

SUPERVISION AT A GLANCE

The following is offered as a quick reference to understanding section 1387 of the California Code of Regulations regarding supervised professional experience. This chart is offered for convenience and to promote understanding of this complex regulation and is not offered as a substitute for knowing the regulation in its entirety. For all of the requirements relating to supervised professional experience, please directly consult with section 1387 which is available at the board's website (www.psychboard.ca.gov) under the "Laws and Regulations" button.

Supervision Requirements	Intern (Business and Professions Code §2911)	Psychological Assistant (Business and Professions Code §2913)	Exempt Setting Employee (Business and Professions Code §2910)	Registered Psychologist (Business and Professions Code §2909)	Waivered Psychologist (Welfare and Institutions Code §5751.2)
Primary supervisor must be licensed three years	No	No	No	No	No
Primary supervisor must complete six (6) hours of supervision coursework every two years (1387.1(b) CCR)	Yes	Yes	Yes	Yes	Yes
Primary supervisor must be employed by the same agency and be available to the trainee 100% of the time the trainee is accruing SPE (1387(b)(6) CCR)	Yes	Yes	Yes	Yes	Yes
Primary Supervisor must be licensed psychologist (1387.1 CCR)	Yes	No – 2913 B&P allows Board Certified Psychiatrists to employ and supervise psychological assistants	Yes	Yes	Yes
MFT's and LCSW's can serve as primary supervisor (1387.1 CCR)	No	No	No	No	No
Primary supervisor must provide a minimum of one hour of direct, individual, face-to-face supervision every week in which the trainee accrues hours (1387(b)(4) CCR)	Yes	Yes	Yes	Yes	Yes
Supervision must account for at least 10% of total hours worked by the trainee (1387(b)(4) CCR)	Yes	Yes	Yes	Yes	Yes
The placement must be accredited by the APA or a member of or meet membership requirements of APPLIC or CAPIC (1387 CCR)	Yes	No	No	No	No
Method by which pre-doctoral hours can be accrued (1387(a)(1) CCR)	Yes	Yes	Yes	No	No
Method by which post-doctoral hours can be accrued (1387(a)(2) CCR)	No (2911 B&P, 1387 CCR, by definition, Internship is pre-doc as it is part of the doctoral program)	Yes	Yes	Yes	Yes
Trainee must maintain an SPE log (1387.5 CCR)	Yes	Yes	Yes	Yes	Yes

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Number of trainees per primary supervisor	Not limited in laws or regulations	3 for psychologists, 1 for psychiatrists (2913 B&P Code)	Not limited in laws or regulations	Not limited in laws or regulations	Not limited in laws or regulations
Primary supervisors shall ensure that each client or patient is informed, prior to the rendering of services by the trainee (1), that the trainee is unlicensed and is functioning under the direction and supervision of the supervisor; (2), that the primary supervisor shall have full access to the treatment records in order to perform supervision responsibilities; and (3), that any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer. (1387.1(g) & 1391.6(b) CCR)	Yes	Yes	Yes	Yes	Yes

2913 B&P allows Board Certified Psychiatrists to employ and supervise psychological assistants. However, section 1387.1 CCR limits the amount of hours that can be accrued as a psychological assistant under a psychiatrist's supervision to 750.

SUMMARY OF VARIOUS OTHER REQUIREMENTS THAT APPLY TO ALL SUPERVISION SITUATIONS:

