



## **National Clinical Supervision Framework: Qualifications, Competencies, and Best Practices (2018/2025)**

### **Clinical Supervision Self-Assessment**

#### *What is meant by the term clinical supervision?*

- CRPO defines clinical supervision as a contractual relationship in which a clinical supervisor engages with a supervisee to discuss the direction of therapy and the therapeutic relationship; promote the professional growth of the supervisee; enhance the supervisee's safe and effective use of self in the therapeutic relationship; and safeguard the well-being of the client (CRPO, 2025).
- The United Kingdom Council for Psychotherapy views supervision “as a process conducted within a formal working relationship in which a qualified or trainee Psychotherapeutic Practitioner presents client work to a designated supervisor as an on-going process of developing effective practice. The purpose is to ensure safe and competent practice through regular meetings.... Such an approach is seen as being in line with the principles of protection of the public interest and of safeguarding the client.” (p.1)
- Milne and Watkins (2014) defined supervision as “The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused [sic] and which manages, supports, develops and evaluates the work of colleagues” (p.4).
- Bernard and Goodyear (2019) view supervision as “an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship 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 see, and serving as a gatekeeper for the particular profession the supervisee seeks to enter (p. 9).

The four definitions of supervision share several common elements:

1. **Formal Relationship:** All definitions emphasize a structured, formal relationship between the supervisor and the supervisee. This relationship is contractual or formalized to ensure clarity and accountability.



2. **Professional Development:** Each definition highlights the role of supervision in promoting the professional growth and development of the supervisee. This includes enhancing their skills, knowledge, and overall professional functioning.
3. **Client Well-being and Safety:** A key component across all definitions is the focus on safeguarding the well-being and safety of clients. Supervision is seen as a means to ensure that the services provided to clients are safe, effective, and of high quality.
4. **Evaluation and Monitoring:** Supervision involves the evaluation and monitoring of the supervisee's work. This evaluative aspect ensures that the supervisee's practice meets professional standards and that they are providing competent services.

These similarities underscore the importance of supervision in maintaining professional standards, ensuring client safety, and fostering the growth and development of practitioners.

What is clear is that clinical supervision is a distinct professional competence requiring specific education and training (Falender, 2018). In North America, there has been an unexamined assumption that knowledge and skills from counselling models could be translated directly into supervision practice. Falender and Shakranske (2021) and others believe that a competency-based, metatheoretical frame anchored in the current research can be used to identify the knowledge, skills, and attitudes needed by supervisors.

### ***What is meant by competency?***

Competency as applied to psychology, “involves understanding and performing tasks consistent with one’s professional qualifications (often having involved specialized training), sensitive to cultural and individual differences, and anchored to evidence-based practices)” (APA Presidential Task Force on Evidence-Based Practice, 2006). Cottone and Tarvydas (2016), state that competence involves the quality of the provided service and the boundaries or scope of professional activity (Cottone & Tarvydas, 2016).

Clinical supervision 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. Mandatory, ongoing supervision and supervision of supervision have long been a requirement in the British Association for Counselling and Psychotherapy and the Counselling Federation of Australia (PACFA).

In 2014, CCPA undertook a research project that culminated in the development of the *National Clinical Supervision Framework: Qualifications, Competencies, and Best Practices*. The ‘framework’ identified seven domains of clinical supervision, and 76 qualifications, competencies, and best practices associated with those domains. In 2025, a group of supervisors reviewed each domain and provided recommendations and edits. The document was then reviewed by six supervisors individually for further feedback.



