

APA GUIDELINES for Clinical Supervision in Health Service Psychology

APA TASK FORCE ON CLINICAL SUPERVISION IN HEALTH SERVICE PSYCHOLOGY

APPROVED BY APA COUNCIL OF REPRESENTATIVES
AUGUST 2025



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**



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APA Task Force on Clinical Supervision in Health Service Psychology

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Preface

This document outlines revised *Guidelines for Clinical Supervision* of students in health service psychology education and training programs. The goal was to capture optimal performance expectations for psychologists who supervise and those preparing to supervise. It is based on the premise that supervisors a) strive to achieve competence in the provision of clinical supervision, b) employ a competency-based, metatheoretical approach¹ to the clinical supervision process, and c) clinical supervision is a distinct professional competence that requires dedicated training.

The initial *Guidelines for Clinical Supervision* were developed as a resource to inform education and training regarding the implementation of competency-based supervision and were approved by the American Psychological Association (APA) Council of Representatives in 2014. These revised *Guidelines for Clinical Supervision* build on the robust literature on competency-based education and clinical supervision. They are organized around six domains: supervisor competence; multicultural orientation; relationships; teaching and learning strategies; problems of professional competence, and ethical, legal, and regulatory considerations. These updated *Guidelines for Clinical Supervision* represent the collective effort of the original task force (2014), and a working group convened in 2024 by the APA Board of Educational Affairs.

¹ A competency-based approach is metatheoretical and refers to working within any theoretical or practice modality, systematically considering the growth of specific competencies in the development of competence.

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Executive Summary

The purpose of the *Revised Guidelines for Clinical Supervision in Health Service Psychology* (2024; hereafter referred to as *Guidelines on Supervision*) is to delineate essential practices in the provision of clinical supervision. The overarching goal of these *Guidelines on Supervision* is to promote the provision of quality supervision in health service psychology using a competency framework to enhance the development of supervisee competence, ensuring the protection of clients/patients, the public, and supervisees. These *Guidelines on Supervision*, which are intended to be aspirational, seek to guide psychologists proactively towards enhancing supervision practice. The term *Guidelines on Supervision*, as used in this document, is consistent with the provisions of the American Psychological Association (APA) policy on Developing and Evaluating Standards and Guidelines Related to Education and Training in Psychology (Section I C[1]; APA, 2004), enacted by the APA Council of Representatives. An assumption underlying all supervision is that the supervisor is competent—both as a health service psychologist and as a clinical supervisor (Fouad et al., 2009). Supervision is for assessment, treatment, and other activities of the health service psychologist; and it occurs across varied settings. Ironically, minimal attention has been given to defining, assessing, or evaluating supervisor competence (Bernard & Goodyear, 2019; Falender & Shafranske, 2021) or to determining requisite training for clinical supervision. The supervisor is responsible for ensuring the protection of the public, and this duty cannot be achieved without supervisor competence. This requires developing the knowledge, skills, and attitudes in the provision of supervision, and receiving ongoing training specific to clinical supervision (Falender et al., 2013; Milne & Reiser, 2023). Further, education and training in health service psychology increasingly employ a competency-based approach to the definition, assessment, and evaluation of student learning outcomes. Both the competence of supervisors and the application of a competency-based approach to supervision can be enhanced by developing guidelines that assist supervisors in the provision of high-quality supervision. The *Guidelines on Supervision* are the product of the 2014 task force and revisions were made by the 2024 working group convened by the APA Board of Educational Affairs. Members of the working group were selected for their expertise in the area of supervision. The *Guidelines on Supervision* are predicated on a number of common assumptions and agreed-upon definitions. Although an extensive list of definitions appears in Appendix A of this document, two key definitions are provided below:

SUPERVISION is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extend over time. The goals of

the professional practice of supervision seek to enhance the professional competence and science-informed practice of the supervisee, monitor the quality of services provided, protect the public, and provide a gatekeeping function for entry into the profession. Henceforth, supervision refers to clinical supervision and subsumes supervision conducted by all health service psychologists across the specialties of clinical, counseling, and school psychology, inclusive of individual and group supervision.

COMPETENCY-BASED SUPERVISION is a metatheoretical approach that explicitly identifies the knowledge, skills, and attitudes that comprise clinical competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices (regulations) and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007). Competency-based supervision is one approach to supervision; it is metatheoretical and does not preclude other models of supervision.

The *Guidelines on Supervision* are organized around six domains:

1. Domain A: Supervisor Competence
2. Domain B: Multicultural Orientation
3. Domain C: Supervisory Relationship
4. Domain D: Teaching and Learning Strategies
5. Domain E: Problems of Professional Competence
6. Domain F: Ethical, Legal, and Regulatory Considerations

Within each of these six domains, guidelines for supervision are articulated with a supporting rationale informed by updated empirical and theoretical literature. Although this framework is useful to present the *Guidelines on Supervision*, there is considerable conceptual and practical overlap among these domains. Consideration was given to the utility and implementation of the *Guidelines on Supervision* as well as to minimizing redundancy when making decisions about the best domain for a specific guideline.

Statement of Need and Context for the Guidelines on Supervision

A primary goal of education and training programs in health service psychology is to prepare competent graduate students to engage in the provision of psychological services and professional practice. Supervision is thus a cornerstone in the preparation of health service psychologists (Falender et

al., 2004). Before the development of the initial version of the *Guidelines on Supervision*, there were no consensually agreed-upon guidelines adopted as Association policy to inform the practice of high-quality supervision for health service psychology. A substantial increase in the conceptual, theoretical, and research literature pertaining to supervision, both in the United States and globally since the initial Guidelines were approved, informed the current revisions. Historically, little attention has been focused on the definition, assessment, or evaluation of supervisor competence (Bernard & Goodyear, 2019; Falender & Shafranske, 2021) or on dilemmas that can arise in supervision (Haft et al., 2024). Accordingly, until recently, supervisor competence has been poorly defined and understood, which has diminished the perceived necessity for training in supervision (Falender, 2018). As Kitchener (2000) concluded, it has been much easier to identify the absence of competence than to define it. Articulating practices consistent with competent supervision ultimately facilitates the provision of quality services by supervisees and minimizes the potential of harm to supervisees and clients (Ellis et al., 2014; Hutman et al., 2023).

Competence entails performing one's professional role and functions within the standards of practice and includes the ability to identify when one is not performing adequately. An essential aspect of competence is "metacompetence," or the ability to know what one does not know and to self-monitor reflectively one's ongoing performance (APA, 2017a, 2.01; Falender & Shafranske, 2007; Hatcher & Lassiter, 2007). Competence is not an end point but requires an ongoing and consistent commitment to a process, requiring effort and attention, which includes recognition of racial and cultural realities. Since this choice is the same for the expert and the beginner, there is increased opportunity for collaboration, offering the promise of a less hierarchical approach to training for competence. Professional negligence is the failure of competence and is legally actionable: a failure of competence is practicing below a reasonable standard of care for supervision (Falender & Shafranske, 2021; Saccuzzo, 2002).

Although clinical supervision has been recognized as a distinct activity in the literature, its recognition as a core competency domain for psychologists was a long time coming (Bernard & Goodyear, 1992; Hess, 2011). Moreover, even though the profession adopted supervision as a distinct professional competence (Fouad et al., 2009; Kaslow et al., 2004), supervision training during the graduate school trajectory is uneven (Falender, 2018). Whereas trainees must demonstrate most of the profession-wide competencies that they acquire in their training through activities that can be directly assessed, the APA standards of accreditation (APA CoA, 2018) only require that students demonstrate knowledge of supervision upon graduation from a doctoral program (Rodolfa & Schaeffer, 2019). The definition of supervision that has emerged encompasses the knowledge, skills, and values/attitudes specific to the practice of supervision (Falender et al., 2004; Falender & Shafranske, 2004, 2007, 2021;

Fouad et al., 2009). This recognition of supervision as a distinct competency has evolved in the context of an overall focus on competency-based education and training in health service psychology that has gained momentum over time (Fouad & Grus, 2014).

Supervisory competency includes valuing supervision as a distinct professional competency, obtaining and valuing specific training in clinical supervision (Falender et al., 2013; Reiser & Milne, 2012), and engaging in ongoing efforts to maintain and enhance competency throughout one's career. However, the recognition that dedicated training in supervision is necessary has also been slow to occur (Rings et al., 2009). A preliminary framework for supervisor competence was produced by the 2002 Competencies Conference (Falender et al., 2004), received confirmatory support from doctoral internship directors (Rings et al., 2009), and serves as the basis for this framework. To be a competent supervisor, an individual possesses and maintains knowledge, skills, and values/attitudes that comprise the distinct professional competency of clinical supervision, as well as general competence in the areas of clinical practice supervised and in consideration of the cultural contexts. However, results of a scoping review of evidence-based learning strategies in supervisor training revealed only infrequent use of such tools as role-play, modeling, and active feedback on ongoing performance (Borders et al., 2023), reinforcing the need for more targeted supervision training.

Supervision that applies a competency-based approach entails creating an explicit framework and method to initiate, develop, implement, and evaluate the process and outcomes of supervision. A competency-based approach is predicated on supervisors having the knowledge, skills, and attitudes regarding the provision of quality supervision and health service psychology models, theories, and practices. In addition, supervisors have knowledge, skills, and values with respect to a multicultural orientation; legal and ethical parameters; and effective management of supervisees who do not meet criteria for performance. Supervisors also attain knowledge and skills in theories and processes for group, individual, and distance supervision. Implicit in the concept of competence is an awareness of and attention to one's interpersonal functioning and professionalism; valuing individual and cultural diversity (Kaslow et al., 2007); demonstrating humility (Watkins, 2020); and identifying and managing supervisory dilemmas (Haft et al., 2024). The competency-based approach is being adopted across modalities (individual, group; Riva & Smith, 2024) and countries (e.g., Psychology Board of Australia, 2018), but there is still inadequate attention to the empirical analysis of clinical supervision literature (Barrett et al., 2020).

