



Guidelines on Supervision

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¹ Officially adopted by the Psychologists Board on 07 May 2010, revised May 2016, February 2017, November 2018, January 2021.

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The purpose of the Board's guidelines

Practice guidelines recommend specific professional conduct for psychologists to follow. Guidelines are recommendations rather than mandatory standards and supplement the Code of Ethics.

The Code of Ethics for Psychologists working in Aotearoa/New Zealand, also presented in Te Reo, Te Tikanga Matatika: Mā ngā Kaimātai Hinengaro e mahi ana I Aotearoa (the **Code**) helps practitioners and the public understand the expectations placed on psychologists. The Board developed the Code with the help of the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists. The Board also developed Core Competencies to describe the competencies a registered psychologist must have.

The Code describes how psychologists should carry out their practice and the ethical principles of:

- the dignity of persons
- responsible caring
- integrity in relationships
- responsibility to society.

Together, the Code and the Core Competencies help the Board ensure psychologists are practising safely.

The Board expects psychologists to uphold the Code, meet their contractual commitments to their employers, and follow the required standards of professional conduct described in these guidelines. A psychologist's failure to meet these standards may negatively impact their clients, professional colleagues, employer, and the reputation of psychologists. Psychologists are expected to be familiar with the guidelines relevant to their practise. A disciplinary body may use the guidelines in evaluating a psychologist's knowledge and competency.

Introduction to the Supervision Guidelines

By law, the New Zealand Psychologists Board must be sure that psychologists are fit to practise and provide high quality and safe services. The Board considers supervision, complemented by the Continuing Competence Programme, as an essential way of achieving this. Supervision is underpinned by reflective practice as a core competency (Core Competencies for the Practice of Psychology in New Zealand, July 2008). The expectation of supervision is stated in the Code under Principle 2.2.6 (section "Responsible Caring: Competence"). Supervision is an intrinsic part of the programmes the Board recognises, accredits, or sets to ensure the ongoing competence of psychologists.

Supervision facilitates the development of judgement to enable psychologists to apply their psychological knowledge in practical situations. Competence includes being culturally competent. Within the practice of psychology, cultural safety requires psychologists to be highly aware of their own culture, the cultural bias inherent in some psychological practice, and the cultural identity of the recipient of the psychological service offered.

The Board is committed to ensuring that psychologists' training and practice in New Zealand reflect the norms and world views of both partners to the Treaty of Waitangi **(ToW)**. However, it recognises that the psychology discipline's main body of knowledge is derived from Euro-American traditions. At times, this body of knowledge may sit outside the world views of cultural groups that do not align easily to those traditions. That includes Te Ao Māori. Therefore special effort is required of psychologists to ensure that they uphold the ToW commitments.

As New Zealand's population becomes increasingly multicultural, attention to the cultural dimensions of professional practice is an essential part of supervision.

Supervision enables the self-reflections, support and empowerment of each supervisee, working from their unique cultural perspective. Supervision requires focus on the professional and relationship dimensions between supervisor and supervisee as well as the supervisee and the client.

What is meant by supervision?

Supervision is a scheduled meeting with a respected professional colleague to conduct a self-reflective review of practice, discuss professional issues and receive feedback on all elements of practice. The objectives of supervision are to ensure the quality of service, improve practice and manage the impacts of professional work upon the supervisee.

Reflective discussion deepens the supervisees awareness of the link between their personal and professional identities and how these interact in their practice.

Supervision helps to promote competence, confidence and creativity.

Supervision facilitates a continuous process of competence development for us as psychologists. It enables us to critically examine and reflect on our work with regard to ethical, cultural and professional guidelines. This critical reflection serves to expand our awareness of values, assumptions and emotions that may subtly affect our work. Furthermore ... we question the internal working models by which we operate and continuously develop our practice as scientist-practitioners throughout our professional lifespan.²

A distinction is drawn between the term “professional supervision” as used within the psychology profession and the way some other stakeholder groups use the term “supervision”; for example employers may use the term to refer to line management monitoring. Under the HPCA Act “supervision” is defined as “the monitoring of, and reporting on, the performance of a health practitioner by a professional peer” whereas “oversight” is defined as “professional support provided... by a professional peer for the purposes of professional development”. This definition of “oversight” more closely reflects supervision as it is routinely practised within the psychology profession, and as it is used in these guidelines.

The Board’s supervision policy

The Board expects all practising psychologists to engage in supervision, regardless of the stage of their career and work settings. The nature of the supervision relationship is likely to change as a psychologist's career evolves. Supervision used for training

² Howard et al, 2016, page 323

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purposes is different from other types of supervision as the power differential between supervisor and supervisee will have an impact, along with the expectation that the supervisor may have a role with evaluating the supervisee and may be directly accountable and responsible for the supervisee's work. ³. The different purposes that supervision may address is covered later in these guidelines.

Supervision should cover all aspects of a psychologist's work (e.g. client contact, research, education, management). However, the Board expects the nature of supervision will vary between individuals and across different work situations. The Board also expects the nature of supervision to change over time during a psychologist's career, and if the psychologist changes their area of practice.

"Supervision" may be referred to by different names in different settings, such as mentoring (in academic circles) or professional networking (in industrial and occupational psychology). However, psychologists should ensure the special and additional features implied by the term supervision are not lost if they rely solely on mentoring or professional networking. Practitioners may engage in more than one form of supervision to support various strands of work.

Supervision objectives

The objectives of supervision are the promotion and maintenance of high professional and ethical standards in the assessment, conceptualisation, planning, and service delivery to the supervisee's clients. Competence is defined as

"the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served" and depends on "habits of mind, including attentiveness, critical curiosity, self-awareness and presence."⁴

Competence requires adaptation and change as new professional challenges arise, requiring "flexible and problem-specific applications, combining old and new

³ Howard et al, 2007, page 212

⁴ Epstein and Hundert(2002) cited by Falender and Shafranske,2012

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knowledge”⁵. Supervision supports the self-reflective process to generate this ongoing process of renewal and expanding capability.

