



Oregon Board of Psychology

Orientation to Residency Supervision
Self-Paced Training

Orientation to Residency Supervision



The Oregon Board of Psychology (OBOP or the Board) considers the supervised residency of candidates for licensure as psychologists in Oregon to be a vital step in ensuring safe and responsible professional practice. We rely on the psychology community to provide this training, mentoring and oversight.

This training is a brief Orientation to Residency Supervision in Oregon.

At the end of this self-paced training there is a short quiz.

Continuing Education (CE) credit of 3 hours will be awarded and you will be able to print off a Certificate of Completion for your files. You will also be able to indicate that you have completed this course if you apply to be placed on the OBOP Supervisor Registry.

Outline



Topics to be covered:

Residency Supervision: Overview

- I. Legal Guidelines: Statutes, Rules, & Code of Conduct
- II. Basic Requirements
- III. Common Problem Areas
- IV. Introduction to Supervision
- V. Structuring Supervision
- VI. Residency Documentation
- VII. Risk and Liability in Supervision
- VIII. Evaluation and Gate Keeping Functions

Overview



The Oregon Board of Psychology (the Board) is responsible for the licensing of qualified psychologists in the State of Oregon.

Ours is a profession where the final stage of training is largely through an apprenticeship model. The supervision of psychologists in training (i.e. residents) by experienced licensed psychologists is an essential component to the preparation of the licensed psychologist professional. The oversight by the supervisor allows for a rich clinical experience for the resident, while protecting the welfare of the clients with whom the resident is providing psychological services.

The Board has delegated the supervision of resident psychologists to licensed psychologists in Oregon. The Board approves and oversees the contract and relies on the knowledge, skills and dedication of the supervising Oregon psychologists.

There has been an increasing recognition of the importance of supervision in psychology. The Association of State and Provincial Psychology Boards (ASPPB) conference on Core Competencies (2002) listed Supervision as one of 6 required competencies for psychologists.

I. Legal Guidelines



- The practice of psychology is governed by:
 - ✓ **Oregon Revised Statutes (ORS) – “The Laws”**
 - ✓ **Oregon Administrative Rules (OARs) – “The Rules”**
 - ✓ **APA Ethical Principles for Psychologists and Code of Conduct – “The Code”**
- A thorough knowledge of the content and application of the laws, rules and code is considered one of the more critical tasks of residency supervision.
- The supervisor must be able to model understanding and adherence to the laws, rules and code, and to assist the resident in mastering the substance of the regulations as they apply to psychological practice.
- A supervisor is responsible for reviewing the laws, rules and code with the resident, and assisting the resident in developing a plan to prepare for the Oregon Jurisprudence Exam, which covers these topics. ***Note. the exam is \Yd every month, and may be taken anytime during the residency.*

I. Legal Guidelines: Oregon Revised Statutes- “The Law”



Here’s an overview of the Oregon Revised Statutes (ORS) pertaining to the practice of psychology:

- Psychotherapist – Patient Privilege - [ORS 40.230](#)
- Communications Revealing Intent to Commit Certain Crimes - [ORS 40.252](#)
- Authority of Parent when Other Parent Granted Sole Custody of Child - [ORS 107.154](#)
- Rights of Minors - [ORS 109.672 – 109.695](#)
- Reporting of Abuse of Elderly Persons - [ORS 124.050 – 124.095](#)
- Sexually Violent Dangerous Offenders - [ORS 137.765 – 137.771](#)
- Inmate Records - [ORS 179.495 – 179.508](#)
- Records of Individual with Disability or Mental Illness - [ORS 192.515 – 192.517](#)
- Protected Health Information - [ORS 192.553 – 192.571](#)
 - *See also, HIPAA (45 C.F.R. parts 160 and 164)*
- Reporting of Child Abuse - [ORS 419B.005 – 419B.050](#)

I. Legal Guidelines: Oregon Revised Statutes, cont.



- Counsel - [ORS 419B.195](#)
- Persons with Mental Illness; Sexually Dangerous Persons - [ORS Ch. 426](#)
- Abuse Reporting for Adults with Mental Illness or Developmental Disabilities - [ORS 430.731 – 430.768](#)
- Reporting of Animal Abuse - [ORS 609.650 – 609.654](#)
 - *The newest abuse reporting law which is permissive, not mandatory*
- **Psychologists** - [ORS 675.010 – 675.150](#)
 - *Defines the practice of psychology*
 - *Licensure requirements and exemptions*
 - *Investigations, enforcement procedures, sanctions & civil penalties*
 - *Powers and structure of the board*
- **Health Professionals Generally** - [ORS Ch. 676](#)
 - *Doctor Title Act- regulates use of the title “doctor”*
 - *Duty to report prohibited or unprofessional conduct*
 - *Processing of complaints against health professionals*

I. Legal Guidelines: Oregon Administrative Rules- “The Rules”



The Oregon Administrative Rules (OARs) spell out how the laws are implemented. OBOP’s rules are listed in [OAR Chapter 858](#). Within the chapter there are four divisions:

- [Division 10](#)- Procedural Rules
- [Division 20](#)- Complaints, Investigations, and Contested Case Hearings
- [Division 30](#)- Fees
- [Division 40](#)- Continuing Educations

As with the ORS, the supervising psychologist must be able to model understanding and adherence to the rules and assist the resident in mastering the substance of the laws as they apply to psychological practice.

