## National Clinical Supervision Framework: Qualifications, Competencies, and Best Practices

**Clinical Supervision Self-Assessment**

Clinical supervision is both valuable and valued within the overall practice of counselling and psychotherapy. Corey, Corey, and Callanan (2007) suggested that clinical supervision may offer the most crucial contribution to “…the development of a competent practitioner. It is within the context of supervision that trainees begin to develop a sense of their professional identity and to examine their own beliefs and attitudes regarding clients and therapy” (p. 360).

Historically, the practice of clinical supervision has been associated with the education and training of student supervisees. Trainees undertake supervised practica and internships as part of graduate degree programs. In the arena of supervised practice, nascent counsellors integrate theoretical and conceptual learning and apply skills and strategies in vivo. Clinical supervisors are simultaneously tasked with the facilitating professional growth and development of supervisees while safeguarding the wellbeing of clients and the public.

More recently, clinical supervision also has become a requirement for professional certification, registration, and licensing. Additionally, there has been increased acknowledgement that the salience and value of clinical supervision extend across the professional career span. Novice and veteran counsellors and psychotherapists, alike, benefit from ongoing clinical supervision that engages them in goal-oriented, growth-focused, and collaborative reflective practice.

From an ethical standpoint, and regardless of the number of years of professional experience logged, it is especially important that counsellors and psychotherapists seek clinical supervision when developing a new counselling competency or specialty area of practice, or when resuming a former area of practice (e.g., with a particular clientele or referral issue) after an interlude.

Previous studies have identified clinical supervision as the third most frequent activity of professional helpers (Norcross, Hedges, & Castle, 2002), and one in which 85-90% of those with 15 or more years of experience have participated (Rønnestad, Orlinsky, Parks, & Davis, 1997). However, nearly two decades ago, Watkins (1997), editor of the *Handbook of Psychotherapy Supervision*, expressed concern about the discrepancy between the extensive academic preparation of helping professionals and the lack of training of their clinical supervisors. He protested that “something does not compute” (p. 604). A few years later, Scott, Ingram, Vitanza, and Smith (2000) echoed this disquieting observation. They noted that the lack of investment in formal education and training of clinical supervisors stood in stark contrast to the significant professional responsibilities of the role.

Thankfully, the status of clinical supervision as a specialty practice in the Canadian counselling and psychotherapy context has been steadily evolving from *emerging* to *established*. As our collective understanding of supervisory relationships and processes has increased, so, too, has awareness that there is a requisite corpus of knowledge and skills that is unique to the competent practice of clinical supervision. Concomitant with the professionalization of clinical supervision, reflecting in part the recent developments on the regulatory landscape, has been the growing recognition of the benefits that accrue from clinical supervision at all levels of practitioner experience. Consequently, the Canadian Counselling and Psychotherapy Association (CCPA) anticipates heightened demand for clinical supervision across the country and across the career span (i.e., novice through veteran) in the decades ahead.

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In light of these developments, CCPA undertook a research project in 2014 that culminated in the development of the *National Clinical Supervision Framework: Qualifications, Competencies, and Best Practices.* The ‘framework’ identifies seven domains of clinical supervision, and 76 qualifications, competencies, and best practices associated with those domains. The domains are not fully discrete, and so some of the qualifications, competencies, and best practices conceivably could also align with one or more of the other domains. However, in the interest of avoiding repetition and redundancy, each qualification, competency, and best practice is listed once only. This framework is intended to foster shared awareness of the constituents of qualified and competent clinical supervision and to guide best practice. The myriad practical applications of the framework include the following:

* Inform clinical supervisor self-assessment and professional growth plans
* Promote collaborative exploration of supervisory goals, relationship, process, and evaluation in dyadic, triadic, and group supervision contexts
* Empower supervisees to engage in self-advocacy related to personal and professional learning and growth needs
* Align with organizational learning culture and promote psychologically healthy supervisory relationships at individual, group, and organizational levels
* Guide clinical supervision course development within and external to postsecondary institutions
* Support CCPA’s Canadian Certified Counsellor-Supervisor (CCC-S) designation
* Serve as a resource for regulatory bodies in their vetting of supervisor candidates
* Establish a foundation for greater clinical supervision accountability
* Contribute to the sustainability of clinical supervision as a specialty area of practice under the umbrella of the counselling and psychotherapy profession