“Clients” may include (but is not limited to) organisations, contractors, groups and individuals. Supervision allows time and space for review, reflection, conceptualisation, and planning of interventions. Supervision:

- promotes the ongoing professional development of psychologists
- offers a form of accountability for psychologists to ensure that the service they provide is both professional and appropriate
- provides a restorative function where, in the course of the supervision process, the supervisor will also focus on the emotional demands of the work and the wellbeing of the supervisee
- assists the psychologist in monitoring the wellbeing of the client in their family, whānau or community context.

Supervision is the main method by which trainee psychologists are assisted to acquire the professional skills and judgement necessary to practise as a psychologist.

In an employment situation supervision is one means whereby the employer can fulfil their obligations as a good employer to address occupational stress.

Self-reflection

Self-reflection is a cornerstone of supervision. Reflection is thinking about something that has happened and considering the implications in more detail. Developing the supervisee's ability to be self-reflective is an important part of supervision as it promotes critical thinking, ethical decision-making and problem solving. This has been described as “transformative”.⁶

As a planning, proactive approach, reflection can be a problem solving or strategic activity.⁷ The need to reflect can also be triggered by an emotional response that is not understood. Therefore, it combines elements of what is already known and what the psychologist needs to think about in order to understand better.

⁵ Falender and Shafranske, 2012, page 132

⁶ Weld (2012), cited by Howard et al, 2016 page 328

⁷ Haarhof, 2016, page 306

Schon (1983) describes the activity of all professionals applying their expertise. Professional practice requires the practitioner to choose what to focus on (the problem setting phase), to “make sense of an uncertain situation that initially makes no sense”.

“In the varied topography of professional practice, there is a high hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing “messes” incapable of technical solution”⁸.

Schon refers to this as the dilemma of rigour versus relevance. He considered reflection on experience to be the primary key to unlocking “professional artistry”, the ability to unite scientific knowledge and theory with practical experience to tailor interventions to meet the idiosyncratic needs of clients.

It is the supervisor's role to encourage consideration of the “when-then” awareness and the “if-then”. In this way the supervisor is not doing therapy by proxy but instead encouraging the supervisee to learn and generalise to encourage skill development and greater moves to independence.⁹

Models of learning

Creating a relationship to promote learning is a central task of the supervisor.¹⁰ There are many supervision frameworks and models of learning that may be applied to the supervision process, depending on the particular focus. A selection is described below for consideration and to enhance the supervision experience.

Reflection is the process of identifying a problem or inconsistency with expectations and seeking solutions.

⁸ Schon, 1983, page 40

⁹ Haarhof, 2016, page 307

¹⁰ Carroll (1996), cited by Howard et al 2007

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Many of the reflective models are based on Kolb's Learning Cycle (1984)¹¹. These models encourage the supervisor to help the supervisee reflect on a particular experience, to consider what happened and to deepen awareness of what they were thinking and feeling at the time. The discussion will enable the supervisee to consider the experience in terms of relevant theoretical models and possible ways of responding.

The process will include

- describing the situation or issue and what happened
- reflecting on what the supervisee was thinking and feeling
- conceptualising to identify what theoretical knowledge can be applied
- planning possible intervention to consider what the supervisee could do in the future.

Vygotsky (1978) highlighted that the stage of the supervisee's career development influences the depth and scope of their self-reflection. Supervisors should therefore consider the supervisee's "Zone of Proximal Development" which is defined as the difference between what is actually known, what is potentially knowable and what is out of reach when determining how to guide reflection.¹²

The Declarative Procedural Reflective Model, developed by Bennett-Levy (2006) describes an effective reflective system as one that enables the practitioner to focus on and integrate information from what is happening in client therapy with knowledge gained through other learning channels. This may come from theoretical learning (referred to as declarative knowledge), the accumulated knowledge gained through previous experience, and the theories that explain it (called procedural knowledge).

Padesky (1993) developed a 4 stage model as a structured approach for a supervisor to foster reflection:

1. Ask informational questions, including enquiring about the situation and what help the supervisee needs.
2. Be empathic, attentive and a curious listener.

¹¹ Cited by Howard et al, 2007, page 217

¹² Cited by Haarhof, 2016, page 307

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3. Summarise your understanding of the situation to the supervisee, to ensure mutual understanding.
4. Ask synthesising or analytic questions. E.g. What do you make of that? How would you put those pieces of information together?

Eruera (2005)¹³ provides a model to be used by Māori supervisors to offer a kaupapa Māori supervision approach. Her approach weaves traditional Māori concepts and practices together to make a “kete” or carrier that can be filled with skills, knowledge, experiences, protocols and values. “The components of the kete are located within Māori knowledge and cultural values but can be applied in some instances to other cultural settings as the values associated with each are universal”¹⁴. The components may include:

- Te Ao (Māori world view)
- Whakapapa (genealogy)
- Whānaungatanga (family and relationship building)
- Maturanga Māori (Māori specific knowledge that is Māori owned and Māori controlled)
- Mohiotanga Māori (Māori experiential learning)
- Tikanga Māori (convention, custom, protocol)
- Acknowledgement of pukenga (a person adept at certain tasks and roles).

Professional development of cultural competence in supervision

Psychologists' awareness that they embody their own culture is fundamental to cultural safety. All people are cultural beings who live in a cultural world, and awareness of this should pervade all professional work. The need to be aware of and manage diversity is central to the task of the supervisor.

“Cultural competence is the sincere and humble way of facing and welcoming the diversity of your colleague in the supervisory process.”¹⁵

¹³ Cited by Howard et al (2007), page 213

¹⁴ Howard et al (2007)

¹⁵ Tsui, O'Donoghue and Ns (2014) –cited by Howard page 330

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Supervisors can promote cultural competence by increasing awareness and respect of the cultural diversity between supervisee and the recipients of services. They should also be mindful of the cultural layering to the relationship between the supervisor and supervisee.