1. Trainees shall have no proprietary interest in the business of the primary or delegated supervisor and shall not serve in any capacity that would hold influence over the primary or delegated supervisor's judgment in providing supervision (1387(d)(3) CCR).
2. Trainees cannot pay or otherwise remunerate supervisors to provide supervision (1387(b)(8) CCR).
3. Trainees cannot function under another license or in another professional capacity while accruing supervised professional experience (SPE) (1387(b)(9) CCR).
4. Supervisors must ensure all SPE including record keeping is in compliance with the APA Ethical Principles and Code of Conduct (1387.1(e), 1387.2(d) CCR).
5. Primary supervisors are responsible for monitoring the welfare of the trainee's clients (1387.1(f) CCR).
6. Primary supervisors are responsible for monitoring the performance and professional development of the trainee (1387.1(h) CCR).
7. Supervisors are responsible for ensuring that they have the education and training in the areas to be supervised (1387.1(i); 1387.2(g) CCR).
8. Supervisors and trainees shall at all time be in compliance with the laws and regulations and with the Ethical Principles and Code of Conduct of the American Psychological Association (1387.1(c), (d), (e), (f); 1387.2(b), (c), (h) CCR).
9. Supervisors shall have no familial, intimate, business, or other relationship with the trainee which would compromise the supervisor's effectiveness (1387.1(j); 1387.2(h) CCR).
10. Supervisors shall not supervise a trainee who is now or has ever been a psychotherapy patient of the supervisor (1387.1(k), 1387.2(i) CCR).
11. Supervisors shall not exploit or engage in sexual relationships with trainees (1387.1(l); 1387.2(j) CCR).
12. Primary supervisors shall require each trainee to review the pamphlet "Professional Therapy Never Includes Sex" (1387.1(m) CCR).
13. Primary supervisors must monitor the supervision performance of all delegated supervisors (1387.1(n) CCR).

Thanks to Steven Sufianoff, PhD for inspiring the format and content of this document.

Ethics that are also California Laws

From Ethics Code Introduction:

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethical Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this ethics code (e.g., *reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologist engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had.

There are two issues to consider regarding enforceability of the Ethics Code. First, it outlines the standard of care, which will be of critical concern in a malpractice investigation. *Malpractice is the failure to fulfill the requisite standard of care.* In court, this becomes a case alleging negligence—which has four requirements.

- a. A duty or obligation, recognized by the law
- b. A failure on person's part to conform to that standard
- c. A close connection between the conduct and the resulting injury
- d. Actual damage or injury to plaintiff

Second, there are a number of standards that, by themselves, have been codified and further defined by California Law. These pages list Ethics that are also California laws, and give the law (or paraphrase of the law).

The following abbreviations are used to cite the relevant sections of the law:

B&P	<i>Business and Professions Code</i>
CC	<i>Civil Code</i>
EC	<i>Evidence Code</i>
PC	<i>Penal Code</i>
W&IC	<i>Welfare and Institutions Code</i>

Ethics that are also California Laws

	Ethical Principles of Psychologists and Code of Conduct 2002	California Law
<p>Principle C: Integrity</p>	<p>Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities, psychologists do not steal, cheat, or engage in fraud, subterfuge or intentional misrepresentation of fact . . .</p>	<p>B&P 2960 Grounds for Disciplinary Action (a) Conviction of a crime substantially related to the qualifications, functions or duties of a psychologist or psychological assistant.</p> <p>B&P 2960: Grounds for Disciplinary Action (n): The commission of any dishonest, corrupt or fraudulent act.</p> <p>B&P 480 [grounds for denial of license if psychologist has]</p> <p>(2) Done any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another, or substantially injure another</p>
<p>Competence</p>	<p>2.01 (a) Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.</p>	<p>B&P 2915 (j) A psychologist shall not practice outside his or her particular field or fields of competence as established by his or her education, training, continuing education, and experience.</p> <p>B&P 2942. The board may examine by written or oral examination or by both. The examination shall be given at least twice a year at the time and place and under supervision as the board may determine. The passing grades for the written and oral examinations shall be established by the board in regulations and shall be based on psychometrically sound principles of establishing minimum qualifications and levels of competency.</p>
<p>Developing and Maintaining Competence</p>	<p>2.03 Psychologists undertake ongoing efforts to develop and maintain their competence.</p>	<p>B&P 1382 requires human sexuality training as part of initial licensing B&P 1382.4 requires child abuse training pre licensure, B&P 1382.3 requires alcohol and chemical dependency training, B&P 1382.5 requires partner or spouse abuse training B&P 1387 specifies 1500 supervised Predoctoral and 1500 postdoctoral hours</p> <p>B&P 2915 specifies 36 hour continuing education requirement every 2 years.</p>

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B&P 1396: A psychologist shall not function outside his or her particular field or fields of competence as established by his or her education, training, and experience. *1387.1 (f)&(g); 1387.2(h):* Supervisors are responsible for ensuring that both they and the supervisees have the education and training in the areas to be supervised.

B&P 2960: Grounds for Disciplinary Action: (p) Functioning outside of his or her particular field or fields of competence as established by his or her education, training, and experience.