The superordinate goal of the *National Clinical Supervision Framework: Qualifications, Competencies, and Best Practices* is the further professionalization of clinical supervision aimed at cultivating competency and best practices that will fulfill the ethical imperative of safeguarding the wellbeing of clients and the public while concurrently promoting professional growth and development of supervisees.

The *Clinical Supervision Self-Assessment* that follows is based on CCPA’s *National Clinical Supervision Framework: Qualifications, Competencies, and Best Practices*. Clinical supervisors at all stages of development and levels of experience are invited to engage in this directed self-assessment as an avenue for self-reflection and professional growth plan development. We hope that this self-assessment process will inform and enhance your clinical supervision experiences.

CCPA 2018

Clinical Supervision Self-Assessment 2

# Clinical Supervision Self-Assessment

As you engage in this self-assessment of qualifications, competencies, and practices in clinical supervision you will be asked to enter responses to each of 76 statements. The statements are housed under seven clinical supervision domains of: (1) Professional Preparedness; (2) Structuring; (3) Relational; (4) Assessment, Feedback, Evaluation, and Reporting; (5) Ethical, Legal, and Regulatory; (6) Diversity and Social Justice; and (7) Professionalism. As noted in the self-assessment overview, these domains are not fully discrete, and so some statements could also align with one or more of the other domains. However, in the interest of avoiding repetition and redundancy, each qualification, competency, and best practice is listed once only.

## CURRENTLY APPLICABLE

Under this heading, assess the degree to which each statement **currently applies to you** and **describes you** as a clinical supervisor.

|  |  |  |
| --- | --- | --- |
| NO | NEVER or ALMOST NEVEROCCASIONALLY | This does not describe me at all or rarely applies to me.This sometimes applies to me. |
| F | FREQUENTLY | This often applies to me. |
| A | ALWAYS or ALMOST ALWAYS | This always or almost always applies to me. |

## IMPORTANCE

Under this heading, reflect on what you believe to be optimal conditions for clinical supervision and assess the **importance** that you attach to each qualification, competency, or practice.

|  |  |  |
| --- | --- | --- |
| U | UNIMPORTANT | This is not at all important to the quality and effectiveness of clinical supervision. |
| S | SOMEWHAT IMPORTANT | This is somewhat important to the quality and effectiveness of clinical supervision. |
| V | VERY IMPORTANT | This is very important to the quality and effectiveness of clinical supervision. |
| E | ESSENTIAL | This is essential to the quality and effectiveness of clinical supervision. |

**PRIORITY FOCUS** Under this heading, you will identify areas of priority focus as you seek to enhance your qualifications, competencies, and practices in clinical supervision. Review your ratings for each statement. If you have entered “NEVER or ALMOST NEVER” or “OCCASIONALLY” under current applicability, and “VERY IMPORTANT” or “ESSENTIAL” under importance to clinical supervision, your ratings have highlighted a potential priority focus. You might wish to note this in the Priority Focus column with an asterisk or check mark. This awareness can then inform your professional growth planning as a clinical supervisor.

When you have identified areas of priority focus at the end of each domain, you are encouraged to transfer them to a ranked or sequenced list of priorities (across domains) for a professional growth plan. Ensure the feasibility of the plan by setting manageable goals with respect to quantity and timeline. Review your plan periodically and add new goals when previous ones have been met.

