



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

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:

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.



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.

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.

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 81 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.



References

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Domain 1: Professional Preparedness

- a) I hold a graduate degree in counselling, counselling psychology, or a related discipline.
- b) I am knowledgeable about the standards of providing supervision according to the provincial regulatory body or professional association to which I belong.
- c) I am knowledgeable about entry-to-practice competencies relevant to counselling.
- d) I am able to articulate the distinctions between administrative supervision, clinical supervision, consultation, coaching, and mentoring.
- e) I have a solid knowledge foundation in clinical supervision (e.g., major supervision models, modalities, strategies, and techniques) and can match the style of supervision to the experience and individual needs of the supervisee.
- f) I can offer clinical supervision from a competency-based perspective (entry to practice profile).
- 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.

Domain 2: Structuring the Supervisory Experience

- a) I develop a written clinical supervision agreement according to the CCPA Standards of Practice Section E1.



- b) When I am unable to avoid dual roles, I clearly differentiate between the roles and tasks of clinical supervisor and administrative supervisor and outline in the supervision agreement how this dual role will be navigated and the procedures for any disputes that may arise.
- c) I share my professional disclosure statement with supervisees (including my philosophy of change, orientation and approach to counselling and clinical supervision, and protocol for addressing conflict and complaints including policies for remediation, dismissal, and due process).
- d) I explicitly delineate expectations related to the supervisory relationship and process (including rights and responsibilities of supervisees and supervisors).
- e) If I engage in distance supervision, I develop an agreement with sufficient detail, orientation, and discussion to ensure competent, ethically appropriate, and low risk participation for myself and supervisees.
- f) I am able to provide a cogent rationale for the methods I incorporate in my work with supervisees.
- g) I assist supervisees in identifying relevant and reasonable goals and reviewing and updating them throughout the supervisory relationship as appropriate.
- h) I support and collaborate with supervisees in the development of their philosophy of change, orientation, and approach to counselling.
- i) I engage with supervisees to determine an appropriate level of supervision (e.g., supervisees may need additional supervision when working with traumatized clients).
- j) I maintain adequate, appropriate, and accurate clinical supervision records, including agreements/contracts, session notes, and evaluative reports as applicable.
- k) I have an overview of the total case load of a supervisee, and I can recognize the potential for burnout.
- l) I consistently implement and meet appropriate standards for billing, documentation, and administrative protocols with the supervisee.



- m) I identify my availability for non-emergency consultation or supervision outside of scheduled supervision times and designate alternate supervisor(s) when I am not available.
- n) I ensure that any client protection issues are dealt with effectively and establish a protocol for responding to crisis situations (e.g., suicidal client) and review this with supervisees.
- o) When supervisees are unable to demonstrate adequate competence in counselling/therapy and after seeking consultation, I develop a remediation plan with the supervisee.

Domain 3: The Supervisory Relationship

- a) I value, create, and maintain a mutually respectful, collaborative relationship that promotes the supervisee's competence and supports their growth and development.
- b) I foster an invitational supervisory climate that welcomes questioning and discussion.
- c) I value and respect diversity in supervisees and establish a tone of cultural humility.
- d) I communicate flexibility and responsiveness with respect to individual differences in the clinical supervisory relationship (e.g., theoretical orientation and approach, interpersonal style, developmental level) as it aligns with ethical and legal responsibilities.
- e) I explore relational process issues with supervisees, such as transference, countertransference, and parallel process.
- f) I monitor and address role conflicts, power differentials, and/or relational ruptures.
- 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.

