

**EXAMINING THE FINE PRINT: EXPLORING INFORMED CONSENT
RELEVANT TO THE SUPERVISION OF PROVISIONAL PSYCHOLOGISTS IN
CANADA**

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Abstract

This Master's of Education final project addressed the relevance of informed consent within the therapeutic relationship in great detail and outlined the importance of its presence within the supervisor–supervisee relationship in order to uphold ethical integrity when delivering supervisory services to provisional psychologists in Canada. As informed consent is imperative in the counselling process and often overlooked in the supervisory one, Appendix A of this project offers an informed consent form available for use as a working document for counselling supervisors. No specific theoretical perspective or intervention strategy was used in the formulation of the informed consent form, thereby allowing future users to tailor the working document to fit their supervisory method and process. Areas of future research were addressed to enhance the ethical practice of supervision through integration of a formal consent form.

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Chapter 1: Introduction

Chapter one of this Master's of Education project provides a comprehensive overview of the importance of informed consent in the therapeutic relationship and explains how equal emphasis should be placed on informed consent in the supervisory relationship. Legal and medical histories are utilized to provide a framework of the evolution of informed consent and link the concept to the clinical supervision of provisional psychologists. Also included in this chapter are the statement of interest in this topic as well as an overall outline of subsequent chapters.

Overview

Supervision has been considered an integral and essential component of the training of provisional psychologists (Thomas, 2010). The process of supervision provides budding psychologists the opportunity to learn from experienced professionals within their field as well as from a structured environment in which skills are refined, mistakes are made, and interventions are learned and applied (D. McBride, personal communication, September 25, 2010). There remains a major problem with respect to the view of the supervisory relationship versus the therapeutic one. The supervisory relationship contains the same—if not a higher—level of legal liability and risk as the therapeutic relationship, and the supervisor is not only responsible for the well-being of his or her provisional psychologist, but also the well-being of that individual's clients (Corey, Corey, & Callanan, 2011; Knapp & VandeCreek, 2006; Thomas, 2010). Nevertheless, current ethical or legal practice does not mandate the inclusion of informed consent into the process of clinical supervision.

The legal case of *Cobbs v. Grant* (as cited in Hulteng, 1991) set the stage for the American medical professionals to be charged with malpractice if they fail to inform their clients about the risks and benefits of the services the clients were to receive (Hulteng, 1991, p. 137). This precedent opened the door for informed consent to become a vital part of the doctor–patient relationship. While this case stems from the medical field, Hulteng (1991) reminded the reader that in the realm of psychotherapy the consent issues are considerably more intricate and that the importance of informed consent in the therapeutic relationship cannot be understated. In fact, the idea of informed consent in psychotherapy is so important that the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001) has devoted an entire section to this topic. Unfortunately, little information is provided on how provisional psychologists are to learn and internalize the process of informed consent and how it applies to their ethical practice, which raises the question of how the psychological community can place such a heavy emphasis on informed consent within the therapeutic process and not hold a similar view on the issue of informed consent with respect to supervision.

Statement of Interest

My interest in this subject arose from seeing a clash between how the psychological community views client consent in relation to the consent of its most vulnerable members as practicing professionals in the helping industry. I had worked in the helping industry for nearly five years before completing a Master's level ethics course, which awakened me to the importance of informed consent. Simply stated, until then I attributed the concept of informed consent to mean that all legal obligations had

been met prior to delivering services to a client. I became fascinated with how the consent process could be used to reinforce client rights and how important it is for therapeutic clients to recognize that they have rights around receiving counselling services. As I integrated a consent process focused on client rights, I began to see a shift in how my clients viewed not only me (as their helper), but also the services I was providing. This experience reinforced the idea that, in the world of counselling, the issue of privacy and confidentiality is so important that, in essence, the working alliance is contingent upon it. While informed consent is highly valued in the therapeutic relationship, the relevance of informed consent in the supervisory process is often overlooked (Todd & Storm, 2002).

Keeping this issue of privacy and confidentiality in mind, I believe that it is important to recognize the significance of informed consent in supervisory relationships as well as the therapeutic relationships that supervisors will form with their clients. Many of my colleagues in our Master's of Education program plan to become a provisional psychologist after they complete their degree. In order to progress from provisional status to that of a registered psychologist, these psychologists will require supervision and I began to wonder how consent was handled with respect to the supervision of provisional psychologists. I strongly believe that in order for provisional psychologists to fully understand what is expected of them from their supervisor, both ethically and practically, they need to be informed of their rights (D. McBride, personal communication, July 12, 2010; see also Corey et al., 2011; Thomas, 2010). Provisional psychologists should understand the level of faith their supervisor will ultimately place in them and how their actions can directly impact their supervisor; this was the driving force

behind the completion of this project. As I learned in my Master's level ethics course, creating an informed consent package is time consuming; therefore, I wanted to provide my community with a tool that would allow supervisors immediate use of a document to inform supervisees of all expectations in a rights-oriented manner.

Overall Outline

Chapter two of this Master's of Education project provides the reader with an in-depth analysis of informed consent, with particular attention paid to the role of informed consent in the therapeutic process. Chapter two also provides the background information necessary for the reader to understand the history of informed consent and how this concept has evolved and shaped the counselling process over time. Although Chapter two focuses on client rights, the consent process is an integral part of the overall project, as it identifies how vital informed consent is to the therapeutic process. Chapter two offers the opinion that the psychological community needs to place the same emphasis on supervisee rights as they do on client rights.

In Chapter three, the variance between the role informed consent plays in the counselling process and in the supervision of provisional therapists is addressed in detail. Chapter three is the backbone of this Master's of Education project and provides evidence that the psychological community does not apply a similar level of importance to the role informed consent plays in the supervision of future therapists. Chapter three specifically addresses the importance of informed consent in the supervisory process. Furthermore, the need for the regular presence of informed consent in the clinical supervision of provisional psychologists is addressed with the intent of providing clinical

supervisors with a consent package to allow them to incorporate informed consent into their ethical practice.

Chapter four explains the purpose of this project as well as depicts how this project was researched. By outlining the search terms and databases used, the reader is given information applicable to the overall subject of informed consent relevant to both the counselling relationship and the supervision of provisional therapists. Chapter four also contains the statement of ethical conduct and outlines how Appendix A (which provides counselling supervisors with a tool to allow them to integrate ethical principles into their supervisory practice) was created and finalized.

Chapter five of this Master's of Education final project sums up all information within the overall document. Chapter five also details the strengths of this project and outlines the project limitations. Areas of future research are discussed to provide members of the psychological community with ideas on how to incorporate informed consent into the supervision process.

Overall, this University of Lethbridge final project addresses the issue of informed consent in detail and provides counselling supervisors with a consent package designed for practical use (see Appendix A). The remaining appendices (B, C, and D) provide counselling supervisors and provisional therapists with supplementary consent forms that may be adapted to fit the preferences and processes of those using the consent package. All appendices are working documents and are intended to be manipulated to fit the needs of the user.

Chapter 2 - Literature Review: Informed Consent Overview Specific to Client Rights

As the significance of recognizing and protecting client rights grows, so do the legal implications for the practitioner (Hulteng, 1991; Reamer, 2006; Tymchuk, 1997). As such, informed consent is considered to be of utmost importance in the field of psychology. This chapter defines informed consent and describes the fundamental issues associated with its application to the field of modern psychology. While there are numerous definitions of informed consent, it is important to recognize that the precise definition ultimately depends on the field of work or study client consent is needed for. The context of this University of Lethbridge project focuses only on adult consent issues and the applicability of adult consent specific to provisional psychologists in Canada who are governed by the Canadian Psychological Association (2000) *Canadian Code of Ethics for Psychologists*. While there are other reputable and prominent associations that govern the ethical and professional practice of its therapists, for the purposes of this project, the Canadian Psychological Association has been referred to as the ethical compass that guided this project. As the author of this project, I chose to utilize this particular ethical code over other associations due to its specificity and the breadth of information provided with respect to informed consent.

Although it is necessary to provide the reader with information around the consent process with clients in order to enhance their understanding around the significance of the matter and how it may impact the delivery of counselling services (Thomas, 2010), the focus of this project is on informed consent specific to the supervision of provisional therapists. Chapter three of this project makes the connection between client rights and

supervisee rights and shows how informed consent is the concept that may hold the potential to bridge the gap.

Defining Informed Consent

The *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001) promoted the idea that “signing a consent form is not a sufficient condition of informed consent” (p. 48) and recognized that the process of informed consent is the product of a collaborative process between therapist and client. These components of informed consent are vital in order for the client to be an informed consumer in the “business of psychology” (Sinclair & Pettifor, 2001, p. 48), which allows the client to make an autonomous decision based on all available information (Berg, Applebaum, Lidz, & Parker, 2001). Therefore, the fundamental essence of informed consent is that clients have the right to be informed about the counselling services that they may receive before they consent to accept those services.

In line with Canadian Psychological Association (2000) and College of Alberta Psychologists’ (2005) standards, consent is considered valid when the client is competent and understands the information being presented (see also Sinclair & Pettifor, 2001; Thomas, 2010). The College of Alberta Psychologists’ *Standards of Practice* document specified that in order for informed consent to be considered valid, the client must give consent under the following terms: “(i) adequate disclosure of information by the psychologist, (ii) the client understanding the information, and (iii) the client expressing a voluntary choice” (p. 1).

By ensuring that the client is made aware of all information necessary to make the decision to enter into the counselling relationship, the therapist is upholding the client's right to autonomy, which is one of the essential goals for offering counselling services (Crowhurst & Dobson, 1993). After being made aware of the "benefits and risks of a proposed treatment, alternatives, and the likely outcome of foregoing treatment" (Crowhurst & Dobson, 1993, p. 337) the client is better prepared to ask questions about the counselling process. By upholding the client's right to self-determination the therapist is enabling the client's ability to make a voluntary and informed decision, thereby building the bridge for the collaborative therapeutic alliance needed to increase the client's chances of making a change in his or her life (Duff & Bedi, 2009; Emmerling & Whelton, 2009; Gelso, 2009). Although ensuring the client has been provided with all recommended information is a fundamental component of informed consent, it is equally important that the therapist remain current on modifications to the ethical code he or she adheres to in order to ensure ethical practice.

Ethical Standards

The following sections address the standards applicable to informed consent outlined in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001). Standards reflecting collaboration, the client's right to consult, protection of vulnerable persons, documentation of consent, and breadth of information covered in the consent process are discussed. Furthermore, rationale will be provided to explain why these standards are important and must be considered when obtaining consent from the therapeutic client.

Likewise, many of the standards discussed in the following sections relate to supervisor–supervisee issues. When applicable, similarities are discussed but Chapter three of this project addresses issues involving informed consent specific to the supervision of provisional psychologist in greater detail. This chapter provides evidence for how the psychological community views the importance of informed consent in the therapeutic relationship and shows cause for a similar level of importance to be given to the supervisory relationship.

Collaboration. Standards I.16 and I.17 from the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 10) made specific reference to the idea that informed consent is to be a collaborative process where the client’s opinions and wishes are incorporated as much as possible (see also Sinclair & Pettifor, 2001). Hiebert and Jerry (2002) argued that by incorporating client aspiration into the decision-making process the client is being viewed as an equal and, because the client is invited to specify personal need prior to receiving therapeutic services, the therapist is engaging in a process that may be the most important part of building a positive working alliance (see also Duff & Bedi, 2009; Emmerling & Whelton, 2009; Gelso, 2009). Some clients may never have been able to be active participants in their own lives or in the decisions affecting them; by incorporating client aspirations into the consent process, clients will hopefully feel more empowered by the process instead of “simply having a consent form signed” (Sinclair & Pettifor, 2001, p. 49). By including the client in the decision to contract therapeutic services, the therapist is fulfilling the obligation of informed consent using a process that remains respectful of the client’s autonomy.

The need for collaboration is just as important in the supervisor–supervisee relationship. Similar to the therapeutic relationship, the supervisee’s educational needs and learning goals must be taken into consideration when creating the supervision process. The idea of how supervisors could incorporate collaboration into supervisory practice is discussed in more detail in Chapter three.

The right to consult. Standard I.18 from the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 10) respected the right of the client to access outside information and opinion before consenting to counselling services (see also Sinclair & Pettifor, 2001). This is an important right because for many clients there may be “other demographic factors, particularly social support, which might also influence consent” (Tymchuk, 1997, p. 64). For example, if a client chooses a treatment or consents to a service that she would not have chosen if she had involved others around her in the decision-making process, then the consent is not valid (Jecker, 1990; Todd & Storm, 2002; Tymchuk, 1997). Therefore, it may be appropriate for the therapist to assess for outside influences, such as cultural factors, as well as other persons in the clients’ lives that may have a direct impact on the consent process and offer the clients the choice to include them in the process. By assessing outside influences, the therapist is respecting the clients’ right to be self-directed in their therapeutic process (Emmerling & Whelton, 2009; Gelso, 2009) and applying value to external variables that may impact not only consent, but also the client’s success in the goal towards change (Corey et al., 2011; Duff & Bedi, 2009; Thomas, 2010).

Similar to the therapeutic process, the supervisee must also be afforded the right to seek alternatives to supervision. The supervisee must be provided with information

around supervisory limitations and alternatives in order for his or her consent to be considered valid. The supervisee must also be made aware of how his or her need to consult will impact the client's right to privacy and confidentiality. Issues of this nature are explored in Chapter three.

