



Guidelines on Supervision

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Index

Guidelines on Supervision	1
Index	1
The purpose of the Board's "best-practice" guidelines	3
Introduction to the Supervision Guidelines.....	3
What is meant by supervision?	4
The Board's policy with regard to supervision	4
Supervision objectives	5
Self-reflection	5
Models of learning	6
Professional development of cultural competence in supervision.....	8
Professional development of bicultural competence in supervision.....	9
The process of supervision	11
The supervision relationship	12
Competencies for the supervisor.....	13
Managing the power imbalance during supervision	14
The structure and frequency of supervision	15
Supervision of Interns	16
Training supervision is described as:	16
Remedial supervision	17
Supervision for CCP purposes	18
Supervising colleagues from other disciplines	18
Supervision by video-conferencing.....	18
Record keeping.....	18
Competency concerns	19

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Choice of supervisor 19
Accountability and confidentiality 20
Supervision is integral to the role of the psychologist 21
Acknowledgements 22
References..... 22
APPENDIX ONE: A MODEL SUPERVISION CONTRACT..... 24
APPENDIX TWO: SAMPLE Annual Record of Supervision..... 26

DRAFT

The purpose of the Board's "best-practice" guidelines

Practice guidelines recommend specific professional conduct for psychologists to educate and inform practice. Guidelines are recommendations rather than mandatory standards, but supplement the Code of Ethics which is the highest and most aspirational regulatory document.

The Code of Ethics for Psychologists working in Aotearoa/New Zealand, also presented in Te Reo, Te Tikanga Matatika: Mā ngā Kaimātai Hinengaro e mahi ana I Aotearoa (the **Code**) delineates the manner in which psychologists ought to carry out their practice. All other statements of how psychologists should or must conduct their practice must be consistent with this document and its ethical principles of respect for the dignity of persons, responsible caring, integrity in relationships and responsibility to society. Guidelines adopted by the Psychologists Board (the **Board**) support psychologists in providing competent and ethical practice by translating or expanding on the Code in relation to more specific aspects of their professional behaviour.

By integrating the principles of the Code and current specialised knowledge in an area of practice, the Board develops guidelines to support quality services for the benefit of consumers and to protect the public. It is incumbent upon psychologists to be familiar with any Board guidelines relevant to each area in which they practise. Guidelines are not definitive, binding, or enforceable by themselves. They have the least authority of any of the regulatory documents. However, a disciplinary body may use the guidelines in evaluating a psychologist's knowledge and competency. Guidelines that are relevant to a particular area in which a psychologist has chosen to practise help to define competent and skilled professional behaviour. Practice that is inconsistent with relevant guidelines may represent unskilled practice.

Introduction to the Supervision Guidelines

The Board is obliged under the Health Practitioners Competence Assurance Act 2003 (the **Act**) to assure the public that each psychologist is maintaining their competence. The Board considers supervision, complemented by the Continuing Competence Programme, as a key mechanism to achieve this. Supervision is underpinned by reflective practice as a core competency, that is, one of the foundation competencies which all psychologists are required to have (Core Competencies for the Practice of Psychology in New Zealand, July 2008). The expectation of supervision is explicitly stated in the Code under Principle 2.2.6 (section "Responsible Caring: Competence"). Supervision is an intrinsic part of any programme the Board recognises, accredits, or sets to ensure the ongoing competence of psychologists.

The generic competencies expected of a psychologist are contained in the Board's Core Competencies document. Supervision facilitates the enculturation and development of judgement to enable the application of the psychological knowledge to the practical situation. Competence includes being culturally competent. Within the practice of psychology cultural safety demands of the psychologist a high degree of awareness of one's own culture, the cultural bias inherent in some psychological practice, as well as the cultural identity of the recipient of the psychological service offered. Although the Board is committed to ensuring that the training and practice of psychologists in New Zealand reflects paradigms and world views of both partners to the Treaty of Waitangi (**ToW**), the main body of knowledge within the psychology discipline is derived from Euro-American traditions. The Board recognises that this viewpoint may at times sit outside the world views of

cultural groups that do not align easily to those traditions. That includes Te Ao Māori. Therefore special effort is required to ensure that the ToW commitments are upheld.

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

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

What is meant by supervision?

Supervision is defined as a scheduled time to meet with a respected professional colleague for the purpose of conducting a self-reflective review of practice, to discuss professional issues and to receive feedback on all elements of practice, with the objectives of ensuring quality of service, improving practice and managing the impacts of professional work upon the supervisee. The reflective discussion deepens awareness of the link between the personal and professional identities of the supervisee and how these interact in her or his practice. Supervision helps to promote competence, confidence and creativity.