The next few slides will highlight some of the rules that most directly relate to residency supervision.

I. Legal Guidelines: Code of Conduct – “The Code”



The [APA Ethical Principles for Psychologists and Code of Conduct](#) has been adopted as the code of conduct for psychologists in Oregon (OAR 858-010-0075). The code is relevant throughout the residency supervision since these are the aspirational principles and mandated standards of the profession.

The supervising psychologist must be able to model understanding and adherence to this APA Ethical Code and assist the resident in mastering the substance of the ethics standards as they apply to psychological practice. A comprehensive residency supervision will address the APA Ethical Standards as they emerge in clinical practice and as a part of preparing the resident to eventually practice autonomously as a professional.

I. Legal Guidelines: Code of Conduct, cont.



While developing mastery all of the APA Code of Conduct is essential, there are ethical standards that pertain specifically to the supervising psychologist and the role of supervision and therefore, warrant thorough review. These are as follows:

- Boundaries of Competence (2.01)
- Maintaining Competence (2.03)
- Delegation of Work to Others (2.05)
- Unfair Discrimination (3.01)
- Sexual Harassment (3.02)
- Other Harassment (3.03)
- Avoiding Harm (3.04)
- Multiple Relationships (3.05)
- Conflict of Interest (3.06)
- Exploitative Relationships (3.08)
- Informed Consent (3.10)
- Fees and Financial Arrangements (6.04)
- Student Disclosure of Personal Information (7.04)
- Assessing Student and Supervisee Performance (7.06)
- Sexual Relationships with Students and Supervisees (7.07)

I. Legal Guidelines: Definitions



The Practice of Psychology is defined as [OAR 858-010-0001(1)]:

- “**Evaluation**” means assessing or diagnosing mental disorders or mental functioning, including administering, scoring, and interpreting tests of mental abilities or personality;
- “**Therapy**” means, but is not limited to, treating mental disorders as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association;
- “**Consultation**” means conferring or giving expert advice on the diagnosis or treatment of mental disorders;
- “**Supervision**” means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance and instruction with respect to the skills and competencies of the person supervised.

Psychological services are defined as [OAR 858-010-0036(1)(b)]:

- Direct psychological services to an individual or group
- Diagnosis and assessment
- Completing documentation related to services provided
- Client care meetings and consultation
- Psychological testing
- Research related to client services
- Report writing
- Receiving formal training including workshops and conferences

Only these specific activities performed by the resident may count towards the 1,500 hours required.

II. Basic Requirements: The Contract



- Before residency supervision begins, the supervisor and prospective resident must submit a Resident Supervision Contract (fillable form available on the [website](#))
- The Board will provide notification to the resident candidate when the contract is approved. *The resident may not practice until the contract is approved!*
- A resident contract is effective for up to 2 years from the date it is approved.
- The contract must identify any associate supervisor. To later add an associate supervisor or make a change in primary or associate supervisor, a new contract form must be submitted for approval.
- The contract may be extended upon written request from the resident and supervisor prior to the expiration of the contract.
- The Board will consider extension requests **for good cause** when presented with a reasonable explanation of the need and a viable plan for completion.

II. Basic Requirements: Duration



- **One year** (12 months) of post-doctoral supervised work experience is required for psychologist licensure.
 - The resident must accrue at least **1,500 hours** of psychological services.
 - The 12 months must include a total **50 weeks during** which psychological services were performed in accordance with OAR 858-010-0036.
 - Psychological services, as previously discussed, are defined in OAR 858-010-0036(1)(V).
 - *What does not count:* Business development, credentialing activities, marketing, purchasing, creating forms, administrative billing or management activities [OAR 858-010-0036(1)(V)]
- Three years of post-masters supervised work experience (4,500 hours) is required for psychologist associate licensure. The same rules above apply.
- Resident status is a transitional step towards licensure and not intended as a means to avoid licensure. Residency contracts & applications will not be granted extensions if it does not appear that the candidate is making progress to complete the licensure process. See also the [Post-Doc Policy](#).

II. Basic Requirements: Frequency



- Regular Supervision

- For every 1-20 hours of work, the resident is required to have at least **one hour** of individual supervision
- If the resident works more than 20 hours (21-40+ hours), the resident must receive at least **two hours** of supervision (one of these hours *may* be group supervision)

- Group Supervision

- Must be formal and on-going, with at least three mental health professionals as members of the group
- Facilitated by a Licensed Psychologist who is approved by the resident's supervisor

- "Non-Routine" Make-Up Supervision

- Supervision may be delayed up to 14 days to accommodate vacations, illness, inclement weather
- The resident may not engage in psychological activities during an absence that is greater than 14 days without supervision
- It may be advantageous for a resident to identify an associate supervisor on their initial Residency Supervision Contract Form in order to prepare for the unexpected

If a resident's work in a particular week does not comply with these requirements, then those hours will not count towards the required 1,500.