2915 (a) Except as provided in this section, on or after January 1, 1996, the board shall not issue any renewal license unless the applicant submits proof that he or she has completed no less than 18 hours of approved continuing education in the preceding year. On or after January 1, 1997, except as provided in this section, the board shall issue renewal licenses only to those applicants who have completed 36 hours of approved continuing education in the preceding two years.

Ethics that are also California Laws

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Competence, Contd.
Responsible for
Work of others

2.05 Psychologists who delegate work to employees, supervisees . . . take reasonable steps to . . . see that such persons perform these services competently.

B&P 1387.1(h) Supervisors are responsible for monitoring the clinical performance and professional development of the supervisee. *1387.1(f)* Primary supervisors are responsible for monitoring the welfare of the supervisee's clients.
1387.1(o) Primary supervisors must monitor the supervision performance of all delegated supervisors.

Personal
Problems

2.06 (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

B&P 1396. It is recognized that a psychologist's effectiveness depends upon his or her ability to maintain sound interpersonal relations, and that temporary or more enduring problems in a psychologist's own personality may interfere with this ability and distort his or her appraisals of others. A psychologist shall not knowingly undertake any activity in which temporary or more enduring personal problems in the psychologist's personality integration may result in inferior professional services or harm to a patient or client.
B&P 2960: Grounds for Disciplinary Action (b) Use of any controlled substance . . . to the extent that this use impairs his or her ability to perform the work of a psychologist with safety to the public.

B&P 2960.5 The board may refuse to issue any registration or license whenever it appears that an applicant may be unable to practice his or her profession safely due to mental illness or chemical dependency. The procedures set forth in *Article 12.5* (commencing with *Section 820*) of Chapter 1 shall apply to any denial of a license or registration pursuant to this section.

B&P 820. Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licensee's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licensee to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licensee and may be received as direct evidence in proceedings conducted pursuant to *Section 822.*

Ethics that are also California Laws

<p>What to Do about Personal Problems</p>	<p>(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measure, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work related duties</p>	<p>B&P 1396. If a psychologist is already engaged in such activity when becoming aware of such personal problems, he or she shall seek competent professional assistance to determine whether services to the patient or client should be continued or terminated.</p>
<p>Multiple Relationships</p> <p>Conflict of Interest</p>	<p>3.02 Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal non-verbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist and that either (1) is unwelcome, is offensive or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context.</p> <p>3.06 Conflict of Interest. Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologist or (2) expose the person or organization with whom the professional relationship exists to professional harm or exploitation.</p>	<p>B&P 726. The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.</p> <p>1387(b)(3) Supervisees shall have no proprietary interest in the business of the primary or delegated supervisor and shall not serve in any capacity that would hold influence over the primary or delegated supervisor's judgment in providing supervision.</p> <p>1387.1(k): 1387.2(i) Supervisors shall have no familial, intimate or other relationship with the supervisee that would compromise the supervisor's effectiveness. 1387.1(i), B&P 1387.2(i) Supervisors shall not supervise a supervisee who is now or has ever been a psychotherapy patient of the supervisor. B&P 1387(b)(7) Supervisees cannot pay or otherwise remunerate supervisors to provide supervision</p>
<p>Exploitative Relationships</p>	<p>3.08 Exploitative Relationships. Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research assistants and employees.</p>	<p>B&P 729 (a) Any . . . psychotherapist . . . who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts . . . is guilty of sexual exploitation (a crime punishable by fine and/or imprisonment).</p>

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Privacy and Confidentiality

4.01 Maintaining Confidentiality. Psychologist have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

B&P 2960: Grounds for Disciplinary Action (h): Willful, unauthorized communication of information received in professional confidence.

B&P 2918: The confidential relations and communications between psychologist and client shall be privileged as provided by Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code.

CC56.10 (Confidentiality of Medical Information Act)

No provider of health care, health care service plan, or contractor shall disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

EC 1012. As used in this article, "confidential communication between patient and psychotherapist" means information, including information obtained by examination of the patient, transmitted between a patient and his psychotherapist in the course of that relationship and in confidence by a means, which, as far as the patient is aware, discloses the information to no third persons other than those who are present to further the interest of the patient in the communication . . .

