory authority. The supervisor has ethical and professional responsibilities to multiple parties in the context of mandated supervision. Although the supervisor is responsible to the regulatory authority, they also retain ethical and professional duties to the psychologist who is being disciplined, to the profession at large, and, as in professional supervision in training and education, to the clients of that psychologist.

Immunity and Liability

Supervision may involve direct and vicarious legal and professional liability (Barnett et al., 2007; Disney & Stephens, 1994; Saccuzzo, 2002; Thomas, 2010). Legal liability (in this context referring to potential malpractice or civil lawsuits) is determined by the judicial system. However, professional liability (in this context referring to ethical or licensing complaints) is within the domain of the profession and in this case, the regulatory authority. Thus, the supervisor must be approved by the regulatory authority and may need to answer various questions regarding (a) his/her supervision competence, (b) expertise in the clinical services that will be supervised, and (c) previous relationship (if any) with the supervisee, among others. The supervisor also must follow directions from the regulatory authority on such matters as frequency of supervision meetings, overall length of time of the supervision, the precise nature of what is discussed (e.g. record keeping, boundaries), progress notes for the supervision sessions, and reporting requirements. If the supervisor concludes that changes need to be made in the directions received from the regulatory board, the supervisor should provide an opinion regarding the necessary changes and request board approval.

Potential supervisors are often and rightfully concerned about the possibility of professional and personal liability arising from their supervision of disciplined practitioner. As in the case of supervision for education and training, supervisors of disciplined practitioners may be subject to liability for their actions towards their supervisee, and from actions that their supervisee takes toward the supervisee's clients (often called vicarious liability). It would be wise for psychologists to check with their malpractice carriers to determine the level of coverage they may have for these activities, prior to accepting the role of mandated supervisor. It is also

recommended that prior to ordering mandated supervision of a licensee, the regulatory authority ensure that there are supervisors who are qualified, available, and willing to serve in such a capacity.

Generally, supervisors functioning on behalf of a regulatory authority should be considered as qualifying for similar jurisdictional provisions for immunity that are offered to regulatory authority members themselves. As mandated supervision is by definition not a voluntary endeavor on the part of the supervisee, and is the result of some kind of misconduct by the supervisee, there is the possibility that the supervisee will be discontented with the supervisor at some point in time. Some jurisdictions provide for such immunity. For example, the statutes in Georgia have the following:

> "43-39-20. Immunity from civil and criminal liability for certain good faith actions
>
> Any psychologist licensed under this chapter who testifies in good faith without fraud or malice in any proceeding relating to a licensee's or applicant's fitness to practice psychology, or who in good faith and without fraud or malice makes a report or recommendation to the board in the nature of peer review, shall be immune from civil and criminal liability for such actions. No psychologist licensed under this chapter who serves as a supervising or monitoring psychologist pursuant to a public or private order of the board shall be liable for any damages in an action brought by the supervised or monitored psychologist, provided that the supervising or monitoring psychologist was acting in good faith without fraud or malice."

It is recommended that jurisdictions adopt a law or rule to this effect where possible. This level of immunity may make it more likely that qualified psychologists would be willing to serve as mandated supervisors. This kind of immunity does not negate the possibility of complaints being made, however, assuming that the supervisor has acted in good faith and within ethical

and legal guidelines, the supervising or monitoring psychologist who is the subject of such complaints to licensing boards (or to the courts in terms of civil suits) has statutory protection.

Risk Analysis

Usually, regulatory authorities will order supervision for a disciplined practitioner after a determination had been made of the practitioner's amenability to supervision and to determine if the nature of the offense is appropriate for this type of intervention. Typically, it is wise for the supervisor to have access to that evaluation in order to help formulate the content of the supervision sessions. However, it is not wise and in fact contraindicated for the evaluating psychologist (if there was one) and the supervisor to be the same person.

There is little research data available to assist in determining the characteristics of practitioners who would be likely to benefit from mandated supervision, or the kind of infractions that are amenable to mandated supervision. Plaut (2001) suggested that jurisdictions establish panels of potential supervisors that would be utilized when needed. Cobia and Pipes (2002) offer theoretical support for mandated supervision through an analysis of developmental models of supervision, interpersonal and social learning theory. Schoener (1995) describes a system of determining when to do an assessment for professionals with boundary violations in order to recommend rehabilitation. This system includes an analysis of the following factors: "1) the practitioner admits wrongdoing and understands that there was harm to a client; 2) the practitioner believes that he/she has a problem that requires rehabilitation; 3) the practitioner is willing to agree to the assessment and realizes that the outcome may not be favorable; or 4) there is general agreement as to the essential facts of the case" (p. 97). Others (Thomas, 2013) have identified practitioner characteristics such as serious character pathology which may make supervision ineffective.

Case Supervision versus Monitoring

There are two types of mandated supervision that these guidelines will address: mandated case supervision (or clinical supervision) and mandated monitoring (or administrative

supervision). Many authors have distinguished between case supervision and monitoring (Kress, et al., 2015; Schoener, 2008; Cobia and Pipes, 2002). For these guidelines, mandated case supervision refers to situations where the supervisee meets regularly with a supervisor to discuss case related material in order to remediate competence deficits, increase insight, and promote behavior change for the ultimate purpose of assisting the supervisee to provide ethical and competent services to clients. This type of supervision may also include a review of records or reports, discussions of informed consent or confidentiality, and other case specific material. On the other hand, mandated monitoring refers to oversight of professional practices by a supervisor (who may or may not be a psychologist) in areas such as record keeping, billing, or other professional practices. While behavior change (e.g. keeping better records, or more accurate billing) is often a goal of mandated monitoring, it does not involve a discussion or review of clinical case material. At times, mandated monitoring is utilized for cases involving substance misuse as well.

Mandated Case Supervision

Competencies

Once a regulatory authority has determined that mandated case supervision will be utilized as a rehabilitation mechanism for a practitioner, the next task is to determine the availability of a supervisor. Some regulatory authorities select the supervisor:

1. From a prequalified list of possible supervisors;
2. From contacts members of the regulatory authority have acquired through professional experience;
3. From names, to include letters and vitas highlighting relevant credentials, the disciplined psychologist submits; and
4. By requiring the disciplined psychologist to arrange his/her own supervisor.

Selection methods one (1) and two (2) above are the recommended methods for selection of the supervisor. The supervisor must be competent in both supervision, and in the types of

clinical cases that will be supervised. While the goals of this supervision are two-fold (protection of the public and rehabilitation of the practitioners), the objectives of the supervision according to Thomas (2014) are to help the practitioners to accomplish the following:

> "Formulate a realistic and comprehensive conceptualization of the personal and professional factors that set the stage for errors (Thomas, p. 187),
>
> Examine both the actual and potential impacts of their ethical violations on clients, students, supervisees, and others,
>
> Generalize what they are learning in supervision to current cases, recognizing thematic similarities to the complaint case,
>
> Recognize events, circumstances, and subjective experiences signaling that they may be at risk for impaired objectivity and effectiveness (Thomas, p. 188).
>
> Another objective of disciplinary supervision is to help supervisees develop and implement a plan to minimize the likelihood of further violations."

The competencies needed to most effectively and ideally meet these objectives include:

1. Competence in the process of supervision as indicated by knowledge of supervision methods and theory and experience in providing supervision;
2. Competence in the kind of cases and practice areas that will be supervised as indicated by education, training and experience;
3. Competence in a variety of ethical and legal aspects of professional practice as indicated by education, training and experience (supervisors should not themselves have been disciplined by a board or ethic committee for violations of rules for example); and
4. An appreciation for the special challenges that come with providing mandated

supervision including the challenges that disciplined psychologist faces (emotional, professional, legal, financial), as well as the potential challenges that the supervision process faces (boundary issues, role confusion, transference and countertransference) (Thomas, 2014). The regulatory authority may want to speak directly with a potential supervisor to determine if he/she has such an appreciation.