Consensus exists that clinical supervision is a cornerstone of clinician training, the major means to enhance and ensure clinical competence, and a core value of graduate psychology training (Tugendrajch et al., 2021). A clear transition has occurred with a shift from the belief that competence in

supervision could be attained through osmosis of the process of having been supervised, to recognition that it is a distinct professional competence that requires dedicated training. The number of supervision publications has grown substantially. Before 1980, there were only 32 citations using “supervision” as the keyword in a literature search of PsychINFO. As of September 2024, 55,490 citations existed. In addition, the *Guidelines on Supervision* have been cited 537 times in Google.

A logical next step to build upon the identified elements of competencies in supervision was to develop and approve guidelines that promote the provision of competent supervision. The 2014 version of the *Guidelines on Supervision* represents the first time APA articulated guidance to inform the practice of clinical supervision. The current revised version advances that work by incorporating research and practice developments that have occurred in the interim.

Other organizations have published supervision guidelines that informed the development of these *Guidelines on Supervision*. Specifically, the following regulatory boards and psychological associations have promulgated guidelines related to supervision.

U.S.-Based Organizations

- The Association for Counselor Education and Supervision (ACES), a division of the American Counseling Association, developed supervision guidelines for counselor education (Borders et al., 2011). The ACES Guidelines on Supervision are organized around 12 domains: initiating supervision, goal setting, giving feedback, conducting supervision, the supervisory relationship, diversity and advocacy considerations, ethical considerations, documentation, evaluation, supervision format, the supervisor, and supervisor preparation.
- The American Association for Marriage and Family Therapy (AAMFT) developed a formal approval process for supervisors with nine learning objectives that candidates must demonstrate (AAMFT, 2020). AAMFT categories include knowledge of supervision models, ability to delineate one’s model of supervision, ability to foster relationships with the supervisee and the client, assess relationship problems, conduct supervision using various modalities, able to act on considerations within the supervisory relationship, attentive to issues of diversity, knowledge of ethical and legal issues related to supervision, and AAMFT supervisor procedural knowledge.
- The California Board of Psychology published a guide on supervision best practices (California Board of Psychology, 2010).
- The National Association of School Psychologists addresses supervision as part of more comprehensive professional standards in the provision of integrated and

comprehensive school psychological services (National Association of School Psychologists, 2020).

- The Association of Social Work Boards developed *Guidelines on Supervision* for both educators and regulators using a competency framework in which it identifies six domains of competence (Association of Social Work Boards, 2019).
- The National Association of Social Workers and the Association of Social Work Boards’ document on best practices for supervision (National Association of Social Workers and the Association of Social Work Boards, 2013), articulates five standards: context in supervision, conduct of supervision, legal and regulatory issues, ethical issues, and technology.
- The Association of Social Work Boards published the *Clinical Social Work Supervision: Supervisor Requirements* (<https://www.aswb.org/wp-content/uploads/2024/06/Clinical-social-work-supervision-requirements-for-supervisors.pdf>). Requirements include dedicated training, responsibilities, and accountability.

Global Organizations

- The Association of State and Provincial Psychology Boards (ASPPB) Supervision Guidelines are divided into four areas: supervision for education and training of a Health Service Provider; supervision for education and training of a General Applied Provider; supervision for mandated supervision; and supervision of Licensed Psychological Associates (ASPPB, 2020). The Supervision Guidelines for Education and Training Leading to Licensure as a Health Service Provider aim to help jurisdictions create relevant and consistent supervision requirements and offer direction to supervisors and supervisees (ASPPB, 2015).
- The Psychology Board of Australia’s Guidelines for supervisors and supervisor training providers focuses on competency-based supervision (Psychology Board of Australia, 2018).
- The Australian Psychological Society *Ethical Guidelines on Supervision* specifically addresses the supervision contract, ethical issues, and supervision contexts (Australian Psychological Society, 2020).
- The New Zealand Psychologists Board Te Poari Kaimatai Hinengaro o Aotearoa’s *Guidelines on Supervision* provides recommendations about a variety of aspects of supervision, including the process and functions of supervision, supervisor competencies, and the supervision relationship, with special attention to cultural issues (New Zealand Psychologists Board, 2021).

- The British Psychological Society's Supervision Guidance for Psychologists was designed to be relevant to all areas of psychological practice, but not as a substitute for training. (British Psychological Society, 2024).
- The College of Psychologists and Behaviour Analysts of Ontario, Canada, has a Supervision Resource Manual that outlines expectations and aims to enhance the supervision experience of the College's membership (College of Psychologists of Ontario, Canada, 2022).
- The College of Alberta Psychologists Supervision Manual aims to assist both supervisors and provisional psychologists (College of Alberta Psychologists, Canada, 2019).
- The Canadian Psychological Association developed the Ethical guidelines for supervision in psychology: Teaching, research, practice, and administration (Canadian Psychological Association, 2009/2017) and a Resource guide for psychologists: Ethical supervision in teaching, research, practice, and administration (Pettifor et al., 2010, currently in revision). Four principles frame the guidelines (from the Canadian Code of Ethics for Psychologists, 2017): respect for the dignity of persons and peoples, responsible caring, integrity in relationships, and responsibility to society.
- The Government of Northwest Territories developed the *Northwest Territories Standards for Supervision of Provisional Psychologists* (Government of Northwest Territories, Canada, 2022: <https://www.hss.gov.nt.ca/sites/hss/files/resources/standards-supervision-provisional-psychologists.pdf>).
- The Psychological Society of Ireland Supervision Guidelines for Psychologists emphasize that supervision is a core professional activity that is essential for maintaining high standards and fostering continuous professional development (Psychological Society of Ireland, 2017).
- The Indian Association of Clinical Psychologists (ICP) Guidelines for Psychotherapy Supervision of Psychologists establish foundational principles, ethical considerations, and a structural framework for effective supervision. They also encompass formal procedural elements, including the content of supervision sessions and eligibility criteria for supervisors and supervisees (Indian Association of Clinical Psychologists, 2020).
- The British Association for Counseling and Psychotherapy details eight core supervision competencies and three specific supervision competencies (British Association for Counseling and Psychotherapy, 2021).
- The Ordem dos Psicólogos Portugueses (Portuguese Psychologists Association) developed *Guidelines for Supervision Practice* (2024). https://recursos.ordemdospsicologos.pt/files/artigos/guidelines_for_supervision_practice.pdf

Scope of Applicability

These *Guidelines on Supervision* are meant to inform the practice of clinical supervision with supervisees in areas of health service psychology and training at the master's and doctoral levels. They apply to the full range of supervised service delivery, including assessment, intervention, and consultation across all aspects of professional functioning. The *Guidelines on Supervision* are predicated on a number of preexisting policies, fundamental assumptions, and definitions:

Supervision can occur in a variety of contexts, including supervision of service delivery by supervisees, administrative supervision, supervision of research activities conducted by supervisees, and supervision of individuals mandated by regulatory entities related to disciplinary actions. This document addresses supervision of clinical services provided by individuals in graduate programs in health service psychology education and training programs, and applies to supervision of practicum experiences, internships, and postdoctoral training.

Interprofessional education is a valuable training activity, and supervisees are encouraged to learn from and with professionals other than a psychologist. APA endorsed recent guidelines for Interprofessional Collaborative Practice (Interprofessional Education Collaborative, 2023). In contrast, the *Guidelines on Supervision* refer exclusively to supervision provided by psychologists to supervisees in health service psychology training.

Supervisors are committed to upholding the *APA Ethical Principles of Psychologists and Code of Conduct* (2017) and adhering to state and federal statutes regulating psychologists and psychological practice.

Supervisors functioning within APA-accredited programs are also expected to comply with APA's Commission on Accreditation Standards of Accreditation (APA CoA, 2018). Supervisors also strive to adhere to relevant APA general practice guidelines including but not limited to *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*; *Guidelines for Psychological Assessment and Evaluation*; *APA Guidelines for Psychological Practice With Girls and Women*; *APA Resolution on APA, Psychology, and Human Rights*; *APA Guidelines for Psychological Practice With Sexual Minority Persons*; *APA Guidelines for Assessment and Intervention With Persons with Disabilities*; *APA Guidelines for Equitable and Respectful Treatment of Students in Graduate Psychology Programs*; and the *APA Guidelines for Psychological Practice With Older Adults* (APA, 2017b, 2018, 2020, 2021b, 2021d, 2022, 2023, 2024c); *APA Guidelines for the Practice of Telepsychology* (APA, 2024d); *APA Guidelines for Psychological Practice in Health Care Delivery Systems* (APA, 2013); and *APA Record Keeping Guidelines* (APA, 2007). Additionally, they strive to follow current and developing guidance in the field for supervision in specific specialty areas.