Protection of vulnerable persons. Standard I.19 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 10) ensured that psychologists uphold their duty to protect the rights of their most vulnerable clients while adhering “to the concept of moral rights” (Sinclair & Pettifor, 2001, p. 43). Standard I.19 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 10) recognized that while all clients have the right to make an autonomous and self-directed decision around obtaining therapeutic services, some clients may not have the capacity to determine what is in their best interest. In cases such as this, it is important to remember that when treating persons assessed to be of lower cognitive ability, consent for treatment must be obtained by the individual (or individuals) who possess guardianship of the client (Borders & Brown, 2005; Corey et al., 2011; Crowhurst & Dobson, 1993; Hesson, Bakal, & Dobson, 1993; Thomas, 2010; Tymchuk, 1997).

This standard may also pertain to client anxiety and crisis or emergency situations (D. McBride, personal communication, July 12, 2010). In the first session anxiety may be higher, which may compromise the client's ability to give full consent, and it has been recommended that consent be reviewed accordingly (D. McBride, personal communication, October 23, 2010). Applebaum, Lidz, and Meisel (1987) offered a process model of informed consent that is based on the idea that decision making is a

“continuous process that occurs over the course of treatment; therefore, exchanges of information and expressions of consent occur throughout the course of therapy” (p. 313). The addition of Standard I.25 to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001) reinforced the process model and encouraged the therapist to provide and review any new or existing information that would impact the client’s consent.

Thomas (2010) referenced the idea that reviewing consent issues may be a respectful and useful tool when mitigating problems within the therapeutic relationship. Incorporating a formal consent form into the consent process may lessen legal liability when working with vulnerable persons or clients who are too nervous to remember what they consented to. For example, if a client has disclosed information that leads the therapist to believe that the client is at risk for suicide, the client may need to be reminded that they had agreed to the therapist disclosing information of this nature prior to engaging in therapy. Referring to the original consent document may assist the therapist in remaining respectful of the client’s right to privacy while acknowledging the therapist’s duty to protect the client.

The concept of revisiting the original consent document is also valid when considering the consent process in supervision. It will be helpful to both the supervisor and supervisee to remain current on information relevant to their relationship in order to minimize harm to both parties as well as the clients the supervisee will be providing services to. The idea of revisiting the supervisory consent package is explored in further detail in Chapter 3 of this project.

Documentation of consent. Standard I.21 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, pp. 10–11; see also Sinclair & Pettifor, 2001) recommended that a formal consent form be established in order to document the process of consent as well as indicate client understanding of the services that will be provided. A formal consent implies a written document that supplies certain information in a manner that clients are able to understand (Baird, 2008; Pomerantz & Handelsman, 2004) intended to “document that the information has been provided and understood” (Baird, 2008, p. 47). Standard I.23 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001) outlined the need for therapists to remain respectful of their clients’ ability to understand information being presented to them during the consent process. Tymchuk (1997) reminded the reader that clients have varying levels of comprehension when receiving information; Sinclair and Pettifor (2001) reinforced this by stating, “The psychologist would relay this information in language that the persons understand (including providing translation into another language if necessary)” (p. 51). By taking into account the developmental, cognitive, and cultural capacity of the client to understand the information presented in the consent process, therapists are holding up their ethical obligation to respect the dignity of the client. Not only that, but many researchers would say that a therapeutic integration of the consent process will help to empower the client and “effectively build a relationship of trust and respect that will facilitate change” (Arthur & Collins, 2010, p. 120).

Arthur and Collins (2010) reminded the reader that despite the advantages of using a formal consent document, there are some cultures and situations in which the use

of a consent form may not be appropriate. Standard I.22 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001) recommended that the psychologist document his or her reasons for not obtaining written consent and, when feasible, obtain consent in writing. Keeping in mind that verbal consent lacks the formal documentation of clients giving consent, it is strongly recommended that a form be signed at the earliest possible moment after the client is capable to do so in order to document client consent to receive services (Canadian Psychological Association, 2000; Hartman & Liang, 1999; Jansen et al., 2007; Sinclair & Pettifor, 2001). Integrating a formal consent form, which is culturally sensitive and perhaps written at a grade level that a person learning English could understand, into therapeutic practice can help to ensure that the rights and best interests of the client are being considered and that the legal requirements surrounding documentation of client consent are met.

Information to be covered in the consent process. Hulteng (1991) offered an evolutionary timeline of the informed consent doctrine and argued that where its application in practice used to be specific to the legal and medical fields, informed consent is emerging as a requirement of ethical practice in many other areas. In essence, as each individual field of psychology explores new and more in-depth areas, interpretation of informed consent and how it applies to ethical practice must also be revamped. For example, an ethical issue involving informed consent that is increasing in frequency is the importance of ensuring client understanding for those “individuals who were referred for evaluation by a third-party payer” (Carlisle & Neulicht, 2010, p. 29). These clients must be made aware that ethical issues around privacy, confidentiality, and

record keeping are different in these circumstances; standard I.26 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001) outlined the importance of addressing these issues before the therapeutic process begins to ensure client awareness around that the client's information will be handled in ways that he or she may not have anticipated.

Ensuring the client receives as much information as a reasonable person would want to know “before making a decision or consenting to the activity” (Sinclair & Pettifor, 2001, p. 51) is essential to obtaining valid client consent. Current literature offers some direction on what topics should be addressed during the informed consent process (Baird, 2008; Borders & Brown, 2005; Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Braaten and Handelsman (1997) stipulated that the “standard of disclosure is determined by what is of material concern” (p. 312) to the client. While some authors have referenced consent issues that involve confidentiality, there are other very important ethical issues that need to be discussed (Corey et al., 2011). Many ethicists have stipulated that client autonomy is not likely unless the client has been offered all the information required to make an informed decision (Beauchamp & Childress, 1994).

Standard I.24 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001) reinforced that the client must be given enough information to ensure an autonomous and self-directed decision on contracting therapy services by addressing issues such as the

purpose and nature of the activity; mutual responsibilities; confidentiality protections and limitations; likely benefits and risks; alternatives; the likely

consequences of non-action; the option to refuse or withdraw at any time, without prejudice; over what period of time the consent applies; and how to rescind consent if desired. (p. 51)

In addition to the information listed in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001), the therapist should also address the goals of counselling, the techniques used by the therapist, the limitations of the therapist, issues surrounding fees and fee collection, as well as issues surrounding record keeping, file storage, and file management (Baird, 2008; Borders & Brown, 2005; Thomas, 2010). Corey et al. (2011) believed that the client has a right to be knowledgeable about his or her therapy and to make self-directed decisions relevant to it; therefore, if used correctly, the informed consent process can become a therapeutic method of delivering information to the client.

Best Practice

Best practice can be defined as “a professional’s decisions and actions based on knowledge and evidence that reflect the most current and innovative ideas available” (Dunn, 2000, p. 1). Best practice differs from standard practice in that standard practice typically outlines the minimally accepted standard that reflects an established, traditional practice (Dunn, 2000). The importance of applying best practice methods to ethical practice has been captured quite well by the Parry, Rowland, and Buckroyd (2004), who stated, “In the same way that I wouldn’t want my doctor to practise without reference to the latest reliable information about the treatments on offer, I wouldn’t want my counsellor to do that either” (p. 22).

The purpose of this chapter was to demonstrate how psychologists could strive for best practice ideals while delivering services to their clients. The following sections outline the rationale for therapists to incorporate and apply best practice into their service delivery method.

Incorporating best practice. There is a “fine line between enough information to educate a patient and not so much as to frighten one” (Carlisle & Neulicht, 2010, p. 25), and most literature agreed that it may be a critical error to overwhelm clients with too much information, but that the therapist may enter into an ethical dilemma if information is withheld from the client (Braaten & Handelsman, 1997; Carlisle & Neulicht, 2010; Corey et al., 2011; Paez & Britton, 2004; Thomas, 2010). Therefore, best practice with respect to informed consent would entail finding the balance between providing enough information while ensuring legal aspects are covered and documented.

In an era in which clients are becoming increasingly aware of their rights as well as the responsibilities of the therapist (Hedges, 2000), it is important for psychologists to remain current on not only ethical obligations, but also the legal issues inherent to the consent process. Corey et al. (2011) discussed the idea that therapists’ failure to discuss issues around informed consent with their clients is one of the major factors leading to a malpractice suit. While many researchers have discussed how to prevent ethical and legal infractions (Haas & Malouf, 2005; Hedges, 2000; Knapp & Slattery, 2004; Nagy, 2005; Thomas, 2005; Younggren, Harris, & Bennett, 2005), only Fisher (2008) offered an ethical practice model that addresses the legal obligations of a therapist in an ethical manner. Fisher’s model cemented the idea that psychologists are practicing in a “very

different legal era” (p. 2) and recommended keeping current on not only ethical standards, but also relevant legislation in order to ensure best practice.

Somberg, Stone, and Claiborn (1993) produced evidence that therapists were excluding informed consent from conversations with their clients because they felt that the client already possessed knowledge of the issue and/or they felt that the client would not be able to comprehend the information being presented to them. While this may have been acceptable practice in 1993, Fisher (2008) reminded the reader that present day limits to confidentiality can vary from therapist to therapist and that “each clinician is therefore the client’s only possible source of accurate information” (p. 4); as a result, a therapist’s judgement on his or her client’s level of awareness is insufficient grounds for circumventing or delaying the informed consent process.

Fisher (2008) also addressed the issue of client understanding and stated, “The fact that the subject matter is complex does not absolve psychologists of the ethical responsibility for helping clients understand it” (p. 4). Fisher (2008) and Thomas (2005, 2010) maintained that by incorporating informed consent into the initial stages of therapy, the therapist is upholding the right of the client to make an autonomous decision about entering into the counselling relationship, as the client has been made aware of the risks and benefits associated with counselling as well as the client’s right to decline receipt of services. The following section addresses issues of applying discussions around informed consent to the counselling process and touches on issues that should be included in that discussion.

Best practice applied. This section is composed of three subtopics. The first subtopic addresses the integration of the consent process into the first meeting with the client, the second subtopic discusses using informed consent to educate the client, and the final subtopic discusses using informed consent to encourage the client to take responsibility for change.

Integrating the consent process into the first meeting with the client. The main goal of the first meeting with a client is to create a safe environment in which the client will feel secure sharing his or her most personal information with a stranger (Corey et al., 2011), but if the therapist uses the first session to complete required paperwork, the client may feel that his or her therapy is administrative in nature, and this is not the case. Best practice methods utilize paperwork to facilitate discussion around client questions and concerns (D. McBride, personal communication, July 12, 2010), and by completing the formalities together the therapist show the client that all parts of therapy are a team effort. This is one way to integrate the informed consent process into building a positive working alliance with the client (Constantino et al., 2010; Duff & Bedi, 2009; Emmerling & Whelton, 2009; Gelso, 2009; Thomas, 2005, 2010).

Using informed consent to educate the client. Beahrs and Gutheil (2001) maintained that using informed consent as an educational dialogue may empower clients and enable them to make a decision that is in their personal best interest. Cobia and Boes (2002) offered that educating clients using informed consent positively affects the working alliance by increasing learning opportunities and establishing an environment that promotes open, honest communication. Therefore, not only will incorporating informed consent into everyday practice enable the client to have access to all

information relevant to his or her decision to become a consumer of therapeutic services, it will also enhance the working alliance by reducing the power differential present in the therapeutic relationship (Beahrs & Gutheil, 2001; Constantino et al., 2010; Duff & Bedi, 2009; Emmerling & Whelton, 2009; Gelso, 2009; Thomas, 2010).

Using informed consent to encourage the client to take responsibility for change. Informed consent is also useful in shifting responsibility for change from the therapist to the client, as it is the client who must take what is learned in therapy and apply it to his or her life and, therefore, the client is the one who is ultimately responsible for the level of change (Beahrs & Gutheil, 2001; Ellis, 1962; Thomas, 2005). Beahrs and Gutheil (2001) agreed and stipulated that the “provision of useful information helps patients to become more active agents on their own behalf” (p. 5); it is what clients do for themselves that will enhance the likelihood of positive change. The question remains, what information needs to be covered when including the process of informed consent into therapeutic practice? Chapter three provides the answer to this question.

Consent Topics

The right for the client to experience full disclosure of what psychological or counselling services offer and the limitations of these services can be a critical variable in fostering a positive therapeutic alliance (Braaten & Handelsman, 1997; Carlisle & Neulicht, 2010; Fisher, 2008). Baird (2008) maintained that, prior to consenting to services, the client should be aware of: the therapist’s qualifications; the nature of the services provided; the frequency, duration, and termination of treatment; client and therapist responsibilities during treatment; fees and payment structure; record keeping

and file management procedures; and limits to confidentiality. Each of these topics are addressed in addition to the costs and benefits of receiving or declining services.

Therapist qualifications and nature of services provided. Research and current ethical codes (Canadian Psychological Association, 2000; Sheppard, Schulz, & McMahon, 2007; see also Sinclair & Pettifor, 2001) indicated that clients should be made aware of the qualifications and scope of competency of their potential therapist (Baird, 2008; Beahrs & Gutheil, 2001; Canadian Psychological Association, 2000; Corey et al., 2011; Sheppard et al., 2007; Sinclair & Pettifor, 2001; Thomas, 2010). In addition, information on the theoretical stance of the therapist, as well as what services the therapist is capable of providing (Carlisle & Neulicht, 2010) would impact the client's decision to enter into a therapeutic relationship with a psychologist. The client needs to feel as though the services offered will meet his or her needs to limit instances of therapy causing harm to the client instead of helping the client.