Clinical Supervision Self-Assessment 3

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** |
| **Domain 1: Professional Preparedness** |
|  | Currently Applicable |  | Importance |  |
| *In the Priority Focus column, please enter an asterisk (\*) or checkmark () for items that you deem important to your continued growth and development as a clinical supervisor.* | Never or Almost Never | Occasionally | Frequently | Always/Almost Always |  | Unimportant | Somewhat Important | Very Important | Essential | Priority Focus |
| a) I hold a graduate degree in counselling, counselling psychology, or a related discipline. |  |  |  |  |  |  |  |  |  |  |
| b) I have engaged in professional development activities in clinical supervision (e.g., reading, webinars, conference sessions, workshops). |  |  |  |  |  |  |  |  |  |  |
| c) I have engaged in supervised practice of clinical supervision. |  |  |  |  |  |  |  |  |  |  |
| d) I am knowledgeable about entry-to-practice competencies relevant tocounselling. |  |  |  |  |  |  |  |  |  |  |
| e) I am able to articulate the distinctions between administrative supervision,clinical supervision, consultation, coaching, and mentoring. |  |  |  |  |  |  |  |  |  |  |
| f) I have a solid knowledge foundation in clinical supervision (e.g., major models, modalities, strategies, and techniques). |  |  |  |  |  |  |  |  |  |  |
| g) I am able to able to offer clinical supervision from a competency-basedperspective. |  |  |  |  |  |  |  |  |  |  |
| h) I am attuned to the impact of the physical environment of counselling and supervision settings, and attend to issues of safety, privacy, comfort, andprofessionalism. |  |  |  |  |  |  |  |  |  |  |
| i) I am competent in the use of technology associated with the practice ofclinical supervision in my setting or context. |  |  |  |  |  |  |  |  |  |  |
| j) I hold liability insurance that covers clinical supervision. |  |  |  |  |  |  |  |  |  |  |

## As you review your responses in the Priority Focus column on the previous table, please identify up to three current priorities in this domain and list them below.

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| **Domain 2: Structuring** |
|  | Currently Applicable |  | Importance |  |
| *In the Priority Focus column, please enter an asterisk (\*) or checkmark () for items that you deem important to your continued growth and development as a clinical supervisor.* | Never or Almost Never | Occasionally | Frequently | Always/Almost Always |  | Unimportant | Somewhat Important | Very Important | Essential | Priority Focus |
| a) I share my professional disclosure statement with my supervisees (including my philosophy of change, orientation and approach to counselling and clinical supervision, and protocol for addressing conflict). |  |  |  |  |  |  |  |  |  |  |
| b) I explicitly delineate expectations related to the supervisory relationship and process (including rights and responsibilities of supervisees and supervisors). |  |  |  |  |  |  |  |  |  |  |
| c) I am able to provide a cogent rationale for the methods I incorporate in mywork with supervisees. |  |  |  |  |  |  |  |  |  |  |
| d) I ask my supervisees to articulate their own philosophy of change, andorientation and approach to counselling. |  |  |  |  |  |  |  |  |  |  |
| e) I assist my supervisees in identifying relevant and reasonable goals fortheir clinical supervision. |  |  |  |  |  |  |  |  |  |  |
| f) I am able to able to offer clinical supervision from a competency-basedperspective. |  |  |  |  |  |  |  |  |  |  |
| g) I develop a written clinical supervision agreement or contract. |  |  |  |  |  |  |  |  |  |  |
| h) I maintain adequate, appropriate, and accurate clinical supervision records,including agreements/contracts, session notes, and evaluative reports. |  |  |  |  |  |  |  |  |  |  |
| i) I identify my availability for consultation outside of scheduled supervisiontimes and designate alternate consultant(s) in case of my unavailability. |  |  |  |  |  |  |  |  |  |  |
| j) I establish a protocol for responding to crisis situations (e.g., suicidalclient) and review this with my supervisees. |  |  |  |  |  |  |  |  |  |  |

**As you review your responses in the Priority Focus column in the previous table, please identify up to three current priorities in this domain and list them below.**