Assumptions of the Guidelines on Supervision

The development of these *Guidelines on Supervision* is predicated on a number of assumptions. These assumptions were agreed upon by the members of the initial task force and later the working group as foundational to the provision of clinical supervision and are reflected in the guidelines. Specifically, from a competency-informed supervision perspective, supervision:

- is a distinct professional competency that requires targeted education and training and commitment to an ongoing process of maintenance and enhancement of competence
- prioritizes the respectful care of the client/patient and the protection of the public
- focuses on the acquisition of competence by, and the professional development of, the supervisee
- requires supervisor competence in the competency domains being supervised and reflects current evidence related to supervision and the competencies being supervised
- occurs within a respectful and collaborative supervisory relationship that includes facilitative and evaluative components and is established, maintained, and repaired (as necessary)
- entails responsibilities on the part of the supervisor and supervisee
- intentionally infuses and integrates the dimensions of multicultural orientation in all aspects of professional practice
- is influenced by both professional and personal factors, including values, attitudes, beliefs, worldviews, and interpersonal biases
- is conducted in adherence to ethical and legal standards
- uses a developmental and strength-based approach
- requires reflective practice and self-assessment by the supervisor and supervisee
- incorporates bidirectional feedback between the supervisor and supervisee
- evaluates the acquisition of expected competencies by the supervisee
- is distinct from consultation, personal psychotherapy, and mentoring

Use of the Term “Guidelines”

The term “guidelines” generally refers to pronouncements, statements, or declarations that recommend or suggest specific professional behaviors, endeavors, or conduct for

psychologists. In this spirit, they are aspirational in intent. They are not intended to be mandatory or exhaustive and may not be applicable to every situation, nor are they intended to take precedence over the judgment of supervisors or others who are responsible for education and training programs. Instead, they are intended to clarify and enhance supervisory competence in knowledge, skills, and attitudes. Education and training guidelines may be written as an advisory set of procedures related to curriculum development, pedagogy, or assessment; interpretive commentary or instruction on education policy or standards; guiding principles about teaching and learning or program development; or suggested goals and objectives of learning. These *Guidelines on Supervision* are intended as recommendations for psychologists providing supervision of students in education and training programs in health service psychology. As used in this document, the term “guidelines” is consistent with the provisions of the APA policy on Developing and Evaluating Standards and Guidelines Related to Education and Training in Psychology (Section IC[1]; APA, 2004), enacted by the APA Council of Representatives.

Supervision: Definition

Supervision is distinguished from consultation, personal psychotherapy, and mentoring by 1) professional responsibility and liability, 2) the purpose of the activity, 3) the relative power of the parties involved, and 4) the presence or absence of evaluation. In consultation, the consultant does not evaluate the referring provider, does not bear case responsibility, and the consultee makes the decision whether to accept and implement the consultation guidance. Supervision is distinguished from personal psychotherapy of the supervisee by maintaining the focus of inquiry on the client/patient, supervisee reactions to the client/patient, and/or the supervision process related to the client/patient (Bernard & Goodyear, 2019; Falender & Shafranske, 2021). Mentoring is distinguished from supervision by an absence of evaluation or power differential, and by the mentor’s advocacy for the protégé’s professional development and welfare (Johnson & Huwe, 2002; Kaslow & Mascaro, 2007).

Process of Developing the Guidelines on Supervision

The initial version of the *Guidelines on Supervision* was prepared by a task force convened by the APA Board of Educational Affairs (BEA) in March 2012. The task force was charged with:

developing education and training guidelines for promising practices in (1) supervision encompassing the range of requisite supervisor {supervision} competencies; [and] (2) adoption of a competency-based approach to supervision mindful of the developmental trajectory of the supervisee

On August 6, 2014, the APA Council of Representatives approved the initial *Guidelines on Supervision*. APA Association Rule 30-8.3 requires that the *Guidelines on Supervision* be reviewed every 10 years. In June 2024, the BEA convened a working group to propose revisions as part of this review process. The group proposed, reviewed, and discussed updates and revisions to the *Guidelines on Supervision* over seven meetings between June 2024 and September 2024, and working sessions between meetings.

Purpose of These Guidelines on Supervision

The *Guidelines on Supervision* have the potential for a broad impact on the profession by delineating practices relevant to quality supervision. Specifically, the *Guidelines on Supervision* are intended to have the following impact:

For supervisors, the *Guidelines on Supervision* provide a framework to inform the development of supervisors and to guide self-assessment regarding professional development needs.

For supervisees, the *Guidelines on Supervision* promote the delivery of competency-based supervision with the goal of supervisee competency development.

For regulators, the *Guidelines on Supervision* provide assurance that supervision of students in education and training programs in health service psychology places value on quality.

Implementation Steps

BEA serves as the APA entity responsible for oversight of the implementation and dissemination of these revised *Guidelines on Supervision* (2024), which will occur through:

- Distribution to and possible endorsement by member organizations represented on the Council of Chairs of Training Councils.
- Presentations at APA annual meetings and training council meetings.
- Wide dissemination of the revised *Guidelines on Supervision* (2024).
- Submission to the APA Commission on Accreditation for consideration as a resource in program reviews for accreditation.
- Development of continuing education programs targeted to health service psychologists to enhance supervision competence.

Feedback

The *Guidelines on Supervision* is a “living document.” Accordingly, APA will periodically review and revise this document to reflect developments in the discipline and the education and training process. Formal reviews of the *Guidelines on Supervision* will occur every 10 years, because APA Association Rule 30-8.3 requires cyclical review of approved standards and guidelines within periods not to exceed 10 years. However, BEA welcomes comments and suggestions at any time. Feedback on the *Guidelines on Supervision* may be sent to: edmail@apa.org.

Guidelines for Clinical Supervision in Health Service Psychology

The *Guidelines on Supervision* are organized around six domains:

1. Domain A: Supervisor Competence
2. Domain B: Multicultural Orientation
3. Domain C: Supervisory Relationship
4. Domain D: Teaching and Learning Strategies
5. Domain E: Problems of Professional Competence
6. Domain F: Ethical, Legal, and Regulatory Considerations

These domains are drawn from a review of the literature on supervision as well as competency-based education and training. The domains and their associated guidelines are interdependent: while some overlap exists among them, they should be considered in their entirety.

DOMAIN A:

Supervisor Competence

Supervision is a distinct professional practice that requires dedicated formal education and specific training in clinical supervision to attain and maintain with requisite competencies, knowledge, skills, and attitudes (Falender, Burnes, & Ellis, 2013; Falender, Ellis, & Burnes, 2013; Bernard & Goodyear, 2019; Reiser & Milne, 2012). The supervisor serves as a role model for the supervisee, fulfills the highest duty of protecting the public, acts a gatekeeper for the profession by ensuring that supervisees meet competence standards before advancing to the next level or obtaining licensure.

- Supervisors strive to have competencies in the psychological services provided to clients/patients by supervisees under their supervision; and when supervising in areas in which they are less familiar, supervisors take reasonable steps to competently supervise in a particular clinical area/case and protect others from harm.

Supervisors attain and maintain up-to-date knowledge and skills regarding the areas being supervised (e.g., psychotherapy, research, assessment); psychological theories; cultural humility and multicultural orientation; domains of cultural identity, context (Falender & Shafranske, 2021), and individual differences and their intersections with diversity dimensions. Supervisors also have knowledge of the clinical specialty areas in which supervision is being provided and of requirements and procedures to be taken when supervising in an area in which expertise has not been established (Bernard & Goodyear, 2019; Barnett et al., 2007; Goodyear & Rodolfa, 2012; APA, 2017a, 2.01, 2.03).

Supervisors are knowledgeable about the context of supervision, including its immediate system and expectations, and the sociopolitical and cultural context (Ertl et al., 2023; Newman et al., 2021). Supervisors are knowledgeable, too, about emergent events in the setting or context that impact the client(s)/patient(s) (Falender et al., 2004; Hook et al., 2016; Legha, 2023; Sahu et al., 2024; Vekaria et al., 2023).

- Supervisors seek to attain and maintain competence in the practice of supervision through targeted education and training in the knowledge, skills, and attitudes for effective supervision practice (Galán et al., 2024; Wiley et al., 2021). Competence entails demonstrated knowledge and skill in, and attitudes toward, evidence-based practice using various modalities (e.g., family, group, and individual), informed by theory and a multicultural orientation as well as general knowledge, skills, and attitudes and research support of competency-based supervision.

Supervisors seek requisite training in knowledge, skills, and attitudes of clinical supervision (Newman, 2013; Watkins, 2012; Winkeljohn Black et al., 2025). Supervisors are skilled and knowledgeable in competency-based models; developing and managing the supervisory relationship/alliance (Bernard & Goodyear, 2019; Ertl et al., 2023; Eubanks et al., 2021; Falender & Shafranske, 2021); and enhancing the supervisee's clinical skills (Milne, 2009).

Formal education and training may include instruction in didactic seminars, continuing education, or supervision of supervision. At a minimum, it is recommended that education and training in supervision include: models and theories of supervision; modalities; relationship formation, maintenance, rupture, and repair; diversity and multiculturalism; feedback and evaluation; management of supervisee's emotional reactivity and interpersonal behavior (Bowes et al., 2020); reflective practice; application of ethical and legal standards; decision making regarding gatekeeping; and considerations of the developmental level of the supervisee (Bernard & Goodyear, 2019; Falender & Shafranske, 2021; Newman, 2013). The supervision reflects practices informed by competency- and evidence-based practice to enhance accountability (Milne & Reiser, 2023; Reese et al., 2009; Stoltenberg & Pace, 2008; Watkins, 2011; Watkins, 2012; Worthen & Lambert, 2007). Assessment entails use of outcome measures and ratings from multiple supervisors (e.g., Lawrence et al., 2024; Reese et al., 2009; Watkins, 2011; Worthen & Lambert, 2007). Assessment strategies include both formative and summative evaluation and procedures for competence assessment.

- Supervisors endeavor to coordinate with other professionals responsible for the supervisee's education and training to ensure communication and coordination of goals and expectations (Forrest et al., 2022). Coordination can assist supervisees in managing these multiple roles and responsibilities, as well as supervisory expectations. Coordination can be especially important to seek when a supervisee is exhibiting performance problems, the supervisory relationship is under stress, or the supervisor seeks another perspective (Bernard & Goodyear, 2019; Mendoza-Newman & Erickson-Cornish, 2023; Thomas, 2010).
- Supervisors are encouraged to adopt a strength-based approach. This involves identifying supervisee strengths, helping them to leverage those strengths, and providing

the scaffolding and training supervisees need to improve competency domains that are still developing (Wiley et al., 2021).