CC56.10 (b) A provider of health care. . . shall disclose medical information if the disclosure is compelled by any of the following (1) By a court pursuant to an order of that court (2) By a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority . . . *B&P 2969. (a) (1)* A licensee who fails or refuses to comply with a request for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one

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<p>Advertising and Other Public Statements</p>	<p>5.01 Avoidance of False or Deceptive Statements. (a) . . . Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice or other work activities or those of persons or organizations with which they are affiliated.</p>	<p>B&P 17500. It is unlawful for any person to induce the public to enter into any obligation relating thereto, to make or disseminate or cause to be made or disseminated before the public in this state, or to make or disseminate or cause to be made or disseminated from this state before the public in any state, in any newspaper or other publication, or any advertising device, or by public outcry proclamation, or in any other manner or means whatever, including over the Internet, any statement, concerning that real or personal property or those services, professional or otherwise, or concerning any circumstance or matter of fact connected with the proposed performance or disposition thereof, which is untrue or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue or misleading, or for any person, firm, or corporation to so make or disseminate or cause to be so made or disseminated any such statement as part of a plan or scheme with the intent not</p>
	<p>(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services (2) obtain professional consultations (3) protect the client/patient, psychologist or others from harm (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.</p>	<p>PC 11164: Child Abuse Reporting See also B&P 1397.1, Child Abuse Reporting Requirements. Failure to comply with the reporting requirements contained in Penal Code Section 11166 shall constitute unprofessional conduct. W & IC 15130- 15659. Dependent Elder Reporting Civil Code 43.92 Tarasoff. (a) serious threat of physical violence against a reasonably identifiable victim or victims. (b) If there is a duty to warn and protect under the limited circumstances specified above, the duty shall be discharged by the psychotherapist making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency.</p> <p>EC 1015 The psychotherapist who received or made a communication subject to the privilege under this article shall claim the privilege whenever he is present when the communication is sought to be disclosed and is authorized to claim the privilege under subdivision C of Section 1014.</p> <p>EC 1017 There is no privilege under this article if the psychotherapist is appointed by order of a court or BPT to examine the patient</p> <p>EC1024 Dangerous patient exception</p>

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	<p>(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services (7) their fees; or (8) their publications or research findings</p>	<p>any statement, concerning that real or personal property or those services, professional or otherwise, or concerning any circumstance or matter of fact connected with the proposed performance or disposition thereof, which is untrue or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue or misleading, or for any person, firm, or corporation to so make or disseminate or cause to be so made or disseminated any such statement as part of a plan or scheme with the intent not to sell that personal property or those services, professional or otherwise, so advertised at the price stated therein, or as so advertised. Any violation of the provisions of this section is a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand five hundred dollars (\$2,500), or by both that imprisonment and fine.</p> <p>B&P 17508. (a) It shall be unlawful for any person doing business in California and advertising to consumers in California to make any false or misleading advertising claim, including claims that (1) purport to be based on actual, objective, or clinical evidence, that (2) compare the product's effectiveness or safety to that of other brands or products, or that (3) purport to be based on any fact.</p> <p>B&P 1396.2: A psychologist shall not misrepresent nor permit the misrepresentation of his or her professional qualifications, affiliations, or purposes, or those of the institutions, organizations or products and/or service with which he or she is associated</p> <p>B&P 2960: Grounds for Disciplinary Action (c). Fraudulently or negligently misrepresenting the type or status of license or registration actually held.</p>
<p>Record Keeping and Fees</p>	<p>6.07 Referrals and Fees. When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided . . . and is not based on the referral itself.</p>	<p>B&P 2960: Grounds for Disciplinary Action (f) Paying, or offering to pay, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of clients</p>