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| **Domain 3: Relational** |
|  | Currently Applicable |  | Importance |  |
| *In the Priority Focus column, please enter an asterisk (\*) or checkmark () for items that you deem important to your continued growth and development as a clinical supervisor.* | Never or Almost Never | Occasionally | Frequently | Always/Almost Always |  | Unimportant | Somewhat Important | Very Important | Essential | Priority Focus |
| a) I convey humbleness and openness to learning from my supervisees and others. |  |  |  |  |  |  |  |  |  |  |
| b) I establish and maintain mutually respectful supervisory relationships that are characterized by safety, trust, and empowerment. |  |  |  |  |  |  |  |  |  |  |
| c) I foster an invitational supervisory climate that welcomes questioning anddiscussion. |  |  |  |  |  |  |  |  |  |  |
| d) I communicate flexibility and responsiveness with respect to individual differences in the clinical supervisory relationship (e.g., theoreticalorientation and approach, interpersonal style, developmental level). |  |  |  |  |  |  |  |  |  |  |
| e) I explore relational process issues with my supervisees, such astransference, countertransference, parallel process, isomorphism, etc. |  |  |  |  |  |  |  |  |  |  |
| f) I monitor and address role conflict, power differential, and/or relationalruptures. |  |  |  |  |  |  |  |  |  |  |
| g) I model and promote a strengths-focused orientation. |  |  |  |  |  |  |  |  |  |  |
| h) I model self-awareness and insight and nurture the same in my supervisees. |  |  |  |  |  |  |  |  |  |  |
| i) I model effective use of self in supervision and promote superviseeeffective use of self in counselling. |  |  |  |  |  |  |  |  |  |  |
| j) I am able to discern an appropriate balance between challenging andsupporting my supervisees. |  |  |  |  |  |  |  |  |  |  |
| k) I demonstrate sensitivity to the evaluative nature of clinical supervision byacknowledging and normalizing supervisee anxiety related to evaluation. |  |  |  |  |  |  |  |  |  |  |
| l) I implement appropriate interventions when supervisee anxiety (perhapsmanifested in defensiveness and/or resistance) interferes with supervision. |  |  |  |  |  |  |  |  |  |  |

**As you review your responses in the Priority Focus column above, please identify up to three current priorities in this domain and list them below.**

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| **Domain 4: Assessment, Feedback, Evaluation, and Reporting** |
|  | Currently Applicable |  | Importance |  |
| *In the Priority Focus column, please enter an asterisk (\*) or checkmark () for items that you deem important to your continued growth and development as a clinical supervisor.* | Never or Almost Never | Occasionally | Frequently | Always/Almost Always |  | Unimportant | Somewhat Important | Very Important | Essential | Priority Focus |
| a) I engage in ongoing reflective self-monitoring and self-evaluation and promote the same in my supervisees. |  |  |  |  |  |  |  |  |  |  |
| b) I engage my supervisees in exploration of the content of their counselling work, including client contexts and counselling issues. |  |  |  |  |  |  |  |  |  |  |
| c) I engage my supervisees in exploration of the process of their counselling work, including what they are thinking and feeling, and the approaches andinterventions they implement and why. |  |  |  |  |  |  |  |  |  |  |
| d) In collaboration with my supervisees, I continually track attainment of supervision goals. |  |  |  |  |  |  |  |  |  |  |
| e) In collaboration with my supervisees, I periodically revisit the supervision contract to assess the continued relevance and value of the supervision goals and to revise as needed. |  |  |  |  |  |  |  |  |  |  |
| f) I model and promote critical reflection, analysis, and reasoning. |  |  |  |  |  |  |  |  |  |  |
| g) I assess performance and development in each of the following areas: theoretical, conceptual, clinical practice, ethics, diversity, and professionalism. |  |  |  |  |  |  |  |  |  |  |
| h) I regularly offer ongoing/formative feedback based on identifiedsupervisory goals. |  |  |  |  |  |  |  |  |  |  |
| i) I deliver concrete and constructive feedback that acknowledges existing competencies while highlighting areas for further development. |  |  |  |  |  |  |  |  |  |  |
| j) I ensure that feedback delivery permits time and opportunity for further development of knowledge and skill. |  |  |  |  |  |  |  |  |  |  |
| k) I communicate any performance concerns (e.g., competency,  impairment) in a timely manner consistent with due process. |  |  |  |  |  |  |  |  |  |  |
|  l) I respond to any performance concerns (e.g., competency,  impairment) with increased supervision and/or a remedial plan. |  |  |  |  |  |  |  |  |  |  |
| m) I offer summative evaluation in both written and oral format. |  |  |  |  |  |  |  |  |  |  |
| n) I offer informed summative evaluation that is based on a variety of assessment methods and sources of information (e.g., co-counselling, direct observation, recorded sessions, record review, role-play, outcome monitoring). |  |  |  |  |  |  |  |  |  |  |
| o) I prepare evaluative reports that summarize supervisee performance in a manner that is clear, concise, and evidence-supported (with specific, documented examples). |  |  |  |  |  |  |  |  |  |  |
| p) I invite my supervisees to offer evaluative feedback on our clinical supervisory relationship and process. |  |  |  |  |  |  |  |  |  |  |
| q) I invite my supervisees to offer evaluative feedback on agency, organizational, and/or systems variables (e.g., policies, procedures) that influence their clinical supervision. |  |  |  |  |  |  |  |  |  |  |