“Self-awareness entails being cognisant of one's attitudes, beliefs, and values regarding race, ethnicity and culture, along with one's awareness of the socio-political relevance of cultural group membership in terms of issues of cultural privilege, discrimination and oppression”¹⁶

If you identify with the majority group, you “carry the invisible knapsack of privilege” which can lead to an assumption of superiority that can interfere with perceptions of people who do not share the same privileges.¹⁷

“There is a tacit perception that the Western perspective is more advanced, representing the way things should be and is generally more consistent with the achievement of wellbeing”.¹⁸

Individuals from other cultures or backgrounds (whether client or supervisee) may be unintentionally dominated and assimilated, because of the lack of awareness of “other ways of being”. This is also applicable to the systems of thinking belonging to Māori and other cultures. Against the dominant Eurocentric approach to psychology theory, Māori and other indigenous scholars are regarded as dissenters from what is assumed to be known as normal. To enable approaches that honour the integrity of their cultural way-of-being means creating “a space in which productive, unsanctioned thought can operate”, in defiance of the pressure towards conformity.

Engels-Schwarzpaul (2016) suggests creative practice depends on a delicate balance between opposing forces.

¹⁶ Constantine et al (2007) –article no 13

¹⁷ McIntosh (1998) cited by Haarhof, 2016, page 316

¹⁸ Hays and Iwamasa (2006), cited by Haarhof page 316

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All psychologists working with a culturally diverse range of clients should have formal cultural supervision for any culturally related components of their professional practice.

Cultural knowledge, awareness and cultural sensitivity are also relevant to organisations and the practice of organisational psychology¹⁹. At an organisational and systemic level cultural competence entails ensuring that tools, models, structures, the embedded assumptions of that system, are not unfairly treating other cultures. Some systemic policies and procedures may inadvertently marginalise minority groups and contribute to health and mental health inequity. Professional psychologists should be alert to any such injustice and advocate for changes to promote health advancement for all, as consistent with the Code, Principle 4: Social Justice and Responsibility to Society. Supervision is likely to be the forum for checking perceptions and discussing approaches to intervene to help achieve positive change.

One way of defining cultural competence is keeping the objective of health equity and dignity for all participants, whether supervisor, supervisee or recipient of a service as central to practice. Discussion in supervision is likely to be a significant way of achieving this.

Professional development of bicultural competence in supervision

The Board recognises that the partners of Te Tiriti o Waitangi/ The Treaty of Waitangi in Aotearoa/New Zealand have different paradigms and world views. Māori, as tangata whenua in Aotearoa/New Zealand and partners in the Treaty, have a right to expect that psychologists will make efforts to understand, honour, and work with Māori world views, values, and systems of meaning in their professional endeavours. To facilitate professional practice that is culturally sensitive and appropriate, psychologists who work with Māori supervisees or clients should seek supervision from or consult with practitioners recognised as knowledgeable and skilled to provide advice on issues related to Māori.

Bicultural supervision is likely to

¹⁹ Bryson and Hosken, 2005, page 70

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- help build knowledge of Māori cultural values, attitudes and behaviour
- provide a supportive context to manage complex cultural issues
- ensure safe practice and culturally appropriate behaviour.

“A critical aspect of acknowledging diversity means recognising various sources of knowledge. By making reference to these we invest in them a sense of authority”.²⁰

Without this support for Māori systems of knowledge, there is a risk of pressure towards assimilation, to relinquish culture in favour of that of the dominant society. Waitoki (2012) referred to the “captured mind” as resulting from Māori being immersed in social, political and academic systems that value Western knowledge over Māori knowledge. She warned of the likelihood that the captured mind may be unconscious of its own captivity and the conditioning factors that make it what it is. “This is problematic because of a tendency to exclude, limit or control the parameters of Māori knowledge and its application to psychology”.²¹

Kaupapa Māori theory is seen as an antidote to this, as a way to “decolonise the mind”. Inherent in this approach is an understanding that Māori have fundamentally different ways of seeing and thinking about the world and simply wish to be able to live in accordance with that specific and unique identity”²²

Kaupapa Māori supervision (by Māori, for Māori) has the purpose of building Māori cultural identity, cultural knowledge and cultural skill to assist with the management of complex issues. This form of supervision may be utilised in response to the additional expectations often placed on Māori psychologists to represent tangata whenua and to support non-Māori psychologists in their bicultural competence. There are exceptional challenges placed on Māori psychologists as guardians of professional standards for Māori clientele while being a scarce resource and risking isolation from other Māori colleagues. Cultural supervision in this form can also apply to diverse cultural groups who struggle with competing cultural and psychological demands.

²⁰ Nikora (1993), cited by Howard et al, 2016, page 325

²¹ Levy and Waitoki (2016), page 33

²² Mahuika (2008) cited by Levy and Waitoki, 2016, page 33

Although Durie's Te Whare Tapa Wha model of conceptualising an assessment of a Māori person is widely understood, many psychologists need supervisory support to translate this into practice. The Meihana Model developed by Suzanne Pitama²³ supports the consideration of Māori beliefs, values and experiences in professional psychology practice, to facilitate the "fusion of clinical and cultural competencies to better serve Māori within mental health service delivery." The updated model²⁴ has been added to the Hui approach to give a Hauora Māori Clinical Guide for Psychologists which aims to support psychologists to be responsive to Māori clients/whānau and to contribute to the reduction of mental health inequities.

The intention is that psychologists can add to their existing professional psychology practices, to improve their responsiveness to Māori clients and their whānau. The Hui Process adapts the structure of the hui to clinical interaction, to align with the engagement strategies from Te Ao Maori, and consists of:

- mihimihi, initial greeting engagement
- whakawhanaungatanga, making a connection and building relationship
- kaupapa, attending to the purpose of the encounter
- poroaki/ whakamutunga, closing the session.

The Meihana Model includes:

1. Waka Hourua, the double-hulled canoe, represents the centrality of the client/whānau relationship with the professional person to work alongside one another to explore the dimensions of the presenting issues and future plans. The key dimensions are:
 - Whānau, the client's support networks. The engagement of the client should not isolate whānau who have a key role in the assessment, intervention and monitoring of the client.
 - Tinana, to identify the impact of the physical health, functioning and wellbeing to the overall wellness of the client and their whānau.
 - Hinengaro, psychological wellbeing to ensure that the presenting behaviours are considered within appropriate cultural frames of reference, to offset any potential bias towards western paradigms, and that the

²³ Pitama et al, 2007, page 120; updated in Pitama et al (2014)

²⁴ Pitama et al, 2017, page 8

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analysis of the assessment data is matched to Māori beliefs, values and experiences.