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<p>Education and Training</p>	<p>7.07 Sexual Relationships with Students and Supervisees Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency or training center or over whom psychologists have or are likely to have evaluative authority</p>	<p>B&P 1387.1(m), 1387.2(k): Supervisors shall not exploit or engage in sexual relationships with supervisees.</p>
<p>Assessment</p>	<p>9.11 Maintaining Test Security . . . Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.</p>	<p>B&P 1396.3: A psychologist shall not reproduce or describe in public or in publications subject to general public distribution any psychological tests or other assessment devices, the value of which depends in whole or in part on the naiveté of the subject, in ways that might invalidate the techniques; and shall limit access to such tests or devices to persons with professional interests who will safeguard their use.</p>
<p>Therapy</p>	<p>10.05 Sexual Intimacies with Current Therapy Clients/Patients. Psychologists do not engage in sexual intimacies with current therapy clients/patients.</p>	<p>B&P 2960: Grounds for Disciplinary Action: (o) Any act of sexual abuse, or sexual relations with a patient or former patient within two years following the termination of therapy, or sexual misconduct that is substantially related to the qualifications, functions or duties of a psychologist. . . . Business and Professions Code (B&P) 729 (a) Any . . . -psychotherapist . . . who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts . . . is guilty of sexual exploitation (a crime punishable by fine and/or imprisonment). B&P 2960.1. Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 728, when that act is with a patient, or</p>

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with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.

CC 4393(b) a cause of action against a psychotherapist exists for a patient or former patient for injury caused by sexual contact with the psychotherapist, if the sexual contact occurred under any of the following conditions

- (1) During the period the patient was receiving psychotherapy from the psychotherapist
- (2) Within two years following termination of therapy
- (3) By means of therapeutic deception

See B&P 2960 (o), B&P 2960.1 & CC 4393(b) above

10.08 Sexual intimacies with Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.



DEPARTMENT OF CONSUMER AFFAIRS

BOARD OF PSYCHOLOGY

Supervision Best Practices

BEST PRACTICES: SUPERVISED PROFESSIONAL EXPERIENCE (SPE)

First and foremost, all SPE should best be conducted pursuant to the best practices and accepted standards that have been developed over time by the American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers (APPIC), and the California Psychology Internship Council (CAPIC).

Prior to the Commencement of SPE:

The following issues should be discussed between the supervisor and the trainee. (A written agreement between supervisor and trainee could include these details and more, as determined by the participants):

- ☐ 1. Specific expectations regarding time commitments
 - ☐ The supervised work will begin (date) and will continue through (date)
 - ☐ Expected number of hours the trainee is to work per week
 - ☐ Number of hours of supervision during that period and on what schedule
- ☐ 2. How client assignments are to be made
- ☐ 3. Expected models or conventions of intervention
- ☐ 4. How reimbursement for services is to occur, including amounts
- ☐ 5. Space and other resources that are to be made available to the trainee
- ☐ 6. Details of arrangements for malpractice insurance
- ☐ 7. Goals of supervised experience
 - ☐ Supervisor's
 - ☐ Trainee's
- ☐ 8. The format of supervision (e.g., case notes; audio or videotape; live supervision, etc.) and the supervisor's interactional style
- ☐ 9. Expected role of trainee in supervision sessions (e.g., Will the supervisor take a teaching role? Will the supervisor address counter transference, etc.?)
- ☐ 10. Contingency plans in case of emergency
 - ☐ How will trainee reach supervisor?
 - ☐ Procedures to follow in responding to an emergency
- ☐ 11. Supervisor's preferences regarding record keeping
- ☐ 12. Performance evaluation
 - ☐ Frequency
 - ☐ Evaluation criteria
 - ☐ Format of evaluation

Best Supervision Practices Include:

- ☐ 1. Clear role induction at the outset
 - ☐ Expected roles and behaviors of both supervisor and trainee
- ☐ 2. Maintenance of clear professional boundaries (e.g., does not use the trainee as a confidant or involve the trainee in conflicted dynamics within the setting)
- ☐ 3. Provision of clear feedback, both positive and negative, about the trainee's performance

- ❑ 4. Most supervision theorists believe that some level of conflict is inevitable in supervision as in any relationship. Therefore, the supervisor should:
 - ❑ Discuss conflict when it occurs
 - ❑ Take responsibility for his/her role in the conflict that arises
 - ❑ Seek consultation if the conflict reaches an impasse (because supervision is a hierarchical relationship, the ultimate responsibility for this resides with the supervisor)
- ❑ 5. Respect for human diversity and individual differences that may exist between the supervisor and trainee. The supervisor makes it clear to the trainee that discussions of such differences are safe and appropriate.