**As you review your responses in the Priority Focus column above, please identify up to three current priorities in this domain and list them below.**

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| **Domain 5: Ethical, Legal, and Regulatory** |
|  | Currently Applicable |  | Importance |  |
| *In the Priority Focus column, please enter an asterisk (\*) or checkmark () for items that you deem important to your continued growth and development as a clinical supervisor.* | Never or Almost Never | Occasionally | Frequently | Always/Almost Always |  | Unimportant | Somewhat Important | Very Important | Essential | Priority Focus |
| a) I am conversant with ethical, legal, and regulatory issues relevant to the practices of counselling and clinical supervision. |  |  |  |  |  |  |  |  |  |  |
| b) I am familiar with clinical supervision requirements for the geographical, professional, and organizational context of my supervisees. |  |  |  |  |  |  |  |  |  |  |
| c) I model and underscore the importance of ethical commitment and accountability by involving my supervisees in review and discussion of theCCPA *Code of Ethics* and *Standards of Practice* (and any other professionally relevant codes and standards). |  |  |  |  |  |  |  |  |  |  |
| d) I accord primary importance to the welfare of clients and safety of thepublic. |  |  |  |  |  |  |  |  |  |  |
| e) I engage my supervisees in an informed consent process at the outset and throughout the course of clinical supervision. |  |  |  |  |  |  |  |  |  |  |
| f) I discuss confidentiality, and its limits and exclusions, with respect tocounselling and clinical supervision. |  |  |  |  |  |  |  |  |  |  |
| g) I model and discuss the assessment and honouring of professionalboundaries of competence. |  |  |  |  |  |  |  |  |  |  |
| h) I model and discuss attunement to and respecting of professional relationalboundaries. |  |  |  |  |  |  |  |  |  |  |
| i) I engage my supervisees in application of ethical decision-making modelswhen confronted with an ethical dilemma. |  |  |  |  |  |  |  |  |  |  |
| j) I ensure that all clinical supervision records are completed in a timelymanner and are stored securely. |  |  |  |  |  |  |  |  |  |  |
| k) I discuss direct and vicarious liability with my supervisees and employappropriate risk management strategies. |  |  |  |  |  |  |  |  |  |  |

**As you review your responses in the Priority Focus column on the previous page, please identify up to three current priorities in this domain and list them below.**