II. Basic Requirements: Responsibilities of the Supervisor



OAR 858-010-0036(5) outlines the Supervisor's Responsibilities:

- Review, supervise and evaluate representative and problem cases.
- Countersign all reports and professional correspondence.
- Ensure that letterhead, business cards, telephone directory listings, internet postings, brochures, insurance billing and any other public or private representation includes the appropriate title of “psychologist resident” or “psychologist associate resident” and the supervisor's name and designation as “supervisor.”
- Review with the resident Oregon laws, ethical principles, and administrative rules.
- Assist the resident in developing a plan to prepare for the licensing exams - the EPPP and Oregon Jurisprudence Exam.
- Promptly communicate to the Board regarding any professional or ethical concerns regarding the resident's conduct or performance.
- Notify the Board within fourteen days and explain any significant interruption or termination of the contract.
- Create contemporaneously as supervision occurs, maintain for at least three years, and provide to the Board within fourteen days of request:
 - A Record of Supervised Hours (hours log)
 - Notes of each supervisory session.
- Provide the Board with interim resident evaluations every six months, and a final resident evaluation report at conclusion or termination of the contract.

II. Basic Requirements: Documentation



The following documentation will be required by the Board...

- A Board-approved residency contract (as detailed above);
- Supervisory notes of each supervisory session for the supervisor and resident;
- A Record of Supervisors, which should be updated at least weekly for each resident;
- A Final Resident Evaluation Form at the end of supervision; *and*
- An Final Evaluation of Supervisor by Resident Form (only send the attestation slip) at the end of supervision.
- Forms may be downloaded from the OBOP [website](#).

The Interim Resident Evaluation Form is only required if requested by the Board, but you may wish to use this helpful tool to periodically evaluate resident performance.

III. Common Problem Areas



1. Starting a Residency Supervision Relationship

Problem: *Supervision begins without an approved contract. Sometimes the resident applicant erroneously concludes that he or she has an approved contract as a result of the application submission. The supervising psychologist in these cases relies on the resident applicant to have complied with the requirements and assumes the Board has approved.*

The residency supervisor is assisting the Board in ensuring the resident receives the oversight required by law. Board approval of this contract is required. Supervising a resident prior to approval is aiding unlicensed practice.

Solution: The supervisor should not begin residency until they have received a copy of the Board's approval letter.

2. Maintaining Residency Supervision Relationship

Problem: *Supervision is not maintained due to extended illness, vacations or leaves by either the resident or the supervisor without the Board's awareness.*

Residency supervision is for a minimum of 1 year- a 1500 hour commitment with ongoing supervision at stipulated frequency (1-2 hours per week depending on \`ci fgk cf_ YX).

Solution: Any variation from this expectation, beyond reasonable short absences, must be communicated to the Board in writing. If the supervisor is the absent party, other arrangements must be in place to provide the required supervision; otherwise, psychological services conducted by the resident must be suspended during the absence. The resident is unlicensed and therefore cannot practice without a licensee providing oversight.

III. Common Problem Areas, cont.



3. **Terminating a Residency Supervision Relationship**

Problem: *Residency supervision relationship/contract is terminated without notice to the Board. Changes in a residency contract must be communicated to the Board.*

Solution: *If the supervision has ended, the Board must be notified in writing within 14 days. This notice may be given by entering the termination date on the required Final Residency Evaluation form. For a change in supervisor, a new residency contract must be submitted by the resident and proposed supervisor for Board approval.*

4. **Role Clarification**

Problem: *There has been some confusion about the role of Primary Supervisor, Associate Supervisor, and the Psychologist who is able to provide one hour of group supervision.*

Solution: *The Primary Supervisor is primarily responsible for meeting all requirements laid out in the Oregon Administrative Rules. The Associate Supervisor must be identified on the Resident Contract approved by the Board. The Associate Supervisor is responsible for providing supervision in the Primary Supervisor's absence. Supervision provided by this person must also meet the all of the rule requirements. The Associate Supervisor also has the responsibility to reporting any concerns about the Resident to the Primary Supervisor and to the Board. The Primary and Associate Supervisors must have been licensed for at least two years. The Group Supervisor must be approved by the Primary Supervisor, and must be a licensed psychologist.*

III. Common Problem Areas, cont.



5. Insurance Billing

Problem: *In the past, some residency supervisors were submitting bills to insurance companies for psychological services provided by their resident, billing under the supervisor's name, without clear indication that it was the resident who was providing the service.*

This is not allowed and could constitute insurance fraud. The psychologist resident must be designated at all times by the title “psychologist resident.” All signed materials, letterhead, business cards, telephone directory listings, brochures, **insurance billings** and any other public or private representation must include the individual’s title as ‘psychologist resident’ and the supervisor’s name and designation as “supervisor.” [OAR 858-010-0036] Further, the Code of Conduct states: “In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of service provided or research conducted, the fees, charges, or payments, and where applicable, **the identity of the provider**, the findings, and the diagnosis.” [6.06 Accuracy in Reports to Payors and Funding Sources]

Solution: *List the name of the person who is providing the service on the billing statement. Some insurance companies may allow reimbursement for services provided by residents; however, the supervisor would want to obtain written approval from the insurance company and would still need to be accurate on the billing submission as to who provided the services.*

ABC
Mental Health Services

John Smith, Psy.D., Psychologist Resident
Residency Supervisor: Mary Jones, Ph.D.