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

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

The Board's policy with regard to supervision

The Board expects all practising psychologists will engage in supervision, regardless of the stage of their career and work settings/contexts. Although supervision is continued throughout a psychologist's career, the nature of the supervision relationship is likely to change as the career evolves. Supervision used for training purposes will vary from peer consultancy on such dimensions as the level of accountability and responsibility of the supervisor, the extent of evaluation, and the power differences between supervisor and supervisee.³ The different purposes that supervision may address is expanded on later in this guideline document.

All aspects of a psychologist's work (e.g. client contact, research, educational, managerial) should be supervised. However it is expected that the nature of the supervision will vary

² Howard et al, 2016, page 323

³ Howard et al, 2007, page 212

between individuals and across different work contexts. The Board does not believe that one model or style of supervision will apply to all psychologists in all areas of practice at all times in their career. "Supervision" may be referred to by different names in different settings, such as mentoring (in academic circles) or professional networking (in industrial and occupational psychology). However care should be taken that the special and additional features implied by the term supervision are not lost if practitioners rely solely on mentoring or professional networking. It is also acknowledged that practitioners may engage in more than one form of supervision at any one time, to support various strands of their work.

Supervision objectives

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

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

Competence is dynamic and evolving as new professional challenges arise, requiring "flexible and problem-specific applications, combining old and new knowledge"⁵. Supervision supports the self-reflective process to generate this ongoing process of renewal and expanding capability.

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

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

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

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

Self-reflection

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

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

⁵ Falender and Shafranske, 2012, page 132

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

As a planning, proactive approach, reflection can be a problem solving or strategic activity.⁷ Alternately, the need to reflect is often triggered by an emotional response that is not understood, and therefore combines elements of what is already known and what needs to be pondered, in order to understand better.

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

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

Schon refers to this as the dilemma of rigour versus relevance.

Against this uncertainty, the experienced professional brings "an epistemology of practice implicit in the artistic, intuitive processes which some practitioners do bring to situations of uncertainty, instability, uniqueness and value conflict", by reflection-in-action. Schon considered reflection on experience, such as occurs in supervision, as the primary key to unlocking "professional artistry", the ability to unite scientific knowledge and theory with practical experience to tailor interventions to meet the idiosyncratic needs of clients.

As practice becomes more repetitive and routine, then he or she may become "selectively inattentive to phenomena that do not fit the categories of this knowing-in-action" and so be drawn into patterns of error. The awareness of an outcome or observation that "falls outside the range of ordinary expectations" may prompt the professional practitioner to reflect on his or her action, thus becoming a researcher in the practice context, to construct a new theory of the unique case. In this sequence, reflection can bring fresh awareness to this situation.

It is the supervisor's role to encourage consideration of the "when-then" awareness and the "if-then" so that the supervisor is not doing therapy by proxy but instead encouraging the supervisee to learn and generalise so that it encourages skill development and greater moves to independence.⁹

Models of learning

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

Many of the reflective models are based on Kolb's Learning Cycle (1984)¹¹: These models encourage the supervisor to engage the supervisee in a process of reflecting on a particular experience, to consider what happened and to deepen awareness of what he or she was thinking and feeling at the time. The discussion will enable the supervisee to reflect on ways that this may be conceptualised in terms of theoretical models and possible ways of responding.

⁷ Haarhof, 2016, page 306

⁸ Schon, 1983, page 40

⁹ Haarhof, 2016, page 307

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

¹¹ Cited by Howard et al, 2007, page 217

The process will include consideration of:

- Describing the situation or issue, what happened?
- Reflection: what were you thinking and feeling?
- Conceptualisation: what theoretical knowledge can be applied here?
- Planning interventions: Given the reflections and insights gained in this discussion, what might you do in the future? What would you do?

Vygotsky (1978) highlighted that a supervisee's stage of development is an important consideration as a trainee, novice, experienced and an expert practitioner show differences in depth and scope of self-reflection. It is therefore useful for supervisors to consider the supervisee's "Zone of Proximal Development" which is defined as the difference between what is actually known, what is potentially knowable and what is out of reach when determining how to guide reflection.¹²

The Declarative Procedural Reflective Model, developed by Bennett-Levy (2006) describes an effective reflective system as enabling the practitioner to focus and integrate information derived from what is happening in therapy with the client with knowledge gained through other learning channels. This may derive from theoretical learning (referred to as declarative knowledge); the accumulated knowledge gained through previous experience, and the theories making sense of that (called procedural knowledge). Reflection can be considered as a process of identifying a problem or inconsistency with expectation, to focus attention on it through reconstructing the event via mindful consideration; then conceptualising and synthesising to problem solve.

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

1. Asking informational questions, including enquiring about the situation and enquiring what help do you need?
2. Being empathic, attentive and a curious listener.
3. The supervisor then summarises back, to ensure mutual understanding.
4. Asking synthesising or analytic questions: What do you make of that? How would you put those pieces of information together?