Frequency, duration, and termination of treatment. Baird (2008) recommended that information on frequency and duration of treatment be provided to the client prior to engaging in the counselling process. Some clients may feel that the therapist can "fix" them in just one session and may be surprised by the number of sessions the therapist feels are needed to address client issues. Conversely, clients may take the therapist's recommended duration of treatment to mean that there is something seriously wrong with them and may become distressed (D. McBride, personal communication, July 15, 2010). The therapist may not be aware of external factors that may be affected by the anticipated length of treatment. For example, if the client only has insurance coverage for six sessions and he or she is not informed that the treatment

plan may take 12 sessions, this may pose a serious problem for the completion of treatment, as well as the outcome for the client.

Client and therapist responsibilities. Thus far two of eight topics that should be included in a consent form have been discussed. Braaten and Handelsman's (1997) research showed that by addressing client and therapist roles and responsibilities associated with participating in counselling prior to service delivery the therapist could reduce potential problems that may arise from confusion in this area. Baird (2008) supported this idea and recommended discussing things such as attending scheduled appointments, cancellation procedures, and boundary management to set the stage for a therapeutic relationship grounded in professional, respectful, and responsible behaviour. Furthermore, by discussing responsibilities with the clients, the therapist reinforces the idea that he or she is there to help clients work through their issues, not to solve their problems for them, thereby strengthening client control and equalizing the power differential within the relationship.

Fees and payment structure. For some clients, therapy may be a cost that does not fit into their budget. Braaten and Handelsman's (1997) research showed that clients wanted to discuss financial arrangements before the onset of therapy, as cost would be a deciding factor in their decision around participation. Therefore, it is important for fees to be discussed up front with clients so that they are not shocked or put into debt for participating in therapy. How and when fees are payable should also be discussed so that all options are present for the client (D. McBride, personal communication, July 13, 2010). The client may feel overwhelmed by the prospect of having to pay for services, so

if a sliding scale is available this should also be discussed up front with the client to enable the client to make an informed decision on whether or not to engage in therapy.

As the number of third-party payers is increasing in the world of therapy (Behrs & Gutheil, 2001; Carlisle & Neulicht, 2010; Shaw, Chan, Lam, & McDougall, 2004) clients must be made aware of the frequency and length of their treatment sessions. For example, it is important for clients to know that they may only have coverage for six sessions and that if more sessions are required they will be responsible for paying out of pocket for those sessions. Not only will the awareness of frequency, length, and payment coverage of treatment play a part in the treatment plan that is formulated between the client and therapist, this information may also drive the client to play a more active role in the counselling process in order to see themselves progress at a faster rate (Constantino et al., 2010; Emmerling & Whelton, 2000; Gelso, 2009).

Record keeping and file management. To ensure the consent form is complete and has covered all pertinent topics, current literature recommended that issues surrounding record keeping and access to records be discussed during the informed consent process (Baird, 2008; Corey et al., 2011). These issues are important as access to records implies the sharing of information, be it with the third-party payer, the therapist's supervisor, or the parents or guardians of the client. Clients have a right to know who their information will be shared with and why; if this issue is discussed openly during the first session, then the client can process this information and make a more informed decision with regard to engaging in counselling. The client will also be more aware of what information he or she shares with the therapist. In this sense, informed consent may

impede the therapeutic process and this risk should be discussed with the client during the consent process.

Limits to confidentiality. In the interest of full disclosure, the client must be made aware of what circumstances will force the therapist to break confidence (D. McBride, personal communication, July 8, 2010). While there are certain mandated reporting regulations that are mentioned in both the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001) and the Canadian Counselling and Psychotherapy Association's *Code of Ethics* (Sheppard et al., 2007), each therapist may add limits to confidentiality that are personal to him or her, which may make it difficult for the therapist to practice in a neutral manner. For example, some therapists will break confidence after a disclosure of animal abuse (D. McBride, personal communication, July 8, 2010). By incorporating this discussion into the informed consent process, the clients are made aware of their rights and the limits surrounding those rights, thereby upholding their right to make an autonomous and self-directed decision (Fisher, 2008).

Costs and benefits of accepting or declining services. Thus far seven of eight topics to be included in the client consent form have been highlighted. One of the most important concepts to be formally documented is that the client has been made aware of his or her right to engage in therapy and of the right to refuse to participate. As the client has the right to withdraw consent at any point in treatment and pull out of therapy at any time, it is important for the client to be made aware of the costs and benefits of receiving services so that the client can feel as though they have been given all options to choose from (Beahrs & Gutheil, 2001; Canadian Psychological Association, 2000; Carlisle &

Neulicht, 2010; Pope, 2009; Sinclair & Pettifor, 2001; Thomas, 2010). Beahrs and Gutheil (2001) offered the opinion that by acknowledging that therapy might not be the appropriate treatment for the client's problems, the therapist is decreasing the chances of a negative therapeutic outcome. In fact, Beahrs and Gutheil maintained that "neither party knows at the outset in what directions the therapy might evolve, what information or understanding may unexpectedly emerge, what roadblocks the therapy will need to surmount, or what the final outcome will be" (Beahrs & Gutheil, 2001, p. 6). Imagine the shift in perception for clients when they hear their therapist acknowledge that therapy may not be the right option for them; it may shift the client's perception of the therapist's level of transparency and honesty, thereby enhancing the working alliance and level of trust for the client (Beahrs & Gutheil, 2001; Braaten & Handelsman, 1997; Duff & Bedi, 2010; Emmerling & Whelton, 2009).

Recommendations for delivery in practice. Thomas (2010) argued, "Informed consent has become an integral aspect of forming relationships with clients" (p. 141) when the desired outcome is to deliver a working alliance via the informed consent process. Psychologists should be trained to engage in the informed consent process before delivering services (D. McBride, personal communication, July 8, 2010), and research is beginning to recognize the importance of an ongoing consent process to ensure the client continues to understand the implications of engaging in the therapeutic process (Corey et al., 2011; Shaw et al., 2004; Thomas, 2005, 2010; West & Byrne, 2009). Reviewing consent forms after a specific number of sessions can be a good idea, as it keeps the limits of confidentiality fresh and allows clients to remain aware of their rights.

The idea that the informed consent process can be delivered in a therapeutic manner is novel to the counselling community (Corey, Corey, & Callanan, as cited in McBride, 2010); therefore, it may be helpful to spread out the discussion of consenting to services so that clients can process all the information presented as well as ask any questions that may arise for them. Spreading out the discussion over several sessions is one way to ensure client understanding of necessary information that will impact the therapeutic relationship (e.g., limits to confidentiality), while building the alliance and fostering the trust that must be present between therapist and client in order for therapy to be effective (Fisher, 2008; Gelso, 2009). By taking the time to deliver the information thoroughly and in a therapeutic manner, the therapist acknowledges, upholds, and respects the client's rights to full disclosure prior to contracting services.

Summary. Therapy can consist of many different styles and theoretical standpoints and can also involve different therapists and clients. It is important to remember that in order for the client to make an informed decision about whether or not to participate in counselling, he or she must have all the information about what the process may entail; this is why the informed consent process is so utterly important. Where therapy used to be just the client and therapist, novel situations such as third-party payers and an increasing therapist legal liability require more people to be involved and more information to be shared. The client must be aware of these issues before he or she voluntarily consents to receiving therapeutic services. As technology advances and therapy adapts to the needs of society, it is important for all therapists to remain responsible to their clients, themselves, and keep up to date on what the process of consent entails.

Conclusion

In conclusion, informed consent is recommended for ethical therapeutic practice (Beahrs & Gutheil, 2001; Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001; Sheppard et al., 2007; Thomas, 2005, 2010; Todd & Storm, 2002; West & Byrne, 2009), yet little emphasis has been placed on the development of ethical practice in budding psychologists (Paez & Britton, 2004; Thomas, 2010; Todd & Storm, 2002). This chapter was necessary in order to establish an ethical foundation for the presence of informed consent in the supervisory process. This chapter provided the reader with necessary information to draw similarity between how valuable informed consent is to the therapeutic relationship and how applicable ethical practice and service delivery of psychologist is governed by the Canadian Psychological Association's (2000) code of ethics.

Furthermore, the legal and ethical responsibility that accompanies the role of informed consent in the both the therapeutic and supervisory processes cannot be understated. Baird (2008) recommended that the "the best way to deal with lawsuits is to prevent them from happening by practicing within the standards of care of one's profession, scrupulously adhering to ethical codes, and thoroughly documenting what you do and why" (p. 67). Therefore, the need for a detailed and documented informative process is imperative to the success of supervision and using a consent package will help guide and document the ethical practice of both supervisee and supervisor. By obtaining informed consent before providing supervisory services, supervisees will be made explicitly aware of what is expected of them; "exactly what they must do to succeed" (Thomas, 2010, p. 161); and be able to agree to "participate in light of all relevant

factors” (Thomas, 2010, p. 161). The following chapter addresses the importance of clinical supervisors helping provisional psychologists to learn appropriate methods and to implement and incorporate the principles of informed consent into the counselling practice.

Chapter 3 - Literature Review: Informed Consent Specific to Supervision

Outline

Supervision is recognized as an integral component of therapist training where the supervisee is afforded various opportunities to learn the art and science of counselling through practice and application (Corey et al., 2011; Thomas, 2010). There are many benefits of supervision, some of which include the enhancement of knowledge, the opportunity to practice various techniques and processes in a supportive environment, and the chance to develop the foundation for future ethical practice (Christensen & Kline, 2000). This chapter defines supervision and outlines the legal aspects inherent to the supervisory relationship, showing cause for the use of an informed consent process within supervision. Given that the supervisory relationship contains the same—if not a higher—level of legal liability and risk as the therapeutic relationship (Corey et al., 2011; Thomas, 2005, 2010; Todd & Storm, 2002), ways in which clinical supervisors can incorporate ethical practice into their supervision process are also addressed.

Introduction

Current literature lends support to the idea that present day clinical supervisors are a vital component of producing ethically sound therapists and must model ethical practice in order to do so (Bernard & Goodyear, 1992; Borders & Brown, 2005; Borders, Cashwell, & Rotter, 1995; Thomas, 2005, 2010). In fact, Shotton (2009) reminded the reader that it is the “facilitator’s commitment to a cocreative learning environment” (p. 294) that will encourage the provisional psychologist’s ability to integrate his or her academic learning and apply into his or her practice in an ethical manner. Furthermore, the current ethical code that governs registered and provisional psychologists in Canada

(Canadian Psychological Association, 2000) recommended that registered members seek supervision for not only training, but also when faced with an ethical dilemma (Sinclair & Pettifor, 2001).

Defining Supervision

As definitions of supervision vary throughout the literature it is important to provide a definition appropriate for this University of Lethbridge final project, which focused on the supervision of provisional psychologists in Canada. Some research defined the process of supervision as a didactic relationship between peers and outlined group and educational formats (Baird, 2008; Corey et al., 2011; Todd & Storm, 2002). Others described a process that “prepares the psychological trainee for autonomous ethical functioning as an ‘adult’ in the field” (Hambrick, Pimentel, & Albano, 2009, p. 191), insinuating that supervisors take on the role of a mentor or parent to guide their supervisees to a developmental stage where the students have developed not only a skill set, but also a professional identity grounded in ethical practice. Bernard and Goodyear (2009) provided a more comprehensive definition, which described supervision as service provided by a more experienced member of a profession. Bernard and Goodyear (2009) continued on to describe a relationship that is

evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they sees, and serving as a gatekeeper for those who are to enter the particular profession. (p. 7)

In their definition, Bernard and Goodyear (2009) addressed the idea that supervision is more than just a teacher–student relationship and reminded the reader that the supervisor is responsible for the supervisee’s actions, behaviours, and interactions with clients. While numerous researchers provided definitions of supervision and discussed practical applications of supervision (Bernard & Goodyear, 2009; Hambrick et al., 2009; Rosenberg & Heimberg, 2009; Tanenbaum & Berman, 1990; Thomas, 2005, 2010; Todd & Storm, 2002), little is available on the process of informed consent as it applies to the clinical supervision of psychologists.

For the purposes of this University of Lethbridge final project, supervision will be defined as an essential component of training a provisional psychologist to incorporate education, legislation, and ethical procedures into counselling practice (Benbenishty, Segev, Surkis, & Elias, 2002; Lietz, 2010; Shireman, 2003). Supervision also allows the supervisor to monitor the practice of the provisional psychologist while educating the provisional psychologist around incorporating and developing the critical thinking skills necessary to “consider, debate, and analyze” (Lietz, 2010, p. 69) novel, complex, and sometimes confusing issues with respect to each case.

The remainder of this chapter outlines the role of the supervisor while providing rationale for obtaining informed consent from the provisional psychologist prior to providing supervisory services. Subsequent sections within this chapter also address how informed consent may lessen the legal liability of the supervisor.

Role of Supervisor

Some research indicated that the psychologist occupying the role of supervisor will provide three services to the supervisee: administrative, supportive, and educational

services (Caspi & Reid, 2002; Lietz, 2010; Tsui, 2005). These three services will ideally enable the supervisee to access the information and skills necessary to progress from provisional to chartered status. The following sections address these services and how they impact the role of informed consent in the supervisory relationship.