- Wairua, the level of attachment/connection, both to another person or place and to support factors contributing to engagement of the client with the service. Secondly it refers to the spiritual frameworks that inform the client/whānau's values and beliefs.
 - Taio, to assess for any key risk factors in the environment and also the physical accessibility and acceptability of the service. This may include practical considerations such as poor housing, location near transport, as well as signs in Te Reo and evidence of Māori staff.
 - Iwi-katoa, the societal perceptions, beliefs and services that impact on the wellbeing of the client/whānau.
2. Ngā Hau e Whā focuses on historical and societal influences on Māori, including colonisation, racism, migration and marginalisation.
 3. Ngā Roma Moana identifies other components of Te Ao Māori that may have influence, including āhua (making sure that ethnicity is recorded accurately and use of Te Reo where appropriate), tikanga, whānau and whenua.
 4. Whakatere (navigation) provides the integrated information into a formulation and treatment plan.

Clinicians need to engage in appropriate supervision (possibly including active learning methods) to ensure that they are able to utilise the benefits of this model and that the analysis of the assessment data maintains the integrity of the Māori beliefs, values and experiences.

The process of supervision

A trusting and collaborative relationship between supervisor and supervisee is an essential component of effective supervision. The supervisor should be mindful of the implicit power imbalance in the relationship. This issue can be managed by

- careful attention to discussing agreed expectations
- transparency on any constraints to confidentiality
- nurturing a respectful relationship.

The agreed structure should be formally recorded in a supervision contract (see the template in Appendix One as an example).

The supervision process should start with the supervisor conducting a needs assessment to establish the supervisee's strengths, values, cultural and professional development needs, and stakeholders' expectations. In this discussion, and throughout the supervision process, the supervisor should also acknowledge their strengths and limitations in meeting the supervisee's identified needs in order to clarify where further resources should be sought.

The main purpose of supervision for a supervisee is to self-reflect and review their professional practice with one or more informed and respected professional colleagues to formulate constructive critique. The role of the supervisor includes monitoring/evaluating, instructing/advising,²⁵ modelling, feedback and reflection, and supporting/sharing²⁶. Supervisor interventions may be²⁷:

- facilitative
- catalytic (creating a learning environment where a supervisee reflects and makes discoveries themselves that lead to change)
- include Socratic questioning where the supervisor asks open questions
- confirmatory
- reflective
- offer corrective feedback
- reframing
- focussed on developing conceptual interventions

²⁶ Howard et al, 2007, page 213

²⁷ Davys and Beddoe (2010) cited by Howard et al, 2016

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- challenging
- direct instruction interventions.

Although supervision will vary according to the supervisee's needs, the process usually involves reflection. The learning model is based on:

- the supervisee giving careful and detailed consideration to some aspect of their recent work
- conceptualising: the supervisor assists the supervisee to relate their experience to the perspectives of others, as well as relevant theories and research
- formulating the implications for action
- reporting back the experience of the enactment.

Supervision taking place within a training context is likely to include more formative and summative feedback. Formative feedback provides encouragement and corrective feedback. Summative evaluation concerns the provision of feedback about the extent to which standards are achieved.

Supervisors should also attend to the supervisee's stress levels, such as that arising from emotional reactions to the work, compassion-fatigue, burnout or vicarious traumatic stress.

Supervision may include various approaches to sampling the supervisee's work, including

- face-to-face discussion of case work
- direct observation of the supervisee's work through audio or video recording
- file or report review.

The validity of the supervision is increased by drawing on multiple aspects of a supervisee's work and by systematic review, rather than only discussing the material elected by the supervisee. Where possible, supervision should include observation of live or recorded work to enable a more accurate assessment of the supervisee's competence. If a high priority is placed on enabling this evaluation, such as during supervision for training or remedial purposes, then the intention to include recordings should be discussed at the outset and included in the contractual agreement.

The supervision relationship

The relationship between the supervisor and supervisee is the most important variable for effective supervision. A good supervisor nurtures the supervisory alliance to promote the supervisee's sense of trust and safety to help ensure discussions are open and honest.

Haarhof (2016) identified the following actions and behaviours that help establish constructive supervision:²⁸

- create a climate of trust, safety, and mutual respect which includes paying attention to cultural differences
- ask and encourage questions
- show interest
- model tolerance of uncertainty and ambiguity
- provide and elicit regular and constructive feedback
- use experiential learning methods such as role-play and imagery
- monitor and evaluate the process.

The supervisor's role involves assisting the supervisee in gaining a critical awareness of their strengths and weaknesses and how they can improve.

“The tuakana teina model which is a Māori cultural worldview holds that the tuakana (elder family member) mentors and supports the teina (younger sibling) to grow and develop with love, guidance and their best interests at heart, knowing that this interest also extends to the interests of the community.”²⁹

To fulfil supervision functions, psychologists must present their professional work with openness and honesty to their supervisor. The supervisee is responsible for striving to maintain ethical and professional standards by allowing a comprehensive review.

During supervision, it may be necessary for a supervisor to highlight and clarify a personal issue that is impacting the supervisee's work. Significant issues arising or remaining from this process may indicate assistance or psychological therapy is needed. The supervisor should limit discussion to how the supervisee's personal issues

²⁸ Haarhof (2016)page 308, citing Milne (2009)

²⁹ Personal communication from Moana Waitoki (2017)

appear to impact on their client work, and not on how the issues impact on the supervisee's personal life.

If such issues arise, the supervisor should encourage the supervisee to see an independent therapist. It is the supervisee's responsibility to engage in an appropriate process to resolve such issues. However, the supervisor may, with the supervisee's agreement, check on progress in this area. This will be especially important when the work performance of the supervisee has been affected.