IV. Introduction to Supervision: Preview



The next part of this training will focus on some framework for approaching the residency as a supervisor. It is designed to be an orientation to some of the specifics of being a residency supervisor in Oregon; however, it cannot replace the education, training, and the experience of providing supervision in training while under supervision that are viewed as essential to mastering the skills and knowledge necessary to become a competent supervisor. It has also proved to contain helpful information for residents as well.

One important clarification: The remaining sections of this training are offered as assistance to those providing residency supervision and those seeking a high quality residency, and although we believe they represent standard of care for supervision, they are not Oregon statutory requirements for residency supervision. The exceptions would be those areas found in Rules Chapter 858, Guidelines for Supervised Work Experience.

IV. Introduction to Supervision: Supervisor Function



- The formal residency is a required activity for any candidate seeking licensure as a psychologist in Oregon. The contract between the resident and the supervising psychologist is approved and monitored by the Board, who holds ultimate responsibility for ensuring candidates meet minimal competency in order to be licensed.
- The Residency Supervisor is required to fulfill two essential and interrelated functions:
 - 1) Ensure the **integrity** of clinical services provided to the client and safeguard client welfare. Quality assurance is a primary responsibility and supersedes educative, training and evaluative functions.
 - 2) Develop autonomous **competence** in the resident. The outcome of supervision is the demonstrable ability of the resident to meet minimal competency requirements and to be able to practice independently, safely and responsibly as a psychologist.
- One of the challenges in providing residency supervision is that it inherently presents a dual role involving the role of **mentor** – providing the resident a supportive and safe learning environment and actively nurturing professional development; and the role of **gate keeper** – protecting the client from any adverse treatment, providing honest evaluation, and only endorsing candidates for licensure who have demonstrated that they will be competent professionals.

IV. Introduction to Supervision: Competency



- Competency is defined as sufficiency relative to established external standards which assist in developing appropriate learning activities, performance objectives and processes of assessment.
- Competence can be multi-dimensional. Residency supervision requires **dual competence**. The supervising psychologist must be competent clinically with the population being served by the resident and must be competent in the provision of clinical supervision.
- Supervision was recently identified as a core competency for psychologists. A competent supervisor would have had training, education, and supervised practice of providing supervision and would be grounded in a comprehensive approach and model of supervision. Psychologists contemplating offering residency supervision are encouraged to seek formal training beyond this orientation; and as with any psychological activity, maintain competence through dedicated continuing education.

IV. Introduction to Supervision: Definition of Supervision



- Carol Falender and Edward Shafranske are psychologists who have written extensively about clinical supervision. Their approach is used in many doctoral programs throughout the United States to train students to assume supervisory activities as professionals. Their training and practice model of supervision is a scholarly approach focusing on the identification of specific core competencies that correspond to evidence-based best practices. Aspects of their approach are highlighted in this training segment as one example of a comprehensive and systematic approach to supervision.
- Falender & Shafranske define **supervision** as the following:
 - Supervision is a distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, and facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem solving.
 - In addition, by building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy.
 - Supervision ensures that clinical consultation is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large.

[Falender, C.A. Shafranske, E.P. (2004). *Clinical Supervision: A Competency-Based Approach*, American Psychological Association, p 3]

IV. Introduction to Supervision: Model/Approach



The **Competency-Based Supervision Model** is offered as a comprehensive approach to any type of supervision and provides structure to the residency supervision experience. We have applied the Falendar & Schfranske model to residency supervision:

- Assess current competence of both the supervisor and the resident
- Collaboratively set a learning contract, with a Supervisory Contract and an Individualized Learning Plan
- Establish the learning environment
- Form working alliance
- Facilitate the clinical practice work
- Address and model personal factors
- Attend to legal, ethical and diversity areas
- Provide formative and summative feedback

IV. Introduction to Supervision: Model/Approach



Falendar & Schfranske's recommendations for competency-based supervision are as follows.

The competent supervisor:

- 1) Self assesses
- 2) Engages with the supervisee
- 3) Commits to the practice of supervision
- 4) Delineates expectations
- 5) Identifies competencies
- 6) Collaborates with supervisee
- 7) Links the competencies document to the performance plan
- 8) Reviews supervisee's work
- 9) Makes a demand for work balanced with rewards for success
- 10) Models and engages the supervisee in self assessment
- 11) Provides and accepts ongoing feedback
- 12) Maintains communication and responsibility for problems in the supervisory relationship

IV. Introduction to Supervision: Supervision vs. Consultation



It is important to clarify the difference between supervision and consultation.

- **Supervision:** In supervision, the supervisor is responsible for the services provided under his or her license. He or she has direct oversight; can, and at times must, insist on a course of action; provides close monitoring, review and evaluation, and can overrule the decisions and judgment of supervisee. The residency supervisor is ultimately responsible and liable – clinically, ethically and legally – for all the clinical work being conducted by the resident supervisee.
- **Consultation:** This activity is defined as the voluntary and discretionary sharing of clinical material; the outcome is a recommendation, not a directive. It is up to the professional seeking the consultation to determine whether to follow the course of action recommended and the consultant is not typically held responsible for the outcome.