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

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

¹² Cited by Haarhof, 2016, page 307

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

¹⁴ Howard et al (2007)

Professional development of cultural competence in supervision

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

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

Cultural competence may be promoted in supervision by increasing awareness and respect of the cultural diversity between supervisee and the recipients of services, as well as being mindful of the cultural layering to the relationship between the supervisor and supervisee.

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

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

"There is a tacit perception that the Western perspective is more advanced representing the way things should be and is generally more consistent with the achievement of well-being".¹⁸

Individuals who are from other cultures or backgrounds (whether client or supervisee) may be unintentionally dominated and assimilated, because of the lack of awareness of "other ways of being". This is also applicable to Māori epistemology and those systems of thinking belonging to other cultures. Against the dominant Eurocentric approach to psychology theory, Māori and other indigenous scholars are regarded as dissenters from what is assumed to be known as normal. To enable approaches that honour the integrity of their cultural way of being means creating "a space in which productive, unsanctioned thought can operate", in defiance of the pressure towards conformity. This dynamic tension was described in an academic setting in the following way¹⁹:

"Centripetal forces, allied to established research standards and practices, pull inwards, straining to establish certainty, to consolidate knowledge into a coherent body, and to stabilise and secure established boundaries. Centrifugal forces pull away from the stable core, destabilise secure boundaries, explore and expand possibilities beyond and create deviations from the known and normal".

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

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

¹⁶ Constantine et al (2007) –article no 13

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

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

¹⁹ Engels-Schwarzpaul, A., 2016, page 16

All psychologists working with culturally diverse individuals or groups should have in place or seek a formal cultural supervision arrangement for any culturally related components of their professional practice.

Cultural knowledge, awareness and cultural sensitivity are also relevant to organisations and the practice of organisational psychology²⁰. At an organisational and systemic level cultural competence entails ensuring that tools, models, structures, the embedded assumptions of that system, are not unfairly treating other cultures. Some systemic policies and procedures may inadvertently marginalise minority groups and contribute to mental health inequity. Professional psychologists should be alert to any such injustice and to advocate for changes to promote health advancement for all, as consistent with the Code, Principle 4: Social Justice and Responsibility to Society. Supervision is likely to be the forum for checking perceptions and discussing approaches to intervene to help achieve positive change.

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

Professional development of bicultural competence in supervision

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

“A critical aspect of acknowledging diversity means recognising various sources of knowledge. By making reference to these we invest in them a sense of authority”.²¹

Without this support for Māori systems of epistemology, there is a risk of pressure towards assimilation, to relinquish culture in favour of that of the dominant society. Waitoki (2012) referred to the “captured mind” as resulting from Māori, being immersed in social, political and academic systems that value Western knowledge over Māori knowledge. She warned of the likelihood that the captured mind may be unconscious of its own captivity and the conditioning factors that make it what it is. “This is problematic because of a tendency to exclude, limit or control the parameters of Māori, knowledge and its application to psychology”.²²

Kaupapa Māori theory is seen as an antidote to this, as a way to “decolonise the mind”. Inherent in this approach is an understanding that Māori have fundamentally different ways of seeing and thinking about the world and simply wish to be able to live in accordance with that specific and unique identity”.²³

²⁰ Bryson and Hosken, 2005, page 70

²¹ Nikora (1993), cited by Howard et al, 2016, page 325

²² Levy and Waitoki (2016), page 33

²³ Mahuka (2008) cited by Levy and Waitoki, 2016, page 33

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

Although Durie's Te Whare Tapa Wha model of conceptualising an assessment of a Māori person is widely understood, many psychologists need supervisory support to translate this into practice. The Meihana Model developed by Suzanne Pitama²⁴ supports the consideration of Māori beliefs, values and experiences in the professional psychology practice, to facilitate the "fusion of clinical and cultural competencies to better serve Māori within mental health service delivery." The updated model²⁵ has been added to the Hui approach to give a Hauora Māori Clinical Guide for Psychologists which aims to support psychologists to be responsive to Māori clients/whānau and to contribute to the reduction of mental health inequities. The intention is that psychologists can augment their existing professional psychology practices, to improve their responsiveness to Māori clients and their whānau. The Hui Process adapts the structure of the hui to clinical interaction, to align with the engagement strategies from Te Ao Maori, and consists of:

- Mihimihi, initial greeting engagement;
- Whakawhanaungatanga, making a connection and building relationship;
- Kaupapa, attending to the purpose of the encounter; and
- Poroaki/ whakamutunga, closing the session.