Qualifications

Supervisors shall:

1. Be licensed at the doctoral level for the independent practice of health service psychology by a jurisdictional regulatory board that is a member of ASPPB and is responsible for the licensing of psychologists regardless of setting; Preferably the supervisor and the supervisee should be licensed by the same regulatory authority, however, there may be circumstances where an appropriate supervisor cannot be found within the same jurisdiction;

2. Abide by the ethical principles, codes of conduct, and jurisdictional statutes and regulations pertaining to the practice of psychology;

3. Have the knowledge of relevant theory and scientific literature related to supervision;

4. Have training, knowledge, skill, and experience to competently render any psychological service undertaken by his/her supervisees;

5. Have current training, knowledge, and skill in providing competent supervision. This is typically met by a graduate level academic course (at least one credit hour) from a regionally accredited institution of higher learning of a least one quarter/semester, or supervised experience in providing supervision of at least two hours a month of supervision over at least a six-month period of time; or at least nine hours of sponsor approved (e.g., APA) continuing education;

6. Not ever have been under regulatory authority discipline, or found to have been in violation of ethical codes from a regional or national ethics committee. In the event that disciplinary action is taken against the supervisor during the supervisory period, the supervisor shall immediately notify the regulatory authority and the regulatory authority will evaluate the need for the supervisor to be replaced; and

7. Disclose to the regulatory authority the nature and extent of any previous relationship with the supervisee.

Responsibilities of Supervisors

Supervisors shall:

1. Assume professional responsibility for the work of the supervisee;
2. Enter into a supervision contract with the regulatory authority and the disciplined psychologist which details all of the relevant parameters, including the length of time for the supervision, the exact nature of the supervision (frequency, record review, live observation, informed consent to clients, record keeping, reporting requirements…) and co-signing reports;
3. Ensure that the supervisee's duties and services are consistent with his/her level of competence, and meets the specific requirements of the regulatory authority's disciplinary order or agreement;
4. Ensure that the supervisee informs his/her clients of the supervision and obtains the appropriate informed consent to that effect;
5. Intervene in or terminate the supervisee's activities (with corresponding notification to the regulatory authority) whenever necessary to protect the client from harm and to ensure the protection of the public;
6. Abide by the reporting requirements as mandated by the regulatory authority in a timely manner;

7. Subject to regulatory authority approval and appropriate consent, delegate supervision to another licensed health professional whose competence in the delegated areas has been demonstrated by previous education, training, and experience when

    A) The service needs of the client are beyond the area of expertise of the supervisor, or

    B) It becomes necessary to provide for a qualified supervisor in case of interruption of supervision;

8. Review and approve supervisee's progress notes and assessment reports as indicated by the requirements of the regulatory authority order;

9. Personally observe recorded (which includes both video and audio content), or live client sessions as indicated by the regulatory authority disciplinary order;

10. Ensure the supervisee has knowledge of relevant theory, scientific literature and cultural or contextual factors related to the area of supervised practice;

11. Be available to the supervisee in person or electronically be reasonably available when the supervisee is rendering professional services, or arrange the availability of a qualified supervisor;

12. Maintain professional boundaries by managing multiple relationships and not enter into sexual or exploitative relationships, or other relationships with the supervisee that would interfere (or potentially to be seen to interfere) with the supervisor's objectivity and ability to provide effective supervision; and

13. Generate and maintain records regarding dates, times and duration of scheduled supervision as well as an accurate summary of the supervision and the supervisee's competence as indicated in the regulatory authority disciplinary order.

Monitoring

In addition to the more traditional supervisory relationship that may arise out of disciplinary actions, some cases call for a different approach to oversight of a disciplined practitioner's behavior and practice. In mandated case *supervision*, the goals include the establishment of a supervisory relationship within which the disciplined psychologist can reflect upon new information and gain insight into her/his behavior, attitudes, and beliefs to result in a change in behavior and practice. On the other hand, *monitoring* (sometimes called *administrative supervision*) involves the observation and evaluation of specific operational facets of a psychologist's practice, to prevent further violations (Walzer & Miltimore, 1993; Kress, et al., 2015). Walzer & Miltimore (1993) distinguish supervision from monitoring by operationalizing monitoring's tasks as including "a review or proctoring of … aspects of someone's practice (records, appointment books, case inventory), and in the case of substance abuse, it may even involve collecting random blood or urine samples". Monitoring's importance and benefit lie in the vigilant oversight provided by the monitor, to ensure additional violations are not being committed. Although monitors may provide feedback to the disciplined psychologist, unlike supervision, the goal of monitoring is not to foster insight, but to ensure additional violations are not being committed (Kress, et al., 2015). Given the relatively unique mandates of these two (2) disciplinary outcomes, the competencies/responsibilities required of each may also differ.

Competencies and Qualifications of a Monitor

Monitors are not charged with enhancing insight by a disciplined psychologist. As such, it is less important that he/she be a licensed mental health care provider. However, licensing in an alternative discipline may be required, depending on the tasks or behaviors being monitored

(e.g., collection of urine samples may require an appropriate medical professional). Regardless, it is crucial that he/she possess specific competencies and qualifications unique to the mandated tasks. Little empirical research has been done on this matter, and therefore the following qualifications, competencies, and responsibilities are offered as guidelines (and potentially stimuli for research) into what constitutes an effective monitor.

It is perhaps obvious, but bears stating, that a competent monitor will be conversant in the issues/matters under scrutiny. This is to ensure fidelity to the task at hand and (if necessary) to ensure findings can withstand external/judicial scrutiny. As an example, if deficient record keeping is a focus of monitoring, the monitor should have a demonstrated history of competence in this skill. Alternatively, concerns over improper billing could argue for a monitor competent in matters related to bookkeeping or accounting. In this regard, the competencies demanded of a monitor are akin to those of a supervisor for education and training, who must be competent in the knowledge area and skills being developed by the trainee.

A competent monitor must be an individual who is well organized, attentive to detail, and thorough in record keeping. Clear communication skills are important, as a monitor will have the duty of regularly communicating findings to a regulatory authority (see below). Interpersonally, a competent monitor must be able to hold firm to the assignment, in the face of what might prove to be resistance from a disciplined psychologist. For example, this resistance may come from fear of further discoveries or resentment over what might be perceived to be an intrusion into his/her professional life and practice. Accordingly, skills in effectively communicating empathy/understanding of the challenges posed to the monitored psychologist and defusing conflict may also be useful. As well, given the nature of the duties assigned to a monitor, he/she must be willing and able to travel to the disciplined psychologist's office as often as required, to monitor records.

In addition to the competencies required for effective and vigilant record keeping, additional and specialized competencies may be required, that are case-specific. For example, in the case of substance misuse, the knowledge and ability to acquire valid and reliable blood and urine

samples may be necessary. Specialized credentialing and/or licensing may be necessary in such cases, and regulatory authorities are encouraged to ensure these requirements are met, to address potential efforts to challenge or invalidate findings. Alternatively, a clear understanding of a regulatory authority's regulations and rules may be required, in matters involving (for example) improper advertising.

To summarize, an effective monitor will have the following qualifications:

1. Possess a body of knowledge relevant to the activities being monitored;
2. Possess the knowledge and skill required to gather required data from what might be record stores of varying degrees of organization, accuracy, and completeness;
3. Know when to seek additional input/consultation;
4. Be capable of maintaining a balance between gathering the data required, while respecting the requirements of client confidentiality and psychologist autonomy.
5. Possess the flexibility and ability to travel to the Psychologist's office as often as required, to carry out the monitoring tasks.

Responsibilities

The responsibilities of a monitor will, in some cases, overlap with those of a mandated case supervisor, however in other instances are stand alone and unique to the task of monitoring. When a psychologist's activities are being monitored, it is essential that clients are notified that there may be some limits to confidentiality and that any and all records may be the subject of such monitoring and that informed consent is sought for this activity. A record of this discussion and release should be contained within each client file. Depending on the activity being monitored, either specific clients will need to be notified of the monitor's activities, or a broader notification may need to be circulated to all clients of the monitored psychologist.

While the monitor is not responsible for notifying clients of these arrangements, he/she should ensure such notification has been provided.

Whatever activities are being monitored, a clear record of these must be maintained by the monitor, bearing in mind that the record may become part of the evidence used at a future disciplinary hearing. Whether these reports are shared with the monitored psychologist will be a case-specific decision. Writing in these reports must be clear, unambiguous, and legible. If reports are rewritten, the monitor is advised to either retain the original or make detailed notes as to why it was rewritten and the disposition of any previous versions.

As is the case for supervisors, monitors will need to be available, on a reasonable basis, to the monitored psychologist. However, unlike the supervisory relationship formed between a psychologist and his/her supervisor, the connection between a psychologist and his/her monitor is less personal and in depth, suggesting less of a need for frequent or urgent availability. If contacted outside of regular monitoring visits, a monitor is encouraged to accurately and completely document the reason for the contact, the outcome of the contact (including any advice provided), and whether any further action (e.g., contacting the regulatory authority) was taken.