V. Structuring Supervision: Introduction



- Taking on the supervision of a resident is a potentially rewarding experience. It is also a significant responsibility and carries some liability since the resident is practicing under the license of the supervising psychologist.
- It is imperative that both the prospective resident and the supervisor feel confident that they can establish and maintain a positive working relationship.
- It is recommended that the prospective resident and the licensed psychologist meet to determine whether there is a good “fit.” Some of the areas to cover in this interview are:
 - ✓ Theoretical Orientation
 - ✓ Clients or populations of interest to the candidate; clients or populations the psychologist has expertise with and can therefore competently supervise
 - ✓ Past supervision experiences; Which supervisory methods were helpful, which not helpful
 - ✓ Any past complaints or problems in maintaining professional boundaries or in performing the professional role
 - ✓ Any current problems or concerns which might limit effectiveness or ability to perform the professional role
 - ✓ Any clients or populations with whom the candidate has had significant problems in the past
 - ✓ Expectations of the resident by the psychologist; by the institution or setting (if applicable)
 - ✓ What the candidate hopes to achieve in the residency
 - ✓ Other areas pertinent to a successful supervisory relationship
- The culmination of this interview may be a decision not to proceed with a contract.

V. Structuring Supervision: Introduction, cont.



- Most formal models of supervision offer specific structure for entering a supervisory relationship, not unlike the parallel activities of setting up a therapeutic relationship with a psychotherapy client – with the notable exception that it is a training activity, not a treatment activity. Preparing ahead and formalizing the relationship sets the stage for a successful residency and helps avoid disastrous outcomes leading to a premature termination of the contract and a failed residency, and helps to limit the instances of formal complaints or legal actions.
- The following section offers tools for establishing the structure for both the resident and the supervising psychologist entering into the residency-supervisory relationship. These include:
 - 1) Board Approved Contract with Resident
 - 2) Residency supervision plan- outlining duties and expectations between the Resident and the Supervisor: Informed consent for supervision
 - 3) Individualized Learning Agreement: developed in collaboration between Resident and Supervisor
 - 4) Professional Disclosure Statement for Resident to provide clients
 - 5) Supervision Notes of each supervisory session, and hours log
 - 6) Resident's vitae and samples of resident's clinical documentation
 - 7) Formal Evaluation required by the Board
- Each of these will be discussed in more detail. Key forms are available on the OBOP [website](#).

V. Structuring Supervision: Residency Contract & Supervision Plan



- 1) **Board Approved Residency Contract.** As detailed previously, the residency cannot begin until this contract (form) has been approved by the Board.
- 2) **Residency Supervision Plan : Informed Consent.** In providing residency supervision, the psychologist enters into a contract with the resident, who is under contract with the Board. The residency supervisor therefore has established a duty to perform a specific service. It is a best practice and good risk management to formalize and clarify that relationship in a discussion that is documented as a **written plan** that both parties sign.
 - The informed consent process is standard practice in the therapeutic relationship between clinician and client. This documented informed consent process is equally important in supervision.
 - The levels of informed consent in residency supervision are:
 - The psychologist and the resident consent to the parameters of the supervisory relationship (rights and responsibilities)
 - The institution consents to the clinical, ethical and legal parameters of the residency
 - The client consents to treatment by the resident
 - The client is informed of the credentials of resident and his or her supervising psychologist
 - The client consents to confidential information being shared with the supervising psychologist

V. Structuring Supervision: Supervision Plan



- 3) Preparing for Successful Residency.** Once the initial interview between the prospective resident and the psychologist has established that there is a mutual desire to proceed with a formal residency, and the Board has approved the Resident's contract, the next step is critical to preparing for a successful residency.
- Preparation involves formalizing the partnership with a written document that outlines the parameters of the residency. The **Residency Supervision Plan** is an essential document and tool for structuring the Residency. It formalizes the Supervisor/Resident Relationship and achieves the following goals:
 - Clarifies the methods, goals and expectations
 - Encourages professional collaboration and partnership
 - Upholds ethical principles
 - Documents the services to be provided
 - Aligns supervision with teaching and therapy

V. Structuring Supervision: Supervision Plan, cont.



4) **Components of the Residency Supervision Plan.**

- Purpose, goals and objectives – *protect client, develop supervisee, fulfill licensure requirements.*
- Context of supervision services – *format, setting, timeframe, methods.*
- Method of evaluation – *how, when, who gets to see it.*
- Duties and responsibilities – *job description, obligations, parameters.*
- Procedural considerations: *Routine and specific – use of the session, what's expected to be discussed, how are cases presented and reviewed, types of record keeping, what to do in face of a crisis or emergency situation.*
- Supervisor scope of competence – *professional disclosure.*

The Components of the Residency Supervision Plan will vary across supervisors and setting.