Supervisor as administrator. Lietz (2010) explained that in the administrative role the supervisor would oversee proper application of legislation, ethical practice, paperwork, and any other documentation that would indicate the supervisee is accountable for the delivery of counselling services to his or her client. This implies that provisional psychologists will learn how to manage and complete paperwork according to the standard outlined by the governing body while upholding the rights of the client, their supervisor, and themselves. Incorporation of an informed consent document will assist the supervisor in modelling appropriate administration procedures required to document supervisee consent to receive supervisory services. Furthermore, using an informed consent document enables the supervisee to experience not only ethical practice, but also to awaken the supervisee to the experience the client will have when contracting counselling services.

Supervisor as supporter. Supporting the supervisee typically includes providing encouragement to the supervisee while watching for signs of compassion fatigue or burnout (Lietz, 2010; Thomas, 2010). This will be important as the supervisee must become self-aware of the emotional and psychological constraints that coincide with becoming a psychologist. The supervisee must learn to incorporate appropriate self-care methods to ensure personal health and emotional needs are being maintained. When providing services associated with supervisory support, the supervisor will need to

remain cautious of boundary violations (Todd & Storm, 2002). Using a consent form will allow for formal documentation of conversations around expected roles and boundaries regarding the supervisory relationship, which will help protect both parties during the course of supervision (Thomas, 2010).

Supervisor as educator. The role of educator may be the most important role a supervisor can play with respect to the supervision of provisional psychologists. It is this role that will encapsulate both the administrative and supportive supervisory tasks and demonstrate the professional competence achievable through the practical application of theoretical knowledge to real client cases (Tourse, McInnic-Dittrich, & Platt, 1999). The supervisee will learn how to apply knowledge in a natural setting in which critical thinking is encouraged and practice is monitored to limit harm to all parties involved (Lietz, 2010). Therefore, the educational role of supervisor allows for the practical training of the supervisee while supporting the development of critical thinking skills relevant to the practice of psychology.

Given the complexity of the role, the supervisor has a significant level of control over the fate of the provisional psychologist with respect to access to clients as well as the application of interventions and, therefore, may be viewed as the gatekeeper to the provisional psychologist's professional success (Baird, 2008; Borders & Brown, 2005). The supervisor's power over the supervisee is justified, as the clinical supervisor is legally and ethically accountable for the provisional psychologist's actions; as such, the supervisor must be keenly aware of the skill level and performance of the supervisee (Hambrick et al., 2009). Standard II.25 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) described the supervisory role as one in

which the psychologist facilitates “the professional and scientific development of their employees, supervisees, students, and trainees by ensuring that these persons understand the values and ethical prescriptions of the discipline” (p. 18). Therefore, the role of supervisor is a complex one in which the supervisor must remain aware of the end goal: to model and ingrain ethical practice in the supervisees. Thomas (2010) reminded the reader that obtaining the informed consent of a supervisee prior to delivery of supervisory services is vital to setting boundaries, outlining expectations, and minimizing misunderstandings within the relationship.

Informed Consent Specific to Supervision

Many of the issues addressed in the previous chapter on informed consent in the therapeutic relationship apply to the supervisory relationship. Concepts such as supervisor qualifications, length and cost of supervision, risks and benefits of supervision, and limits to confidentiality are all examples of information that are relevant to the provisional psychologist making a decision on contracting supervisory services (Thomas, 2010; Todd & Storm, 2002). Essentially, the supervisee must be provided with a wealth of applicable information prior to agreeing to contract supervisory services in order to allow the supervisee to make a fully informed decision on this agreement.

The code of ethics that governs provisional psychologists in Canada outlines numerous ethical guidelines for supervisors to refer to when providing supervisory services to provisional psychologists (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001). Most important to the purpose of this chapter is that the psychologist and provisional psychologists practice within the bounds of competency, clarify his or her roles and responsibilities within the relationship of supervision, and

work to ensure the welfare of clients during the supervision period, intervening when necessary (Sinclair & Pettifor, 2001).

Other literature strongly recommended addressing topics such as confidentiality expectations and limits, issues surrounding fees and payment schedules, documentation within supervision, and the risks and benefits associated with the supervisor process (Baird, 2008; Borders & Brown, 2005; Thomas, 2010). In addition, Baird (2008) advised the supervisor that issues around supervisee evaluation, grievance policies, termination policies and procedures, and content of supervision sessions are to be addressed to provide the supervisee with enough information to guide him or her to an informed decision around contracting supervisory services. Providing the supervisee with a formal supervisory contract not only ensures an informed and valid consent, but it also enables the supervisor to ponder, formulate, and commit to the services he or she is willing to provide to the supervisee (Thomas, 2010).

To summarize, inclusion of a formalized consent document into the supervision of provisional psychologists allows each party to outline the parameters affecting the relationship as well as to predict possible issues and discuss how those issues may be handled over the course of the supervisory relationship. Appendix A provides supervisors with a working document with which to incorporate this type of documentation into the supervisory practice of provisional psychologists. Corey et al. (2011) specified that while inclusion of any number of the aforementioned topics into the informed consent document would enhance the learning experience and clarify supervisor expectations, the ethical and legal issues surrounding supervision must be covered and documented prior to service delivery.

Ethical Issues Relevant to Supervision

Information covered in the informed consent process for supervision may vary depending on the setting and context of supervision, but the information that remains static is that which surrounds the ethical implications of supervision. A specific example mentioned within American ethical codes is that supervisees must disclose their status as a supervisee (American Psychological Association, 2010; Thomas, 2010). Standards III.2 and III.3 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) are the equivalent of the American standard and mention that credentials of the psychologist and his or her colleagues must be accurately depicted and that the psychologist should take care not to use information that may be misinterpreted; there is no mention of how provisional psychologists should adhere to this particular standard. While these ethical codes directly address this issue, the current ethical code that governs chartered and provisional psychologists in Canada (Canadian Psychological Association, 2000) does not address this issue with respect to the supervisee. In fact Sinclair and Pettifor (2001) specifically questioned how effective the profession has “been in training its members in its ethical guidelines” (p. 4) and indicated that a major problem with the Canadian Psychological Association code of ethics is that it is lacking in specificity. Therefore, it can be implied that the supervisor must be current and educated on how his or her ethical code governs the supervision of provisional psychologists and that care must be taken to uphold the ethical standards that do specifically apply to the provisional psychologist.

Throughout the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001) the supervisee is

essentially lumped into the same category as the client and is afforded the same rights and opportunities to have the supervisor uphold those rights. The conundrum remains that if the supervisee is not aware of what rights he or she does have, there is no way for the supervisee to monitor if those rights are being upheld by the supervisor in an ethical manner. Standard I.36 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) directly addresses the supervisor's need to be cautious when obtaining a valid and free consent from the supervisee to engage in the supervisory relationship but does not offer specific direction on how to do this. What is mentioned is that the psychologist needs to remain cognizant of the power inherent to the supervisory relationship and "be careful not to abuse that power" (Sinclair & Pettifor, 2001, p. 52). By incorporating a formal informed consent document into the supervisory process, the supervisor is able to advise the supervisee of his or her rights and outline how those rights will be managed and respected.

Although there are ethical issues pertaining to the supervision of provisional psychologists in Canada, there are other bodies that govern supervisory methods and practice. Supervisors must be able to provide services that adhere not only to relevant ethical codes, but also to any provincial or federal legislation that may impact the delivery of supervisory services.

Legal Issues Relevant to Supervision

Given that supervisees are entitled to a certain degree of privacy, the supervisor must be aware of how provincial and federal privacy laws impact the collection, management, and release of confidential information disclosed in both therapy and supervision sessions. Furthermore, the ability to convey how current privacy legislation

could enhance informed consent and lessen the legal liability inherent within the supervisory relationship is necessary for the supervisor to provide an adequate amount of information to enable the supervisee to give valid consent to participate in supervision.

Privacy legislation. Psychologists practicing in Canada are governed by legislation surrounding privacy and the appropriate management and release of private information. Depending on the agency the psychologist is employed out of, legislation surrounding information management and privacy issues will vary. For example, if the psychologist provides counselling services in the Province of Alberta from a public agency, he or she would be governed by the Freedom of Information and Privacy Act (2000). Conversely, if the psychologist provides counselling services from a private agency, the Freedom of Information and Privacy Act would not apply; in this case the Personal Information Protection and Electronic Documents Act (2000) would supersede the provincial Freedom of Information and Privacy Act laws. Although both of these legislations would guide the management and release of client information, the supervisor must remain current on which act applies and how it would impact the process of supervision Carswell (2009).

Not only will this legal information apply to the information collected during supervision sessions, it will also apply to information collected by the supervisee from the clients receiving therapeutic services. Both the supervisee and the client must be made aware that the confidential information may be impacted by the supervisory process. For example, the client must be made aware that the provisional psychologist may need to consult about the client's case. This concept directly implies that the client's

private information may be shared without his or her knowledge and the client must consent to this prior to receiving counselling services from the supervisee.

Similarly, the supervisee must be made aware that it is standard for the supervisor to seek supervision around the services that the supervisor is providing to the supervisee. Therefore, the confidential information shared between the provisional psychologist and the supervisor may be released in order for the supervisor to ensure that he or she is providing the best possible service to the supervisee. Therefore, the same right afforded to the client to be made aware of this limitation to confidentiality must be afforded to the provisional psychologist prior to agreeing to partake in supervision.

Corey et al. (2011) offered that, in addition to understanding how privacy legislation impacts consent, there are three essential legal components of the supervisory relationship—informed consent, confidentiality and the limits of confidentiality, and liability—that must be understood given the level of responsibility and legal liability the counselling supervisor carries when assuming responsibility for the delivery of supervisory services to a provisional psychologist.

Informed consent. Chapter two in this project detailed recommendations around topics to be included when covering issues relevant to the client consent process, but these recommendations are also valid when considering consent issues related to the supervision of provisional psychologists. That being said, it is important to provide a contextual explanation of why informed consent within the supervisory relationship should be allotted the same level of importance that is applied to the therapeutic relationship.

Much like a new client, budding psychologists may be naive about the journey they are about to embark on, and they are placing their trust in their chosen supervisor to lead them in their journey to independence. Therefore, in accordance with upholding the right of the client to be provided with “as much information as reasonable or prudent persons would want to know before making a decision or consenting to the activity” (Sinclair & Pettifor, 2001, p. 51), the provisional psychologist must be provided with enough information on supervision prior to contracting supervisory services. To accomplish this, many authors recommended an informed consent process specific to supervision that is similar to that of the client consent process (Baird, 2008; Barnett, 2005; Bernard & Goodyear, 2009; Borders & Brown, 2005; Cobia & Boes, 2002; Knapp & VandeCreek, 2006; Tanenbaum & Berman, 1990; Thomas, 2010; Todd & Storm, 2002). As such, the applied element to this project is a comprehensive consent form supervisees and supervisors can use to ensure the supervisee is provided with enough information to make an informed decision around contracting supervisory services (see Appendices A, B, C, and D).

Marshall and Batten (2003) advocated that consent must be asked for and given at every stage of the counselling process. Using an informed consent document prior to (and throughout) the supervisory process will help to increase the supervisee’s understanding of his or her role, rights, and responsibilities, as well as those of the supervisor (Fall & Sutton, 2004; Knapp & VandeCreek, 2006; Rosenberg & Heimberg, 2009; Thomas, 2010; Todd & Storm, 2002). Cobia and Boes (2002) stipulated that having informed consent documented through a supervisory contract would increase the “opportunities for learning the skills necessary for professional collaboration” (p. 293)

and would establish an “environment conducive to open, honest communication” (p. 293) between the supervisee and the supervisor. By structuring the supervisory experience, the supervisee is made aware of the level of vicarious liability the supervisor takes on (McCarthy et al., 1995), which may increase awareness around his or her actions and choices when engaging with clients.

Paez and Britton (2004) mentioned that “faculty, supervisors, and students have a responsibility to ensure that all relevant informed consent information is communicated to clients clearly and in a timely manner” (p. 4); as therapeutic clients become more aware of the rights associated with receiving therapeutic services from counselling providers, psychologists have found themselves needing to be more aware of the ethical and legal implications of including an informed consent process into their practice, including issues involving confidentiality and how the limits apply to the process of supervision (Todd & Storm, 2002).

Confidentiality and the limits of confidentiality. Not only does the supervisor have an ethical obligation to protect the privacy rights of the supervisee, the supervisor also has an obligation to model appropriate ways of talking about clients and managing client information (Bernard & Goodyear, 2009; Corey et al., 2011). Protecting confidentiality has been a primary obligation of practicing psychologists (Fisher, 2008; Koocher & Keith-Spiegel, 1998); according to the ethical code that governs provisional and chartered psychologists in Canada (Canadian Psychological Association, 2000), psychologists have a duty to protect the confidence and privacy of their clients and warn that there are specific situations or disclosures that will mandate the psychologist to break confidence. While this may be true within the therapeutic relationship, the essence of

confidentiality between supervisee and supervisor has not been afforded a similar level of importance. In this final project, it was my intent to awaken the psychological community to the discrepancy between how psychologists view issues of confidentiality pertaining to clients versus those that apply to the education and supervision of provisional psychologists in Canada.