As is the case when disciplined psychologists are being supervised, monitors must ensure that appropriate boundaries are maintained between themselves and those being monitored. Accordingly, as highlighted in the ASPPB Supervision Guidelines for Education and Training leading to licensure as a Health Service Provider (ASPPB, 2015), monitors should maintain professional boundaries by managing multiple relationships and not enter into sexual or exploitative relationships, or other relationships with the supervisees, that would interfere (or potentially be seen to interfere) with the supervisor's objectivity and ability to provide effective supervision.

Summarizing then, the responsibilities of a monitor will include the following:

1. When indicated, ensure appropriate and case-specific notification of monitored activities is provided to clients;
2. Maintain accurate, legible, and complete records of monitored activities;
3. Report findings to the regulatory authority;
4. Be reasonably available to the monitored psychologist;
5. Maintain professional boundaries by managing multiple relationships and not enter into sexual or exploitative relationships, or other relationships with the monitored psychologist that would interfere with the monitor's objectivity and ability to provide effective monitoring; and
6. Comply with tasks as prescribed by the regulatory authority's disciplinary order.

Regulatory Authority Responsibilities

A regulatory authority's mandate is to protect the public through the proper regulation of the practice of psychology. This is achieved through evaluating an applicant's education and training credentials as well as continued enforcement of established rules and regulations. If a licensed psychologist is found to be in violation of those rules and regulations, a disciplinary case may be filed. If the case is found actionable, supervision may be recommended as a form of remediation.

To allow all parties involved to reach a full understanding of the requirements and needs of a particular supervisory arrangement, a regulatory authority must present a disciplinary order (or consent agreement) that will inform all parties of the expectations of the supervision. This disciplinary order will be the official document, provided to both supervisee and the supervisor and will outline the regulatory authority's sanctions. Prior to the submission of the disciplinary order, a full assessment of the facts of the case, the disciplined psychologist's evaluation (if any

completed during the disciplinary case) and work history should be reviewed by the regulatory authority to measure the scope and necessity of the required supervision. In addition, to the evaluation of the disciplined psychologist, there are additional factors that inform the development of the disciplinary order. The qualifications or specialties needed by the supervisor, as well as the specifics of the supervisory arrangement, should be reviewed by the regulatory authority and then become a part of the disciplinary order.

The goals of mandated supervision are the protection of the public, a return of the disciplined psychologist to full unrestricted practice as soon as possible, and to limit the likelihood of any future violations. A minimum, but no maximum, supervision period should be set by the regulatory authority. The order should include among other items, the specific goals of the supervision as well as if any further evaluations would be required during this time (e.g., a final evaluation for fitness to practice). If the regulatory authority determines over the period of supervision that it is progressing well, there may be consideration of a gradually decreasing number of supervisory meetings and reporting requirements specified.

The selection of a supervisor can be a challenging task. As stated in the section regarding Case Supervision, there are various factors to be considered in selecting the supervisor. If a pool method is chosen, adding a question on the renewal form requesting a licensee to note his/her interest in providing mandated supervision along with his/her particular area of practice/expertise may be a way to generate qualified psychologists to provided mandated supervision. It is the role of the regulatory authority to ensure the best qualified supervisor is selected.

To implement the provisions of the mandated supervision or monitoring, a written contract should be entered into between the disciplined and supervising psychologists with the approval of the regulatory authority. More information about what should be included in that contract can be found in the Supervision Contract section of these guidelines. A clear and comprehensive contract will ensure that all parties involved understand the parameters of the supervisory relationship. If the facts of the disciplinary case are serious enough, the regulatory

authority may need to consider the possibility of a temporary suspension while developing the disciplinary order and selecting the supervisor.

An added difficulty in finding qualified professionals to provide supervision in many cases is the added professional risk related to this type of supervision. Unless otherwise stated in a regulatory authority's law, the supervisor could be at risk of malpractice lawsuits or regulatory authority complaints. As stated in the section regarding Mandated Supervision for Discipline, it is recommended that a rule or regulation be developed, addressing the "immunity" of professionals working within the purview of the regulatory authority. In some jurisdictions, a statement may also be added to the disciplinary order that allows for this immunity.

Reporting Requirements

Essential to the success of the supervision or monitoring is the requirement for submission of evaluator reports to the regulatory authority office by the supervisor or monitor. Regulators expect reports from both supervisors and monitors, with these reports coming at predetermined intervals as specified in the disciplinary order (Thomas, 2014). Whereas a supervisor's report will typically be broader in the issues it addresses, a monitor's report will be more task-specific and mirror the specific items and issues under scrutiny. In most cases, this will allow the monitor's report to be briefer than that of a supervisor. For example, a monitor may be asked to count the number of clients seen by a psychologist in any given time frame. Alternatively, ensuring follow-up letters are sent to a client's physician may be the object of monitoring. In both cases, simple counts/tallies of these activities will likely suffice. Some jurisdictions have already developed forms for this purpose and Appendix II contains one such form provided by the California Dept. of Consumer Affairs Board of Psychology. Review of this form highlights its specificity and reporting requirements. Regulators are encouraged to develop forms incorporating clear instructions to the monitor as to the tasks being required. This will help to ensure uniformity and consistency across monitored psychologists and avoid having findings challenged based upon claims of bias or inconsistent application of monitoring

techniques across practitioners. Disciplinary orders should clearly identify the types of reports required of the monitor, including:

1. The frequency of reporting required;
2. The duration of monitoring;
3. The information to be included in each report;
4. Whether the report may be shared with the monitored psychologist, and
5. Limits on legal liability of the monitor, along with appropriate releases from liability.

Monitors are responsible for the timely submission of these reports to the regulatory authority.

The reports from the supervisor to the regulatory authority should be submitted on an established time frame (e.g., monthly, bi-monthly, quarterly, etc.) This will allow the regulatory authority to evaluate progress, and if any changes to the supervision need to be made. If there are any issues of concern that appear during the supervision, the regulatory authority will need to be notified promptly, to allow for evaluation and amendments to the parameters of supervision, to allow for possible suspension of supervision or to require some form of treatment of the disciplined psychologist if necessary. Reports submitted on the requested due date should be submitted to the regulatory authority office or designated official for review. The designated official should be available to review the information in a timely manner. The review should verify that the report meets the requirements outlined in the disciplinary order as agreed to by the supervisor and the regulatory authority, as well as document the progress of the disciplined psychologist. If the report does not meet these requirements, deficiencies should be identified and addressed as soon as possible.

Reports should include the following:

1. A review of the supervision process including dates and times of supervision;
2. A review of the status of the goals of the supervision and how they are being met; and
3. At times, a recommendation on continued supervision. If the minimum time period has passed and the supervisor concludes the supervision is no longer required for rehabilitation or public protection, a recommendation for the cessation of supervision should be made to the regulatory authority through the report.

A template of such a report can be found in Appendix II. If the recommendation to cease supervision has been made, the regulatory authority can evaluate the reports as a whole to determine if sufficient rehabilitation has occurred. Any change of supervision should be accomplished through a public order and brought to the regulatory authority at a meeting.

It is through an open and fair process that the regulatory authority will be able to protect the public and fully regulate the profession. In addition to rehabilitation, the supervision conducted by the licensee's peers could allow for a growth in competence practice and knowledge. By inclusion of immunity rules, a professional is allowed to provide supervision to troubled colleagues without fear of regulatory or legal action from the supervisee. It also opens opportunities to the regulatory authority for the highest qualified professionals to supervise the disciplined psychologist. Continued communication with the regulatory authority, supervisor/monitor and disciplined psychologist throughout the supervision period, through scheduled reports and feedback, will provide all parties the greatest chance of success.