- Group supervision is identified as a distinct professional competence (Grassby & Gonsalvez, 2022). Since most supervisees participate in some group supervision (Bernard & Goodyear, 2019) during their training trajectory, supervisors require distinct training in that supervision skillset. As in other forms of supervision, a multicultural orientation is essential in group supervision (Watkins et al., 2022).
- Supervisors strive to adopt a multicultural orientation across populations, modalities, and settings (as defined in APA, 2017b), which can be an inseparable and essential component of supervision competence that involves relevant knowledge, skills, and values/attitudes (for more information, see Domain B: Multicultural Orientation and APA's *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*; APA, 2017b).
- Supervisors strive to model professionalism in their own comportment and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism. Supervisory modeling of professionalism often occurs across professional settings. Supervisees' understanding of what is professional or ethical is still developing (Gottlieb et al., 2007). Modeling can be a powerful means to teach attitudes and behaviors (e.g., Tarvydas, 1995), including professionalism (Cruess et al., 2009). Supervisors, in vivo, may exemplify virtue, humanism, and honest communication (Grus & Kaslow, 2014, modified from Hatcher et al., 2013).

Another aspect of supervision is the ability to socialize supervisees into a particular profession (e.g., Ekstein & Wallerstein, 1972); to help them learn to “think like” those in that profession. In interprofessional settings, supervisors

seek to model professionalism in cooperative, collaborative, and respectful interactions with team members.

Supervisors are mindful that norms for professionalism are largely based on white and Eurocentric values (Sue et al., 2024; Frye et al., 2020; for an alternative decolonized model, see Lekkeh et al., 2023). As such, standards for professionalism may be used to reinforce this dominant viewpoint (Frye et al., 2020). Such reinforcement of the dominant viewpoint has been found to cause harm in underrepresented identity groups (Bhatia-Lin et al., 2021). Supervisors strive to appreciate that professionalism develops within the context of the individual and one's social identity and, as such, may vary (Bhatia-Lin et al., 2021) and seek to understand that responsiveness to contextual and cultural differences is part of the expectations for professionalism (APA, 2023). However, such recognition by supervisors does not negate or diminish that there are standards of practice within the profession, expectations for conduct of supervisees and supervisors, the importance of maintaining high-quality care for those served, and norms/rules of professional settings.

- Supervisors using technology in supervision (including remote supervision), or supervising care that incorporates technology, strive to be competent regarding its use (APA, 2024a; 2024b; see also APA, 2024d). Supervisors work to ensure that policies and procedures exist for the ethical practice of telepsychology, the optimal use of social media (APA, 2021a), and digital communications among any combination of client/patient, supervisee, and supervisor (APA, 2013; Fitzgerald et al., 2010). Considerations for supervisors include confidentiality and security when exploring services appropriate for distance supervision. It is recommended that supervisors be up to date about relevant laws specific to technology and supervision, and technology and practice (McCord et al., 2024; Perle & Zheng, 2024; Philips et al., 2021).

DOMAIN B:

Multicultural Orientation

Clinical supervision is inherently political, influenced by power dynamics, institutional factors, and the cultural identities of both supervisors and supervisees. Supervisors seek to cultivate an environment where they model culturally responsive and equitable care, preparing supervisees to reflect on how social identities, values, and attitudes impact clinical practice.

By integrating a Multicultural Orientation (MCO) framework, supervisors strive to foster supervisees' awareness of

how their positionality influences therapeutic processes and outcomes (Davis et al., 2018; Owen et al., 2011; Watkins et al., 2019). MCO is comprised of three pillars: (a) cultural humility, characterized by curiosity, openness, and co-learning; (b) cultural comfort, which involves a capacity to engage confidently and sensitively in discussions of socially charged topics (e.g., racism, sexism, transphobia); and (c) cultural opportunities, which refer to key moments where exploration

of identity and cultural dynamics deepen a supervisor's understanding of their supervisee (and vice versa). Modeling these three pillars contributes to a supervisory experience in which supervisees are more empowered to engage in important discussions about cultural topics and the potential effects of their own biases, attitudes, and values on clients/patients (Wilcox et al., 2021, 2022).

An MCO approach to supervision involves attending to the domains of cultural identity and broader structural dimensions (APA, 2017b, 2018, 2010 (2.03); 2021a, 2021c, 2022, 2024b). A multiculturally oriented supervisor is keenly attuned to their own positionality and how it interacts with those of their supervisees. This includes addressing systemic oppression (e.g., racism, sexism, heterosexism) and privilege (e.g., skin privilege; social class) (Cullinan et al., 2024; Legha, 2023). It may also include sharing one's own multicultural praxis with supervisees to help promote conversations and conceptualizations centering multiculturalism. These efforts aim to enhance the supervision relationship (Bernard & Goodyear, 2019; Falender & Shafranske, 2021); foster culturally responsive interactions between supervisees and their clients/patients (Hardy & Bobes, 2016); promote a training culture framed in cultural humility (Cullinan et al., 2024, p. 213); and mitigate their impact on supervisory power differentials (Pieterse, 2020).

1. Supervisors actively strive to cultivate cultural humility by continuously engaging in self-reflection, recognizing there is always more to learn, and creating an open and nonjudgmental training environment. Supervisors seek to recognize their vital role as models of openness to self-exploration, acknowledge personal biases, and commit to continuous education and consultation as necessary. Supervisors endeavor to engage in ongoing examination of how their own beliefs, values, and subjectivities may influence their supervisory interactions. Supervisors who practice cultural humility work to recognize how their supervisees bring expertise through their own lived experiences and encourage a collaborative supervisory dynamic (Hook et al., 2016). Culturally humble supervisors are curious to hear their supervisees' insights; understand their identities; facilitate open dialogue within a supportive learning context (Watkins et al., 2019; Williams et al., 2023); and discuss power, privilege, and diversity (Adams et al., 2023).
2. Multiculturally oriented supervisors seek to intentionally foster a respectful and enriching supervisory relationship while also nurturing the multicultural orientation of their supervisees.

Supervisors are encouraged to view multicultural orientation in supervision not just as a professional responsibility, but as an ethical imperative, ensuring that they honor and uphold the human dignity of both their super-

vises and the clients or patients with whom the supervisees serve (APA, 2017b; Bernard & Goodyear, 2019; Falender et al., 2014). Supervisors can play a significant role in developing the multicultural orientation of their supervisees by leveraging cultural opportunities during supervision. Research indicates the importance of supervisors leveraging cultural opportunities during supervision, including exploration of how a supervisee's identities may be influencing clinical conceptualization or interpersonal interactions with their client (Wilcox et al., 2021, 2022). Adopting a multicultural orientation framework often strengthens the supervisory relationship and enhances cultural competencies of both supervisors and supervisees (Watkins et al., 2019). Viewing infusion of cultural conversations as normative, rather than as an exception, aids supervisors in being sensitive to important similarities and differences between themselves and their supervisees that may affect the supervisory relationship (Williams et al., 2023).

3. Supervisors strive to recognize the value of and make efforts to pursue ongoing training in multicultural orientation as part of their professional development and lifelong learning.

Supervisors are encouraged to integrate the pillars of multicultural orientation into their supervision by continually enhancing their skills, particularly in areas relevant to their clinical practice. At a minimum, supervisors strive to attain formal training in multicultural orientation and cultural competencies through their graduate training program and through continuing professional development workshops and independent study. Supervisors are encouraged to familiarize themselves with APA guidelines on equity, diversity, and inclusion (APA, 2017b, 2018, 2021a, 2021b, 2021c, 2022, 2024b), and seek continuing education to stay current with evolving standards and emerging issues (APA, 2017a, 2.03). Supervisors are mindful of areas where they might lack familiarity or feel less comfortable discussing cultural topics, so they seek additional resources, consultation, and training to address these gaps. These resources highlight how the positionality of supervisors and supervisees can influence supervision processes and outcomes (Drinane et al., 2021; Miville et al., 2009; Tarhshis & Baird, 2021); the impact of microaggressions (DeBlaere et al., 2022); and the duty of supervisors to assist supervisees in navigating tensions between personal and professional values in providing culturally responsive client and patient care (e.g., Behnke, 2012; Bieschke & Mintz, 2012; Chin et al., 2014; Falender et al., 2014; Forrest, 2012; Hutman et al., 2021).

4. Supervisors aim to possess a comprehensive understanding of the historical and systemic roots about the effects

of bias, prejudice, and discrimination. Whenever possible, supervisors seek to engage in client and patient advocacy as well as promote change in organizations and communities in the best interest of their clients and patients.

Clinical supervision, embedded within broader social and political contexts (e.g., healthcare; education), is influenced by systemic injustices. By encouraging advocacy for human rights and challenging institutional inequities, supervisors can serve as role models, by

enhancing their supervisees' multicultural orientation and contributing to the dismantling of oppressive structures within the field (Burnes & Singh, 2010; Wilcox et al., 2024). Supervisors are encouraged to engage in discussion about the complex interplay of individual, familial, and societal factors on client's lives (Bronfenbrenner, 1979 p.3), to support supervisees in tailoring their interventions to address the specific needs of clients and consider social determinants of mental health (Alegria et al., 2018).