Similar to the level of privacy afforded to the therapeutic client, supervisees are “entitled to a degree of privacy” (Thomas, 2010, p. 153) with the exact limits of that privacy being set by their supervisor, agency, or ethical code. A clear-cut explanation around what constitutes legal and illegal breaches of confidentiality must be discussed and documented with the provisional psychologist prior to the onset of supervision to help ensure understanding of the serious nature of this issue (Fisher, 2008). The idea that it is the right of the individual contracting services (in this case the provisional psychologist) to decide who has access to his or her information needs to be addressed and flushed out prior to the provisional psychologist meeting with clients on his or her own (Baird, 2008); this includes clients knowing that they are sharing information with a helper who is under supervision and, therefore, their information may be shared with members of the supervisory team (Corey et al., 2011). In general, it is the duty of the supervisor to ensure that the supervisee, as well as the client, is fully informed of the limits to confidentiality before the client discloses private or personal information (Corey et al., 2011; Knapp & VandeCreek, 2000).

Literature offered that confidentiality could be a significant source of ethical dilemmas impacting practicing psychologists (Baird, 2008; Pope & Vetter, 1992; Rosenberg & Heimberg, 2009) and that breaches of confidentiality are the leading reason

for malpractice claims (Reamer, 1995; Thomas, 2005). Suffice it to say, it is imperative that issues surrounding confidentiality and the limits must be addressed prior to engaging in supervision not only to help enhance ethical practice of the supervisee, but also to enforce the level of legal liability that accompanies providing clinical supervision to a provisional psychologist.

Liability. Bernard and Goodyear (2009) outlined two types of liability that could impact the supervisor: direct liability and vicarious liability. Direct liability includes actions of the supervisor that directly cause harm to either the supervisee or the clients counselled by them (Bernard & Goodyear, 2009). The Canadian Counselling and Psychotherapy Association *Code of Ethics* (Sheppard et al., 2007) and the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001) gave ethical examples of direct liability issues, such as providing supervisory services outside of the scope of competency, clarifying roles and responsibilities, and managing appropriate relational boundaries (to name a few). Rosenberg and Heimberg (2009) also identified that the absentee supervisor is another example of how the supervisor can directly contribute to legal infractions of the supervisee.

Vicarious liability pertains to the idea that supervisors are frequently held responsible for the actions of those receiving their services (Corey et al., 2011; Falvey, 2002; Knapp & VandeCreek, 2006; Thomas, 2010). Thomas (2010) stipulated that in order for “a supervisee’s clinical work, supervisors must have a strategy for monitoring client care” (p. 159) and that the supervisee must have a “clear understanding” (p. 159) of what information the supervisor needs in order to provide appropriate services. Thomas

recommended that supervisors outline, using a supervisory contract, what information they must be informed about in order to reduce liability and Corey, Haynes, Moulton, and Muratori (2010) described an organized approach to supervision that assists in risk management for the supervisor. The appendices in this project have followed this recommendation.

In addition, Appendix A in the project also actively incorporated Corey et al.'s (2010) recommendations that involved evaluating and monitoring supervisee competence, being available for supervision, using a supervisory contract, documenting supervisory processes, and incorporating informed consent; by following these practices the supervisor would be able to maintain an appropriate level of knowledge around the practices of the supervisee and would minimize the likelihood of legal action (Corey et al., 2010).

Summary. The clinical supervisor is not only responsible for the welfare of the supervisee, but also for the welfare of the clients who are receiving services from the provisional psychologist (Baird, 2008; Corey et al., 2011; Thomas, 2005, 2010; Todd & Storm, 2002). Using an informed consent document prior to (and throughout) the supervisory process will help to increase the provisional psychologist's understanding of his or her role, rights, and responsibilities, as well as those of the supervisor. Being made aware of the level of vicarious liability associated with being a supervisor may increase the provisional psychologist's awareness around his or her actions and choices when engaging with clients. This is the benefit to using an informed consent package with the provisional psychologist, much like the consent form that a therapist would use with a client. Not only can the expectations and boundaries be discussed in a way that builds

the working relationship, the document can also be referred to throughout the course of the process to refresh the memory, answer any questions, or mitigate any problems that may arise (Thomas, 2010).

Conclusion

It is important to remember that both the supervisor and supervisee have rights that must be upheld during their time together, and use of a consent package allows both parties to come to a mutual and ethical agreement on how each party would like their relationship to be managed. Not only can the expectations and boundaries be discussed in a way that builds the working relationship, consent documents can also be referred to throughout the course of the process to refresh the memory, answer any questions, or to mitigate any problems that may arise (Thomas, 2010; Westefeld, 2009). Supervisors play a significant role in the development of the provisional psychologist, both professionally and socially, and the “professional ethics that they teach . . . and more so model” (Thomas, 2010, p. 3) leaves a lasting impression on the ethical practice of the supervisee. It seems realistic to assume that the main benefit to using an informed consent package with the provisional psychologist is that the supervisor is able to model the consent process, which is of great importance for the supervisee to internalize and implement in his or her therapeutic practice (Paez & Britton, 2004). The next chapter outlines the methodology and encompasses creating an informed consent package specific to the process of clinical supervision.

Chapter 4: Method

The purpose of this project was to provide counselling supervisors with a working document that incorporates ethical standards into their professional practice. To meet this goal, an overview of informed consent and its applicability to the supervisory process are discussed in detail. To meet this goal several databases were selected based on a preselected set of criteria. This chapter outlines the relevant methodology for composing a five-chapter project.

Search Terms and Databases Used

Since there was a lack of supervisor–supervisee information pertaining to consent issues, research was extended for the purpose of examining medical and management practices around consent issues. The following search terms and databases were used and literature within the time period of 1990 to 2010 was considered. A select number of articles older than the 10-year time span were incorporated due to their contribution to the history and evolution of the informed consent doctrine.

The search terms used to complete the literature reviews and the appendices were: counselling supervision, informed consent, client rights, issues in supervision, professional ethics, psychological services, client role, and therapist role. The databases used were: Academic Search Complete, PsychINFO (via OVID), Psychology and Behavioural Sciences Collection, and Science Direct.

Statement of Ethical Conduct

It is relevant to note that the appendices for this final project significantly and comprehensively built upon a previous course assignment. As the author, I adhered to the current Canadian Psychological Association's (2000) code of ethics when completing

this project. This project did not engage in collecting research data from human participants. All items except the appendices have adhered to the *Publication Manual of the American Psychological Association* (American Psychological Association, 2010) editorial standards for grammar and sentence construction. However, creative expression of the content was granted for the creation of the appendices.

Chapter 5: Synthesis

The intent of this chapter is to outline how informed consent can be used to enhance the ethical practice of supervision of psychologists. First, the strengths of the project are discussed, which detail how the consent package (see Appendix A) can be used to enhance supervision. Second, the limitations of the project are discussed, and the third section of this chapter outlines areas of future research while providing rationale for the functional applications of this project.

Strengths of Project

This project was completed with the intent to establish an informative and reliable way to incorporate the ethical practice of informed consent into the practice of clinical supervisors as a way to “reduce ambiguity and enhance quality control in supervision” (Tanenbaum & Berman, 1990, p. 72). The consent package for supervision (see Appendix A) was created as a working document to be used by counselling supervisors of all theoretical backgrounds. The benefit of the consent package is that it is flexible and allows supervisors to manipulate the document to suit their agency, theoretical stance, and personalize the package in a manner that will best suit their ethical practice. It was important to create a flexible working document because the intention of the consent package (see Appendix A) is to be used immediately by clinical supervisors to help guide and enhance ethical practice.

With the exception of a small number of articles, research compiled to complete this project was current up to and including January 2011. Reviewing this literature allowed for the most current issues and opinions surrounding the idea of incorporating informed consent into counselling supervision to be discussed and considered when

creating the consent package. Each chapter was designed to articulate specific concepts of informed consent and how they inform best practice for supervision.

Another strength of this project is found in the use of more than one ethical code; both the Canadian Psychological Association (2000) and the Canadian Counselling and Psychotherapy Association (Sheppard et al., 2007) codes of ethics were referred to when creating this project in order to awaken supervisors from both counselling streams to the importance of incorporating informed consent into their supervisory practice.

Furthermore, in order to enhance accessibility and usage of the consent package copyright has been waived to allow for open access. The rationale behind this decision is indicated in the preamble of Appendix A.

Limitations of Project

This project reflects the ethical ideals of the Canadian Psychological Association (2000). If the user belongs to a different association and adheres to alternate ethical guidelines, this package may not be up to standard for clinical use. However, the Canadian Psychological Association is regarded as having one of the highest standards of codes of ethics (D. McBride, personal communication, July 8, 2010; see also Thomas, 2010); therefore, if a user of the consent form is in doubt which code to adhere to, reference the highest code of ethics possible (Todd & Storm, 2002). Informed consent issues applicable to adult clients are addressed and, as such, this consent package may need to be altered for ethical use with clients under the age of majority.

This project did not address ethical issues relating to research, hospital settings, nor issues specific to the clinical supervision of provisional psychologists. Therefore, issues relevant to academic, peer, group, or medical supervision are not addressed.

The consent package has not been reviewed by others, and as such limited feedback has been obtained with regard to content and format design from a supervisor or supervisee standpoint. Furthermore, in order to ensure legal accountability, the user may benefit from having a lawyer read his or her version of the form prior to incorporating it into the supervisory process.

The Appendices are long and may appear time consuming. However the length of the document is not an issue given that the form competently addresses the issues that are relevant to informed consent. In addition, the consent process should be incremental and suit the tone of the initial supervision orientation (D. McBride, personal communication, September 25, 2010). This way the supervisee will have ample time to view the document and seek clarification if needed.

Areas of Future Research and Applications of this Project

Braaten and Handelsman (1997) provided insight into the type of information the client prefers when engaging in the informed consent procedure, but little research is available on the information budding psychologists require in order to be informed about the process of contracting supervision. By using the consent package included in Appendix A, researchers may be able to uncover what information provisional psychologists want to be informed about prior to engaging in supervision.

Methods of informed consent delivery in supervision are virtually unknown in current research, and ideas around appropriate delivery methods are needed. Comparisons between preferred delivery methods of clients and supervisees may also benefit the psychological community. It may also be interesting to investigate if the

supervisee's perception of power levels in the relationship change due to the use of an informed consent package.

There is also limited knowledge around how incorporating an informed consent process into the practice of clinical supervision may reduce legal and ethical infractions of provisional psychologists. It may benefit the psychological community to gain further insight into the trends and/or impact incorporating informed consent may have on the ethical practice of therapists.

This project focused specifically on consent issues specific to the supervision of provisional psychologists. For this reason it may benefit future certified counsellors to examine the ethical issues surrounding their use of informed consent specific to the Canadian Counselling and Psychotherapy Association (for example).

Conclusion

Clinical supervision is a process vital to the development of an ethical and professionally competent psychologist (Knapp & VandeCreek, 2006; Thomas, 2010; Todd & Storm, 2002). By incorporating a consent package and an informed consent form into the process, the supervisor is able to provide the provisional psychologist with enough information about what is expected so that the student can make a truly informed decision about engaging in the supervision process with his or her chosen supervisor or agency (Baird, 2008; Borders & Brown, 2005). All in all, it is important to remember that both the supervisor and supervisee have rights that must be upheld during their time together and using a consent package allows both parties to come to a mutual and ethical agreement on how they would like their relationship to be managed (Thomas, 2010). The need for a thorough and detailed informative process is imperative to the process; using a

consent package will help guide the ethical practice of both supervisee and supervisor.

Appendix A consists of an informed consent package created to be used by clinical supervisors providing services to provisional psychologists.

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Appendix A: Consent Package for Supervision

(Agency Name)

Supervision Package

PREFACE

Context and Background

The intent of this consent package is to provide a supervisor and supervisee with core information regarding each other's rights pertaining to entering into a supervisory relationship. Essentially, this package presents each party with an informed consent document that can be modified and refined as required. As the author, it is my assertion that the relationship between the supervisor and the supervisee is one that must be treated with the same respect, dignity, and sanctity that is afforded to the relationship between client and therapist. For this reason, it is vital for the supervisee to be lead by a supervisor who engages in high ethical practice, especially pertaining to ensuring the delivery of informed consent. When making an informed decision, nothing is more important than the right to knowledge; if used correctly, this consent package will undoubtedly lead the supervisee to make a fully informed decision prior to engaging in the supervisory relationship. The following section outlines the directions for use of this document within the context of a supervisory relationship.

Direction for Use

As not all supervisors will adhere to the same ethical code, or practice according to similar philosophies, this package is to be utilized as a working document. Some pieces of this form have been *italicized and underlined* to indicate that individual tailoring may be necessary to personalize the form to meet the user's requirements. This means that some bullets may not apply to the user and, as such, may need to be deleted from the form.

WAYS TO USE THIS INFORMED CONSENT DOCUMENT

This package can be used in conjunction with supervision to address issues, to be referred back to in times of confusion, and may also provide a tool to mediate issues that may arise over the course of supervision. This package is meant to be added to the provisional psychologist's file and used, stored, and destroyed in a manner that corresponds with the user's ethical code.

COPYRIGHT WAIVER

To encourage supervisors and supervisees to use the information in this project, such as a supervisor-supervisee contract, I freely waive my copyright of my work provided if any portion of this manual is used, including the consent forms, with the appropriate reference made to credit me as the author of this work. The recommended citation format is:

Publow, E. (2011). *Examining the fine print: Exploring informed consent relevant to the supervision of provisional psychologists in Canada* (Master's Project). University of Lethbridge, AB, Canada.

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PURPOSE OF THE CONSENT PACKAGE

WELCOME SUPERVISOR

I would like to thank you for choosing this document and for recognizing the importance of modelling ethical practice with your supervisee (or supervisees). This document was created with ease of use in mind, while taking into consideration the moral and ethical underpinnings of what it means to be a psychologist.