Supervision/Monitoring Contract

A written contract should be entered into and signed by the disciplined psychologist and the supervisor. Please see Appendix V for an example of the supervision contract. Prior to the

initiation of supervision/monitoring, the contract should be reviewed, approved, and signed by an appropriate regulatory authority representative and include (but not be limited to) the following elements:

1. **General:**
    A) Statement of the supervisor's legal liability and immunity;
    B) Anticipated duration of the contract;
    C) Length and frequency of supervision sessions;
    D) Details of payment for supervision/monitoring:
        i. The disciplined psychologist is responsible for payment;
        ii. Amount;
        iii. Method of payment;
        iv. Due date(s) for payment;
        v. Failure of the disciplined psychologist to pay the supervisor is considered a violation of the regulatory authority disciplinary order for which additional sanctions may be assessed.
    E) Goals and objectives of the supervision/monitoring:
        i. Protection of the welfare of the disciplined practitioner's clients;
        ii. Assessment of the disciplined practitioner's readiness for unsupervised/unmonitored practice;
        iii. Professional development of the disciplined practitioner;
        iv. Remediation of areas in which the disciplined psychologist is not meeting criteria for competence or ethical standards;
        v. Preparation for unsupervised/unmonitored practice; and
        vi. Any specific goals and objectives specified in the regulatory authority disciplinary order.
2. **Job duties and responsibilities of the disciplined practitioner:**
    A) The psychological services to be offered;
    B) Maintenance of adequate records regarding services provided;

C) Informing supervisor of all essential clinical and ethical elements of all cases being supervised/monitored, including disclosing all ethical, legal and professional problems; and

D) Adhering to laws, regulations, ethical standards, and agency rules governing psychological practice, including:

i. Informing clients of disciplined practitioner's supervised/monitored status;

ii. Obtaining informed consent to share information about the psychological service with the supervisor.

3. Roles and responsibilities of supervisor:

A) Assuming professional responsibility, and if applicable, legal responsibility, for services offered by the disciplined practitioner;

B) Informing disciplined psychologist of supervisor's licensure status and qualifications;

C) Discussing with the disciplined psychologist relevant ethical, legal and professional standards of conduct, particularly with regard to the issues that serve as the basis for mandated supervision/monitoring;

D) Establishing the format of supervision to be provided;

E) Ensuring that the disciplined psychologist informs his/her clients of the supervision and that clinical materials will be shared with mandated supervisor and obtains the appropriate informed consent to that effect;

F) Writing and filing report(s) with the regulatory authority regarding the disciplined practitioner's progress and competence; and

G) Documenting supervision.

Additional points to consider are found in the Roles and Responsibilities of the Supervisor in Case Supervision section above.

4. Contingency plans for dealing with unusual, difficult, or dangerous circumstances:

A) Criteria about what constitutes an emergency and procedures to follow in an emergency;
B) Availability of the supervisor for emergency supervision;
C) Legal reporting requirements for both supervisor and disciplined practitioner; and
D) Court involvement.

5. **Resolving differences between supervisor and disciplined practitioner:**
    A) How differences in opinion or approach should be handled; and
    B) How grievances can be managed or means of alternative resolution.
6. **Informed consent regarding:**
    A) Limits to confidentiality regarding the client including but not limited to clinical materials, billing practices, demographic data, etc;
    B) Limits to confidentiality regarding information provided by the disciplined practitioner;
    C) Financial arrangement for supervision; and
    D) Requirements of supervision, which may include observation and review of records.
7. **Grounds for termination of supervision.**

Unique Challenges in Mandated Supervision

As with supervision for training, supervision of disciplined practitioners has many unique challenges.

Unable to Identify Supervisor/Monitor

As stated in the section addressing Case Supervision, regulatory authorities utilize a variety of methods to select an appropriate supervisor and/or monitor when requiring mandated supervision. Even applying these variations during the selection process may not ensure that an appropriate supervisor/monitor can be located. Some examples of when other means may be needed to fulfill the requirement of mandated supervision are:

1. The need for a supervisor/monitor trained in a specialized area;
2. A small geographic pool of available supervisors dur to size of the jurisdiction;
3. A well-known professional who is known to (and admired) by or has multiple relationships with most professionals in his/her area; and
4. No psychologist willing to provide supervision or monitoring of the disciplined practitioner.

If one of the above examples exists, there are several methods that can be employed to find appropriate, qualified supervisors/monitors. Three main options are: (a) utilizing a psychologist licensed outside the jurisdiction of the disciplined practitioner, (b) utilizing a licensed professional from an allied mental health field, or (c) employing an outside monitor/company.

When reviewing the use of a psychologist licensed outside the jurisdiction, it is important to consider why this need exists and whether the supervisor/monitor will need to obtain a temporary license prior to beginning the supervision/monitoring. In smaller jurisdictions, all potential supervisors may be known by the disciplined psychologist or may not possess the required expertise or competency needed to provide this type of supervision (Thomas, 2010) so employing a psychologist from outside the jurisdiction may be needed to ensure proper remediation of the issues addressed in the disciplinary order.

If utilizing a psychologist outside of the jurisdiction is not an option, use of a professional in an allied mental health profession may be the best alternative. Although little research exists to demonstrate the success rate of cross-disciplinary supervision, the research that does exist highlights factors that may provide a challenge to cross-disciplinary supervision. Those factors are:

1. Professional role or training differences;
2. Lack of shared theories and/or language;
3. Organizational differences; and

4. Exposure of weakness outside the profession (Townend, 2005).

To remediate the factors identified above, it is important to have a clear, concise supervisory contract (Hutchings, Cooper, & O'Donoghue, 2014) in place that addresses:

1. Scope of the supervision;
2. Inclusion of and requirement to be familiar with all ethics codes for pertinent professions;
3. Regulatory authority requirements regarding type of supervision and reporting requirements; and
4. Experiences of past supervisions by all individuals involved (O'Donoghue, 2004).

The final option, employing an outside company, may prove useful for mandated monitoring rather than mandated supervision. Some infractions where an outside monitoring company has been used are insurance fraud, record-keeping deficiencies, and drug and alcohol impairment. An outside monitor/company must have an in-depth knowledge of the regulatory process and its role to ensure protection of the public. The monitor/company employed provides oversight to ensure compliance with components of the disciplinary order and to reduce the risk for further misconduct (DiCianni, 2008). When employing an outside monitoring company, it is important to specify the company and the monitoring and reporting requirements in the disciplinary order.

Telepsychology Supervision

Another unique challenge regarding mandated supervision comes from the use of telepsychology supervision. Several factors contribute to the need to consider telepsychology supervision as an option for mandated supervision. Time, resources, and location have been identified as reasons to consider telepsychology supervision (Deane, et al., 2015). Research shows that rural practitioners may benefit from being matched with other rural practitioners

who understand the unique challenges facing rural practitioners (Xavier, Shephard, & Goldstein, 2007). Before utilizing telepsychology supervision, the following should be considered:

1. When telepsychology supervision is appropriate;
2. When telepsychology supervision is not appropriate; and
3. What type of technology is appropriate and how to manage technology failures.

Before telepsychology supervision can be considered, the regulatory authority needs to acknowledge when this type of supervision could be employed for mandated supervision. It is important that both the supervisor and the disciplined psychologist are adept in this mode of delivery of supervision and feel that the supervision provided via tele-means will meet the same objectives as that of face-to-face supervision. Once telepsychology supervision has been deemed a viable option for providing mandated supervision, the merits of the specific case must be reviewed by the regulatory authority to ascertain whether this particular case lends itself to telepsychology supervision. Since practice monitoring may involve such activities as physical review of records, cases requiring that type of monitoring may not be well suited to telepsychology supervision.

As stated above, it is of the utmost importance that the regulatory authority reviews each case prior to authorizing telepsychology supervision. If the case review shows that telepsychology supervision can be utilized for mandated supervision, the regulatory authority needs to consider the following when setting up the supervision requirements:

1. The supervisor must be licensed;
2. The supervisory practice must be in compliance with statutes and regulations of the jurisdiction of the disciplined psychologist;
3. Both parties must be competent to use the technology being utilized;
4. Both parties must have access to acceptable and secure technology

5. No limitations for telepsychology supervision pertaining to the specific case (e.g., record reviews); and

6. No issues surrounding confidentiality, privacy and/or security.

The regulatory authority must specify in the disciplinary order what technologies it deems acceptable for telepsychology supervision. There are many web-based programs that make this type of supervision easier while still maintaining as much of the face-to-face benefits as possible. Although these web-based programs overall provide a viable option, it is important to note that some nuances of face-to-face supervision may be lost, such as details due to poor connection quality and body position and posture due to screen and camera locations. Also, telepsychology supervision may allow for multitasking during the scheduled supervision time, such as reviewing of emails, and web browsing (Deane, et al, 2015).

Data security must also be addressed in the disciplinary order. Research shows that even with security mechanisms in place, the weakest link is the users themselves (Deane, et al, 2015). The disciplinary order should specify what is acceptable regarding passwords, data storage, informed consent and record retention. Finally, telepsychology supervision should be provided in compliance with the supervision requirements of face-to-face supervision. All ethical and professional components of face-to-face supervision apply to telepsychology supervision as well.