The Meihana Model includes:

1. Waka Hourua, the double hulled canoe, represents the centrality of the client/whānau relationship with the professional person to work alongside one another to explore the dimensions of the presenting issues and future plans. The key dimensions are:
 - Whānau, the client's support networks. The engagement of the client needs to support the engagement of the client without isolating whānau who have a key role in the assessment, intervention and monitoring of the client.
 - Tinana, to identify the impact of the physical health, functioning and well-being to the overall wellness of the client and their whānau.
 - Hinengaro, psychological well-being to ensure that the presenting behaviours are considered within appropriate cultural frames of reference, to offset any potential bias towards western paradigms, and that the analysis of the assessment data is matched to Māori beliefs, values and experiences.
 - Wairua, the level of attachment/connection, both to another person or place and to support factors contributing to engagement of the client with the service. Secondly it refers to the spiritual frameworks that inform the client/whānau's values and beliefs.
 - Taio, to assess for any key risk factors in the environment and also the physical accessibility and acceptability of the service. This may include practical considerations such as poor housing, location near transport, as well as signs in Te Reo and evidence of Māori staff to check that this is an appropriate care facility.
 - Iwi-katoa, the societal perceptions, beliefs and services that impact on the well-being of the client/whānau.

²⁴ Pitama et al, 2007, page 120; updated in Pitama et al (2014)

²⁵ Pitama et al, 2017, page 8

2. Ngā Hau e Whā focuses on historical and societal influences on Māori, including colonisation, racism, migration and marginalisation.
3. Ngā Roma Moana identifies other components of Te Ao Māori that may have influence, including āhua (making sure that ethnicity is recorded accurately and use of Te Reo where appropriate), tikanga, whānau and whenua.
4. Whakatere (navigation) provides the integrated information into a formulation and treatment plan.

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

The process of supervision

A trusting and collaborative relationship between supervisor and supervisee is an essential component of effective supervision. The supervisor should be mindful of the implicit power imbalance in the relationship. Careful attention to discussing expectations in order to form an agreement, transparency on any constraints to confidentiality and a respectful relationship are helpful to managing this issue. The agreed structure should be formally recorded in a supervision contract (see Appendix for one template as an example).

The initial task in establishing a supervision process will be for the supervisor to conduct a needs assessment to establish the strengths, values, cultural and professional development needs of the supervisee and the expectations of any stakeholder interests. In this discussion, and throughout the process of supervision, the supervisor should also acknowledge their strengths and limitations in meeting the identified needs of the supervisee, in order to clarify where further resources should be sought.

The key component of supervision is the opportunity to self-reflect and review one's professional practice with one or more informed and respected professional colleague(s) with the object of formulating constructive critique. The role of the supervisor includes monitoring/evaluating, instructing/advising, ²⁶modelling, feedback and reflection, and supporting/sharing²⁷. Supervisor interventions may be²⁸:

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

Although supervision will vary according to the supervisee's needs, the process usually involves reflection. As previously described the learning model is based on the supervisee giving careful and detailed consideration to some aspect of their recent work; conceptualisation, where the supervisor assists the supervisee to relate their experience to the perspectives of others, as well as relevant theories and research; formulating the

²⁷ Howard et al, 2007, page 213

²⁸ Davys and Beddoe (2010) cited by Howard et al, 2016

implications for action; and then in due course reporting back the experience of the enactment.

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

Supervisors should also attend to issues of stress within the supervisee, such as that arising from emotional reactions to the work, compassion-fatigue, burn-out or vicarious traumatic stress.

Supervision may include various approaches to sampling the supervisee's work, including face-to-face discussion of case work, direct observation of the supervisee's work through audio or video recording, and file or report review. The validity of the supervision is increased by drawing on multiple aspects of a supervisee's work and by systematic review, rather than only discussing the material elected by the supervisee. Where possible, supervision should include observation of live or recorded work to enable a more accurate assessment of the supervisee's competence. If a high priority is placed on enabling this evaluation, such as during supervision for training or remedial purposes, then the intention to include recordings should be discussed at the outset and included in the contractual agreement.

The supervision relationship

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

Considering what is helpful to establish a constructive supervisory, Haarhof (2016) identified the following:²⁹

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

The supervisor's role will involve assisting the supervisee to gain a critical awareness of their strengths and weaknesses and what might be required in addressing the latter aspects of their work.

"The tuakana teina model which is a Māori cultural worldview holds that the tuakana (elder family member) mentors and supports the teina (younger sibling) to grow and develop with love, guidance and their best interests at heart, knowing that this interest also extends to the interests of the community."³⁰

In order to fulfil the functions of supervision, psychologists must present their professional work with openness and honesty to their supervisor. The supervisee's responsibilities are to strive to maintain ethical and professional standards by allowing a comprehensive review.