Quality Supervision is NOT:

- ❑ 1. Placing the delivery of services above the trainee's professional needs
- ❑ 2. The supervisor using supervisory sessions as an opportunity to talk primarily about his or her own cases or him/herself

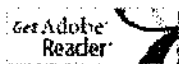
Trainees Should Always Remember:

The supervisor may be liable for any of the trainee's actions during the supervised experience. Therefore, it is the trainee's responsibility to keep the supervisor as fully informed as possible about the trainee's work with clients and about their clients's responses.

If the trainee is experiencing discomfort about any aspect of the supervision experience, it is the trainee's responsibility to address the discomfort directly with the supervisor.

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Need for increased structure

- Check-in to identify any particular pressing issues or feelings
- Agenda setting, assisted by the supervisor who has viewed the supervisee's therapy tapes, to determine what to work on; difficulties the supervisee is experiencing; and generally developmentally appropriate conceptualization, treatment, interpersonal strategies
- Bridging from the previous therapy session: relating what was learned in previous therapy sessions to present cases
- Inquiry about previously supervised therapy cases; review of progress and difficulties
- Review of collaboratively set homework (readings, conceptualizing in writing; or experimenting) since previous supervision session or exploring obstacles to homework completion
- Prioritizing and discussing agenda items; this includes identification and modification of maladaptive thought processes that contribute to negative supervisee-therapist-client interactions and perhaps the use of role play to practice clinical interventions or responses
- Assigning new homework that is related to the discussion of agenda items, or encouraging the supervisee-therapist to use cognitive therapy techniques, such as daily thought record or weekly activity scheduling, him- or herself
- Supervisor's capsule summaries in which the supervisor reflects on and synthesizes material discussed in the current session
- Elicitation of feedback from the supervisee-therapist, with targeted questions about responses to a particular technique, its utility, and questions such as "What have you gotten out of today's session?"

Enhancing reflective practice

- What do you wish you had said to the client?
- How do you think the client would have reacted if you had said that?
- What would have been the risk in saying what you wanted to say?
- If you had the chance now, how might you tell the client what you are thinking and feeling?
- Were there any other thoughts going through your mind?
- How did you want the client to perceive you?
- Were those feelings located physically in some part of your body?
- Were you aware of any feelings? Does that feeling have any special meaning for you?
- What did you want the client to tell you?
- What do you think the client wanted from you?
- Did he or she remind you of anyone in your life?

The range of lousy supervision: From Inadequate to Harmful

- *Unbalanced*—focused on one aspect while neglecting other, more relevant ones, even after having been provided feedback about this, for example, if the supervisor focuses his or her attention exclusively on administrative responsibilities, such as productivity or charting, or on clinical theory or research, or on relational-affective components to the exclusion of other dimensions (e.g., cognitions or behavior), such that the supervisor does not see the entire picture or adequately cover all of the training responsibilities.
- *Developmentally inappropriate for the supervisee*—focused on clinical or supervisory issues not related to the supervisee's competencies or stage in competency development, for example, training a supervisee to conduct prolonged exposure therapy when that supervisee has a very limited understanding of trauma and virtually no clinical experience.
- *Intolerant of differences in the supervisee (or even the client) with an inflexible approach to address the supervisee's learning objectives*—for example, the supervisor refuses to offer any clinical recommendations even when the supervisee admits that she doesn't know what she is doing and needs direct guidance, or dismissing perspectives offered by the supervisee from an alternative theoretical model or empirically supported approach.
- *Poorly models professional/personal attributes, and possibly engages in unethical conduct*—for example, engaging in gossip, failing to fulfill commitments, directing supervisee behavior contrary to legal obligations (e.g., mandated reporting).
- *Untrained and professionally apathetic*—For example, minimal commitment to professional obligations, misapplication of techniques, or misunderstanding of theory or empirically supported treatments.

EXHIBIT 9.1
Factors That Influence the Supervisory Alliance

Factors with a positive influence	Factors with a negative influence
Mutual respect	Disrespect
Honesty	Dishonesty
Comfort	Discomfort
Confidence	Worry
Insight	Lack of insight
Understanding	Lack of understanding
Accurate communication	Communication difficulties
Clarity	Confusion
Collaborative goal definition	Unclear goals
Tasks defined and carried out	Undefined tasks
Concern by supervisor for welfare of supervisee	Perceived lack of concern for supervisee welfare
Concern by supervisor for welfare of client	Perceived lack of concern for client welfare
Confidence in supervisor's competence	Lack of confidence in supervisor's competence