The need to establish and maintain a supervisory relationship may inhibit the supervisor from providing necessary feedback and critique. Research has found psychology supervisors prone to "halo and leniency" bias, rating supervisees higher than warranted³⁰. This may impact on the supervisor's ability to take on an oversight role, as used in a remedial supervision programme or to fulfil the function of evaluating a trainee. Triangulating evaluations and using objective measures where possible may mitigate against any potential bias and prejudice.

Effective supervision is likely to result in increased supervisee effectiveness and wellbeing, greater willingness to self-disclose during supervision, and more satisfaction with supervision. Self-disclosure is important as it allows the supervisor to more accurately gauge the supervisee's competence and "the maintenance of the provision of developmentally appropriate levels of challenge and support."³¹ A strong supervisory working relationship has been found to predict higher work satisfaction, decreased work-related stress³², lower levels of burnout³³ and improved self-awareness and wellbeing in health practitioners.³⁴

³⁰ Gonsalvez and Freestone (2007)

³¹ Veilleux et al (2014), cited by Howard et al, page 326

³² Sterner (2009) cited by Howard et al, page 326

³³ Kalliath and Beck (2001) cited by Howard et al, page 326

³⁴ Coster and Schwebel (1997), cited by Howard et al, 2016, page 326

Competencies for the supervisor

Key competencies for the supervisor include relationship management skills and general knowledge and skills relevant to the area of practice of their supervisee. Successful supervisors demonstrate a genuine commitment to the supervisee's professional development. "It is also useful for the supervisor to have a 'toolkit' of interventions to call upon to facilitate and optimise the learning and reflection in supervision".³⁵

Effective supervisors are able to

- create a safe environment for supervisees to openly discuss their work, acknowledge any difficulties and have the freedom to experiment or try new strategies
- respond respectfully to the supervisee's style of learning and development
- offer constructive feedback while maintaining empathy and respect
- be non-judgemental: validate and normalise the supervisee's experience
- model ethical and professional conduct, including maintaining appropriate boundaries and practising/ supervising within their competence
- attend to personal wellness issues in the supervisee that may impair effectiveness
- pay appropriate attention to diversity and cultural issues
- increase the supervisee's awareness of their impact on others and any biases they may have
- review progress regularly to adjust the process when needed to ensure supervision is meeting the supervisee's needs
- recognise the impact of personal values, assumptions and biases on the supervision relationship and respond appropriately
- demonstrate awareness of the potential for defensiveness and respond appropriately when supervisees are being evaluated, or examined, or when feedback is given.

Values and beliefs are also important. Supervisors need to "value exploration, tolerate uncertainty, accommodate difference, and remain open and curious about possibility".³⁶ Supervisors must approach supervision with authenticity, honesty

³⁵ Howard et al(2016), page 330

³⁶ Davys and Beddoe (2010), cited by Howard et al, 2016, page 330

and humility. They must value the process and believe that supervisees are well-intentioned and willing to learn.

Being able to provide effective formative and summative feedback is an essential skill.³⁷

Managing the power imbalance during supervision

The supervisor should be mindful of the implicit power imbalance in the relationship. This is more of an issue in training supervision but still present in supervision at later phases of the psychologist's career. The power difference arises partly from the expertise, knowledge and seniority attributed to the supervisor and partly because of the supervisor's evaluative role. The power difference is greater in the supervision of an intern/ trainee or remedial supervision where the supervisor is required to give formal feedback and evaluation. Other aspects of cultural difference further contribute to the power difference:

“Differential experiences of power through dimensions of culture and diversity, for example, gender, age, ethnicity, sexual orientation, socio-economic status, ableness, add further complexity. Building a non-oppressive relationship, in turn, optimises the quality of client outcomes.”³⁸

Careful attention to discussing expectations in order to form an agreement, transparency on any constraints to confidentiality and a respectful relationship are helpful to managing this issue. Regular review of the process and steps to take in the event of a disagreement occurring should be built-in and made explicit at the start of the supervisory relationship. An agreement set at the beginning of who to turn to in the event of a dispute may help protect the supervisee as the more vulnerable party. It may also be helpful to set up in advance ways of giving feedback routinely, rather than only in the extraordinary circumstance of either party becoming unhappy with the arrangement.

³⁷ Falender et al (2004) cited by Borders, 2014

³⁸ Howard et al, 2016, page 327

Leeds Alliance Scale of Supervision³⁹ is a simple rating tool which may be used at the end of each supervision session. It rates the supervisee's opinion of the supervisor's approach, the relationship (e.g., whether they understood each other or not), and whether the supervision met the supervisor's need (was it helpful?) Such tools can assist when used routinely, and when both parties respond to the results with sincerity and non-defensiveness.

Both the supervisor and supervisee need to be aware of the risk of the power imbalance leading to the supervisor becoming overly dominant. Such dominance may elicit dependency on the part of the supervisee. It may also create an environment in which the supervisee does not openly disclose issues and concerns or becomes defensive.

“When the distance between candidates [in an academic setting] and supervisors collapse, critical potential is likely to be annihilated. Supervision relationships without adequate space for critique can be suffocating and traumatic for candidates”. This is likely to “intensify power differentials and place the supervisor in an overwhelming expert role”.⁴⁰

Conversely, if the supervisory relationship is too collegial, and there is not an element of respectful power difference, there may be a risk of collusion and avoidance of uncomfortable feedback. This may be an issue with peer supervision where concern to preserve the relationship may overtake and suppress the objective of giving an honest professional opinion.

The structure and frequency of supervision

As psychologists gain experience across their professional life, the nature of supervision will vary, moving from a hierarchical relationship to a more collegial relationship of peer consultation. The frequency and duration should be set at a level that allows all aspects of the supervisee's work to be discussed and enables a beneficial supervision relationship.