V. Structuring Supervision: Supervision Plan, cont.



5) **Elements of a Residency Supervision Plan.** The plan might address:

- Type of meetings – individual vs. group
- Frequency and length of meetings
- How records will be reviewed by you, whether before or during, and which cases
- How cases to be discussed will be selected
- Expectations of a full accounting of their caseloads
- Access to you – routine and emergency
- Backup in your absence
- Any cost or fees
- Reporting duties to licensing Board
- Procedure for planned absences like vacations
- Reporting duties and practices
- Expectations as to attendance at meetings, direct service requirements, coverage, hours working, training, or anything else which is part of the job
- Record keeping requirements and expectations
- Expectations re video or audio tape review
- Evaluation - when, how often, what content areas – The Board evaluation forms

Sample Residency Supervision Plan is available on the OBOP [website](#). Some psychologists find it helpful to have a set template that they can individualize with each resident.

VI. Residency Documentation



It is recommended and an emerging standard of care in supervision that the supervising psychologist maintain a file with the following documents for each resident under supervision.

Each **Supervision File** should include:

- 1) The Resident's Board Approved Residency Contract
- 2) The Residency Supervision Plan outlining duties and expectations between the Resident and the Supervisor, with signature page.
- 3) Individualized Learning Agreement: developed in collaboration between Resident and Supervisor
- 4) Professional Disclosure Statement for Resident to provide clients
- 5) Supervision Notes of the sessions
- 6) Record of Supervised Hours (Hours Log)
- 7) Resident's vitae
- 8) Sample of the format for documentation required by the psychologist or the setting; Sample of the resident's clinical documentation
- 9) A copy of the Interim and Final Evaluation Reports required by the Board
- 10) APA Ethical Code of Conduct, Legal Statutes and Board licensing statutes

Some of these have already been discussed in the previous sections; others will be addressed in detail in this section.

VI. Residency Documentation, cont.



- 1) The Board Approved Residency Contract – discussed in the previous section
- 2) The Residency Supervision Plan – discussed in the previous section
- 3) An Individualized Learning Agreement
 - The Individualized Learning Agreement is developed in collaboration between the resident and the supervisor. It is optimal that it mirrors the final areas on which the resident will be evaluated; and in addition, that it contains specific goals and objectives the resident has for the residency training. This might include theoretical and practice areas; types of clients and populations; and specific psychological activities, such as formal assessment or forensic work.
 - This should be a “living document”, meaning it is something that both the resident and the supervisor refer to regularly to ensure that the learning goals are being achieved. It holds both parties accountable for training and learning.
- 4) The Disclosure Statement
 - The Resident must provide the clients he or she treats with a written Professional Disclosure Statement. This document outlines the fact that the resident is in training, names the resident’s supervisor, and discloses that confidential information about the client will be shared with the supervisor as a part of the training experience.

VI. Residency Documentation, cont.



5) Supervision Notes of each supervisory session

- The supervising psychologist must keep a written record of the content of each supervisory session conducted with the resident.
- Documenting each supervisory session is an accepted standard of care in supervision and required by the Board. It provides a record of the cases brought to supervision and the clinical recommendations or directives given by the supervisor to the resident; outlines clinical practices being used; and tracks the elements of job performance that are being addressed with the resident. A sample of a proposed supervisory note format is available on the Board [website](#).

6) Record of Supervised Hours (i.e. hours log)

- The Record of Supervised Hours documents the duration and frequency of supervision, and is verification that the resident met the required number of supervisory sessions for supervised practice as a resident. This form is available on the website.

7) Resident's vitae

VI. Residency Documentation, cont.



- 8) Sample of the format of documentation that will be required by the psychologist or setting; and samples of the resident's current clinical documentation (intake, progress note, evaluation write up, etc). *
- 9) Sample Formal Evaluation of the Resident by the Supervisor required by the Board; Sample Evaluation Form of the Supervisor by the Resident.
- 10) Statute and Rule Books (available on the Board [website](#))
 - OBOP Statutes, Rules & APA Ethical Principles and Code of Conduct
 - Statutes Pertaining to the Practice of Psychology
 - These are important reference sources, and because one of the central tasks of residency supervision is to assist the resident in becoming knowledgeable and familiar with these documents, frequent practice and training using them is warranted.

** Having supervision notes and copies of the resident's documentation are good risk management practices for supervisors. In addition, it is highly recommended that supervisors are able to substantiate the resident's clinical skills. This is achieved by having the supervisor view the actual clinical work of the resident with clients, through "live" supervision, arranging for a co-therapy situation, behind-the-mirror supervision or by having the resident bring video tapes of sessions with clients into supervision for review.*

VII. Central Tasks and Areas to Cover in Residency Supervision



Central Tasks of Residency Supervision – adapted from Falendar and Schfranske (2004)

- Provide non-judgmental, supportive atmosphere
- Provide insights into handling clinical matters
- Provide guidance around ethical/legal dilemmas
- Confront problems of personal impairment in the resident
- Confront practice deficits in the resident
- Reward hard work and success
- Help resident self-assess and learn from errors
- Provide fair, balanced and timely evaluations of resident's performance
- Manage challenge and confrontation from the resident
- Protect the resident from unreasonable challenge by clients or staff
- Balance the roles of encouraging professional development and critical evaluation and safeguarding the clients and the profession
- Ensure a positive learning environment within the placement
- Instill responsibility to the profession