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APPENDIX I

Sample Language for Disciplinary Orders regarding Selection of Approved Vetted Potential Supervisors/Monitors

Names provided by the Regulatory Authority

Respondent shall select a supervising psychologist from a list provided by the Board Chair. The supervising psychologist will be responsible for assisting and for advising Respondent. Respondent shall present to the Board office a copy of the contract reflecting the supervision agreement entered by the Respondent and supervising psychologist no later than 30 days from the date the Board Chair provides the list of possible supervisors to the Respondent. After completion of the supervision, the supervising psychologist will submit a summary report to the Board.

Licensee Selects Supervisor

Licensee shall submit the curriculum vitae of his/her proposed professional consultant for preapproval by the Regulatory Authority within 30 days of the date this disciplinary order becomes effective. Licensee shall select a consultant with whom he/she has had no previous personal or professional relationship. The Regulatory Authority reserves the right to reject the consultant proposed by Licensee. If the Regulatory Authority rejects the consultant proposed by Licensee, the Regulatory Authority may require that Licensee submit additional names, or the Regulatory Authority may provide Licensee with the name of a consultant.

From Names, the Disciplined Psychologist Submits

Respondent will be required to meet with a Board-approved supervisor for at least one year. Respondent is to submit the names of three psychologists to the Board within 30 days of this

disciplinary order. The psychologists submitted for approval should have competence in the same areas of practice and populations as the Respondent. The Regulatory Authority will then choose one psychologist from this list or request additional names if none of those submitted meet with the Regulatory Authority's approval.

APPENDIX II

REPORT TEMPLATES/SAMPLES

California Board of Psychology Practice/ Billing Monitor Quarterly Verification Form:

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF PSYCHOLOGY – Enforcement

PRACTICE/ BILLING MONITOR QUARTERLY VERIFICATION FORM

Check Appropriate Box for Reporting Period:

☐ 1st quarter (January 1st – March 31st)* Due on or before: April 7th
☐ 2nd quarter (April 1st – June 30th) *Due on or before: July 7th
☐
☐

Date of monitoring	Length of time spent monitoring	Number of Clients Seen by	Number of Cases Reviewed by	**COMMENTS (include):** Is licensing continuing/discontinuing activities that led up to the discipline? Include any corrective plans suggested by you and the progress of such plans.

3rd quarter (July 1st – September 30th) *Due on or before: October 7th

I certify, under penalty of perjury, that the foregoing information is true and correct and that I completed the above report. I understand that if I discover conduct, during record review, which indicates to me that the licensee is not safe to practice psychology, I must report it to the Board of Psychology. I understand and agree that copies of this Quarterly form, including copies of the signatures of the monitor may be used in lieu of original documents and signatures, and further, that such copies and signatures shall have the same force and effect as originals

To submit form: mail to address on the letterhead, or email to psychprobation@dca.ca.gov or fax to (916) 574-7321

Revised 8/2015

General Information

The monitor's role is to assist the Board in protecting the public. Equally important is the monitor's role in assisting the licensee, who may already be an experienced practitioner, to rehabilitate his/her skills by improving his/her techniques and by discontinuing the activities or behaviors that led to the discipline.

As a practice monitor, you must:

1. Have access to the licensee's client records by ensuring that the licensee has informed each of his/her clients that you may be reviewing their records and that a release is in the file,
2. Select, at random, the client files to be reviewed,
3. Review as many client files as possible in the time allowed,
4. Complete the quarterly reporting form and send it to the Board on a quarterly basis as indicated below, and
5. Notify the Board of any conduct you discover, during record review, which indicates to you that the licensee is not safe to practice psychology.

By completing the monitoring form and turning it in on time, you greatly assist the Board in its efforts to ensure consumer safety, and benefit the licensee by complying with his /her probationary order. You should know that it is ultimately the licensee's responsibility to ensure that your reports are submitted timely.

Your cooperation is sincerely appreciated. If you ever have any questions or need to report any concerns, please contact the Board's Probation Program at (916) 574-7235.

APPENDIX III

SAMPLES OF JURISDICTIONAL IMMUNITY LANGUAGE

Arizona

R4-26-310. Disciplinary Supervision; Practice Monitor

1. If the Board determines, after a hearing conducted under A.R.S. Title 41, Chapter 6, Article 10, after an informal interview under A.R.S. § 32-2081(K), or through an agreement with the Board, that to protect public health and safety and ensure a licensee's ability to engage safely in the practice of psychology, it is necessary to require that the licensee practice psychology for a specified term under another licensee who provides supervision or service as a practice monitor, the Board shall enter into an agreement with the licensee or issue an order regarding the disciplinary supervision or practice monitoring.

2. Payment between a licensee and supervisor or practice monitor.
    A. A licensed psychologist who enters into an agreement with the Board of is ordered by the Board to practice psychology under the supervision of another licensee may pay the supervising licensee for the supervisory service;
    B. A licensed psychologist who provides supervisory service to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under supervision may accept payment for the supervisory service;
    C. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under a practice monitor may pay the practice monitor for the service provided; and

D. A licensed psychologist who provides practice monitoring to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under a practice monitor may accept payment for the service provided.

3. A licensed psychologist who supervises or serves as a practice monitor for a licensed psychologist who has entered an agreement with the Board or been ordered by the Board to practice psychology under supervision or with a practice monitor is professionally responsible only for work specified in the agreement or order

Georgia

"43-39-20. Immunity from civil and criminal liability for certain good faith actions

Any psychologist licensed under this chapter who testifies in good faith without fraud or malice in any proceeding relating to a licensee's or applicant's fitness to practice psychology, or who in good faith and without fraud or malice makes a report or recommendation to the board in the nature of peer review, shall be immune from civil and criminal liability for such actions. No psychologist licensed under this chapter who serves as a supervising or monitoring psychologist pursuant to a public or private order of the board shall be liable for any damages in an action brought by the supervised or monitored psychologist, provided that the supervising or monitoring psychologist was acting in good faith without fraud or malice."

Nevada

NRS 641.318 Immunity of certain persons from civil liability. In addition to any other immunity provided by the provisions of chapter 622A of NRS, the Board, a review panel of a hospital, an association of psychologists or any other person who or organization which initiates a complaint or assists in any lawful investigation or proceeding concerning the licensing of a

psychologist or the discipline of a psychologist for gross malpractice, repeated malpractice, professional incompetence or unprofessional conduct is immune from any civil action for that initiation or assistance or any consequential damages, if the person or organization acted without malicious intent.

NRS 622A.150 Immunity from civil liability.

1. A person who provides a governmental entity, officer or employee with any information relating to a contested case is immune from any civil liability for providing that information if the person acted in good faith and without malicious intent.
2. A governmental entity, officer or employee is immune from any civil liability for:

    A) Any decision or action taken in good faith and without malicious intent in carrying out the provisions of this chapter or any law or regulation governing occupational licensing; or

    B) Communicating or cooperating with or providing any documents or other information to any other governmental entity, officer or employee conducting an investigation, disciplinary proceeding or civil or criminal prosecution.

APPENDIX IV

EVALUATION TEMPLATES & PROCESSES

Sample Language for Psychologist Conducting Fitness for Practice Evaluation:

Thank you for agreeing to participate in the Board's process of assessing _____ in order to assist the Board in determining Dr. _____ fitness to practice psychology in (jurisdiction name). Enclosed for your information is a copy of Dr. _____ signed Release of Information as well as an Evaluation of Fitness for Practice Report template for you to use to provide information to the Board once your evaluation has been completed.

Please be advised that the final determination of the fitness to practice psychology is made by the Psychology Board. You, as the evaluator, have the responsibility to address the areas outlined in the enclosed report template. As such, you should not make recommendations in absolute terms with regard to such areas as periods of restriction, supervision, etc. If any questions arise in the process of evaluation, you may contact _____.

EVALUATION OF FITNESS FOR PRACTICE

PSYCHOLOGICAL REPORT

Name:

Licensure status:

DOB:

Date(s) of assessment:

Reason for referral:

Brief statement of the events leading up to the evaluation related to the presenting problem; any current disciplinary action

Identifying information:

Demographic information; licensure history; areas of practice

Current social/employment status:

Marital status/history; employment history; social supports, social/leisure activities, and/or other coping strategies

Mental status examination:

Appearance; demeanor; affect; speech; etc.