²⁹ Haarhof (2016)page 308, citing Milne (2009)

³⁰ Personal communication from Moana Waitoki (2017)

During supervision there may be times when it is necessary for a supervisor to highlight and/or clarify some personal issue of the supervisee that impacts on their work. Should significant issues arise or remain from this process, which may indicate some form of assistance or psychological therapy is warranted. The supervisor should limit discussion to the way that the supervisee's personal issues appear to impact on the client work as compared to how the personal issues impact on the personal life of the supervisee. If such issues arise, the supervisor should encourage the supervisee to arrange this with an independent therapist. It is the supervisee's responsibility to engage in an appropriate process to resolve such issues. However the supervisor may, with the supervisee's agreement, check on progress in this area. This will be especially important when the work performance of the supervisee has been affected.

The need to establish and maintain relationship may inhibit the supervisor from providing necessary feedback and critique. Research found psychology supervisors were prone to halo and leniency bias, rating supervisee's higher than warranted³¹. This may impact on the supervisor's ability to take on an oversight role, as used in a remedial supervision programme, or to fulfil the function of evaluating a trainee. Triangulating evaluations and using objective measures where possible may mitigate against any potential bias and predetermination.

Effective supervision is likely to result in increased supervisee self-efficacy and well-being, greater willingness to self-disclose during supervision, and more satisfaction with supervision. Self-disclosure is pivotal as it allows the supervisor to more accurately gauge the supervisee's competence and "the maintenance of the provision of developmentally appropriate levels of challenge and support."³² (See pg 326). A stronger supervisory working alliance has been found to predict higher work satisfaction and decreased work-related stress³³, lower levels of burnout³⁴ and improves self-awareness and well-being in helping professionals.³⁵

Competencies for the supervisor

Key competencies for the supervisor include relationship management skills and general knowledge and skills relating to the domain of professional activity. Successful supervisors demonstrate an interest in and commitment to the supervisee's professional development. "It is also useful for the supervisor to have a "toolkit" of interventions to call upon to facilitate and optimise the learning and reflection in supervision".³⁶

Effective supervisors are able to:

- create a safe environment so that supervisees can openly discuss their work, acknowledge any difficulties and have the freedom to experiment or try new strategies;
- respond respectfully to the individual supervisee's style of learning and development;
- offer constructive feedback while maintaining empathy and respect;
- be non-judgemental, validate and normalise the supervisee's experience;
- model ethical and professional conduct, including maintaining appropriate boundaries and practising/ supervising within their competence;
- attend to personal wellness issues in the supervisee that may impair effectiveness;
- pay appropriate attention to diversity and cultural issues;

³¹ Gonsalvez and Freestone (2007)

³² Veilleux et al (2014), cited by Howard et al, page 326

³³ Sterner (2009) cited by Howard et al, page 326

³⁴ Kalliath and Beck (2001) cited by Howard et al, page 326

³⁵ Coster and Schwebel (1997), cited by Howard et al, 2016, page 326

³⁶ Howard et al(2016), page 330

- increase the supervisee's awareness of their impact on others and any biases they may have;
- review progress regularly to adjust the process accordingly to ensure supervision is meeting the supervisee's needs;
- recognise the impact of personal values, assumptions and biases on the supervision relationship and respond appropriately ; and
- demonstrate awareness of the potential for defensiveness and respond appropriately when students whom they supervise are being evaluated, or examined, or when feedback is given.

Values and beliefs are also important. Supervisors need to “value exploration, tolerate uncertainty, accommodate difference, and remain open and curious about possibility”.³⁷ Approaching supervision with authenticity, honesty, humility; valuing the process, and believing that supervisees are well intentioned and willing to learn is also crucial.

Being able to provide effective formative and summative feedback is seen as a critical skill.³⁸

Managing the power imbalance during supervision

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

“Differential experiences of power through dimensions of culture and diversity, for example, gender, age, ethnicity, sexual orientation, socio-economic status, ableness, and so on add further complexity. Building a non-oppressive relationship in turn optimises the quality of client outcomes.”³⁹

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

Leeds Alliance Scale of Supervision⁴⁰ is a simple rating tool which may be used at the end of each supervision session, to rate the supervisee's opinion of the approach of the supervisor, the relationship (e.g., whether they understood each other or not), and whether the supervision met the supervisor's need (was it helpful?) Such tools can assist when used routinely and responded to with sincerity and non-defensiveness.

Both the supervisor and supervisee need to be aware of the risk of the power imbalance leading to the supervisor becoming overly dominant, which may elicit dependency on the

³⁷ Davys and Beddoe (2010), cited by Howard et al, 2016, page 330

³⁸ Falender et al (2004) cited by Borders, 2014

³⁹ Howard et al, 2016, page 327

⁴⁰ Wainwright (2010), cited by Howard et al 2016, page 332

part of the supervisee, may create an environment where the supervisee does not disclose issues and concerns openly, or becomes defensive.