This framework is intended to foster shared awareness of the constituents of qualified and competent clinical supervision and to guide best practice to inform clinical supervisor self-assessment and professional growth plans. Practical applications of the framework include the following:

- Support CCPA's Canadian Clinical Supervisor (CCS) designation.
- Map existing knowledge and skills to identify areas for further development.
- Assess readiness for the supervisor role and to identify training needs.
- Establish a foundation for greater clinical supervision accountability.
- Guide clinical supervision course development.
- Empower supervisees to engage in self-advocacy related to personal and professional learning and growth needs.
- Serve as a resource for regulatory bodies in their vetting of supervisor candidates.
- Provides guidance to agencies and organizations as to what constitutes competent supervisor practice.
- Offers a resource to inform job descriptions, recruitment processes, and to identify staff training needs in organizations and agencies.
- Contribute to research in the field by establishing a common set of principles and practices that can be utilized in research studies.
- Contribute to the recognition of clinical supervision as a specialty area of practice.

The superordinate goal of the *National Clinical Supervision Framework: Qualifications, Competencies, and Best Practices (2018/2025)* 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.



## References

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## 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 the Supervisory Experience; (3) The Supervisory Relationship; (4) Evaluation, Assessment, and Reporting; (5) Ethical, Legal, and Regulatory Issues; (6) Working with Difference and Diversity; and (7) Professionalism of the Supervisor. These domains are not fully discrete, and some statements also align with one or more of the other domains.

### CURRENTLY APPLICABLE

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

N	NEVER or ALMOST NEVER	This does not describe me at all or rarely applies to me.
O	OCCASIONALLY	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.





g) I am attuned to the impact of the physical environment of counselling and supervision settings, and attend to issues of safety, privacy, comfort, and professionalism.										
h) I am competent in the use of technology associated with the practice of clinical supervision in my work setting or context.										
i) 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.**

1.	
2.	
3.	







**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.**

1.	
2.	
3.	





g) I model self-reflective practices that foster self-awareness and insight and nurture the same in supervisees.										
h) I model effective use of self in supervision and promote supervisee effective use of self in counselling.										
i) I can discern an appropriate balance between challenging and supporting supervisees that promotes autonomy appropriate to supervisee's level of development.										
j) I recognize, acknowledge, and process collaboratively and non-defensively strains and tensions that may emerge in the supervisory relationship.										
k) I demonstrate sensitivity to the evaluative nature of clinical supervision by acknowledging and normalizing supervisee anxiety related to evaluation.										
l) I implement appropriate interventions when supervisee anxiety (perhaps manifested in defensiveness and/or resistance) interferes with supervision.										

**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.**

1.	
2.	
3.	







o) I document all evaluations whether summative or formative, formal or informal in the supervisee's supervision file.										
p) I prepare evaluative/assessment reports as needed that summarize supervisee performance in a manner that is clear, concise, and evidence-supported (with specific, documented examples).										
q) I invite my supervisees to offer evaluative feedback on our clinical supervision, and 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 in the previous table, please identify up to three current priorities in this domain and list them below.**

1.	
2.	
3.	





g) I model and discuss the assessment and honouring of professional boundaries of competence and thoughtfully differentiate between intentional and unconscious self-disclosures.										
h) I ensure that all clinical supervision records are completed in a timely manner and are stored securely.										
i) I put procedures in place for ethical practice of online counselling, and use of social media and electric communication.										
j) I engage supervisees in ethical decision-making when confronted with an ethical dilemma.										
k) I discuss direct and vicarious liability with my supervisees and employ appropriate risk management strategies.										
l) I seek consultation or refer the supervisee to another supervisor when supervisory issues are outside my domain of competence.										

**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.**

1.	
2.	
3.	





CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION  
L'ASSOCIATION CANADIENNE DE  
COUNSELING ET DE PSYCHOTHÉRAPIE

**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.**

1.	
2.	
3.	





h) I update my knowledge base and supervisory skills through ongoing professional development.										
i) I participate in professional development focused on anti-oppressive supervision practices.										
j) I participate in supervision of supervision as a best practice.										
k) I practice and promote adequate and appropriate self-care and balanced living by modeling personal and professional boundaries.										

**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.**

1.	
2.	
3.	



## 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.

1.
2.
3.
4.
5.
6.
7.

### 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 to expand the table below as needed.

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