Psychiatric history:

Summary of previous psychiatric problems; previous inpatient and/or outpatient treatment; results of any previous evaluations if available

Substance use/abuse history:

Past and current use of alcohol and/or other substance use; collateral sources used; associated psychosocial stressors

Relevant medical history/medical assessment/laboratory results:

Past and current medical status; evaluator may decide to request further medical assessment prior to releasing results

Relevant psychological history and psychological assessment:

Past and current psychological status; evaluator may decide to conduct formal psychological assessment as part of evaluation

Clinical impressions:

Summary of the evaluation; diagnostic impression, if applicable, with emphasis on reason for referral

Rehabilitative efforts undertaken:

Personal; professional; results

Risk assessment:

Detailed review of factors determined to increase/decrease risk of harm to the public or to self, as applicable

Considerations for the Board:

1. Issues for the Board to consider regarding what action(s) to take–may include, but not be limited to
    A) Practice restrictions (e.g., populations worked with, areas of practice);
    B) Practice oversight (e.g., monitoring/supervision of practice);
    C) Rehabilitative issues (e.g., tutorials, psychotherapy, drug/alcohol testing and/or treatment)
2. Relapse risk

SUBSTANCE USE/ABUSE EVALUATION

PSYCHOLOGICAL REPORT

Name:

Licensure status:

DOB:

Date(s) of assessment:

Reason for referral:

Brief statement of the events leading up to the evaluation related to the presenting problem; any current disciplinary action

Identifying information:

Demographic information, licensure history, areas of practice

Current social/employment status:

Marital status/history; employment history; social supports, social/leisure activities, and/or other coping strategies

Mental status examination:

Appearance; demeanor; affect; speech; etc.

Psychiatric history:

Summary of previous psychiatric problems; previous inpatient and/or outpatient treatment; results of any previous evaluations if available

Substance use/abuse history:

Past and current use of alcohol and/or other substance use; collateral sources used; associated psychosocial stressors

Relevant medical history/medical assessment/laboratory results:

Past and current medical status; evaluator may decide to request further medical assessment prior to releasing results

Relevant psychological history and psychological assessment:

Past and current psychological status; evaluator may decide to conduct formal psychological assessment as part of evaluation

Clinical impressions:

Summary of the substance use/abuse evaluation; diagnostic impression, if applicable, with emphasis on reason for referral

Rehabilitative efforts undertaken:

Personal; professional; results

Risk assessment:

Detailed review of factors determined to increase/decrease risk of harm to the public or to self particularly relative to the individual's substance use/abuse status, e.g., involvement in a treatment program, 12-step program, etc.

Considerations for the Board:

1. Issues for the Board to consider regarding what action(s) to take–may include, but not be limited to,
    A) Practice restrictions (e.g., populations worked with, areas of practice);
    B) Practice oversight (e.g., monitoring/supervision of practice);
    C) Rehabilitative issues (e.g., tutorials, psychotherapy, drug/alcohol testing and/or treatment)
2. Relapse risk

APPENDIX V

Sample Contract for Mandated Supervision/Monitoring For Discipline

1. General
    A) Supervisor's legal liability and immunity, or lack thereof.
    B) Disciplined psychologists responsible for paying for supervision/monitoring as follows:
        i. Rate: $___ per session.
        ii. Method: (e.g., cash, personal check or money order).
        iii. Due date: (e.g., conclusion of each session).
        iv. Failure of the disciplined psychologist to pay supervisor is considered a violation of the regulatory authority order for which additional sanctions may be assessed.
    C) Contingency plans for dealing with unusual, difficult, or dangerous circumstances.
    D) Resolving differences between supervisor and disciplined practitioner.
    E) Grounds for termination of supervision.

2. Goals of Supervision
    A) Ensure welfare and protection of clients of the disciplined practitioner.
    B) Prepare disciplined psychologist for unsupervised/unmonitored practice.
    C) Remediation in the areas of _____.
    D) Specific goals and objectives specified in the regulatory authority order.

3. Structure of Supervision
    A) The supervisor will be _____, who will provide _____ hours of supervision per _____ for a period not less than _____ (information stipulated in the regulatory authority order).

B) Structure of the supervision session: supervisor and disciplined psychologist preparation for supervision, in-session structure and processes, live or video observation ___ times per ____ (time period).

C) Limits of confidentiality exist for disciplined psychologist disclosures in supervision (e.g., supervisor reporting to regulatory authority, upholding legal and ethical standards).

D) Supervision records are available to regulatory authority.

4. Duties and Responsibilities of Supervisor

A) Assumes professional responsibility for services offered by the disciplined psychologist (if applicable, note that supervisor also assumes legal responsibility).

B) Supervises/monitors disciplined practitioner's practice in accordance with requirements set forth by the regulatory authority in the disciplinary order (list specifics from order).

C) Ensures availability to the disciplined practitioner.

D) Develops and maintains a respectful and collaborative supervisory relationship within the power differential.

E) Reviews and signs off on all reports, case notes, and communications (if required by the regulatory authority order or the supervisor).

F) Practices effective supervision/monitoring to maintain a distinction between supervision/monitoring and psychotherapy.

G) Assists the disciplined psychologist in setting and attaining goals and objectives to comply with the regulatory authority order.

H) Informs disciplined psychologist when the disciplined psychologist is not meeting criteria for successful completion of the supervised/monitoring experience, and implements remedial steps to assist the disciplined practitioner's development.

I) Reschedules sessions to adhere to the regulatory authority order if the supervisor must cancel or miss a supervision session.

J) Maintains documentation of the supervision/monitoring and services provided, and provides such to the regulatory authority upon its request.

K) Advises the regulatory authority if the supervisor has reason to believe that the disciplined psychologist is practicing in a manner that violates the terms of the contract and/or the regulatory authority order.

L) Files report(s) in a timely manner at a frequency set by the regulatory authority (specify).

5. Duties and Responsibilities of the Disciplined Practitioner

A) Understands the responsibility of the supervisor for all disciplined psychologist professional practice and behavior.

B) Fully informs supervisor of clinically relevant information from client.

C) Implements supervisor directives, and discloses clinical issues, concerns, and errors that arise.

D) Integrates supervisor feedback into practice.

E) Identifies to clients his/her status as a disciplined practitioner, the name of the supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records).

F) Obtains client's informed consent to discuss all aspects of the disciplined practitioner's work with the supervisor.

G) Attends supervision/monitoring sessions prepared to discuss practice issues as directed by the supervisor.

H) Seeks out and receives immediate supervision on emergent situations (include supervisor contact information).

I) Reschedules sessions to adhere to the regulatory authority order if the disciplined psychologist must cancel or miss a supervision session.

A formal review of this contract will be conducted on or around _____ when a review of the specific goals described herein will be made.

We, _____ (disciplined practitioner) and _____ (supervisor) agree to follow the parameters described in this supervision contract and the regulatory authority disciplinary order dated _____, and to conduct ourselves in keeping with the American Psychological Association Ethical Principles and Code of Conduct or the Canadian Psychological Association Code of Ethical Conduct.

Supervisor Date

Disciplined Practitioner Date

Dates contract is in effect: Start date: _____ End date: _____

Reviewed and approved by Board Representative:

Board Representative Signature Date

(Printed Name & Title)

APPENDIX VI

SAMPLE LANGUAGE FOR DISCIPLINARY ORDERS

Missouri

1. PSYCHOLOGICAL EVALUATION REQUIREMENTS

A) At Licensee's expense, Licensee must undergo an evaluation to assess current functioning and effects of such functioning on Licensee's ability to practice, conducted by a licensed and/or board-certified psychologist trained in neuropsychology approved by the State Committee of Psychologists. Within twenty (20) business days of the effective date of this Order, Licensee shall submit a list of no less than five (5) proposed psychologists trained in neuropsychology to conduct the evaluation. The Committee may approve a psychologist trained in neuropsychology from this list, or may require a second list of five (5) proposed psychologists trained in neuropsychology which the Licensee shall submit within twenty (20) business days of the Committee's request. The Licensee must begin the evaluation within thirty (30) days of the Committee's approval. The Licensee must immediately notify the Committee, in writing, of the start date of the evaluation.

B) The written evaluation must be submitted by the evaluating psychologist trained in neuropsychology to the State Committee of Psychologists within thirty (30) days of the evaluation being initiated. It shall be the Licensee's responsibility to ensure that the evaluation is submitted by the evaluating psychologist trained in neuropsychology to the State Committee of Psychologists.

C) The evaluating psychologist trained in neuropsychology shall be released to discuss the purpose and methods of the evaluation with a

representative of the State Committee of Psychologists prior to performing the evaluation. The evaluation will be pursuant to consultation with the State Committee of Psychologists. While Licensee will pay for the evaluation, the evaluating psychologist trained in neuropsychology will work on behalf of the State Committee of Psychologists.