³⁹ Wainwright (2010), cited by Howard et al 2016, page 332

⁴⁰ Engels-Schwarzpaul, 2016, page 16

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The frequency of routine supervision should be a minimum of two hours per month for full-time psychologists and one hour per month for part-time psychologists (6/10ths or less). The frequency of supervision may need to be increased in some situations, including when the supervisee is

- a trainee or student psychologist
- an inexperienced psychologist
- undertaking a new area of work or learning a new skill
- undergoing a monitoring/ remedial programme for a competence or conduct concern.

Supervision frequency will also be determined in some circumstances by special needs. For example, peer review or supervisor input should be sought when an assessment report is being prepared to advise or inform a decision-making body such as a Family Court or Parole Board. The Code of Ethics (3.1.3 and 3.1.6) requires conclusions and reports to be supported by an adequate standard of evidence. The greater the weight of the decision to be made, the more robust the evidence should be to inform that decision. The rigour of a report should be checked before it is released to ensure this ethical principle is followed.

A client crisis is another situation that may prompt seeking an additional supervision session.

The guiding principle is that supervision frequency should be adapted when necessary. Supervision will usually involve one-to-one meetings rather than a group format. However, sometimes and in some situations (e.g. for experienced or senior psychologists) group or peer supervision may be an appropriate addition, particularly for educational purposes.

The supervisee needs to ensure that the format and frequency of supervision are meeting their needs.

Each psychologist and their supervisor should review the effectiveness of their supervision regularly and at least annually.

Supervision of Interns

Training supervision is described as:

"An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered to the client they see, and as a gatekeeper of those who are to enter the particular profession."⁴¹

The contributions of supervisors to training programmes is a valued input to maintain the work force of the psychology profession.⁴² Interns are a particularly vulnerable group of supervisees due to their lack of professional experience to compare this experience to. They are usually reliant on the supervisor for a good report to meet course requirements. They may feel disempowered to challenge or disagree with a supervisor and therefore attribute even greater power to that person than may be due by the implicit power imbalance. They may also not know their rights and the resources that they may access.

Most interns experience stress during the steep learning curve of their adjustment to the demands of a professional role. Placement supervisors must be vigilant to their intern's wellbeing and sensitive to the impact of their interactions on the trainee. University supervisors also need to be watchful for signs of undue stress in their interns on placement and if necessary, step in to assist with any mediation that may need to occur.

The overall objective of an internship or training placement is to support the intern to engage in professional psychological practice across the range of client involvement. The supervisor is likely to be a teacher, mentor, guide, a source of support, and role model, enculturating the trainee into what it means to be a psychologist. Supervisors should be able to discuss issues of competency and their measurement and facilitate the acquisition of necessary skills.

⁴¹ Bernard and Goodyear, 2004, cited by Howard et al (2007)

⁴² Our thanks to Kyle Smith, University of Waikato for this section

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Every training course will specify the course requirements the interns/ trainees are expected to fulfil. Training supervisors will structure learning opportunities for the intern to progressively gain mastery of the required competencies. This may include

- demonstrating (modelling) skills by being observed in sessions with clients
- arranging for supervisees to observe other professionals in sessions with clients
- acting as a co-therapist
- commenting on video recordings
- commenting on reports
- giving balanced feedback and correction.

The supervisor should model appropriate behaviour and communication skills. The supervisor should give clear performance-related feedback on strengths and weakness and provide supportive mentoring for the student.

Interns/trainees should participate in practicum activities as often as possible. These may include

- accompanying the supervisor through their daily responsibilities
- observing the supervisor and other professionals engaging with clients
- observing the supervisor modelling professional interactions
- engaging in frequent supervised activities (including assessment and intervention) with clients, using either direct observation or video recordings
- demonstrating culturally-responsive practice
- consulting and interacting with colleagues including psychologists and other professionals
- attending team meetings, case discussions, in-service trainings, and other relevant agency activities
- reading appropriate evidenced-based literature to inform professional work.

Supervision during a training internship will be relatively directive as clients will be given to the intern at the discretion of the supervisor, who will gradually increase the complexity of the client work. A supervisor or other delegated person should always be available when students are seeing clients, to help the trainee manage risk assessments, ethical dilemmas and safety concerns. The supervisee may enhance

the learning experience by keeping a reflective journal to record the “reflection-in-action” insights gained as the placement progresses.

At the start of training, the supervisor should clarify with the intern/trainee clear policies to follow if safety concerns arise, whether it is from client behaviour, the content of interviews or any concerning intent. This includes clients expressing suicidal plans or attempts, homicidal plans or attempts, or cases involving risk to children. The intern should know how to contact the supervisor or other senior colleague for any other urgent consultation. An intern or trainee psychologist should not take a primary role in the ongoing management of such clients because they lack the required experience and need to concentrate on their learning without undue worry.⁴³

During an internship, the supervisor takes the primary responsibility for the quality of the work and should countersign any case notes and reports. The intern's accountability is defined by the terms of the supervision contract, the course requirements, the policies of the placement setting, and the Code of Ethics. The placement supervisor gives feedback to improve the emerging psychologist professional skills, while liaising with the training programme representatives. The placement supervisor will be required to evaluate the intern's performance and may be involved in any final examination of professional skills.

Remedial supervision

The Board may place a condition on the scope of a psychologist by ordering that the practitioner may only practise if Board-ordered supervision is in place. This may occur after a competence review evaluates the psychologist as not meeting required standards of competence, leading the Board to order a remedial Competence Programme to rehabilitate the psychologist.

A psychologist who has had a break from practice (defined by the HPCA Act as three or more years from holding an APC) may also have a condition placed on their scope of practice requiring a Board-approved supervisor to be in place. A psychologist who is practising in New Zealand for the first time may also have a

⁴³ VUW Clinical Programme Placement Manual

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condition placed on their scope of practice requiring a Board-approved supervisor to ensure that they are appropriately supported to work in this new context.

In all these situations, the supervisor has an oversight role on behalf of the Board and will report to the Board on the supervisee's progress. This objective should be understood within the main purpose of the HPCA legislation: that the Board is required to offer the public assurance that the safety of the public is being maintained.