Domain 4: Evaluation, Assessment, and Reporting

- a) I engage in ongoing self-monitoring and self-evaluation and promote the same in supervisees.
- b) I model and promote critical reflection, analysis, and reasoning (e.g., I walk through my reasoning step-by-step with supervisees or I coach supervisees to analyze situations themselves).
- c) I demonstrate the ability to understand and critique work from the standpoint of the client, the counsellor, and the supervisor.
- d) I facilitate supervisees' exploration of the content of their counselling work, including client contexts and circumstances and client intra- and interpersonal issues.
- e) I engage supervisees in exploration of the process of their counselling work, including what they are thinking and feeling, and the rationale for the approaches and interventions they implement.
- f) In collaboration with supervisees, I periodically revisit the supervision agreement with the supervisee to assess the continued relevance and value of the supervision goals and revise as needed.



- g) I can work with different ways of evidencing the supervisee's practice through digital recordings, written and verbal reports, embodied and experiential approaches, and live observation etc.
- h) I assess performance and development in the following areas: theoretical foundations; ethical and professional practice; client conceptualization; choice of interventions to address client goals; diversity knowledge, skills and attitudes; and professionalism (e.g., the development of professional and professional behaviour).
- i) I formally and/or informally assess the learning needs and developmental level of the supervisee on an ongoing basis and adjust supervision and input consistent with the developmental needs of the supervisee (e.g., less specific feedback over time, promotion of autonomous thinking).
- j) I regularly offer ongoing/formative feedback based on identified supervisory goals and deliver direct, clear, timely, and behaviourally anchored feedback that acknowledges existing competencies while highlighting areas for further development.
- k) I ensure that the supervisee and I discuss any feedback that I provide and give the supervisee the time and opportunity for further development of knowledge and skill.
- l) I am aware of, and act on, potential sources of evaluation bias (e.g., seek supervision and/or consultation).
- m) I communicate any performance concerns (e.g., competency, impairment) in a timely manner consistent with due process (e.g., including reporting to a regulatory college or association) and respond with increased supervision and/or a remedial plan or other action.
- 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 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.

Domain 5: Ethical, Legal, and Regulatory Issues

- a) I stay current with ethical, legal, and regulatory issues relevant to the practices of counselling and clinical supervision.
- b) I accord primary importance to the welfare of clients and safety of the public.
- c) I model and underscore the importance of ethical commitment and accountability by making available and involving supervisees in reviewing and discussing the CCPA Code of Ethics and Standards of Practice (and any other professionally relevant codes and standards).
- d) I ensure that the supervisee and I are familiar with clinical supervision requirements for the supervisee's geographical, professional, and organizational context.
- 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 to counselling and clinical supervision.
- 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.

Domain 6: Working with Difference and Diversity

- a) I model sensitivity and responsiveness to individual differences that reciprocally shape the supervisory relationship, such as different worldviews, personal and professional beliefs and values, cultural factors, and developmental stage.
- b) I take responsibility for initiating discussions about our multiple identities/diversities and worldviews (attitudes, beliefs, values, biases) in the supervisory space and monitor supervisee growth in this area.
- c) I engage my supervisees in exploration and critical analysis of contextual and systemic factors and effects related to power and control, privilege, marginalization, and oppression on micro and macro levels.
- d) I foster the use of multicultural and social justice theories, identity development models, and research to supervisee's work with privileged and marginalized clients.
- e) I encourage supervisees to attend cultural competency workshops, to read relevant literature, and to seek opportunities to learn from individuals with different cultural backgrounds.



Domain 7: Professionalism of the Supervisor

- a) I conduct clinical supervision in a responsible and accountable manner (e.g., by being on time, informed, prepared, and focused).
- b) I model professionalism through my behaviour, communication, and interactions with others.
- c) I demonstrate and promote genuineness, authenticity, transparency, and inclusiveness in all communication.
- d) I communicate a well-developed sense of professional identity and foster the development of professional identity in supervisees.
- e) I hold and promote membership in professional associations and/or regulatory colleges and display certificates, degrees, and professional memberships.
- f) I engage in regular self-assessment using reflective tools and feedback from supervisees to evaluate progress and identify areas for further improvement.
- g) I recognize and respond to my own limits of experience and knowledge and explore the impact of self in the supervision relationship.
- 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.