D) Licensee shall abide by the recommendations of the evaluating psychologist trained in neuropsychology set forth in the psychologist trained in neuropsychology's evaluation. Licensee shall engage in all psychologist trained in neuropsychology testing evaluation, supervision, therapy or other treatment recommended. If therapy is deemed appropriate, the treating health care provider must be different from the professional performing the evaluation and must be approved by the State Committee of Psychologists. Licensee shall commence any recommended therapy or treatment within twenty (20) days of the evaluation completion date.

E) If therapy is deemed appropriate, it must be continued according to the frequency of sessions recommended by the evaluating psychologist trained in neuropsychology. The treatment modality or plan shall reflect issues and themes recommended by the evaluating psychologist trained in neuropsychology as well as any additional treatment goals. Ongoing treatment and documentation should address the evaluating psychologist trained in neuropsychology's recommendation.

F) In the event the treating psychologist trained in neuropsychology becomes unable or decides not to continue serving in his/her capacity as a treating psychologist trained in neuropsychology during the disciplinary period, then the Licensee shall:

    i. Within three (3) business days of being notified of the treating psychologist trained in neuropsychology's inability or decision not

to continue serving as the treating psychologist trained in neuropsychology or otherwise learning of the need to secure a treating psychologist trained in neuropsychology, advise the State Committee of Psychology in writing that he/she is needing to secure a treating psychologist trained in neuropsychology and the reasons for such change; and

ii. Within twenty (20) business days of being notified of the treating psychologist trained in neuropsychology's inability or decision not to continue serving as the treating psychologist trained in neuropsychology or otherwise learning of the need to secure a treating psychologist trained in neuropsychology, secure a treating psychologist trained in neuropsychology pursuant to and in accordance with the terms and conditions set forth in this Order.

G) Licensee must give the State Committee of Psychologists, or its representative(s), permission to review Licensee's personal treatment and/or medical records.

H) In any professional activity in which Licensee is involved, all individuals whom Licensee treats, evaluates, or provides service must allow his/her treatment records to be reviewed by the State Committee of Psychologists or its representative(s).

I) Licensee's treating psychologist trained in neuropsychology must report at least once every three (3) months to the State Committee of Psychologists on Licensee's progress. Reports must be received before March 1, June 1, September 1 and December 1 of each year. It is Licensee's responsibility to ensure that these reports are provided in a timely manner.

2. <u>SUPERVISION REQUIREMENTS</u>

A) Licensee's practice as a professional psychologist shall be supervised on a three (3) month basis by a psychologist approved by the State Committee of Psychologists. If Licensee has failed to secure a supervisor within twenty (20) days from the start of probation the Licensee shall cease practicing psychology until a supervisor is secured. Licensee shall be responsible for any payment associated with the supervision. Supervision includes, but is not limited to, on site face-to face review of cases and review (approval and co-signing) of written reports such as case notes, intake assessments, test reports, treatment plans and progress reports.

B) In the event the supervising psychologist becomes unable or decides not to continue serving in his/her capacity as a supervising psychologist or otherwise ceases to serve as a supervising psychologist during the period of probation, then Licensee shall:

i. Within three business days of being notified of the supervising psychologist's inability or decision not to continue serving as the supervising psychologist, or otherwise learning of the need to secure a supervising psychologist, advise the Committee in writing that he is needing to secure a supervising psychologist and the reasons for such change; and

ii. Within twenty business days of being notified of the supervising psychologist's inability or decision not to continue serving as the supervising psychologist, or otherwise learning of the need to secure a supervising psychologist, secure a supervising psychologist pursuant to and in accordance with the terms and conditions set forth in this Order. After twenty business days, Licensee shall not conduct psychological evaluations if he has not secured a supervisor.

C) The supervising psychologist shall be vested with the administrative authority over all matters affecting the provision of psychological evaluations provided by Licensee so that the ultimate responsibility for the welfare of every client evaluated is maintained by the supervising psychologist.

D) Licensee must give the State Committee of Psychologists or its representative(s) permission to review Licensee's personal treatment or medical records.

E) In any professional activity in which Licensee is involved, all individuals whom Licensee treats, evaluates, or provides service must allow his/her treatment records to be reviewed by the State Committee of Psychologists or its representative(s).

F) Licensee's supervisor must report at least once every three (3) months on Licensee's compliance with the terms of discipline in this Order until Licensee's satisfactory completion of the requirements of section I, paragraph A above. Reports must be received before March 1, June 1, September 1 and December 1 of each year. It is Licensee's responsibility to ensure that these reports are provided to the Committee in a timely manner.

3. <u>GENERAL REQUIREMENTS</u>

A) Licensee shall not serve as a supervisor for any psychological trainee, psychological intern, psychological resident, psychological assistant, or any person undergoing supervision during the course of obtaining licensure as a psychologist, professional counselor or social worker.

B) Licensee must inform Licensee's employers, and all hospitals, institutions and managed health care organizations within which Licensee is affiliated, that Licensee's work as a professional psychologist is under probation by the State Committee of Psychologists. Licensee must obtain

written verification that each client that Licensee treats, evaluates, or consults has been so informed.

C) Licensee shall meet with the Committee or its representatives at such times and places as required by the Committee after notification of a required meeting.

D) Licensee shall submit reports to the State Committee for Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102, stating truthfully whether he has complied with all the terms and conditions of this Order by no later than March 1, June 1, September 1 and December 1 during each year of the disciplinary period.

E) Licensee shall keep the Committee apprised of his/her current home and work addresses and telephone numbers. Licensee shall inform the Committee within ten days of any change of home or work address and home or work telephone number.

F) Licensee shall comply with all provisions of sections 337.010 through 337.345, RSMo; all applicable federal and state drug laws, rules, and regulations; and all federal and state criminal laws. "State" here includes the state of Missouri and all other states and territories of the United States.

G) During the disciplinary period, Licensee shall timely renew his license and timely pay all fees required for licensing and comply with all other Committee requirements necessary to maintain Licensee's license in a current and active state.

H) If at any time during the disciplinary period, Licensee removes himself from the state of Missouri, ceases to be currently licensed under provisions of Sections 337.010 through 337.345, RSMo, or fails to advise the Committee of his/her current place of business and residence, the time of his/her absence, unlicensed status, or unknown whereabouts

shall not be deemed or taken as any part of the time of discipline so imposed in accordance with § 337.035, RSMo.

I) During the disciplinary period, Licensee shall accept and comply with unannounced visits from the Committee's representatives to monitor his/her compliance with the terms and conditions of this Order.

J) If Licensee fails to comply with the terms of this Order, in any respect, the Committee may impose such additional or other discipline that it deems appropriate, (including imposition of the revocation).

K) This Order does not bind the Committee or restrict the remedies available to it concerning any other violation of Sections 337.010 through 337.345, RSMo, by Licensee not specifically mentioned in this document.

Upon expiration of the disciplinary period, Licensee's license as a psychologist in Missouri shall be fully restore, provided all provisions of this Order and all other requirements of law have been satisfied.

This **supervisory contract** is meant to outline the expectations and responsibilities of the supervisor and resident in accordance with the regulations of the Virginia Board of Psychology Regulations Governing the Practice of Psychology between_____, supervisor, and _____, resident in clinical psychology, effective _____.

Resident's Worksite:
List business name(s) and address(es) where the resident will be practicing clinical psychology under the supervision of the above-named supervisor as they are working toward becoming a Licensed Clinical Psychologist.