Throughout the document you will see words or phrases that are *italicized and underlined*; the intent of these phrases is to provide the user with the ability to personalize this consent package to fit the supervisor's individual and agency needs.

This document is divided into three sections.

- The first section provides supervisees with a comprehensive explanation of what the process of supervision entails and addresses details surrounding the roles and expectations of both supervisor and supervisee.
- The second section is devoted to addressing the ethical issues specific to supervision and is provided to allow the supervisee enough information to make an informed decision around contracting supervisory services.
- A supervisory contract is provided in the third section of this package. Upon reading completion of the consent package the author recommends that the user tailor the contract to meet the user's needs and the needs of the supervisee. Users can freely utilize this document to enhance their practice of supervision. It may be useful to have a lawyer review the final document. Please refer to the copyright statement on the introductory page of this manual for further information on rights of use.

WELCOME SUPERVISEE

This document is designed for supervisees to read. It is drawn from the work of Publow (2011). Your supervisor has made the modifications necessary so that it matches your supervisor's directives for supervision. The following package is designed to provide you with information about your supervisor, as well as the policies and procedures that will guide your relationship through your supervision process. It is my intent that this document help you understand the ethical obligations surrounding your learning experience as well as to address any personal and professional expectations and guidelines.

Some information you should be aware of is that I abide by the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2000) as well as the College of Alberta Psychologists (2005) Standards of Practice. For the duration of our time together you will be also expected to abide by the above code. If your educational or professional institution requires you to adhere to an additional code, it will be up to you to provide me with this information in order for me to be as knowledgeable as I can with the parameters that surround your needs. Please keep in mind that depending on the code request, approval may be sought from my supervisor as well as the agency director to ensure that we can provide you with a practicum site that meets your needs.

This consent package describes the supervision process and is intended to provide a framework for your supervision experience. Please feel free to ask questions over the course of your placement. Asking questions will allow me to assist you in learning all you can from working with my colleagues and me.

While (Agency Name) offers counselling services that follow a variety of frameworks, I am currently specializing in (preferred method of practice) techniques. As such, you may be required to become familiar with theorists, intervention and assessment techniques, and any current information that will enhance your ability to practice according to these methods.

I, (supervisor's name), also do not usually work with the following presenting problems or client configurations (indicate if any client populations are out of your scope of practice as a supervisor); if at any time a client within this population requests my/your services, additional issues around consent for treatment **must be addressed** before counselling services are provided.

The following sections address common ethical issues that pertain to both the supervisee and the supervisor. Throughout this document I have utilized a first person communication style, which allows me (your supervisor) to address you (the supervisee) in a more personal manner.

The following sections also address the responsibilities associated with contracting supervisory services from me. Furthermore, to ensure your ability to give an informed consent, ethical issues common to the supervisory relationship are discussed.

SECTION ONE: ROLES AND RESPONSIBILITIES SPECIFIC TO SUPERVISION

What is Supervision?

To be clear, the learning that will ensue during supervision differs from your regular class or professional work in that we are working together to enhance and apply the practical side of your education. I am excited about the opportunity to help you refine and expand your counselling knowledge and skills. First, I believe it is important you receive some background knowledge about what a supervisor is and the methods I may use to help mentor you. I want you to be able to provide an informed consent if I am going to be the best supervisor for you.

My definition of supervision is (*in the following section please outline for your supervisee what supervision means to you—consult Chapter 3 of this project for various definitions*). By using supervision methods of this nature, I hope to be the best supervisor that I can for you. Essentially, I believe that the process of supervision is a dyadic and collaborative relationship that allows for the interactive and mutual exchange of learning.

I use a variety of supervision activities including but not limited to (*please feel free to follow this section with a list of possible supervision activities that you use*). Some examples are:

- Co-counselling sessions
- Direct observation of your client sessions
- Review of case notes, audio, and visual tapes
- Discussions or debriefing at the end of each day
- Formal supervision sessions (held at mid-point and termination) where we go through the learning plan outlined by your institution and address progress

The time devoted to supervision needs to be protected. I will aim to preserve our time slot for just us. I believe it is important that I remain flexible to the form supervision takes as I want to maximize my usefulness to you. Overall, it is my firm intention to suit our supervision time to meet **your needs, not my own**.

What are the Risks and Benefits of Supervision?

In order to respect your right to know and understand what supervision is and what it entails, I would like you to be aware of the many benefits I believe are associated with supervision.

BENEFITS

- The largest benefit from the supervisory process is learning. You will have the opportunity to ask questions and receive feedback on your practice methods, client issues, and any other matter (or matters) that may pertain to your counselling abilities. The supervisory process can allow you to express your feelings and thoughts around your learning experience.
- Not only will you reap the benefits of having supervision, but your clients will also benefit. Your skills will be enhanced from obtaining supervision, which will allow you to provide the best counselling services possible.
- During supervision we will be able to address any issues or concerns that you or I may have around compassion fatigue, vicarious trauma, and/or burn out. By doing this we may be able to minimize the occurrence of these issues and you have the opportunity to further develop your coping strategies, which will assist you in managing these issues over the course of your career.
- During our time together you will be able to refine your ethical practice and increase your knowledge base. In addition, supervision will provide you with the opportunity to explore, improve, and refine your skills in a safe environment.

RISKS

There may be some risks associated with seeking supervision that you are unaware of. It is important for you to be informed of these risks to enhance your ability to make an informed decision around agreeing to be supervised by me.

- In order to ensure my own ethical practice of supervision it will be important for me to practice within my scope of competency and, therefore, I may not be able to provide you with supervision when the topic involves an issue that I have not had training/supervision in. For example, I am not ready or confident to supervise (please include any limitations to your supervisory competency here. Some examples are provided below):
 - I am not equipped to supervise research projects.
 - I am not qualified to supervise R.E.B.T. interventions or treatments.
- There may be some techniques that I use that you are not comfortable with; please be open about this, as I do not want to force anything on you.
- I will strive not to impose my personal values and beliefs on you. However, if you believe I am pushing my values and beliefs on you please come to me

immediately, as this infringes on your rights, and I do not want you to feel pressured to adopt my belief systems.

- You may experience feelings of discomfort, shame, incompetence, or other strong emotions. Sweitzer and King (2009) identified that during the “what if” (p. 92) stage of your placement such feelings **are normal** despite being wearingly burdensome. Please remember that, as your supervisor, I am there to help you process and work through these feelings and reactions as it relates to the counselling context.
- Issues from your past (either conscious or unconscious) may surface while we are working together. In order to maintain clarity around my role as your supervisor, it is important for me to inform you that I will not act as your counsellor. If I assess that unresolved issues are impacting your ability to provide services to your clients, I will ask you to address those on your own time and with your own therapist. Your personal therapist should not be a therapist affiliated with the agency in which I work.
- Embarking on the last stage of your journey to become an individual psychologist will often not be easy and it will require an extensive time commitment from you. Please be fair to yourself and prepare you, your family and friends, your employer, and any others who may be directly impacted by a significant reduction in your available time. It will be important for you to develop good boundaries around your time and implement an appropriate self-care plan to ensure you are doing your best to take care of yourself.
- Preparation for supervision sessions may add additional work on top of educational requirements set out by your educational institution. Please plan accordingly to ensure that all work being submitted is of high quality.
- I may require you to do extra readings or research in addition to your already taxing schedule. You may also be required to prepare self-reflection responses for these readings, which may increase the time you must devote to enhancing your learning.
- If at any time these readings or self-reflection activities trigger issues or feelings that you feel may impact your ability to deliver or receive services, please make either myself, your personal counsellor, or any other appropriate person immediately aware of the situation.
- You must have written permission (using the appropriate consent form (*refer to Appendix or applicable page number here*)) from each of your clients noting they are aware you are a provisional psychologist under my supervision.
- All the clients on your caseload must give written permission for me, your supervisor, to: (a) have access to their counselling file, (b) have their case to be discussed with me, and (c) be observed (live or video) by me.
 - Thus, you may have some clients who decline your services because they do not wish to give their permission for one or more of the required aforementioned tasks.

- In this case, it is your duty to make an appropriate referral and follow up to ensure that the referral was successful. This responsibility may be emotionally taxing and time consuming.
- One of us may leave during the supervisor contract for reasons beyond our control (e.g., job transfer, maternity leave, etc.). I will do my best to advise you of a situation of this nature in order to provide us with ample time to come to a solution that best fits your needs.
- There is a cost associated with supervision. My fees will be discussed up front and we will come to a payment agreement that best suits your needs.
- I may need to debrief my supervision experiences with you to my supervisor or personal therapist. Although this may happen without your knowledge, I will respect you as a person when discussing our time together.

What are the Responsibilities of the Supervisor?

SUPERVISOR'S RESPONSIBILITIES

It is inherently understood that by you choosing me to be your practicum supervisor, I will act in your best interest to provide you with the best learning experience I can. In making this commitment to you, I will:

- Work with you to fulfill my duty to provide you with the opportunity to meet all of the requirements set forth by your educational institution (e.g., minimum number of hours, number of clients to see). However, it will be the responsibility of the supervisee to ensure all program requirements are being met and to advocate for your own educational needs. Please contact me immediately if you notice any related issues.
- Provide you with adequate, ethical, and regular supervision.
- Work with you in an ethical manner to help enhance your skills and abilities as a counsellor, answer any questions, and/or address any concerns that you may have.

THE PROCESS OF SUPERVISION

- During our first meeting together we will set up a supervision schedule that will meet our needs. *(If your agency requires a certain number of supervision hours for their provisional psychologists please include that information in this section.)*
- Supervisees travel through various stages of development. My job is to observe and challenge you through these stages. To do this I may assign you readings to help you reflect on your current stage of supervisee development. We will discuss these readings and you may be asked to complete some self-reflection work based on the readings. *(Please insert your personal/agency stance on supervisee development in this section. If not applicable please delete from the package.)*

- As you grow more confident with your counselling abilities you will require less co-supervision (in which I join you in your sessions) and more one-on-one time with your clients.
 - To ensure the safety of your clients, we will begin the process by having you observe therapy sessions. Eventually you will feel confident in your abilities and begin counselling your clients on your own. The transitional stage between these two points is a critical period in your growth as a counsellor, and we will come to an agreement on what role you are to play in each session. We will do this **together and prior** to meeting with the client. We can develop a signal so that you can communicate your comfort level with me; this will help you if you get nervous or are really feeling stuck, at which point you can give me the signal, and I can jump in and provide direction or support.
 - *(Please insert your personal/agency stance on the process of supervision in this section. If not applicable please delete from the package.)*

Protecting All of Us

Ultimately, I am responsible for the treatment you provide under my supervision; if at any time I detect that more harm to the client may be done than good, I reserve the right to intervene (tactfully of course) and take over the session. I will respect you as a person when I do this and if at any time you feel that I have violated your rights as a person, please let me know, as I do not want to do this and will work with you to address those feelings.

What are the Responsibilities of the Provisional Psychologist?

PROVISIONAL PSYCHOLOGIST RESPONSIBILITIES

Your educational institution will outline their own requirements for you and will specify when you are representing that institution in the field. In addition to these requirements, you will be expected to adhere to the following items listed below.

If you have any questions about code of conduct surrounding your field placement, please **ask immediately** to avoid any possible consequences. You will be expected to:

- Follow the policies set out by (Agency Name) for the duration of your placement.
- Read the agency's policy manual before the end of week 1 of your placement. It is expected that this reading will take you (X) number of hours. You will be

provided with the policy manual for (*Agency Name*) after our first meeting for you to review as needed.

- Maintain appropriate boundaries in the workplace, such as: being on time, following the dress code, and behaving in an ethically sound manner that will make you and your supervisor proud.
- Adhere to the (*Ethical Code*). As a result you need to be aware of any stipulations referring to public code of conduct.
- Show respect for yourself, your clients, and our relationship by upholding all rights to confidentiality and privacy (exceptions to confidentiality are addressed later in this package).
- **If for any reason you feel that I am acting unethically in any way, please afford me the same respect that I offer you, and approach me on the matter first.**
- Ask as many questions as you need. **Remember that your role is to learn as much as possible while you are under supervision.** While you do possess a lot of the skills necessary to be an ethical and competent psychologist, you need to feel comfortable and capable when using those skills, and this comfort and ability only comes with practice. So I hope that you will remain open to learning and appreciate the supervision process for what it is—a really great learning experience!

FEES FOR SUPERVISION

- (Please address fees in this section. It is important that your supervisee be acutely aware of the following):
 - Fee amounts
 - Payment options
 - Billing dates and terms
- Pay on time
- Receipts will always be issued

SECTION TWO: ETHICAL ISSUES SPECIFIC TO SUPERVISION

Supervisor Competency

It is ethical to inform you of the areas in which I am not competent to supervise, so you can determine how my limitations may impact your education and supervision. It is my goal that this document gives you enough information about how I practice and what I expect from you so that you can make an informed decision to seek supervision from me.

I am not able to provide competent supervision in the following areas: *(Please openly discuss your competencies in this section as you may not be able to offer your supervisee supervision on specific interventions or methods of therapy. Some examples are provided below):*

- I am not adequately prepared to supervise a provisional psychologist whose interest lies in research.
- I am not adequately prepared to supervise a provisional psychologist who lacks competency in specific counselling interventions or methods such as *(e.g., EMDR, Hakomi, group therapy, systems therapy, etc.)*.
- I am not trained in the areas of *(DSM diagnosis)* and, therefore, cannot supervise a provisional psychologist whose interest lies in this area.