Supervision for CCP purposes

The Board requires all actively practising psychologists to participate in the Continuing Competence Programme. This programme relies on supervisors providing a "sounding board" for the supervisee to consider their self-reflective review of their current competence against the Board's Core Competencies. The role of the supervisor within the CCP process is to help supervisees extend their awareness of both positive and negative aspects of their competencies and plan their professional development activities for the year.

Supervising colleagues from other disciplines

A psychologist may be asked to give supervision to a colleague from a different discipline.

Cross-discipline supervision potentially gives opportunities to enhance knowledge, creativity, critical perspectives and teamwork.

Disadvantages may arise from problematic power relationships, ambiguity about whose code of ethics applies, and which standards of practice should prevail.

A comprehensive discussion when setting up the supervision helps to clarify contractual arrangements and the nature, purpose and limits of the supervision. Regular reviews should be scheduled, and attention should be given in advance to detailing methods of resolution should any difficulties occur. Ideally, the practitioner

should also receive input from other colleagues to clarify the standards and practices to apply.

Supervision by video-conferencing

If it is not possible to arrange a suitable supervisor within the same geographical area it is acceptable for the prospective supervisee to identify a supervisor in a different location. In this case, supervision sessions can be conducted using technology (e.g., via telephone, email, video-conference). However, in such distance supervision arrangements, the Board recommends that some face-to-face meetings are also held (ideally at least once every three months).

Record keeping

Records of supervision must be kept. These include

- copies of all supervision contracts and updates
- the date and duration of each session
- a supervision logbook which shows brief notes on the agenda, the main points discussed and agreed actions. (The logbook may be kept by either the supervisor or the supervisee, or in duplicate, as agreed between the parties)
- in particular, ethical or safety issues should be noted in the logbook, including any risk assessments.

The supervisee and the supervisor should both retain notes arising from the supervision process for ten years, even if a practitioner leaves the employing organisation or practice setting in the meantime. This would enable the psychologist to

- meet their obligations under the Health (Retention of Health Information) Regulations 1996 by retaining clinical records for ten years
- respond to any complaint or competence concern arising
- maintain records for the Continuing Competence Programme.

The supervision agreement or contract and the attendance record may be a public document. The supervision records, which may contain client details or other

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sensitive material, should be kept confidential. It may be preferable to store supervision content directly relevant to a client on the client file.

Competency concerns

The supervision contract drawn up at the beginning of engagement should include dispute resolution procedures to be followed if the participants have been unable to resolve differences by direct discussion.

A supervisor should discuss any concerns they have about the supervisee's practice with the supervisee. For example, the supervisee could be missing supervision appointments without discussion or arrangement. If the problem is not resolved to the supervisor's satisfaction, they should discuss it with a third party agreed upon in the contract or a person mandated by the employing organisation.

If the supervisee has concerns about the supervisor's conduct in the relationship, and these issues have not been resolved by direct discussion, the input of a neutral third party may help resolve issues.

Remedial and training supervision is likely to require more systematic review and greater attention to record-keeping. The Board may appoint a supervisor to maintain oversight or to offer guidance on certain aspects of a supervisee's practice. Usually, such appointments have a reporting requirement, often at three-monthly intervals. The supervisor would be asked to comment on progress against the terms of reference or supervision objectives. The content of such reports should be shared in a transparent manner with the supervisee unless there is a specific reason to withhold the information.

Choice of supervisor

Psychologists are responsible for finding a suitable supervisor, and negotiating their own supervisory arrangements. These arrangements should be communicated as necessary to the psychologist's professional leader, professional body, or the Board. If a psychologist can not find a supervisor, they should consult with professional bodies such as the New Zealand Psychological Society or the New Zealand College of Clinical Psychologists.

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Characteristics the psychologist may wish to look for in selecting a supervisor include their philosophical and theoretical orientation, experience, and possibly gender and culture. Given the need for trust and a good working match between the psychologist and their supervisor, the choice of supervisor should be the psychologist's and should not be imposed. Where choice is not possible, the parties should discuss the implication of this on the supervision process to identify difficulties that may impact on the relationship. In the early years of practice, a supervisor who holds the same scope of practice is recommended where possible.

Wherever possible, dual relationships should be avoided. The blurring of social and supervisory relationships may compromise the supervision. Overlap of line management and supervisory relationships may reduce the supervisee's ability to acknowledge areas of difficulty. In circumstances where dual relationships are unavoidable, the supervisor and supervisee should discuss the implications and note in the contract any agreed steps for managing the dual relationships.

Ideally, supervisors should have attended (or be planning to attend) at least one entry-level supervision course recognised by psychology professional bodies such as The New Zealand Psychological Society (**NZPsS**) and the New Zealand College of Clinical Psychologists (**NZCCP**) or other recognised training providers and be conversant with current supervision theory, practice, and research.

Supervisors will themselves have regular supervision of their work, including supervision of work as a supervisor. Their supervisees have the right to know who this third person is and should be informed at the outset of discussing a supervision contract so they can make a fully informed choice when selecting a supervisor.

In some circumstances, It may be appropriate for psychologists to have supervision with a person who is not a psychologist. For example, in rural areas, there may be little choice, or there may be a professional from another discipline who offers speciality skills of interest to the supervisee. This person should be registered or affiliated with a recognised professional body.

Accountability and confidentiality

The expectations and obligations of the supervisor should be clearly included in the supervision contract. The supervisor has parallel responsibilities to

- the supervisee
- the consumers of psychology services (clients, their families and associates)
- the supervisee's professional colleagues
- any organisation to which they are providing services.

There may be additional responsibilities to training organisations and professional organisations such as the NZPsS and NZCCP.

When supervision is for an intern psychologist, the supervisor is accountable to a greater extent for the supervisee's work. The supervisor's responsibilities include

- ensuring that client referrals are appropriate for the level of competence of the intern or trainee
- providing sufficient oversight and support to ensure safe practice
- checking and countersigning any documentation arising from the professional service.

In post-registration supervision, both the supervisor and the supervisee are individually accountable for their own professional conduct and competence. Although the supervisor remains responsible for providing appropriate and ethical guidance, the supervisee is autonomous. The supervisee may consider the supervisor's advice non-binding, retaining responsibility for their work with clients.