_____
_____
_____

Purpose of Supervision:
The primary purpose of supervision is to ensure the welfare of the resident's clients and to promote the resident's professional development and competency. Supervision is defined as the *ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance, and instruction with respect to the skills and competencies of the person supervised.*

Expectations of Supervisor and Resident

The supervisor and resident agree to meet for supervision for at least two hours of individual supervision per 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per 40 hours as required in 18VAC125-20-60. The form and content of the supervision will be mutually determined by the supervisor and resident and may include the following:

- Developing supervision plan and schedule
- Reviewing client presenting complaints and treatment plans
- Reviewing videotapes of resident in psychology treatment sessions
- Reviewing client progress
- Providing feedback on resident's skills, diagnosis, interventions, and treatments
- Reviewing resident's documentation
- Discussing ethical dilemmas and relevant guidelines
- Intervening when client welfare is at risk
- Maintaining weekly supervision case notes and plans
- Reviewing supervisory relationship and making changes as necessary

Professional Goals:

1)_____
_____

2) _____
_____

3) _____
_____

Responsibilities of the Supervisor:

1. The supervisor must meet the qualifications as outlined in 18VAC125-20-65(6) and maintain a current unrestricted license for the duration of the supervision.
2. The supervisor shall monitor the performance of the person supervised and provide regular, documented individual (possibly in conjunction with group) supervision according to the schedule specified in this document that is specific to practice of clinical psychology being performed with respect to the clinical skills and competencies of the person supervised in accordance with Regulations Governing the Practice of Psychology.
3. The supervisor must avoid multiple relationships that could compromise the objectivity of the supervisory relationship with the resident.
4. The supervisor shall assume full responsibility for the professional clinical activities of that resident specified within the supervisory contract for the duration of the supervised experience or until terminated.
5. The supervisor will document the resident's total hours of supervision, length of work experience, competence in the practice of clinical psychology, and the needs for additional supervision or training.
6. The supervisor will provide a written evaluation with the total hours of supervised experience and will evaluate the resident's competency and performance by completing the verification of post-degree supervision form.
7. The supervisor will provide supervision as defined in 18VAC125-20-65.
8. The supervisor will ensure that the resident is practicing within the scope of the resident's knowledge and training.
9. The supervisor will ensure the resident has read and is knowledgeable about the state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication.
10. The supervisor will, within a reasonable period of time before termination of supervision, provide the resident and employer with a notice of termination to avoid or minimize any harmful effect on the resident's clients or patients.
11. The supervisor will conduct supervision as a process distinct from personal therapy or didactic instruction.
12. The supervisor will not provide supervision for activities for which the prospective applicant has not had appropriate training.
13. The supervisor will not provide supervision for activities beyond the supervisor's demonstrable areas of competence.

14. The supervisor will be available outside of scheduled supervision for consultation and/or emergency situations. The supervisor will ensure that both the resident and supervisor have all necessary contact information for one another to be able to contact each other immediately should any client emergency arise.
15. The supervisor will immediately report to the Board any violations of the regulations or law.
16. The supervisor will remain up-to-date on the changes related to the Regulations Governing the Practice of Psychology.

Responsibilities of the Resident in Psychology:

1. The resident must attest to reading, understanding, and intending to comply with the Regulations Governing the Practice of Psychology.
2. The resident must be approved to start their residency prior to counting hours toward licensure.
3. The resident will participate in supervision with a goal of increasing competency in clinical practice and attend supervision on the agreed upon basis.
4. The resident will be prepared to discuss with the supervisor the diagnosis/case conceptualization and treatment of each client as well as problems in the resident's clinical milieu.
5. The resident will avoid engaging in activity for which the resident lacks competency, training, education, supervision and that may compromise client safety and well-being.
6. The resident will remain up-to-date on the changes related to the Regulations Governing the Practice of Psychology.
7. The resident will reach out to the supervisor outside of scheduled supervision to consult or in emergency situations, as needed.
8. The resident will ensure that supervision occurs a minimum of two times per 40 hours of supervised experience.
9. Residents must not refer to or identify themselves as clinical psychologists, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists.
10. During the residency period, residents must use their names, the initials of their degree, and the title "Resident in Clinical Psychology" in the licensure category in which licensure is sought.

Compensation:

In exchange for supervisor's time, expertise, and licensure, the Supervisor will be compensated $____ per one hour of in-person individual supervision and $_____ per hour of group supervision provided, payable according to the following terms:

_____.

Emergency Procedure:

In case of an emergency, we have discussed and agreed upon the following procedure:

_____

_____

Duration and Termination:
The period of this agreement will be from the date approved by the Board of Psychology until the resident is licensed by the Virginia Board of Psychology, or the agreement is otherwise terminated. This agreement may be terminated by either party upon 30 days' notice. The agreement can be immediately terminated if either party fails to maintain necessary qualifications or fails to follow the Regulations Governing the Practice of Psychology.

Contact Information:
Supervisor and resident should provide contact information to one another – particularly emergency contact information.

Additional Provisions, Agreements and/or Clarifications:

We, as supervisor and resident, agree to uphold the directives and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according to Regulations Governing the Practice of Psychology, Code of Virginia and relevant state and federal laws.

Resident_____ Date_____

Supervisor_____ Date_____

Scopes of Practice for Persons Regulated by the Boards of Psychology

	Clinical Psychologist	Psychological Practitioner	Applied	School	Limited-School	CSOTP
Testing and Measuring						
Assessment						
Intellectual Assessment/Evaluation as related to the treatment of mental or emotional disorders						
Assessment/Evaluation of emotional adjustment, as related to the treatment of mental or emotional disorders						
Assessment/Evaluation of personality as related to the treatment of mental or emotional disorders						
Psychological assessment, evaluation, and diagnosis relative to the assessment that directly relates to learning or behavioral problems that impact education						
Program Planning						
Program Implementation						
Research						
Diagnosis						
Treatment						
Counseling						
Professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education						
Verbal interaction						
Interviewing						
Behavior Modification						
Group Processes						
Environmental Manipulation						
Psychotherapy						
Marital/Family Therapy						
Group Therapy						
Behavior Therapy						
Psychoanalysis						
Hypnosis						
Biofeedback						
Psychological Interventions						
Consultation on Treatment						
Treatment of Substance Use						

	Clinical Psychologist	Psychological Practitioner	Applied	School	Limited-School	CSOTP
Treatment of Disorders of Habit or Conduct						
Psychological Consultation						
Interpreting or reporting on scientific theory or research in psychology						
Engaging in applied psychological research, program or organizational development						
Administration, supervision, or evaluation of psychological services						
Educational or vocational consultation to schools, agencies, organizations, or individuals.						
Direct educational services to schools, agencies, organizations, or individuals.						
Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.						
Perform only under supervision of Licensed Mental Health Professional						
Screening						
Intake						
Orientation						
Administration of Substance Abuse Assessment Instruments						
Recovery and relapse Prevention Planning						
Treatment Planning						
Implementation of Substance Abuse Treatment Plans						
Case Management						
Substance Abuse or dependence crisis intervention						
Client Education						
Referral Activities						
Recordkeeping						
Consultation with other Professionals						
Exercise Independent Professional Judgment, to evaluate current functioning						
Exercise Independent Professional Judgment to diagnose and select						

	Clinical Psychologist	Psychological Practitioner	Applied	School	Limited-School	CSOTP
appropriate remedial treatment for identified problems						
Exercise Independent Professional judgment to make appropriate referrals						
Supervise, Direct and Instruct others who provide Treatment						
Provide Services Independently						
Provide counseling to persons with Dual Diagnosis						
Coordinate, Facilitate, Participate in Recovery Group Discussions						
Lead Recovery Group Discussions						
Substance Abuse Counseling with Individuals						
Substance Abuse Counseling with Groups						
Only provide services in school setting						

Chapter 36 of Title 54.1 of the Code of Virginia

Psychology

Table of Contents

§ 54.1-3600. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Applied psychologist" means an individual licensed to practice applied psychology.

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

"Clinical psychologist" means an individual licensed to practice clinical psychology.

"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring"that consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.

2. "Diagnosis and treatment of mental and emotional disorders"that consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality, or personal goals, the treatment of alcoholism and substance abuse, the treatment of disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury, or disability.

3. "Psychological consulting"that consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion or evaluation, or engaging in applied psychological research, program or organizational development, or administration, supervision, or evaluation of psychological services.

"Practice of psychology" means the practice of applied psychology, clinical psychology, or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring"that consists of psychological assessment, evaluation, and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality, or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling"that consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education. Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation, and group processes.

3. "Consultation"that consists of educational or vocational consultation or direct educational services to schools, agencies, organizations, or individuals. Psychological consulting relative to the practice of school psychology is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychological practitioner" means a person licensed pursuant to § 54.1-3606.3 to diagnose and treat mental and emotional disorders by providing counseling, psychotherapy, marital therapy, family therapy, group therapy, or behavioral therapy and to provide an assessment and evaluation of an individual's intellectual or cognitive ability, emotional adjustment, or personality, as related to the treatment of mental or emotional disorders.

"Psychologist" means a person licensed to practice school, applied, or clinical psychology.

"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

1976, c. 608, § 54-936; 1987, cc. 522, 543; 1988, c. 765; 1994, c. 778; 1996, cc. 937, 980; 2004, c. 11; 2024, cc. 754, 761.

§ 54.1-3601. Exemption from requirements of licensure.

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and