Role and Boundary Issues

As your supervisor it is my duty to monitor and acknowledge the formation and/or presence of dual roles within our relationship. Dual roles can take numerous forms (Borders & Brown, 2005): therapeutic, social, business, and sexual. It is also possible that we will have mutual acquaintances, both socially and professionally. Since you are in the role of a paraprofessional and your behaviours (privately, publicly, and professionally) should align with this role.

In order not to compromise your supervisory experience, and to protect our working alliance, we must be cautious not to allow the formation of dual relationships. The following ideas outline how we may prevent this from happening. *(The following bullets are strongly recommended items to be addressed in this section. It is suggested that you refer to your ethical code to ensure all required issues are covered.)*

- I respect your right to privacy and anonymity. If we meet in public or in a social setting, it will be up to you to initiate contact with me. If you decide to acknowledge me, it will be you who leads the conversation and how much

information you divulge about our relationship. (*Please address your personal stance on encounters outside of the practicum setting.*)

- I will not contact you outside of office hours unless there is an emergency. (*Please address your personal stance on communication outside of office hours here.*)
- I will not engage in any form of romantic or sexual relationship with you during or after supervision. This type of relationship would blur my judgment, and it is neither ethically nor professionally sound to participate in more than one relationship with you. If at any time you or I feel as though there is any level of physical, sexual, or emotional attachment forming we must inform our respective supervisors and obtain direction on how to proceed. (*Please address your stance on romantic relationships here.*)

While sexual relationships can significantly complicate effective delivery of supervision, so can non-sexual dual relationships. We must keep our association purely professional until such a time when I am no longer responsible for the quality of care you provide your clients. Thus, the following lists my stipulations defining our relationship.

- I cannot act as your counsellor. As mentioned earlier, if at any time I believe that you would benefit from outside counselling services I am ethically obligated to address this issue. (*Please address your personal stance on this here.*)
- I cannot provide counselling services to your family members or close personal friends. Having access to information that you have not personally disclosed to me may blur my ability to provide you with unbiased and professional supervision services. (*Please address your personal stance on this here.*)
- Supervision is different from friendship and, therefore, I will limit the amount of personal information I share with you.
- I will not use you as a debriefer or confidant of my work as a therapist, as this type of relationship is not required to enhance your learning experience. (*Please address your personal stance on this here.*)
- I cannot accept gifts from you but will welcome cards. Although many therapists understand that it is unethical to accept gifts from a client, many supervisors do not know that it is also unethical practice to accept gifts from a supervisee. (*Please address your personal stance on this here.*)
- I cannot profit from any business transactions that may be part of your life outside of our supervisory relationship. (*Please address your personal stance on this here.*)

Confidentiality & Limitations

LIMITS TO CONFIDENTIALITY THAT INVOLVE YOU

As your supervisor there are limits to the privacy I can offer you, and I have outlined these limitations below. If any of the following limitations confuse you or you believe the limitation might impact the quality of our working relationship please **ask for clarification at anytime**.

I believe that as a provisional psychologist you have identical rights to confidentiality as those afforded to your clients. Therefore, It is your right to know when I will be forced to break confidence, how we will address this issue, and how I will support you through this process.

In accordance with (*Preferred Ethical Code here*), when speaking about you to others I will do so in a way that upholds your dignity and exemplifies respect.

It is standard procedure when I take on a supervisee for me to be able to debrief freely to my own supervisor. You will be provided with the opportunity to discuss issues related to my supervisory practice with my supervisor, but I will not jeopardize your learning or my professional development by withholding information from my supervisor.

I will not speak about you to anyone unless your consent has been obtained in advance unless it is an emergency situation involving you or one of your clients. Emergency situations are defined next.

The following are my limitations to protecting your privacy (McBride, 2008):
(Please include any further personal limits to confidentiality that you may have in this section).

- If you do harm to your client (which I define as an alleged ethical code violation) then I will need to contact any other relevant professionals (such as the clinical director, the victim of your harm, the professional agency to which you belong, etc.). I will talk to you first before I make contact with the aforementioned individuals whenever possible.
- If I suspect you have a substance abuse problem or another mental health issue that is impacting your ability to be grounded and focused for your clients or during supervision I may need to contact appropriate resources on your behalf. I may also need to contact your practicum instructor, the clinical director, or any other applicable professionals. I will talk to you first before I make contact with the aforementioned individuals whenever possible.
- If you disclose to me knowledge of, or information pertaining to, an outside person, professional, or client who is: at risk to themselves or others, abusing children, or engaging in unethical or unprofessional behaviours, I may be forced to share this information with the appropriate agencies.

- When there is the possibility of court or legal proceedings that will involve you (e.g., if your supervision or client case notes are subpoenaed by the courts) we are obligated to immediately seek legal advice, seal the file, and be prepared to turn the requested information over to the appropriate person (or persons).
- If you have received direction or guidance from a supervisor other than me, I may need to consult with that supervisor around this matter.

IMPORTANT: Please ensure that YOUR secondary supervisor is included on the consent form that you give your clients.

- As mentioned earlier, I may seek supervision from my own personal supervisor to ensure that I am providing you with the best learning experience possible. (*Please address personal supervision here; for example, peer supervision, one-on-one supervision, etc.*). It is important for you to know that I will respect your rights and not divulge any identifying information, nor will I speak of you in a judgemental or discriminatory manner. I may seek supervision from my supervisor without your knowledge, as it is necessary for me to be the best supervisor I can to you.
- There may be times when I need to debrief with my personal therapist about issues I am having that are related to my supervision of your client cases. This is one way that I maintain my health and emotional well-being, and I may need to debrief without your knowledge.
- If your clients wish to speak with me about a matter concerning your services I will need to do so. This is a way for me to ensure we are not doing harm to the client and to ensure that I am helping you develop the skills necessary to provide your clients with the best counselling services you can.
- I may also need to defend your actions if/when a complaint is issued against you. In this case your right to privacy may be limited so that we can address the issue appropriately and inform the necessary persons, agency members, and/or officials of our action plan.
- If you are required to participate in group supervision sessions I may wish to address the group around something you have done well. I may also wish to use an example of your work to showcase a wonderful learning opportunity. Both situations will further the learning of yourself and your peers and allow for others to provide you with feedback.
- If at any time you have not been able to follow through on payment for my services I will need to inform the debt collection agency about the matter. This will limit my ability to protect some of your private information, as the collection agency will require me to release a certain amount of your personal and private information.

LIMITS TO CONFIDENTIALITY THAT INVOLVE YOUR CLIENTS

Current privacy legislation and the (*Applicable Code of Ethics*) requires you to break confidentiality under certain circumstances; as such there may be times when one of your clients has disclosed something that requires you to breach confidentiality. It is **mandatory** that you report any of the following instances to me, and at that time we will involve your practicum supervisor and possibly my supervisor and/or agency director.

When you need to break confidentiality with a client, I need to be notified **before** you speak with anyone about your concerns. The rationale behind this is that we will need to problem solve and create an action plan that shows ultimate respect to the client, to the victim (if relevant), and to any other stakeholders involved (e.g., your practicum instructor, the agency director, etc.).

Non-negotiable limits to confidentiality are listed below (McBride, 2008) (*please include any further personal limitations to ensure full disclosure to your supervisee*):

- If your client discloses information pertaining to the current or ongoing physical, emotional, sexual, or financial abuse of an individual, we are mandated to report it to the appropriate person (or persons).
- If your client discloses information that leads one or both of us to believe that a vulnerable person (e.g., a child 0-18 years of age or a dependent person) is at risk of harm or immediate danger, we are mandated to report it to the appropriate person (or persons).
- If any information disclosed by your client leads one of us (or both of us) to believe that you or a client is a danger to themselves or other members of society, we are mandated to report it to the appropriate persons (or persons).

If you feel that there will be other situations or circumstances that will require you to break confidentiality, please inform me right away. We will need to discuss this and decide if we can work with those situations or circumstances.

If for any reason I need to breach the confidentiality of our relationship or that of your client's relationship with you, we will discuss the matter, as my goal is to ensure we maintain a good working relationship. (*Please insert your personal/agency stance on debriefing privacy violations or complaint issues here. It will be important for your supervisee to know, in advance, what to expect in a situation of this nature as well as how you plan to support him or her through it.*)

File Management in Supervision

I maintain a file, with your name on it, pertaining to your performance and progress as my supervisee, and it is important for you to know how your file will be protected. You have a right to know who has access to your supervision file and the information within; it is in your best interest to know how your file will be managed.

PAPER FILE

- The following people have access to your supervisee file. (Please address who has access to the file here. Some examples are provided below):
 - My supervisor (Please insert appropriate name here)
 - Secondary supervisor (If applicable please insert appropriate name here)
 - The agency auditors (Please insert appropriate names here)
 - You.
 - If at any time you would like to see your supervisee file you have the right to do so. Please inform me of this request and I will do my best to follow protocol and make this happen. (Please insert your personal/agency stance on individual file requests here.)
- If I am away on a vacation, take a leave of absence, or succumb to serious illness or death, you may consult the following people on who will have access to your file. (Please address who has access to files in cases of vacation, leaves of absences, illness, or death here. Some examples are provided below.)
 - Agency director (Please insert appropriate name here)
 - My colleague (Please insert appropriate name here)
- Your paper file will be kept in a secure place where only the above listed people have access to it. (Please address where file is kept and protection methods here. Some examples are provide below. Please ensure you tailor the following bullets to fit the needs of your supervision/agency style.)
 - Your file will be kept in the filing room that is locked each evening before I leave the office.
 - Your file will be kept in a locked filing cabinet in my office to which only myself and the agency director have the key.
- You may be provided with copies of our supervision notes for your own records. (Please indicate if you will provide your supervisee with a copy of supervision notes here.)
 - If you are to be provided with a personal copy of the files documenting our time together, please be aware that once you are in possession of those documents neither I nor (Agency Name) are responsible for the safe keeping and storage of those copies.

VIDEO OR AUDIO TAPES

Taping (either audio or visual) is beneficial to your learning process. Counselling tapes used for supervision sessions are not considered part of your file, as they contain client data (McBride, 2010b). Please indicate if taping is an agency requirement and outline for the supervisee the following:

- Your tapes will be labelled in a manner that protects your privacy (*Please indicate your personal/agency method of tape labelling. Some examples are provided below; if not applicable please delete them from your package.*)
 - Only your initials are used on your tape along with the correct date and time of that client session.
 - You will be responsible for the correct labelling of your counselling tapes.
 - I will be the only one who labels any tapes that I make of your work.
 - The date of the counselling session must be recorded accurately to ensure the timeline for destroying data is adhered to.
- Video and/or audio tapes will be destroyed (*X days/weeks*) after the session unless it is deemed necessary to keep the tapes for assessment of your performance at midterm or final evaluations. However, on your last day of the placement, once your final evaluation has been completed, your tapes will be destroyed with your assistance.
- Your tapes will be stored in a manner similar to your paper file. (*Please indicate your personal/agency method of tape labelling. Some examples are provided below; if not applicable please delete them from your package.*)
 - Tapes will be stored in a locked cabinet to which only you, myself, and (*please indicate if any other person will have access to the storage unit here*) will have access.
 - Tapes will be stored separately from your paper file. (*Please indicate if you will have a separate storage container for tapes and paper files.*)
- In order to provide examples of required documentation pertaining to the taping of supervision and client sessions for educational purposes, I have included supplementary consent forms in Appendices C and D. It is the stance of the author of this document that both your supervisee and the client be aware of the client's rights surrounding the taping of the client's sessions and that these tapes may be used to enhance the learning of your supervisee. These forms are not obligatory when using this consent package and may also be altered in order to suit your personal/agency needs. It may prove beneficial to have a lawyer review these forms to ensure they meet current legal and ethical standards.
- **Appendix C** contains a **Consent to Tape Supervision Sessions Form**, which confirms your understanding around your rights of taping our time together.
- **Appendix D** contains a **Client Consent to Tape Counselling Sessions Form**, which confirms the client's understanding of the information about your status as a provisional psychologist, as well as how the client's information and services may be affected by that status.

Conflict in Supervision

SUPERVISOR-SUPERVISEE CONFLICT

Sweitzer and King (2009) indicated that conflict between supervisor and supervisee is a predictable stage in the development of the supervisee. I anticipate that we may experience conflict on some level during our time together; it is how we choose to recognize and deal with this conflict that matters. If we take the view that conflict can be used as a learning tool we will both benefit from the experience.

There may be times when we significantly disagree on an issue that has the potential to impact our work together or jeopardize client treatment. If this happens there is a specific plan of action (i.e., grievance procedure) that I like to follow. *(The following bullets are only an example of how the grievance procedure may work. Please insert your personal or agency grievance protocol where applicable and discuss with your supervisee):*

- I will respect you as an individual; as such, I will do my best to discuss my issue or concern with you before speaking with anyone else about it.
- There may be times when I need to talk with my supervisor and/or my personal therapist about an issue or concern I am having.
- The goal at this stage is to come to a mutual understanding of the issue, answer all questions involved, and, hopefully, to come to a resolution while maintaining and strengthening our relationship. *(If you have a personal preference towards a certain conflict resolution model you like to use with your supervisees please insert it here. Your supervisee has the right to know how conflict will be handled.)*
- If we continue to be in disagreement, it is your right to know that there are other courses of action that we may pursue to try to resolve our disagreement. In accordance with *(Agency name)* policy, *(please insert personal or agency grievance protocol here)*.
- If we still have not come to a resolution, I reserve the right to involve your supervisor or liaison (if we have not done so already) to seek his or her direction on the matter. At this time we would most likely sit down and have a case conference about the grievance.