DOMAIN C:

Supervisory Relationship

The quality of the supervisory relationship is essential and foundational to effective clinical supervision (e.g., Bernard & Goodyear, 2019; Falender & Shafranske, 2021; Holloway, 1995; O'Donovan et al., 2011). The quality of the supervision relationship is associated with more effective evaluation (Lehrman-Waterman & Ladany, 2001); satisfaction with supervision (Ladany et al., 1999); and supervisee self-disclosure of personal and professional reactions, including reactivity, countertransference, and errors (Drinane et al., 2021; Falender & Shafranske, 2021; Goodyear & Sera, 2024; Hutman & Ellis, 2020; Pakdaman et al., 2014; Min & Kyung-Eun, 2024). The supervisor is encouraged to build a strong alliance with the supervisee (Falender & Shafranske, 2021; Watkins, 2020); recognize the inherent power differential in the relationship; and discuss and manage power within the relationship (Porter & Vasquez, 1997; Falender, 2018).

1. Supervisors seek to specify the responsibilities and expectations of all parties in the supervisory relationship.

Supervisors endeavor to identify expected program competencies and performance standards while assisting the supervisee (or, in the case of group supervision, supervisees) to formulate and work towards individual learning goals. The supervisor is encouraged to explicitly discuss with the supervisee aspects of the supervision process, such as program goals, individual learning goals, roles and responsibilities of all parties, structure of supervision, supervision activities, performance review and evaluation, and limits of supervision confidentiality. The supervisor also seeks to clarify that the primary duty of the supervisor is to the client/patient, and secondarily to the competence development of the supervisee. As the supervisory relationship and the supervisee's learn-

ing needs evolve over time, the supervisor works collaboratively with the supervisee to explore appropriate revisions to the supervision goals and tasks.

2. Supervisors seek to value, create, and maintain a collaborative relationship that promotes the supervisees' competency development.

Supervisors look to establish and model a working relationship that embodies honesty, transparency, respect, attentiveness, and responsiveness, as well as humility, flexibility, and upholding of ethics (DePue et al., 2022; Falender & Shafranske, 2021; Watkins et al., 2019). The supervisor is encouraged to: (1) initiate discussions early in the supervisory relationship with cultural humility and sharing of their worldview that includes identification of values, beliefs, biases, intersectionality, and characteristic interpersonal styles that may affect the supervisory relationship and process (Winkeljohn Black et al., 2025); (2) discuss inherent power differences and supervisor responsibility to manage such differences wisely; and (3) take responsibility to establish relationship conditions that promote integrity, trust, reliability, communication, predictability, competence, and genuineness. The supervisor seeks to balance providing developmentally appropriate challenges and providing support, as well as giving feedback and supporting the relationship (Veilleux et al., 2014).

3. Supervisors aspire to review regularly the working alliance and the effectiveness of the supervisory relationship, proactively addressing issues that arise.

The working alliance is essential to the supervisory relationship (Watkins et al., 2015). When disruptions

occur in the supervisory relationship, supervisors seek to address and initiate resolution of impasses, strains, and ruptures openly and honestly, with humility, and in the best interests of client and patient welfare and the supervisee's development (Safran et al., 2008; Lipner et al., 2023). Supervisors are encouraged to pursue informal and formal means of assessing the working alliance as essential to the supervisory relationship, including in-group supervision and/or in the use of technology in supervision, and seeks adjustments to enhance the alliance as indicated (Eubanks et al., 2021; Shearer et al., 2024). Within group supervision, the relationship extends beyond the individual supervision relationship to include peer relationships and the relationships of individual supervisees within the group. Supervisors, therefore, endeavor to attend to the member-to-member relationship, member-to-group, and member-to-supervisor

alliance as part of the supervisory relationship (Riva & Smith, 2024).

Supervisors endeavor to be sensitive to, and attempt to mitigate, the ways in which the power differential in the supervisory relationship can make it challenging for supervisees to provide candid feedback (also see our discussion of working with power differentials in Domains B and D). The supervision contract (e.g., ASPPB, 2020, Appendix IV), which outlines clear expectations for both the supervisor and supervisee, can provide some scaffolding for evaluation of supervisor competency. Supervisors also strive to ensure that supervisees are aware of program policies and resources available to those who experience harassment, discrimination, or other unprofessional behavior in the context of supervision.

DOMAIN D:

Teaching and Learning Strategies

A competency-based approach to clinical supervision articulates that teaching is a core responsibility of supervisors. In fact, supervision has been referred to as the signature pedagogy of the mental health professions (Barnett et al., 2007; Bernard & Goodyear, 2019). Ongoing assessment, feedback, role modeling, and the encouragement of critical reflection are essential elements of that pedagogy, as is formal evaluation. Failures of supervisors in informing supervisees about their competency development (Haft et al., 2024; Thomas, 2010) may create potential for ethical complaints (Falvey & Cohen, 2004; Ladany et al., 1999). Supervisors endeavor to be effective by linking assessment, evaluation, and feedback in a timely way to specific competencies and observed behaviors (APA, 2010, 7.06; Hattie & Timperley, 2007).

1. Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors seek to promote openness and transparency in feedback and assessment by anchoring such in the competency development of the supervisee.

Establishment and maintenance of the supervisory relationship provide the basis for assessment, evaluation, and feedback. Supervisee disclosure of client data is enhanced by a strong relationship (See Domain C in this document on the Supervisory Relationship.)

2. It is recommended that supervisors monitor supervisee performance and provide feedback, recognizing the value of using both direct observation of supervisees (live observation or review of recorded sessions) and progress monitoring data from clients to inform their feedback.

Supervisee self-report is the most frequently used source of data on supervisee performance and client/patient progress (e.g., Goodyear & Nelson, 1997; Noelle, 2003; Scott et al., 2011). The accuracy of those reports, however, is constrained by human memory and information processing (Bowes et al., 2020; Wynne et al., 1994) as well as by supervisees' self-protective distortion and biases (Haggerty & Hilsenroth, 2011; Ladany et al., 1996; Pope et al., 2006; Yourman & Farber, 1996) that result in their not disclosing errors, resulting in the loss of potentially important clinical data, and contributing to unreliability in supervisee assessment (Haft et al., 2024; Rogers & McDonald, 1995). The more direct the access a supervisor has to a supervisee's professional work, the more accurate and helpful their feedback will likely be (Haggerty & Hilsenroth, 2011; Huhra et al., 2008).

One tool described by Veilleux and colleagues (2022), a standardized supervisee framework model comprised of a video sample and a mock supervision session, could be used to track and identify supervisee strengths and areas for development more formally.

Client outcome monitoring data, from any of the many measures now available, can signal when clients are deteriorating or simply making less-than-expected progress. Such monitoring is important in that therapists may not be accurate in identifying those at risk for treatment failure (Hannan et al., 2005), and monitoring can help identify client-perceived problems in the therapeutic alliance. Those who use client outcome data have fewer client dropouts and improved outcomes (Lambert et al., 2018). This data is invaluable as a supervision tool because it signals when greater attention should be paid (e.g., through video review) to particular clients (Reese et al., 2009; Swift et al., 2015). The data also provides essential information for supervisors in fulfilling their client protective responsibilities.

Supervisors seek to consider a broad selection of a supervisee's work samples, with some based on client feedback, such as outcome tracking or alliance strength, not just work samples identified by the supervisee. It is recommended that supervisors' review of work samples focus on specific competency development and defined supervision goals (Breunlin et al., 1988; Hatcher et al., 2013). In addition, supervisors are encouraged to consider the developmental level of the supervisee when identifying methods to monitor and provide feedback to the supervisee.

3. In both individual and group supervision, supervisors aspire to provide feedback that is direct, clear, and timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship. In delivering feedback, supervisors are sensitive to: (a) the power differential as a function of the supervisory evaluative and gatekeeping roles; (b) cultural identity, dimensions, and other sources of privilege and oppression (Ancis & Ladany, 2001; Ryde, 2000; Shen-Miller et al., 2012); (c) supervisee developmental level (Stoltenberg & McNeill, 2010); (d) the possibilities of the supervisee experiencing demoralization (Watkins, 1996) or shame (Bilodeau et al., 2012) in response to the feedback; and (e) timing and the amount of feedback that a supervisee can assimilate at any given moment (Westberg & Jason, 1993). Effective supervisors endeavor to provide feedback at frequent intervals, with both positive and corrective feedback in each supervision session so that evaluation is not a surprise when it occurs (Bennett et al., 2006). In instances when a supervisee exhibits problems in professional competence, supervisors may need to be courageous and provide this difficult feedback in a direct and supportive manner. Indirect delivery of difficult feedback to supervisees is not associated with good training outcomes (Hoffman et al., 2005). Delivering difficult feedback is especially challenging in multicultural supervision (Burkard et al., 2014;

Shen-Miller et al., 2012; Winklejohn Black et al., 2024). Collaborative conversations among supervisors regarding diversity, consultation, and examination of biases were described as helpful in contextual understanding of individual supervisee development (Shen-Miller et al., 2012). When supervision occurs within a group setting, supervisors seek to encourage peers to foster a strong working alliance with one another, in addition to the supervisor/supervisee relationship (Schumann et al., 2020; Chin et al., 2014).

4. Supervisors work to recognize the value of and support supervisee competence in critical reflection and self-assessment, which they encourage both during supervision and the evaluation process.

Encouraging supervisees to reflect critically on their practice and incorporating the use of supervisee self-assessment into the evaluation of supervisees may enhance skill development and inculcate attitudes of self-assessment as a lifelong learning tool (Wise et al., 2010; Wise & Reuman, 2019). Research has shown that limitations exist in the accuracy of self-assessments (Dunning et al., 2004; Gruppen et al., 2000), indicating that the provision of significant feedback to supervisees is a tool to enhance supervisee assessment of self-efficacy (Eva & Regehr, 2011). One goal of supervision is the development of metacompetence—or the ability to recognize what one knows and what one does not know (Falender & Shafranske, 2021)—which depends on competence in critical reflection and self-assessment.

