



## Ethical Supervision

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Clinical supervision of prelicensed supervisees is a common professional activity of licensed psychologists—some estimates suggest that at least half of all licensed psychologists provide clinical supervision at some time in their professional career. There has also been a dramatic growth in the research and professional literature in the past decade in training and identification of competencies of clinical supervisors (see Barnett & Carter, 2007 for a recent review). This column provides readers with updates about some of this recent research and reminders to supervising psychologists about doing ethical supervision.

1. **Informed consent:** The California Board of Psychology requires the Supervision Agreement form be completed between supervisor and supervisee at the start of the supervisory relationship (Board of Psychology Regulations 1387b.10 & 1371.1a). Providing additional supervision contracts and supervisee 'bill of rights' to supervisees about a range of supervision issues has become a common supervision practice, and fortunately many model contracts are available (Bernard & Goodyear, 2004; Falender & Shafranske, 2004). Altogether, the BoP agreement form and supplemental contracts facilitate proactive conversations about expectations, training models, evaluation and procedures in supervision that educate supervisees about the supervisory process and relationship. In addition, informed consent forms or agreements between doctoral students and their doctoral programs' training coordinators are also recommended to allow for conversations between supervisors, agencies and doctoral programs concerning supervisee progress.
2. **Confidentiality:** Specific information concerning the limits of confidentiality pertaining to supervision discussions, written supervision notes, and electronic recordings of supervisee's sessions should be clarified in the supervision contract. Supervisees, clients and doctoral programs should be informed about the security, maintenance and disposal of supervision materials. Although the recent APA record keeping guidelines (2007) do not specifically mention supervision documents, it seems prudent at this time to maintain these documents in accordance with the maintenance of clinical records.
3. **Multiple relationships:** This arena has potential for harm to supervisees and in rare instances, serious misconduct by supervisors. Supervisors are cautioned about the potential for misconduct in this arena, especially when supervisees are

post-doctoral and possibly more likely to be treated as peers rather than as supervisees with whom the supervisor still has an evaluative and potentially exploitative relationship.

4. **Diversity and supervision:** Ethical supervisors are mindful of a variety of diversity issues in the supervisor-supervisee relationship, and research in effective supervision indicates that supervisor competence and sensitivity to these issues is noticed and valued by supervisees (Falender & Shafranske, 2004).
5. **Supervisor liability:** Supervisors are reminded about the distinction between direct and vicarious liability. Direct liability refers to the supervisor's own deficient actions or inactions with their supervisees (Saccuzzo, 2002). Vicarious liability refers to the possibility that even an excellent supervisor may be liable for the potentially negligent actions of their supervisee

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(Saccuzzo, 2002). Supervisors who actively implement the above ethical practices are likely to minimize their potential liability.

6. **Supervisor immunity:** The successful passage of SB 822, Aanestad, supported by CPA, now provides immunity from liability for supervisors whose communications about their supervisees' performance to their doctoral programs or licensing boards are intended to "aid in the evaluation of the qualifications of a practitioner of the healing...arts."
7. **Supervision training:** Many states including California now require supervisors to complete a certain number of CE hours in supervision training each license renewal cycle (American Counseling Association, 2008). More advanced training programs in supervision are available on a voluntary basis through professional organizations such as AAMFT and CAMFT, although APA has yet to implement specialties or proficiencies in clinical supervision. However, many clinical psychology doctoral programs now include coursework in supervision skills to advanced doctoral students as recommended by the APA Committee on Accreditation (APA, 2008).

In addition, current research suggests that allowing structured time for peer consultation and supervision of supervision enhances supervisor competence, especially when opportunities are provided for confidential discussion among supervisors of supervision challenges and countertransference issues (Bernard & Goodyear, 2004).

Finally, the CPA Ethics Committee encourages consultation with the committee concerning ethical dilemmas that supervisors might encounter in supervision. 

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