“When the distance between candidates [in an academic setting] and supervisors collapse, critical potential is likely to be annihilated. Supervision relationships without adequate space for critique can be suffocating and traumatic for candidates”. This is likely to “intensify power differentials and place the supervisor in an overwhelming expert role”.⁴¹

Conversely, if there is not an element of respectful power difference, then there may be a risk of collusion and an avoidance of uncomfortable feedback if the supervisory relationship is completely collegial. This is a criticism of peer consultancy arrangements where attention to structure and process may be relaxed. The concern to preserve relationship may overtake and suppress the objective of giving frank and forthright professional opinion.

The structure and frequency of supervision

As psychologists gain experience across their professional life, the nature of supervision will vary, moving from a more hierarchical relationship to a more collegial relationship where the practice may reflect a more peer consultation model. The frequency and duration should be set at a level to allow all aspects of the supervisee's work to be discussed and to enable the development of a beneficial supervision relationship.

It is recommended that the frequency of routine supervision will be a minimum of two hours per month for psychologists who work full-time and one hour per month for part-time psychologists (6/10ths or less). The frequency of supervision may need to be increased in some situations, including (but not limited to):

- where the supervisee is a trainee or student psychologist,
- is an inexperienced psychologist,
- when undertaking a new area of work or learning a new skill, and/or
- when undergoing a monitoring/ remedial programme for a competence or conduct concern.

Supervision frequency will also be determined in some circumstances by special needs. For example, where an assessment report is being prepared to advise or inform a decision making body such as a Family Court or Parole Board, it is advisable to seek a peer review or supervisor input. The Code of Ethics (3.1.3 and 3.1.6) requires conclusions and reports to be supported by an adequate standard of evidence. The greater the weight of the decision to be made, the more robust the evidence should be to inform that decision. It is considered best practice to check the rigour of a report before it is released to ensure this ethical principle is upheld. A client crisis is another situation that may prompt seeking an additional supervision session. The guiding principle is that supervision frequency should be adapted for the purposes served. Supervision will usually involve one-to-one meetings rather than a group format. However, at some times and in some situations (e.g. experienced or senior psychologists) group or peer supervision may be an appropriate adjunct, particularly for educational purposes. The supervisee needs to ensure that the format and frequency of supervision is meeting their needs.

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

⁴¹ Engels-Schwarzpaul, 2016, page 16

Supervision of Interns

Training supervision is described as:

“An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered to the client she, he or they see, and serving as a gatekeeper of those who are to enter the particular profession.”⁴²

The contributions of supervisors to training programmes is a valued input to maintain the work force of the psychology profession.⁴³ It must also be noted that the interns are a particularly vulnerable group of supervisee's due to their lack of professional experience to compare this experience with. They are usually reliant on the supervisor for a good report in order to meet course requirements and may feel disempowered to challenge or disagree with a supervisor and therefore attribute even greater power to that person than otherwise may be due by the implicit power imbalance. They may also not know their rights and the resources that they may access. Most interns experience as stressful the steep learning curve as they adjust to the demands of the professional role. It is incumbent on each training supervisor to be vigilant to the well-being of their intern and sensitive to the impact of their interactions on the trainee. University supervisors also need to be watchful for signs of undue stress (and distress) in their interns on placement and if necessary, step-in to assist with any mediation that may need to occur.

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

While each training course will specify the course requirements the interns/ trainees are expected to fulfil, all training supervisors will structure learning opportunities so that the intern will progressively gain mastery of the required competencies. This may include demonstrating (modelling) skills by being observed in sessions with clients, arranging for supervisees to observe other professionals in sessions with clients, acting as a co-therapist, commenting on video recordings, commenting on reports, and giving balanced feedback and correction. The supervisor should model appropriate behaviour and communication skills. The supervisor should give clear performance-related feedback on strengths and weakness, and provide supportive mentoring for the student.

Interns/trainees should participate in practicum activities as often as practicable and as time permits. These may include

- accompanying the supervisor through their daily responsibilities.
- observing the supervisor and other professionals engaging with clients.
- observing the supervisor modelling professional interactions.
- engaging in frequent supervised activities (including assessment and intervention) with clients, using either direct observation or video recordings.
- demonstrating culturally-responsive practice
- consulting and interacting with colleagues including psychologists and other professionals.

⁴² Bernard and Goodyear, 2004, cited by Howard et al (2007)

⁴³ Our thanks to Kyle Smith, University of Waikato for this section

- attending team meetings, case discussions, in-service trainings, and other relevant agency activities.
- reading appropriate evidenced-based literature to inform professional work.