VII. Central Tasks and Areas to Cover in Residency Supervision, cont.



Recommended Areas to Cover in Residency Supervision

• **Clinical**

- ✓ Diagnostic Evaluation
- ✓ Clinical Formulation
- ✓ Treatment Planning
- ✓ Therapeutic Interventions
- ✓ Theoretical Articulation
- ✓ Evidence Based Practice
- ✓ Diversity – individual, cultural, etc
- ✓ Case Management
- ✓ Crisis Assessment & Intervention
- ✓ Record Keeping/Documentation
- ✓ Termination Issues

• **Legal and Ethical**

- ✓ APA Ethical Principles
- ✓ Oregon Law; Federal Law

• **Professional**

- ✓ Professional and Personal Factors/Counter-transference

- ✓ The Role of Peer and Self Assessment
- ✓ Integrating Knowledge with Technical Skills and Professional Values
- ✓ Supervision of Others
- ✓ Role as a Psychologist
- ✓ Plan for Life Long Education and Consultation
- ✓ Value of giving back to the profession

• **Licensure Preparation**

- ✓ Preparation for Exams- EPPP & OJE

• **Practice and Specialty Areas**

- ✓ Court Testimony Preparation
- ✓ Community or Rural Practice
- ✓ Managed Care Parameters
- ✓ Private Practice Issues (Marketing, Set up, Billing)

• **Other areas identified by the resident on the learning plan**

IX. Risk and Liability in Supervision



- Providing residency supervision is primarily a rewarding and enjoyable experience; however, it does require **dedication and commitment** to the process of preparing a future competent professional. It also requires that the supervisor ensure the safety and well being of the resident's clients and that the supervisor has the **courage to act** if the resident is not able to fulfill the requirements necessary to become a competent professional.
- The Supervisor is **obligated to take action** if a resident is not adequately progressing, is showing signs of potential impairment or grave deficits, or is in any way at risk of harming a client. Initial concerns should be discussed with the resident, and the resident should be provided with specific feedback about the behaviors and conduct of concern. Further actions may include but are not limited to the following:
 - Consultation with trusted colleagues, especially if there are other supervisors working with the resident.
 - Drafting a plan in collaboration with the resident for improving the resident's performance. This plan would outline the improvements required with timelines for completion, and include consequences/outcome for lack of progress or improvement.
 - Increased supervision sessions.
 - Remedial training or education required of the resident.
 - Recommendation of personal therapy, evaluation or accessing an Employee Assistance Program.
 - Limiting or reducing client contact to ensure the resident is not at risk of harming a client.
- The Board should be notified if there are signs that the resident is not safe to practice.

IX. Risk and Liability in Supervision, cont.



- Terminating the supervision contract due to concerns that the resident will not be able to independently practice safely and responsibly.
 - This should be seen as a last resort, and typically would not occur until all other actions aimed at remediation and improvement had been tried; as in the case where the supervisor has exhausted attempts to improve performance and remains concerned about client safety. A termination might need to be initiated if the resident is not following the directives of the supervisor; the resident has exhibited serious boundary violations; there are personal problems or deficits for which the resident refuses to get help; or other situations that represent risk to client welfare and safety. The Board should be informed of the reasons for the termination.
 - It may also be that the performance of the resident is not the concern, rather there are identified conflicts and difficulties caused by supervisor and resident differences which are indicative of a poor “fit.” In this case, the resident or the supervisor or both believe the resident could be successful with another supervisor. In rare instances, the residency “fails” and the resident submits a contract with a new supervisor, then is able to successfully complete the residency. A change in supervisor would need to be approved by the Board.

IX. Risk and Liability in Supervision, cont.



- On rare occasions, the task of a residency supervisor is to identify and take action in the case where the resident does not appear to be able to attain the necessary skills, knowledge or awareness to be a **competent psychologist**. If someone is not able to safely practice, the supervisor owes it to the profession to not issue misleading credentials, grades or other statements of qualification.
- Issuing a failing grade, denying completion credentials, or declining to endorse someone to a licensing board should never come as a surprise to the resident. These actions should follow a well-documented attempt to help the person meet appropriate standards, which in most instances will be successful.
- As a resident supervisor, the psychologist does incur **potential liability** in many areas.
- First, there is risk through what is termed **Vicarious Liability**
 - Since the resident practices under the supervisor's license, the supervisor is responsible for the work of the resident. The supervisor can be held legally liable for the quality and outcome of the clinical work of the resident, which is why it is recommended that supervisors have firsthand knowledge of their residents clinical work.
 - The supervisor has the responsibility to ensure that the resident properly represents his or her training status and discloses the limits to confidentiality due to the supervisory relationship to all clients. The resident must identify him or herself both verbally and in all written communication as a "Psychologist Resident", identify by name the supervising psychologist and indicate that confidential information about the client will be shared in supervision.