The supervisee has clear responsibilities to openly and honestly present material to the supervisor.

Any conflicts arising between the supervisor and supervisee must be explicitly addressed as they arise.

The contents of the supervisory relationship will typically be confidential. Any constraints on confidentiality should be explicitly stated.

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The primary exception to confidentiality is that the supervisor has a primary professional duty to monitor and manage the risk of emotional/physical harm to the client, the supervisee, or others. In exceptional circumstances, this duty may override the duty to preserve the confidentiality of the supervisory relationship.

Other exceptions to confidentiality may arise from

- obligations to report on training supervision
- the supervisor's own supervision process
- disciplinary processes such as complaint investigations
- competence reviews
- processes which require a supervisor to recommend a psychologist for professional purposes (such as promotion or employment).

When such circumstances arise, the supervisor should inform the supervisee of their intended actions. The supervisor should exercise care and judgement about the nature and extent of information disclosed and with whom to share the information. The supervisor should be explicit in transferring any duty to preserve the confidentiality of the supervisee or third parties to those with whom it is necessary to share the information.

The Act places an obligation on supervisors to provide information to statutory bodies such as the Board under certain circumstances:

- Section 34: if the supervisor has concerns that the supervisee may pose a risk to the public by practising below the required standard of competence, they may notify the Board.
- Section 45: if the supervisor believes the supervisee may be unable to perform required functions due to a mental or physical condition, they must notify the Board.

Clients of the supervisee have a right to be informed that supervision occurs, and the

- purpose of this process
- identity of the supervisor
- extent to which this may compromise confidentiality.

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Where a supervisee is employed by an organisation, the Supervisor should be aware of any policy relating to supervision and clarify with their supervisee the impact this may have on supervision. The supervision contract should specify who, and under what conditions, will have access to any information about the supervisee.

Supervision should be distinguished from performance management: the supervisor should only convey limited information about the supervisee's progress to employers. Any information transfer should be done as an open process transparent to the supervisee.

In case conflicts of interest arise, supervisors should have personal professional indemnity insurance and access to independent specialist legal advice on professional matters.

Supervision is integral to the role of the psychologist

Most psychologists will provide supervision to other psychologists or student psychologists at some stage of their career. This activity is a core part of a psychologist's work. Given its importance, psychologists should undertake training in supervision. Psychologists may also provide supervision to practitioners in other professions.

The Board considers it is essential that organisations, managers, or persons responsible for employing psychologists, recognise that supervision is a core function for the practice of psychology. Supervision is integral to accountability and quality assurance processes for casework and training, and must be allowed for in the setting of caseload expectations.

Acknowledgements

This document draws on material from the following sources:

- Canterbury District Health Board Mental Health Service Supervision Guidelines
- The British Psychological Society, Division of Clinical Psychology Supervision Policy Guidelines
- The Association of State and Provincial Psychology Boards (North America): Supervision Policies
- Emerging guidelines for professional psychology training programmes developed by Dr Kyle Smith, University of Waikato Psychology Department
- The Victoria University of Wellington Clinical Programme Placement Manual (2017)

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APPENDIX ONE: A MODEL SUPERVISION CONTRACT

Agreement between: _____
(Supervisee)

and: _____ (Supervisor)

1. a) Supervisors are expected to address professional, cultural, ethical, and educational issues, and personal issues which relate to and affect the supervisee's work performance. Specific expectations, the purpose of supervision, and any limitations are listed in an appendix to the Contract.
- b) Supervisees are expected to have reviewed their current work and clarified their priorities and needs before the supervision session.
- c) The discussions which occur in supervision are confidential. The limitations to this confidentiality are the supervisor's own supervision process and where concern arises for the safety of the client or the supervisee. Any other limitations to confidentiality, and the circumstances in which these limitations may apply, are also attached to the Contract.
- d) In the event of some concern arising for the supervisor that involves issues of safety or propriety, either the supervisor or the supervisee should promptly contact the psychologist's employer or the New Zealand Psychologists Board if appropriate.
- e) Both supervisor and supervisee have a responsibility to keep notes on the supervision process about their respective roles.
- f) The supervisee is responsible for ensuring that their professional practice is ethical and competent.
- g) In the event that the supervisee has a complaint or concern, it should first be addressed directly with the supervisor. If this is not possible, then an agreed course of action to be followed should explicitly be included in the supervision contract.
- h) Both supervisor and supervisee remain responsible for their own professional conduct and competence. The supervisor of a Trainee or Intern Psychologist carries higher responsibility reflecting the hierarchical nature of the relationship and the requirement for close oversight. The supervisor is clinically accountable for providing appropriate oversight to an Intern or Trainee Psychologist and should co-sign all formal documentation (including letters, reports and progress notes) prepared by a Trainee or an Intern Psychologist.
- i) Any specific responsibilities, and the actions that may arise should be made explicit at the time of signing the Contract. This may include, but is not limited to, obligations to the supervisee's training institution, an employer and the Board.

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Obligations:

Actions arising:

Constraints on confidentiality:

2. a) The frequency of the supervision will be:

fortnightly
monthly
other

b) The protocol for cancellation and rescheduling is:

c) The duration of the supervision sessions will be:

d) The supervision will be reviewed:

e) Specific goals/focus areas for attention for the next months are:

f) It is agreed the following methods of accessing case material will be used (e.g., discussion, review of case notes, video recordings, etc.):

g) The supervisor will make the following (if any) evaluations of the supervisee's work:

3. The following documents relating to the supervisee's role and responsibilities have been provided and reviewed:

4. Any specific additional duties or expectations attaching to the supervisor or supervisee should be noted below.

Signed: (Supervisee) Date:

Signed:(Supervisor) Date:

Copy sent to supervisee's manager, professional leader, or professional body (If appropriate).....

APPENDIX TWO: SAMPLE Annual Record of Supervision

Year: _____

Name of Supervisee: _____

Name of Supervisor: _____

Review Date: _____

Month	Date	Signature: Supervisee	Signature: Supervisor
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			