5. Supervisors seek regular feedback from their supervisees and others about the quality of the supervision they offer and incorporate that feedback to improve their supervisory competence.

Supervisors may not obtain regular feedback once they are licensed and, as a result, may tend to overestimate their competence (e.g., Walfish et al., 2012) and tend to grow in confidence about their abilities, even when that is not necessarily matched by corresponding increases in ability (see Dawes, 1994). Although studies on supervisee nondisclosures (e.g., Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996) suggest difficulty in obtaining candid information from supervisees, it is important that supervisors routinely seek—and utilize—feedback about their supervision (see Williams, 1994).

6. Supervisors aim to periodically review with supervisees the supervisees' performance on both the goals upon which they had agreed and the range of competencies that are expected of all supervisees.

Evaluation is a defining aspect of clinical supervision (Gonsalvez & Crowe, 2014; Hamilton et al., 2022; Neuer Colburn et al., 2016) as it is important simultaneously to training and gatekeeping. Evaluation is broader in scope than formative feedback and provides a mechanism of accountability that focuses both on the range of competencies (Kaslow et al., 2009) and individual goals on which supervisor and supervisee agreed during the contracting/agreement process (Bernard & Goodyear, 2019; Falender & Shafranske, 2021). Evaluation also helps inform the supervisees of their next training goals.

7. Supervisors work to recognize the value of vicarious and active learning, which they may foster in both individual and group supervision.

Supervisees learn through observation, imitation, and modeling of both their supervisors and peers (e.g., in group supervision; Carter et al., 2009; Riva & Smith,

2024). Supervisors may capitalize on this by deliberately modeling (e.g., showing supervisees videos of their work; Haggerty & Hilsenroth, 2011), thinking aloud, engaging in reflective processes, and modeling clinical decision-making (Pinnock et al., 2015). Reflective practice is an essential component of clinical supervision and practice. Modeling, reflecting, and teaching through the use of articles—for example, use of reflective practices described in Ooi, Coker, and Fisher (2023)—and in supervision models that incorporate reflective practice in all aspects described by Falender and Shafranske (2021) and Bernard and Goodyear (2019). Supervisors endeavor to be mindful that supervisees are learning not only skills, but professionalism and ethical behavior from them, even when teaching was not intended (e.g., Barnett & Molzon, 2014). In addition to modeling, active learning techniques, such as role-play and corrective feedback, foster learning (Bearman et al., 2017).

DOMAIN E:

Problems of Professional Competence

When supervisees in health service psychology programs demonstrate problems in professional competence, it can be helpful to consider the multiple contexts in which the behavior is embedded (e.g., cultural beliefs, licensure and accreditation, peers, faculty, supervisors) (Lease et al., 2023; Forrest et al., 2008). Supervisors seek to simultaneously prepare to protect the well-being of clients/patients and the general public, while supporting the professional development and well-being of the supervisee. They also endeavor to be mindful of the effects on the training program itself, as peers typically are aware of supervisees with problems of professional competence and often have concerns that those problems are not being addressed (Rosenberg, et al., 2005; Shen-Miller et al., 2011; Veilleux et al., 2012; Furr & Brown, 2018; Forrest et al., 2022; Quinlan et al., 2024).

Supervisors look to give precedence to protecting the well-being of clients/patients over the training of the supervisee. When supervisees display problems of professional competence, supervisors attempt to make decisions and take actions in a timely manner (Kaslow, Rubin, Forrest et al., 2007; Vacha-Haase et al., 2019), considering important ethical issues (Barnett & Johnson, 2023). Supervisors also seek guidance from the training program's (i.e., graduate program, internship) intentional and well-prepared plans for addressing such problems (Forrest et al., 2013) and providing

supervisee supports and resources to cope with the associated stress.

1. Supervisors strive to understand and adhere to both the supervisory contract/agreement and to program, institutional, and legal policies and procedures related to performance evaluations. Supervisors work to address performance problems directly.

Effective management of professional competence problems begins with the supervision contract/agreement (elements of that contract/agreement are presented in the Ethics section of these *Guidelines on Supervision*) (Goodyear & Rodolfa, 2012; Thomas, 2007). The contract/agreement provides prior written notice of the competencies required for satisfactory performance in the supervised experience (Gilfoyle, 2008) as well as the process of evaluation, the procedures that will be followed if the supervisee does not meet the criteria, and procedures available to the supervisee to clarify or contest the evaluation. The Commission on Accreditation's Standards of Accreditation for Health Service Psychology requires that programs communicate clearly the Due Process Guidelines to the supervisees, and they are reflected in the contract/agreement (2022; section I). In the event a supervisee is exhibiting performance

problems, supervisors seek consultation to ensure understanding of program, institutional, and legal policies and procedures related to performance evaluations.

2. Supervisors seek to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner, allowing for opportunities to effect change.

Supervisors work to evaluate on an ongoing basis the supervisee's functioning with respect to a broad range of competencies, including professional attitudes and behaviors that are relevant to professional practice. Consistent with *APA Guidelines for Psychological Assessment and Evaluation* (APA, 2020), supervisors strive to select, administer, and interpret evaluations with cultural competence. Their determinations about areas in which the supervisee does not meet competence expectations consider: (a) distinctions between normative developmental challenges and significant competence problems (Lease et al., 2023; Vacha-Haase et al., 2019; Fouad et al., 2009; Hatcher et al., 2013; Kaslow et al., 2004; Rodolfa et al., 2005), and (b) the intersections between diversity issues and competence (Constantine & Sue, 2007; Kaslow et al., 2007; Shen-Miller et al., 2009; Lease et al., 2023). Supervisors also seek consultation from and work in concert with relevant program and institutional participants when addressing potential performance issues (Vacha-Haase, 2019).

Especially when potential performance problems are suspected, supervisors look to directly observe and monitor supervisees' work, explore multicultural diversity context and systemic perspectives, and seek input about the supervisee's performance from multiple sources and from more than one supervisor. Supervisors endeavor to document, in writing, with dates and specific behaviors in the record supervisee's professional behaviors and attitudes. Documentation is essential throughout the training trajectory in establishing clarity regarding the performance expectations and the supervisee attaining the requisite competencies, and is important in remediation as well as adversarial actions (Lease et al., 2023; Vacha-Haase, 2019).

If a supervisor identifies a supervisee's professional competence problems, the supervisor assumes the ethical responsibility to discuss these with the supervisee and works to develop a plan to remediate those problems (APA, 2017a; 7.06; Bodner, 2012; Lease et al., 2023). Supervisors endeavor to do so in a manner that is clear, direct, and mindful of the barriers to ensuring that such conversations are effective and likely to maintain the supervisory relationship (Hoffman et al., 2005; Jacobs et al., 2011; Vacha-Haase et al., 2019; Lease et al., 2023).

Supervisors strive to be sensitive to issues of individual and cultural differences in conversations addressing competence problems (Constantine & Sue, 2007; Shen-Miller et al., 2012; Lease & Grus, 2023; Mollen et al., 2023).

3. Supervisors seek competence in developing and implementing plans to remediate performance problems. In conjunction with the supervisee and relevant training colleagues, the supervisor aims to develop written documentation in the areas of the supervisee's competence deficits, performance expectations, steps required to address deficits, responsibilities for each party, performance monitoring processes, and applicable timelines (Kaslow, Rubin, Forrest et al., 2007; Vacha-Haase et al., 2019). The supervisor attempts to follow the steps outlined in this plan, including the development of timely written evaluations that are anchored in the stipulated performance criteria (Kaslow, Rubin, Forrest et al., 2007). Supervisors seek to evaluate their role in the supervisory relationship and adjust it as needed, providing more direction and oversight, and ensuring that client/patient welfare is not threatened and that appropriate care is provided. These supervisory responsibilities are balanced with both training and gatekeeping responsibilities.
4. Supervisors seek to be mindful of their role as gatekeepers and take appropriate and ethical action in response to supervisee performance problems. In most situations, supervisees are ethically and legally entitled to a fair opportunity to remediate their competence problems and continue in their program of study (McAdams & Foster, 2007; Vacha-Haase, 2019; Lease et al., 2023). Supervisors strive to closely monitor and document the progress of supervisees who are taking steps to address problems of competence. Should the supervisee not meet the stipulated performance levels after completing the agreed-upon remediation steps, attending to the supervisee's due process, a supervisor may consider whether the supervisee remains in or is dismissed from the training program. Supervisors aim to develop a clear understanding of competence problems that reflect unethical and/or illegal behavior that is sufficiently serious to warrant immediate dismissal from the training program (Bodner et al., 2012). Such considerations occur in the context of the training program's organization's explicit plans for addressing such problems.
5. Supervisors consider the intersection of a problem of professional competence and supervisee diversity identities when formulating an understanding of and plan for remediating a problem of professional competence.

Supervisee diversity can both be a factor in supervisors' conceptualization of a problem of professional competence (or not considered when it should be) and in their

evaluation of the outcomes of a remediation plan (Kallagher et al., 2017; Shen-Miller et al., 2012). Supervisors aim to remain mindful of their own degree of cultural humility, specifically to understand the degree to which the problem of professional competence is reflective of a systems-level problem or lack of supervisor competence.

In addition, supervisees may hold beliefs that are in conflict with those of a patient with whom they are assigned to work and may express reluctance or refusal to work with such individuals. Supervisors endeavor to be mindful of their responsibility to develop supervisee's competence to serve diverse populations, balanced with respect for supervisees' rights to have personal beliefs (Lease et al., 2023).