IX. Risk and Liability in Supervision, cont.



- The second area of liability involves **Direct Liability** for the obligation to provide adequate and competent supervision.
- The conditions necessary for a case of malpractice for psychological services are the same for supervision.
- These are often called the **Four Ds of Malpractice**
- Negligent supervision could be alleged if:
 - 1) There was a **Duty** to provide supervision (i.e., a contract)
 - 2) Supervisor was **Derelict** (or negligent) and failed to meet the standard of care for this duty
 - 3) The client or resident was **Damaged** or harmed
 - 4) There are damages (to either client or resident) that are a **Direct** result of this failure
- A Supervisor's Duty:
 - ✓ Diligently supervise
 - ✓ Know what transpires in therapy
 - ✓ Provide adequate and competent supervision
 - ✓ Meet standard of care for supervision. The Association of State and Provincial Psychology Boards (ASPPB) has published recommended Supervision Guidelines that could constitute accepted standard of care for supervision.
- Having access to and viewing the resident's actual work sample is important and good risk management; the prudent supervisor will want to be able to attest to having exercised a direct way to evaluate the resident's work and ensuring client safety.

X. Evaluation



- Evaluation of the performance of the resident by the supervisor is a key task of residency supervision. Both **Interim (6-month) Resident Evaluation(s)** and a **Final Resident Evaluation** are required by the Board. The Final Evaluation form should be introduced to the resident and discussed at the initial supervision contracting session.
- There are **two types of evaluation** provided to the Resident by the Supervisor.
 - 1) Formative:** This is ongoing and critical to resident professional development. It is a way to provide feedback about observed areas of strength and areas of challenge. The latter might require a dedicated written performance improvement plan developed collaboratively between the resident and supervisor.
 - 2) Summative:** This is the more formal, objective assessment of competence and performance that occurs at designated points in the training cycle; for the residency, every six months and at termination.
- The performance areas to that are going to be covered and evaluated in residency supervision and the objectives outlined in the Individual Learning Plan should be assessed throughout the residency supervision, with completion of the evaluation forms at the required junctures.
- The resident is also given the opportunity to provide feedback to the supervisor via the **Final Evaluation of Supervisor form**.

X. Evaluation, cont.



- Fallender and Schefranske outline the following **tasks** as central to a completing a competent performance evaluation:
 - 1) Compile the learning agreement collaboratively
 - 2) Determine the areas of strength and weakness
 - 3) Review self reports and any other performance data
 - 4) Conduct an early observation of the supervisee's actual clinical performance to verify needed areas of learning
 - 5) Introduce the evaluation tool at the onset of supervision contracting
- All evaluations should contain honest, direct and objective content. The resident supervisor should involve the resident in the process of evaluation and provide the opportunity for the resident to evaluate the supervisor and the overall supervision experience. Residents may eventually have access to anything written or communicated about them, so it is best to discuss the actual content before sending any type of endorsement or reference. With the required Interim and Final Evaluations, which go to the Board, the process involves a discussion of the content of the evaluation wherein the resident reviews and signs the final product before it is sent to the Board.

TEST



- 1) True or False: Supervision has been identified by the Association of State and Provincial Psychology Boards as one of the six core competencies for psychologists.
 - a) TRUE
 - b) FALSE

- 2) The requirements for Post-Doctoral Supervised Work Experience can be found in:
 - a) Oregon Revised Statute (ORS) 675.030
 - b) Oregon Administrative Rule (OAR) 858-010-0036
 - c) APA 2002 Ethical Principles of Psychologists Standard 7

- 3) True or False: A resident may begin his residency once he has submitted to the Board a Resident Supervision Contract that has been signed by the supervisor.
 - a) TRUE
 - b) FALSE

TEST



- 4) Which of the following activities does **not** count towards residency hours?
- a) Administering an IQ test
 - b) Counseling sessions with a client
 - c) Drafting a custody evaluation
 - d) Updating the agency's intake form
 - e) A professional workshop that discusses informed consent
- 5) True or False: A complaint against a resident may result in a complaint being opened against the supervisor.
- a) TRUE
 - b) FALSE
- 6) Your resident has worked for 21 hours this week. How many hours of supervision must she receive?
- a) None
 - b) One Hour
 - c) Two Hours

TEST



- 7) True or False: the resident must advise all clients orally and in their informed consent policy that the supervisor may have access to all information and material relevant to the client's case.
- a) TRUE
 - b) FALSE
- 8) Which of the following is required by the Board:
- a) Hours Log
 - b) Individualized Learning Agreement
 - c) Residency Supervision Plan
- 9) True or False: A Psychologist Resident is a mandatory reporter of suspected abuse of a person with a developmental disability.
- a) TRUE
 - b) FALSE

TEST



- 10) Which of the following is not a responsibility of the supervisor:
- a) To keep supervisory notes
 - b) To work on-site with the resident
 - c) To assist the resident in learning the APA ethics code and Oregon laws and rules pertaining to the practice of psychology
 - d) To submit interim and final resident evaluations

Certificate of Completion



Orientation to Residency Supervision Self-Paced Training

Presented by the **Oregon Board of Psychology**

3 Credits of General Continuing Education Credit are Hereby
Granted to (Print Name): _____

I attest that I thoroughly reviewed the training materials and
completed the exam on (Date): _____

Signed: _____