Formal Assessment and Diagnosis Competency Bridging Program

Supervision Guide

Version 1

Effective : July 29, 2026

Yukon

Contents

What is clinical supervision?

Clinical supervision is a distinct professional activity within psychology. Yukon registrants should be guided by all relevant legislation, the Yukon Standards of Practice and the Canadian Code of Ethics for Psychologists while carrying out supervision-related activities.

Psychologists who are registered in the Yukon with formal assessment and diagnosis excluded from their scope of practice may participate in competency bridging to expand their scope. Psychologists wishing to bridge this competency must submit a Supervision Plan for approval to the Registrar of Psychologists. If their plan is approved, they will be required to complete 400 hours of supervised practice in formal assessment and diagnosis.

Such supervision services may only be provided by a psychologist who is registered in the Yukon and in good standing. The primary supervisor must reside in the Yukon however; secondary supervisors only need to be Yukon registrants and may reside in another Canadian jurisdiction. Supervision involves an ongoing professional relationship that has both facilitative and evaluative components with the goals of:

- enhancing professional competence;
- observing and monitoring the quality of psychological services provided; and
- ensuring that the supervisee meets the Standards of Practice, Standards for Supervision of Registered Provisional Psychologists, and the Canadian Code of Ethics for Psychologists.

Supervision of registered provisional psychologists occurs through:

- direct instruction;
- modeling;
- case reviews;
- observation of professional activities;

- giving feedback; and
- ongoing evaluation.

Supervision is a professional activity requiring a minimum competence through a combination of training, education, and experience.

Supervision has three main objectives:

1) Protect the well-being and safety of the client
2) Assist the supervisee in their learning and development as a professional
3) Evaluate the supervisee's competency to practice independently in formal assessment and diagnosis.

Direct supervision for formal assessment and diagnosis usually involves:

- case formulation;
- interpretation considerations;
- diagnosis and differential diagnosis considerations;
- assessment process;
- methods and procedures;
- treatment recommendations;

and handling communication of results either in written or verbal formats.

Protecting the well-being and safety of the client and public

A key objective of supervision is to ensure that recipients of psychological services are provided with care that meets or exceeds regulatory obligations of the profession with an emphasis on client safety and well-being. This objective requires supervisors and supervisees to have a working knowledge of the most recent version of the Standards of Practice and the Canadian Code of Ethics for Psychologists. Supervisors and

supervisees must have sufficient competence for any professional activities for which they choose to engage to ensure the well-being of clients.

Increasingly, effective supervision involves attending to issues of diversity (culture, race, ethnicity, gender, sexual orientation, newcomers) as they impact the provision of psychological services. This includes the dimensions of diversity that exist between clients and professionals, and those between supervisors and supervisees.

Supervisors and registered supervisees choose the most appropriate and available assessment instruments that are most likely to address the reason(s) for referral when offering formal psychological assessment services. Supervisors and supervisees should not introduce or recommend procedures (for example, the administration of additional tests or treatment protocols) that are exclusively driven by the learning needs of the supervisee. Supervisors and supervisees select and apply interventions that are necessary, effective, and supported by the current state of psychological knowledge. Supervision does not place the personal or financial goals or interests of supervisors above the learning needs of the supervisee or the requirements of the clients.

Learning

Another objective of supervision is to train and professionally develop the supervisee to help them to establish minimum levels of competence for independent practice in formal assessment and diagnosis. We encourage both supervisors and their supervisees to adopt an attitude of continual learning.

Supervisors simultaneously play the roles of teacher, mentor, and professional role models. Supervisors assist the supervisee to acquire:

- technical skills;
- knowledge base;
- diligence;

- awareness of standards and ethical codes;
- ethical decision making;
- self-awareness through reflective practice;
- and interpersonal effectiveness.

Supervisors help supervisees form their identity as a psychologist, including how to act professionally with clients, colleagues and team members.

Evaluation

Supervisors are required to evaluate of the supervisee's competence in formal assessment and diagnosis. Giving timely, regular, and effective feedback is a fundamental purpose of supervision. While evaluation and feedback should occur as regularly throughout the supervised period, supervisors also need to complete the evaluation form in a timely and accurate manner once the supervisee has completed the 400 supervised hours and submit it to the Registrar of Psychologists.

Supervisees are directly accountable to supervisors about the quality of care their clients receive . In this regard, supervision serves an important gatekeeping function for the profession, with evaluation to ensure competent practice to ensure the protection of the public.

While evaluation of clinical activities is the primary objective, supervision may also contain oversight of administrative components of a practice. Evaluation of administrative functions should be viewed as secondary to clinical evaluation and to client care needs.

Supervision for practice is not an activity driven by the demands of workload measurement systems, ensuring a minimum number of billable hours, or other forms of administrative accountability. Therefore, if a supervisor feels their supervisee cannot meet a workload quota or amount billable, it should not reflect negatively on a their clinical evaluation.

It is important to recognize that the supervisory role is not egalitarian. The supervisor has a fiduciary responsibility to evaluate, train and guide the supervisee in a manner that ensures competent and safe practice. In other words, supervision is by nature a hierarchical relationship where an inherent power differential exists between the supervisor and their supervisee. Thus, the primary responsibility for establishing and managing healthy interpersonal boundaries lies with the supervisor.