It is unknown what the turnout of this level of grievance would, be but there are some options that you must be made aware of:

- We come to an agreement on how to best deal and cope with the issue and move forward.
- We cannot come to an agreement, and you and I both hold the right to request a transfer to a different supervisor.

SUPERVISEE–SUPERVISOR CONFLICT

There may be times when you disagree with supervision or direction that I have provided you with and although you may feel nervous about approaching me, when you finally do so you will have furthered your development as a supervisee (Sweitzer & King, 2009). When this happens there are some things I would like you to consider:

- I would first ask you to identify, within yourself, what the conflict is about. If you can come to me knowing exactly what the conflict is about we will have a better place to start working towards a solution.
- You need to protect yourself and be fully educated on your rights as a provisional psychologist; as such, if you are not satisfied with the course of action we come up with, you have the right to follow the same grievance process outlined above.
- You also have the right to approach my supervisor if I have done something you feel is unethical or not in your or your client’s best interest. As I previously mentioned, I adhere to the *Applicable Code of Ethics*; as such, you need to know that you have the right to report me to my licensing agencies (*please list applicable agencies here*) if no other means, such as the grievance process, has provided you with an acceptable solution.
- I also trust that you will follow a professional code of conduct and will address grievances in a professional or respectful manner.

Evaluation Process

Evaluation is an important piece of the supervisory relationship because in order to learn and make progress we must gauge and assess the quality of our work. That being said, in order for us to perform our duties (outlined in detail in Section One of this agreement) we must be given some direction on what we are doing well and what areas we may need some improvement in. Did you notice that I am using the word *we*? That is because you will not be the only person in this relationship who is being measured on your performance.

PROVISIONAL PSYCHOLOGIST EVALUATION

As a budding psychologist, taking part in a learning process, it is your right to undergo regular and fair evaluation periods. As previously mentioned, you will be asked to tape (either video or audio) some of your counselling sessions in order for you and I to view them together to enhance your learning. We will use these tapes to examine the skills you are working on, and we will work together to constructively critique them. Referring to these tapes for evaluation purposes allows us to provide you with the best learning experience possible.

Please indicate your agency's preferred method of supervisee evaluation here (e.g., taping, formal evaluations, informal evaluations, etc.). It is also recommended that you advise on the following:

- You will be evaluated with a paper evaluation form, which will be filled out prior to your evaluation date. (Please indicate your personal or agency method of supervisee evaluation here).
- You will be evaluated according to the requirements set forth by your educational or professional institution. (Please indicate frequency of supervisee evaluation here).
- Evaluation (or evaluations) will take place on dates agreed upon prior to delivery of supervisory services. (Please list dates of supervisor evaluations here).
- A debriefing process associated with your supervisee evaluations is mandatory. This will help enhance your learning and provide an opportunity for you to address any concerns or questions you may have around the outcome of your evaluation. (Please address your personal or agency stance on debriefing the supervisee's evaluation here).

SUPERVISOR EVALUATION

In order for me to be the best supervisor that I can be, I need you to provide me with feedback on the service that I am providing for you. It is important to state that these evaluations will not be kept confidential, as we may need to debrief some of the issues or concerns that may arise.

In accordance with my ethical duties as your supervisor, I pledge to respect your evaluation and to not pass judgement on you as an individual or as a result of your evaluation. That being said, your evaluation of my services is important to me and for the future services I will provide to you. I ask that you be open and honest while respecting my dignity when you are completing your evaluation of my services.

- You will be provided with (please insert applicable method of supervisor evaluation here) to provide feedback on the services I am providing to you.
- Evaluation of my supervisory services will happen (please insert personal or agency required frequency of supervisor evaluations here) in order to ensure that I am providing you with the best services possible.
- Evaluation (or evaluations) will take place on dates agreed upon prior to delivery of supervisory services. (Please list dates of supervisor evaluations here.)
- A debriefing process associated with your evaluation of my services is mandatory. This will help enhance your learning and provide an opportunity for you to address any concerns or questions you may have around the outcome of your evaluation. (Please address your personal or agency stance on debriefing the supervisee's evaluation of your services here. It will be important to indicate if

this debriefing will happen between yourself and the supervisee or between your supervisor and the supervisee.)

Termination in Supervision

Termination of the supervision process is based on the requirements of your program. We will prepare for at least two sessions to terminate supervisory services. In order to uphold ethical integrity, gifts are not permitted. We may wish to share a lunch or go for a walk; the closing ritual that we choose will be similar to the good-bye process you offer your clients.

SECTION THREE: SUPERVISORY CONTRACT

Supervisory Contract

CONDITIONS OF ACCEPTANCE

- In order to provide you with the best learning environment possible there are certain issues that must be addressed in order for you to fulfill my personal supervision requirements (these may be in addition to the requirements set out for you by your educational institution). You will be required to meet with me for (*supervision time requirements*) to debrief on your experiences and to discuss any questions or concerns regarding your sessions for that time. This time is meant for reflection and discussion of anything that stuck out for you during your day.
- You **will not** be permitted to provide services to your clients without my presence in the building. If on any given day I am unable to be in the office (e.g., sick day or personal development day), you must reschedule with your clients for another time. This is to ensure that you are always afforded the opportunity to ask questions if you need to. This restriction will also ensure your safety and individual rights while on site.
- In the instance that I am involved in a professional development activity, you will be notified ahead of time and, if possible, invited to attend. This will undoubtedly enhance your learning and will allow you to formulate important networks in the psychology field. If there are professional development events that you would like to attend, please inform me with at least 3 weeks' notice so that I can accommodate your request. I may also ask you if I can attend with you to further my own learning.

PROFESSIONAL DISCLOSURE STATEMENT

(All professional disclosure statements will be individual to the supervisor using this package. Keeping this in mind, a list of items recommended to be included in your professional disclosure statement are outlined below):

- Statement of supervisory qualifications
- Educational qualifications (including postgraduate and research accomplishments)
- Employment history and relevance
- Licensing boards or agencies
- Professional memberships and affiliations
- Any pertinent volunteer experience
- Personal belief statement about therapy, the working alliance, and supervision

ORIENTATION ISSUES

- Two orientation sessions are generally required to ensure your full understanding of the scope of supervision (McBride, 2010a). This section outlines the necessity of, and the proposed agendas for, these two orientation dates.
 - I. The first orientation will be practical in nature. You will be educated around the agency expectations, policies, and procedures and through this interview I will determine if your training and background will be an appropriate fit for our agency. We will schedule our second orientation meeting at the end of our first face-to-face meeting.
 - II. The second orientation meeting will be less formal and will consist of an on-site orientation. During this time you will gain insight into agency rules, policies, and procedures. It is also important for you to know the protocol surrounding emergencies (e.g., fire drills), where all the emergency exits are, and so on. After this orientation you will be more informed and have a better sense of your own feelings towards the possible placement. After the second meeting we will go over and sign a supervisory contract to ensure we are aware of our roles and responsibilities, as well as our expectations for this learning process.

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Appendix B: Informed Consent Form

(Agency Name Here)

Provisional Psychologist Informed Consent Form

I, _____ (name of provisional psychologist), believe that _____ (name of supervisor) has outlined, in the above informed consent specific to supervision package (*please insert the last revision date of your package here*), sufficient information regarding the supervision process and what it entails to allow me to make an informed and educated decision surrounding my participation in the supervisory process. I understand that there may be times when my information is shared with others and that this MAY happen without my knowledge and consent.

I also understand that there may be instances (outlined in the section on limits to confidentiality) in which my supervisor may have to breach confidentiality. I will be informed of this need and will be included in the process that accompanies the need to break confidentiality.

I understand that my supervisor will always strive to respect me as an individual, supervisee, and aspiring professional.

Supervisee Name (Please Print): _____

Supervisee Signature: _____

Date (Date/Month/Year): _____/_____/_____

Supervisor Name (Please Print): _____

Supervisor Signature: _____

Date (Date/Month/Year): _____/_____/_____

Appendix C: Consent to Tape Supervisor Sessions Form

(Agency Name Here)

Consent to Tape Supervision Sessions Form

I, _____ (name of supervisee), give permission to
 _____ (name of supervisor), my practicum/field placement
 supervisor, to (please check all that apply):

Video Tape

Audio Tape

the supervision sessions that we have together. I understand that my supervisor will use this information in addition to, or in lieu of, taking case notes on our consultation activities. I also understand that, in order to provide me with the best service possible, my supervisor may need to consult his or her own supervisor to ensure that my supervisor is, to the best of his or her knowledge and ability, fulfilling his or her duty to me.

I give consent for our supervision tapes to be heard or watched by:

The director of the agency (*please insert appropriate name here*)

The supervisor responsible for my supervisor (*please insert appropriate name here*)

Colleagues engaging in supervision groups my supervisor may be a part of (*please list all applicable names here*)

Please initial after each of the following points to indicate that you have been adequately informed and fully understand the information included in the following points:

- I understand that the focus of the tape will be on my supervisor and that the video camera will be focused on my supervisor at all times. ____ (*Supervisee Initials*)
- I have been informed of my right to check the camera lens before taping begins. ____ (*Supervisee Initials*)
- I understand that I may refuse to allow taping of any kind and that my identity will be protected at all times. ____ (*Supervisee Initials*)
- I understand that these tapes will be stored in a locked filing cabinet to which only my supervisor has access. ____ (*Supervisee Initials*)
- I understand that the tapes will be erased the moment my supervisor has completed his or her supervision consultation and that in the event of an emergency or death the tapes will be destroyed by accordingly by the director of the agency in your presence. ____ (*Supervisee Initials*)
- I understand that all persons who I have consented to viewing or hearing the tapes (as indicated on the previous page) will uphold my right to confidentiality and anonymity and that the supervision sessions will be conducted under the same confidentiality scope as the counselling session it reflects. ____ (*Supervisee Initials*)
- I have been informed of my right to terminate this consent agreement at any time and with no attached time frame. This will result in my tapes being destroyed upon my request. ____ (*Supervisee Initials*)

Supervisee Name (Please Print): _____

Supervisee Signature: _____

Date (Date/Month/Year): _____/_____/_____

Supervisor Name (Please Print): _____

Supervisor Signature: _____

Date (Date/Month/Year): _____/_____/_____

Date of Contract Expiry (Date/Month/Year): _____/_____/_____

Appendix D: Client Consent to Tape Counselling Sessions Form

(Agency Name Here)

Client Consent to Tape Counselling Sessions & Client Consent to Supervision Form

I, _____ (name of client), give permission to
 _____ (name of provisional
 psychologist), a Master's level provisional psychologist with the
 _____ program (program name) offered by the
 _____ (name of Educational Institution), to (please
 check all that apply):

Video Tape

Audio Tape

the counselling sessions that we have together. I understand that my provisional psychologist will use this information in addition to, or instead of, taking notes during our time together. I also understand that in order to provide me with the best service that he or she can, my provisional psychologist may need to consult his or her supervisor about what we talk about in session and show the supervisor our tapes to ensure that the provisional psychologist is fulfilling his or her duty to me to the best of his or her knowledge and ability.

I understand that as a supervisee, my provisional psychologist is not allowed to take my tapes out of the building, but that he or she may discuss our time together with other provisional psychologists in his or her program as well as with his or her teacher in order to provide me with the best counselling services possible. I know that my provisional psychologist will respect my right to privacy and will speak about me in a way that upholds my right as a person. In case of an emergency I also know that my tapes may be given to other employees at the agency to keep them safe and protect my rights. I give consent for our counselling tapes to be heard or watched by:

The director of the counselling agency (*please insert appropriate name here*)

The agency supervisor of my provisional psychologist (*please insert appropriate name here*)

Other provisional psychologists in the same program as my provisional psychologist (*please list appropriate names here*)

Please initial after each of the following points to indicate that you have been adequately informed and fully understand the information included in the following points:

- I understand that the focus of the tape will be on the provisional psychologist and that the video camera will be focused on the provisional psychologist at all times. ____ (*Client Initials*)
- I have been informed of my right to check the camera lens before taping begins. ____ (*Client Initials*)
- I understand that I may refuse to allow taping of any kind and that my identity will be protected at all times. ____ (*Client Initials*)
- I understand that these tapes will be stored in a locked filing cabinet to which only the provisional psychologist and his or her supervisor has access. ____ (*Client Initials*)
- I understand that the tapes will be erased the moment the provisional psychologist has completed his or her supervisory consultation, as he or she may wish to monitor **his or her own progress** and that in the event of an emergency or death, the tapes will be destroyed handled accordingly by the director of the agency in your presence. ____ (*Client Initials*)
- I understand that all persons who I have consented to viewing or hearing the tapes (as indicated on the previous page) will uphold my right to confidentiality and anonymity and that the supervision sessions will be conducted under the same confidentiality scope as the counselling session it reflects. ____ (*Client Initials*)
- I was informed of my right to terminate this consent form at any time and with no attached time frame. This will result in my tapes being destroyed upon my request. ____ (*Client Initials*)

Client Name (Please Print): _____

Client Signature: _____

Date (Date/Month/Year): _____/_____/_____

Provisional Psychologist Name (Please Print): _____

Provisional Psychologist Signature: _____

Date (Date/Month/Year): _____/_____/_____

Expiry Date of Consent (Date/Month/Year): _____/_____/_____