Supervision during a training internship will be relatively directive as clients will be given to the intern at the discretion of the supervisor, who will attempt to titrate the flow of clients to gradually increase the complexity of the client work. Optimally a supervisor or other delegated person always should be available when students are seeing clients, as helping the trainee manage risk assessments, ethical dilemmas and safety concerns will be paramount. The supervisee may enhance the learning experience by keeping a reflective journal to record the “reflection-in-action” insights gained as the placement progresses.

At the outset of the placement or internship, the supervisor should clarify with the intern/trainee very clear policies to follow in the event that safety concerns arise, whether it is from exhibited behaviour, the content of interviews or any concerning intent is discerned. This would include clients expressing suicidal plans or attempts, homicidal plans or attempts, or cases involving risk to children. The intern should know how to contact the supervisor or other senior colleague for any other urgent consultation. Generally an intern or trainee psychologist would not be expected to take a primary role in the ongoing management of such risk because they lack the required experience and need to concentrate on their learning without undue worry.⁴⁴

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

Supervision during a training phase is likely to involve a more didactic style as compared to supervision used in later phases of a psychologist's career. The power imbalance is also more pronounced because of the marked difference in seniority and because of the reliance of the supervisee on the supervisor for a favourable assessment.

Remedial supervision

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

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

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

⁴⁴ VUW Clinical Programme Placement Manual

Supervision for CCP purposes

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

Supervising colleagues from other disciplines

A psychologist may be asked to give supervision to a colleague from a different discipline. This may arise within Stepped Care, as part of a professional leadership role, or other scenarios where the colleague wishes to increase their psychological expertise. Cross-discipline supervision potentially gives opportunities to enhance knowledge, creativity, critical perspectives and team work. Disadvantages may arise from problematic power relationships, ambiguity about whose code of ethics applies, and which standards of practice should prevail. It is helpful to have a comprehensive discussion when setting up the supervision to clarify contractual arrangements, and the nature, purpose and limits of the supervision. Regular reviews should be scheduled and attention should be given in advance to detailing methods of resolution should any difficulties occur. Ideally, the practitioner should receive input from other colleagues as well, to assist the clarity of discipline standards and practices.

Supervision by video-conferencing

If it is not possible to arrange a suitable supervisor within the same geographical area it is acceptable for the prospective supervisee to identify a supervisor in a different location. In this case supervision sessions can be conducted electronically (e.g., via telephone, email, Skype or teleconference). However in such distance supervision arrangements, it is recommended that some face-to-face meetings are also held (ideally at least once within each 3 month period).

Record keeping

Records of supervision need to be kept which include:

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

The supervisee and the supervisor should both retain notes arising from the supervision process. It is suggested that both supervisors and supervisees retain supervision records for a period of ten years, even if a practitioner leaves the employing organisation or practice setting in the meantime. This would enable the psychologist to meet his or her obligations under the Health (Retention of Health Information) Regulations 1996 that clinical records are to be for ten years; to respond to any complaint or competence concern arising; and to maintain records for the Continuing Competence Programme.

The supervision agreement or contract and the attendance record may be a public document whereas the supervision records, which may contain client details or other sensitive material, should be kept confidential. It may be preferable to store supervision content directly relevant to a client on the client file.

Competency concerns

The supervision contract drawn up at the beginning of engagement should include dispute resolution procedures, should that become necessary because the supervision participants have been unable to resolve differences by direct discussion.

If a supervisor has any concerns about the supervisee's practice, such as the supervisee missing supervision appointments without discussion or arrangement, or if the supervisor is concerned about the number of sessions the supervisee has not attended, these problems should be discussed with the supervisee. If the problem is not resolved to the satisfaction of the supervisor it should be discussed with a third party agreed upon by the two parties at the time the contract was drawn up or a person mandated by the employing organisation. Alternately, if the supervisee has concerns about the supervisor's conduct in the relationship and these issues have not resolved by direct discussion, then the input of a neutral third party may help resolve issues.

Remedial and training supervision is likely to require more systematic review and greater attention to record keeping. The Board may appoint a supervisor to maintain oversight or to offer guidance on aspects that are deemed in need of guidance. Usually such appointments also have reporting requirements so that the supervisor is requested to make a regular report on progress (often at three monthly intervals). Where this occurs, the supervisor would be asked to comment on progress against the terms of reference or objectives of the supervision. The content of any report such as this should be shared in a transparent manner with the supervisee, unless there is a specific reason to withhold the information.

Choice of supervisor

It is the responsibility of each psychologist to find a suitable supervisor, and negotiate their own supervisory arrangements. These arrangements should be communicated as appropriate/required to the psychologist's professional leader, professional body, or to the Board. If a psychologist is unable to find a supervisor they should consult with professional bodies such as the New Zealand Psychological Society or New Zealand College of Clinical Psychologists.

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

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

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

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

In some situations it may be appropriate for psychologists to have supervision with a person who is not a psychologist. For example in rural areas there may be more restricted choice or there may be a professional from another discipline who offers specialty skills of interest to the supervisee. However this person should be registered or affiliated with a recognised professional body.