6. Supervisors strive to take actions to minimize the impacts on other trainees in a program where a student in their

cohort may have a problem with professional competence.

When a supervisee has a problem of professional competence, it is likely that other trainees in the program are aware; and while trainees report confidence that trainers are aware of the trainee with a problem of professional competence, they are less confident that it will be addressed (Shen-Miller et al., 2011). Most reported that they became aware that the problem was being addressed via peers or from the Trainee with Problems of Professional Competence (TPPC), but less often from the training director or faculty. Concerns about confidentiality may lead programs to under-disclosure to other trainees (Forrest et al., 2022). Trainees report a variety of reactions to having a peer with a TPPC, including learning disruptions and stress (Furr et al., 2018).

DOMAIN F:

Ethical, Legal, and Regulatory Considerations

Valuing and modeling ethical behavior and adherence to relevant legal and regulatory parameters in supervision is essential to upholding the highest duty of the supervisor, which is protecting the public. Improper or inadequate supervision is the ninth most reported reason for disciplinary actions by licensing boards (ASPPB, 2023). Supervisees notice when supervisors do not adhere to ethics and best practices (Smith et al., 2012; Wall, 2009). In one study, up to three-quarters of participants had perceived at least one ethical lapse of best practices by a former supervisor (Hansell, 2017). Further, there is growing evidence to suggest that supervisees who experience unethical supervision perceive it as harmful to their professional development (Ellis et al., 2014; Hutman et al., 2023; Reiser & Milne, 2017). Supervisors strive to not only model ethics and best practices to their supervisees but also to follow ethics and best practices in supervision. Rather than subscribing to a set of prohibitions, supervisors endeavor to model positive ethics, engaging in reflection and adhering to ethical principles and ethical standards (Knapp et al., 2018).

1. Supervisors strive to model ethical practice and decision making and conduct themselves in accord with the APA ethical principles and standards, guidelines of any other applicable professional organizations, and relevant fed-

eral, state, provincial, and other jurisdictional laws and regulations.

Supervisors strive to support the acculturation of the supervisee into the ethics of the profession, their professional development, and the integration of ethics in their professional behavior (Handelsman et al., 2005; Knapp et al., 2013). Supervisors work to ensure that supervisees develop the knowledge, skills, and attitudes necessary for ethical and legal adherence. The supervisor aims to be a role model for ethical and legal responsibility (see Thomas, 2010).

Supervisors seek to discuss with supervisees values that bear on professional practice, applications of ethical principles and standards to specific cases, and the use of ethical decision-making models (Koocher & Keith-Spiegel, 2008; Pope & Vasquez, 2011). Ethical decision-making models are an important tool to address ethical dilemmas. Culture, worldviews, diversity, and inclusion have often been neglected in ethical decision-making models. Juntunen and colleagues' (2023) socially responsible model encourages viewing the ethical dilemma through a wide and diverse lens and broadening prospective options or pathways to resolu-

tion, considering biases, judgments, and racial beliefs. It provides a framework that is inclusive of culture and self-reflection and self-assessment of one's own biases, judgments, and the potential for racist judgments, beliefs, or practices (Hunt et al., 2024). Considering transnational worldviews, Schultz and colleagues (2021) proposed an international worldview collaborative approach to addressing complex global ethical dilemmas in situations when Western values are not applicable.

The supervisor aims to understand current jurisdictional laws and regulations and their application to the clinical setting for the supervisee (e.g., duty to warn and protect; Werth et al., 2009). Supervisors work to know legal standards and their applicability to both clinical practice and to supervision.

2. Supervisors seek to uphold their primary ethical and legal obligation to protect the welfare of the client/patient (Bernard & Goodyear, 2019; Falender & Shafranske, 2021). Supervisors strive to balance this protection with the secondary responsibility of increasing supervisee competence and professional development. Supervisors seek to ensure that supervisees understand the multiple aspects of this responsibility with respect to their clinical performance (Falender & Shafranske, 2017). Supervisors work to focus on their responsibility for the supervisee's clinical work (Bernard & Goodyear, 2019).
3. Supervisors have a legal obligation to ensure that their supervisees demonstrate the competence needed to deliver psychological services. The specifics of that obligation will vary depending on the state(s) in which they practice. This obligation includes assessing supervisees' suitability to enter the field (see Zhou et al., 2024).

Supervisors strive to help supervisees advance to successive stages of training upon attainment of expected competencies (Bodner, 2012; Fouad et al., 2009). Direct observation and process monitoring are two essential components of clinical supervision practice, to enhance supervisee competencies as a means of client protection, promoting client welfare, ethical practice, and ensuring adequacy of the training trajectory (Zhu et al., 2022; Johnson, 2019). If competencies are not being attained, in collaboration with the supervisee's academic program, supervisors work to devise action plans with supervisees, with the understanding that if the stated competencies are not achieved, supervisees who are determined to lack sufficient foundational or functional competencies for entry to the profession may be terminated to protect potential recipients of the supervisee's practice (Forrest et al., 2013; Zhou et al., 2024). Descriptions of such processes are in the training program's or organization's explicit plans for addressing competency problems or the unsuitability of the supervisee for the profession.

4. Supervisors attempt to provide clear information about the expectations for and parameters of the specifics of supervision (including group supervision) to supervisees, preferably in the form of a written supervisory contract or agreement (Smith et al., 2012).

A supervision contract/agreement (e.g., ASPPB, 2020, Appendix IV) serves as the foundation for establishing the supervisory relationship by specifying the roles, tasks, responsibilities of supervisee and supervisor, and performance expectations of the supervisee (Bernard & Goodyear, 2014; Falender & Shafranske, 2021; Osborn & Davis, 2009; Thomas, 2007, 2010; Amaro et al., 2020). A supervision contract/agreement has been defined as an informed consent document (Barnett, 2023) and a component of effective clinical supervision (Ellis et al., 2014). However, processes and components of such a contract/agreement, as well as the use of the word "contract" may be viewed as too legalistic. Omission of a contract or training agreement may lead to misunderstandings and pose the potential of harm to the supervisee and clients (Ellis et al., 2014). Constructing a contract/agreement as a part of graduate training has been proposed as a didactic exercise to increase recognition of the value of the process (Amaro et al., 2020). Supervisors strive to convey the value of the points in the supervision contract/agreement through conversations with supervisees and may modify the understanding over time as warranted, as the goals for supervision and for supervisee development change. The contract/agreement may include but is not limited to a delineation of the following elements:

- a. Content, method, and context of supervision—logistics, roles, responsibilities, and processes of both supervisor and supervisee
- b. Roles and expectations of the supervisee and the supervisor, and defined supervisee goals and tasks: these include protection of the client(s) and assessing supervisees' suitability to enter the field
- c. Criteria for successful completion and processes of evaluation with sample evaluation instruments and competency documents (APA, 2017a, 7.06)
- d. Processes and procedures when the supervisee does not meet performance criteria, or reference to such if they exist in other documents
- e. Expectations for supervisee preparation for supervision sessions (e.g., video review, case notes, agenda preparation)
- f. Informs supervisor of risk situations as well as clinical work
- g. Limits of confidentiality of supervisee disclosures,

behavior necessary to meet ethical and legal requirements for client/patient protection, and methods of communicating with training programs regarding supervisee performance

and relationships present within their setting (Smith et al., 2012; and all aspects of their training (Hammel et al., 1996; Falender & Shafranske, 2021).

- h. Expectations for supervisee disclosures, including personal factors and emotional reactivity (previously described), and worldviews (APA, 2017a, 7.04)
 - i. Relationship between supervisor and supervisee, including how to handle differences within the context of the power differential, with consideration of culture and identities. Relationship between supervisor and supervisee, power differential, process comments, how to handle differences, and ethical aspects of the relationship)
 - j. Legal and ethical parameters and compliance, such as informed consent, multiple relationships, limits of confidentiality, duty to protect and warn, risk assessment, and emergent situation procedures
 - k. Processes for ethical problem-solving in the case of ethical dilemmas (e.g., boundaries, multiple relationships)
5. Supervisors strive to maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development (see Domain D for guidance on supervisee assessment and feedback). Supervision documentation and maintenance of supervision records is an important means of complying with ethical and legal obligations, including documenting the occurrence, conduct of supervision, and supervisee progress with clients (e.g., APA, 2007; Bernard, 2014; Falvey & Cohen, 2004; Luepker, 2012; Thomas, 2010).
6. Supervisors work to ensure competence in technology when use is required to complete essential supervision functions (e.g., video review, supervision documentation, remote supervision, electronic medical records, clinical documentation review) (APA, 2024d).
7. Multiple relationships are inherent in training sites in multiple capacities, including administrative, research, teaching, and clinical. Also, a supervisor may provide both individual and group supervision, often with some of the same supervisees. The supervisor works to maintain responsibility for identifying and addressing multiple relationships and managing relationship dynamics among supervisor, supervisee, client, and peers (Barnett & Molzon, 2014; Gottlieb, et al., 2007), including attending to and maintaining personal and professional boundaries. Supervisors seek to facilitate open communication amongst all involved parties about the multiple roles

Conclusion

The *Guidelines on Supervision* address six domains of supervision and offer specific suggestions in each of these domains that delineate essential practices in the provision of competency-based clinical supervision. The overarching goal of the *Guidelines on Supervision* is to promote the provision of quality supervision in health service psychology using a competency framework to enhance the development of supervisee competence while upholding the highest duties of supervision, ensuring the protection of patients, the public, and the profession. The *Guidelines on Supervision* are intended to be aspirational in nature and are responsive to current trends in education and training in health service psychology. They are considered a living document. Accordingly, they should be reviewed periodically and informed by developments, including the evidence base regarding clinical supervision.