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| **Domain 6: Diversity and Social Justice** |
|  | Currently Applicable |  | Importance |  |
| *In the Priority Focus column, please enter an asterisk (\*) or checkmark () for items that you deem important to your continued growth and development as a clinical supervisor.* | Never or Almost Never | Occasionally | Frequently | Always/Almost Always |  | Unimportant | Somewhat Important | Very Important | Essential | Priority Focus |
| a) I recognize and acknowledge to my supervisees that all clinical supervision is multicultural in nature. |  |  |  |  |  |  |  |  |  |  |
| b) I convey a clear sense of my own multiple identities and worldviews (attitudes, beliefs, values, biases) and foster clarification of the same in my supervisees. |  |  |  |  |  |  |  |  |  |  |
| c) I display sensitivity and responsiveness to individual differences thatreciprocally shape the supervisory relationship, such as personal and professional beliefs and values, cultural factors, and developmental stage. |  |  |  |  |  |  |  |  |  |  |
| d) I model and promote social justice awareness and advocacy. |  |  |  |  |  |  |  |  |  |  |
| e) I demonstrate awareness, sensitivity, and competence in engaging with difference and diversity, and seek to cultivate the same in my supervisees. |  |  |  |  |  |  |  |  |  |  |
| f) I engage my supervisees in exploration and critical analysis of contextualand systemic factors and effects related to power, privilege, marginalization, and oppression. |  |  |  |  |  |  |  |  |  |  |

**As you review your responses in the Priority Focus column above, please identify up to three current priorities in this domain and list them below.**

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| **Domain 7: Professionalism** |
|  | Currently Applicable |  | Importance |  |
| *In the Priority Focus column, please enter an asterisk (\*) or checkmark () for items that you deem important to your continued growth and development as a clinical supervisor.* | Never or Almost Never | Occasionally | Frequently | Always/Almost Always |  | Unimportant | Somewhat Important | Very Important | Essential | Priority Focus |
| a) I demonstrate and promote genuineness and integrity. |  |  |  |  |  |  |  |  |  |  |
| b) I model and encourage objectivity, civility, and respect in all communication and conduct. |  |  |  |  |  |  |  |  |  |  |
| c) I communicate a well-developed sense of professional identity and foster the development of professional identity in my supervisees. |  |  |  |  |  |  |  |  |  |  |
| d) I hold and promote membership in professional associations and/orregulatory colleges. |  |  |  |  |  |  |  |  |  |  |
| e) I engage in and promote career-long continuing education and learning. |  |  |  |  |  |  |  |  |  |  |
| f) I recognize supervision of supervision as a best practice across the careerspan, with particular value for novice clinical supervisors. |  |  |  |  |  |  |  |  |  |  |
| g) I promote development and regular access of professional networks andsupport systems. |  |  |  |  |  |  |  |  |  |  |
| h) I convey valuing of and support for my supervisees’ professional growth. |  |  |  |  |  |  |  |  |  |  |
| i) I conduct clinical supervision in a responsible and accountable manner (e.g., by being on time, informed, prepared, and focused). |  |  |  |  |  |  |  |  |  |  |
| j) I practice and promote adequate and appropriate self-care and balancedliving. |  |  |  |  |  |  |  |  |  |  |

**As you review your responses in the Priority Focus column in the table on the last page, please identify up to three current priorities in this domain and list them below.**

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**Clinical Supervision Professional Growth Plan**

**Areas of Priority Focus**

At the end of each of the seven domains in the self-assessment, you have been asked to identify up to three current priorities for your continued growth and development as a clinical supervisor. Please transfer these to the list below and sequence them in ranked order of overall priority. Feel free to adjust the number of spaces for entries.

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**Professional Growth Pursuits**

Ensure the feasibility of your professional growth plan by targeting a few areas of priority focus at a time from the list above. Identify clear goals, a plan for achieving them, measurable outcomes, and anticipated timeline. Review your plan periodically and add new areas of priority focus when previous ones have been addressed. Feel free expand the table below as needed.

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| Clinical Supervision Domain:Priority Focus:Goal:Plan for Achieving:Measurable Outcome:Anticipated Timeline: |
| Clinical Supervision Domain:Priority Focus:Goal:Plan for Achieving:Measurable Outcome:Anticipated Timeline: |
| Clinical Supervision Domain:Priority Focus:Goal:Plan for Achieving:Measurable Outcome:Anticipated Timeline: |