Accountability and confidentiality

Any expectations and obligations of the supervisor should be clarified and made explicit at the time of drawing up a supervision contract. The supervisor has parallel responsibilities to the supervisee, the consumers of treatment (clients, their families and associates), to the supervisee's professional colleagues and to any organisation to which they are providing services. There may be additional responsibilities to training organisations and professional organisations such as the NZPsS and NZCCP.

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

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

In post-registration supervision both the supervisor and the supervisee are individually accountable for their own professional conduct and competence. Although the supervisor remains responsible to provide appropriate and ethical guidance, the supervisee is autonomous and may consider the advice from the supervisor non-binding, thus retaining responsibility for her or his work with clients.

The supervisee for their part has clear responsibilities towards the supervisor in terms of openly and honestly presenting material to the supervisor.

It is important that any conflicts arising between the supervisor and supervisee are explicitly addressed as they arise.

The contents of the supervisory relationship will normally be confidential. Any constraints on confidentiality should be explicitly stated. The supervisor has a primary professional duty to monitor and to manage risk of emotional/physical harm to the client, the supervisee, or to others that may arise within the sphere of supervisory responsibility. This duty may, in exceptional circumstances, override a duty to preserve the confidentiality of the supervisory relationship such as situations where there are perceived to be serious risks to the emotional or physical safety of the supervisee or client. Other exceptions to confidentiality may arise from obligations to report on training supervision; the supervisor's own supervision process; disciplinary processes such as complaint investigations; competence reviews and processes

which require a supervisor to recommend a psychologist for professional purposes (such as promotion or employment).

Where such circumstances arise the supervisor should inform the supervisee of their intended actions. The supervisor would be expected to exercise care and judgement with regard to the nature and extent of information disclosed and the selection of those with whom the information is shared. The supervisor would be explicit in transferring (to those with whom it is necessary to share information) any duty to preserve confidentiality of the supervisee or third parties.

Under the requirements of the Act the supervisor may also be required to provide information to statutory bodies such as the Board.

Under section 34 of the Act, if the supervisor has concerns that the supervisee may pose a risk to the public by practising below the required standard of competence, they may notify the Board. Similarly, under section 45, if the supervisor believes the supervisee may be unable to perform required functions due to a mental or physical condition, he/she must notify the Board.

Clients of the supervisee have a right to be informed that supervision occurs, the purpose of this process, the identity of the supervisor, and the degree to which this may compromise confidentiality.

It is desirable that supervisors have contact with the professional leader and to the relevant director(s) and manager(s) of any organisation/service in which the supervisee is working. The nature of this contact, and the extent and limits of confidentiality in respect of such contact, should be determined at the outset of the supervision process and noted in the supervision contract. The contract should specify who, and under what conditions, will have access to any information about the supervisee. Supervision should be distinguished from performance management such that only limited information about the supervisee's progress should be conveyed to employers. Any information transfer should be done as an open process transparent to the supervisee.

As potential conflicts of interest may arise it is desirable that supervisors have personal professional indemnity insurance and access to independent specialist legal advice on professional matters.

Supervision is integral to the role of the psychologist

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

The Board considers it is important that organisations, managers, or persons responsible for employing psychologists recognise that receiving and providing supervision are essential core functions for the practice of psychology. It is integral to accountability and quality assurance processes for case work and training, and must be allowed for in the setting of case load expectations.

Acknowledgements

This document draws on material from the following sources:

Canterbury District Health Board Mental Health Service Supervision Guidelines,

The British Psychological Society, Division of Clinical Psychology Supervision Policy Guidelines,

The Association of State and Provincial Psychology Boards (North America): Supervision Policies.

Emerging guidelines for professional psychology training programmes developed by Dr Kyle Smith, University of Waikato Psychology Department,

The Victoria University of Wellington Clinical Programme Placement Manual (2017)

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APPENDIX ONE: A MODEL SUPERVISION CONTRACT

Agreement between: _____
(Supervisee)

and: _____
(Supervisor)

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

- i) Any specific responsibilities, and the actions that may arise, should be made explicit at the time of signing the contract. This may include, but is not limited to, obligations to the supervisee's training institution, an employer and the Board.

Obligations:

Actions arising:

Constraints on confidentiality:

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

- fortnightly
- monthly
- other

b) The protocol for cancellation and rescheduling is:

c) The duration of the supervision sessions will be:

d) The supervision will be reviewed:

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

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

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

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

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

Signed: (Supervisee) Date:

Signed:(Supervisor) Date:

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

APPENDIX TWO: SAMPLE Annual Record of Supervision

Year: _____

Name of Supervisee: _____

Name of Supervisor: _____

Review Date: _____

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