Next Steps/Future Directions

The *Guidelines on Supervision* lay out the components and essentials of clinical supervision practice. For the *Guidelines on Supervision* to have meaningful impact on supervision practice, the next steps require dedicated attention by the profession to the following: articulating the processes for and research on the implementation of a multicultural orientation in all aspects of clinical supervision and assessing the impact of specific designated practices of clinical supervision on patient care and outcomes as well as on supervisee development in all competencies. Doing so will lead to the enhancement of recognition of the value and societal impact that supervision provides.

Further, translating this to graduate training would ensure that clinical supervision is understood as a central component of the therapist/supervisee development, an informer of clinical practice, a key to adequate and exceptional client care, and the future of the profession of health service psychology. The focus is recommended to identify training strategies and experiential practices to instill supervisee competence as a clinician, and attending to the impacts of best practices of clinical supervision on client outcomes.

Finally, research is essential to assess the impact of the guidelines on all levels of clinical practice and on patient outcomes, including research on: (1) refinement of input (supervisee training to be effective supervisees and ultimately supervisors, evidence-supported practices, frames, and assessment); (2) assessment of supervisee progress; (3) client report of outcomes; (4) requisite knowledge, skills, and attitudes; and (5) impact of supervisor competence on developing supervisee competence to provide guidance in clinical practice.

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Definitions

Assessment refers to the processes supervisors use to gather, interpret, and synthesize data about clients/patients, supervisees, and supervision (Ellis et al., 2008). We define assessment to include observations of supervisees' psychological practice, clinical assessment, as well as formal measures, scales, rating protocols, and evaluation performance ratings. Assessment entails gathering data to make inferences, for example about evaluation performance of the supervisee, the supervisor, and the supervisory relationship. Assessment pertains to assessing and measuring attributes of supervisees (characteristics, traits, values, behaviors, competence, and so forth).

Boundaries are "a limit, rule, guideline or protective space that helps define the relationship or is defined by the relationship" (Sommers-Flanagan, 2012, p. 246).

Clients/patients refers to the child, adolescent, adult, older adult, couple, family, group, organization, community, or other population receiving psychological services.

Competence "in professional psychology is the ability to demonstrate context-relevant knowledge, skills and professional attitudes (as expressed in behavior) and their integration. Competence is judged in relation to a standard or a set of performance criteria" (adapted from ASPPB, 2020). Competence is not an end point but requires consistent commitment to a process of ongoing effort, attention, and updating including recognition of racial and cultural realities.

Competencies are the integration of psychologically relevant knowledge, skills, values, and attitudes that are judiciously applied in context to the required standard for a desired outcome (ASPPB, 2013). They are a constellation of demonstrable elements: measurable patterns of knowledge, skills and attitudes, essential for effective professional practice in psychology and their integration.

Diversity refers to self-awareness, competence, and respect for the multicultural identities (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity and expression, race, ethnicity, national origin, immigration status, religion, sexual orientation, disability, language, and socioeconomic status), and the resultant multiple worldviews of the client(s)/ patient(s), supervisee/therapist, and supervisor(s).

Diversity competency refers to self-awareness and knowledge, skills, and attitudes regarding the multiple identities of the client(s)/patient(s), supervisee/therapist, and supervisor(s) to work within the context of individual and cultural diversity-

ty-awareness, and the infusion of these into professional practice and clinical supervision. Diversity competency includes the use of reflective practice and the sensitivity and skills to work with diverse individuals, groups, and communities who represent various cultural and personal background as well as characteristics defined broadly and consistent with APA policy (Fouad et al., 2009).

Evaluation involves determining the extent to which expected performance is congruent with actual performance (Ellis et al., 2008) and establishing a timely and specific process for providing information to supervisees regarding their performance. Evaluation also includes providing information regarding the evaluation process to the student at the beginning of supervision (APA, 2017a, 7.06).

Evidence-based practice integrates "the best available research with clinical expertise in the context of client/patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-based Practice, 2006, p. 271).

Feedback refers to the "timely and specific" (APA, 2017a, 7.06) process of explicitly communicating information about performance. Feedback can be verbal, written, or both. Effective feedback provides a balance of positive (that which meets or exceeds performance expectations) and constructive feedback (that which needs improvement) to the supervisee about (a) the supervisee's progress towards supervision goals, competency attainment, and professional development; and perceptions of (b) the process and content of supervision, the nature of the supervisory relationship, and effectiveness of supervision.

Formative evaluation refers to ongoing assessment and monitoring of the supervisee's performance in comparison to the expected, criterion-referenced goals for the supervisee's development of competence (knowledge, skills, and attitudes). The purpose of formative evaluation is fostering the supervisee's growth and professional development. Formative evaluation is the set of inferences and conclusions supervisors make about the supervisee's ongoing performance.

Gatekeeping is the ethical obligation not to graduate, promote, or allow to proceed "those who because of their incompetence or lack of ethical sensitivity would inflict harm on the consumers they have agreed to help" (Kitchener, 1992, p. 190) to ensure maintenance of the integrity of the profession (modified from Brear & Dorrian, 2010; Behnke, 2005). The most important gate supervisees must pass through (or not) is licensure permitting independent practice (Goodyear & Rodolfa, 2012).

Inferences refer to tentative conclusions based on information that has been gathered (e.g., from observations, measures, or other data; Ellis et al., 2008).

Informed consent is a legal and ethical obligation and a respectful process to provide information to supervisees about the nature of the supervision relationship, logistics, expectations, and the requirements and competencies that must be met for satisfactory completion (adapted from Thomas, 2010).

Observation refers to information that is secured by immediate sensory experience (visual, auditory, kinesthetic; Pepinsky & Pepinsky, 1954). In the case of supervision, observations may be conducted via video or live.

Problems of professional competence is the preferred terminology to refer to supervisees whose performance or behavior does not meet professional and/or ethical standards for professional practice. The use of the phrase, problems of professional competence, conveys three essential points: there is a performance problem or deficiency; there is a professional competency standard that the supervisee is not attaining; the performance problem(s) is defined in a competency/behavioral framework.

Professionalism is conceptualized as a value system that guides professional behaviors and actions. It includes the following components and associated behaviors: (a) accountability (acting with responsibility, commitment, and appropriate deportment), (b) ethical engagement (being honest and trustworthy, acting with integrity, courage, and in accord with ethical and moral standards), (c) self-reflection (demonstrating openness, self-awareness, and thoughtfulness in the self-evaluation process; being committed to self-care and engagement with a competence constellation), (d) excellence (doing one's best and pursuing continued professional development and lifelong learning), (e) humanism (being caring, compassionate, and respectful of others' dignity and choices), (f) civility (acting in good faith and with respect in interactions with others and seeking mutual understanding and common ground in the face of differences), (g) collaboration (engaging in productive communications and working effectively and collegially with others), (h) cultural humility (maintaining an other oriented interpersonal stance vis-à-vis aspects of cultural identity significant to others, reflecting on one's self as a cultural being, aware of one's limitations in understanding other's cultural backgrounds), (i) psychology's social contract with society (having a sense of obligation to function competently for the discipline and profession and the publics psychologists serve), and (j) social responsibility (demonstrating altruism and a commitment to service, advocating on behalf of others, and being fair and ethical stewards resources) (Grus et al., 2018).

Reflective practice is a process of self-regulated learning that occurs in the context of identification of an unforeseen situation that is in turn examined and results in new understanding

(Shön, 1987). It creates an environment of inquiry marked by curiosity, attentiveness, and openness (Carroll, 2010). Reflection is "Purposeful focusing on thoughts, feelings, sensations and behaviour in order to make meaning from those fragments of experience" (Voller, 2009, cited by Carroll, 2010). It also entails knowing what you do not know and being open to reflection.

Remediation plan is a plan outlining the developmentally expected benchmarks for foundational and functional competencies that the supervisee has not met. The plan describes the problem in each competency domain identified, articulates specific expectations, supervisee responsibilities and actions, supervisor responsibilities and actions, timeframe, assessment, and consequences of successful and unsuccessful remediation (Competency Remediation Plan, APA; Kaslow et al., 2007).

Self-assessment refers to a supervisee "learning and responding to feedback for the purpose of fostering development, identifying and addressing competence challenges and preventing competence problems" (modified from Kaslow et al., 2007).

Summative evaluation refers to the supervisor's summary conclusions regarding the supervisee's status and progress towards competence standards, developmentally appropriate expectations, and program requirements. Summative evaluation necessarily includes formal written feedback to the supervisee. They typically occur at a minimum of twice during a supervisory experience: at midpoint and at the conclusion.

Social justice refers to a commitment to creating fairness and equity in resources, rights, institutions, and systems, and the treatment of marginalized individuals and groups of people who do not share equal power in society" (APA, 2021c)

Supervisee is a person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services (ASPPB, 2018).

(Limits of) Supervision confidentiality refers to a statement describing the limits of confidentiality of supervisee disclosures to the supervisor. These limits relate to supervisors' responsibility to disclose supervisee statements/behavior/evaluation as necessary to uphold ethical and legal standards for client/patient protection, to prevent entry into practice of supervisees who are unsuitable for practice (i.e., gatekeeping responsibilities), and to communicate with training programs regarding supervisee development and performance.

Supervision contract/agreement (e.g., ASPPB, 2020, Appendix IV) is an informed consent document, describing the expectations, goals, requirements, and parameters of supervision; roles and responsibilities of supervisee and supervisor(s); specific limits of confidentiality in supervision (e.g., normative reporting/disclosures to graduate programs, licensing boards, training teams); and liability, direct and vicarious, of the supervisor(s), by virtue of their relationship with the supervisee.



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