Tensions may exist at times between supervisors and supervisees in the face of evaluative feedback. Corrective feedback and identification of areas of growth or change is a necessary function of a supervisor. Such feedback is essential for the growth of the supervisee. It is important for supervisors to establish their evaluative role through a process of informed consent at the outset of the supervisory relationship.

The purpose of this is to help the supervisee to understand that their supervisor will evaluate their performance in an ongoing way and identify how constructive feedback will be part of supervision. Further, establishing and building trust and a working alliance between the supervisor and the supervisee can assist with the goal of developing and evaluating the supervisee's skills to provide safe and competent practice with clients in formal assessment and diagnosis.

Evaluative feedback that pertains to administration functions within a practice setting may occur as part of supervision. However, administrative feedback should not take precedence over client requirements or the learning needs of the supervisee. Supervisors must be mindful of what feedback is best provided in individual as opposed to group situations.

Supervision is distinct to consultation

Supervision is a distinct activity and that is different from consultation.

What is supervision?

Supervision implies an ongoing, evaluative, hierarchical relationship with an implicit or explicit contract specifying the goal and term of the relationship. In the supervisory relationship, the supervisor bears some responsibility to ensure that the supervisee is aware of and is urged to follow the Yukon Standards of Practice and ethical requirements of the profession. Supervisors need to be mindful of any advice they give to their supervisee and should be prepared to give instruction on such things as how client records are maintained, ensuring that competent services are provided by their supervisee, and co-signing all official reports and correspondence in relation to a professional service in the area of formal assessment and diagnosis.

What is consultation?

Consultation

- occurs between professionals of relatively equal status;
- is typically brief and more irregular in frequency;
- involves the exchange of a limited amount of information; and
- offers a offers advice or suggestions that are not binding to the subsequent professional actions that is not binding with respect to the subsequent professional behaviour of the other person.

Psychologists may consult other professionals on specific issues or when they require specialized knowledge. Both supervisors and psychologists who provide consultation services to supervisees should be aware that they are responsible for providing information that comes from best available psychological knowledge as informed by the literature, and to generally acceptable practices in the field.

Supervision is not required for other areas

Supervision of psychologists participating in bridging of the formal assessment and diagnosis competency is only required when the psychologist is practicing formal assessment and diagnosis.

The psychologist may continue their independent practice in psychology for all other areas as defined by their scope of practice.

Deciding to enter a supervisory relationship

Choosing primary and optional secondary supervisors

The Registrar of Psychologists will approve the appointment of a primary supervisor when they approve a supervisee's Supervision Plan.

After the Registrar approves the Supervision Plan, the supervisee must complete a minimum of 400 hours of supervised practice in formal assessment and diagnosis while under a combination of direct and indirect supervision. We recommend a ratio of 1 hour of direct supervision for every 15 hours of indirect supervision.

Supervisees must inform the Professional and Corporate Affairs branch (PCA) if they have any secondary supervisors. Any supervised hours obtained prior to obtaining your provisional certificate, cannot be counted toward your 400 hours.

The following section deals with the process of entering a supervisory relationship.

How to ensure a productive supervisory relationship

Prior to any psychologist taking on their role as an approved supervisor, we recommend considering the following steps:

1) Supervisors should evaluate whether they are a good fit for their supervisee. This might involve a preliminary meeting to evaluate the supervisee's knowledge and training in formal assessment and diagnosis.
2) Assess the supervisee's prior supervision experience and expectations for their supervisory period. Check to see if the supervisee's past experiences were inadequate, unsatisfactory, or harmful in either the supervisor's or supervisee's perspectives.
3) Establish informed consent for the period of supervision. Include all the essential elements that are required by Standards of Practice. Make sure to revisit these elements over the course of supervision.
4) Make sure a formal Supervision Plan has been approved by the Registrar before proceeding with the supervision.

Setting-specific considerations

In some cases, an employer may assign a supervisor to a psychologist.

This can present an advantage for supervisees in that they do not have to find their own supervisor(s). It can also be an advantage for supervisors who enjoy teaching and welcome the opportunity to guide a colleague. Having an employment-assigned supervisor can address issues like information sharing, file management and file ownership.

However, a supervisory relationship mandated by the employer can remove the element of choice for both parties. On occasion, this sort of supervision arrangement may result in friction if there hasn't been a careful process as described above. Therefore, we still advise supervisors assigned by employers to hold an initial meeting (when possible), preferably prior to accepting their role. When such a meeting is not possible, the establishment of a working supervisory relationship, including informed consent, should occur as early in the process as possible.

Supervisees may also achieve their required supervised hours in private practice settings.

This type of arrangement could be complicated when a supervisee is working in a setting where the supervisor is external to the setting. In such cases, there needs to be provisions made to ensure that the supervisor can have access to the site, access to the client records of the supervisee (in the supervised areas), and clear and open lines of communication with any employer or work authorities within that practice setting. This way, the supervisor can ensure they remain apprised of any issues that may arise in such settings and work proactively and responsively to ensure minor issues do not become major. While most enter a supervisory relationship expecting that things will proceed positively, it is important to recognize that such relationships are not always permanent and there should be some preparation should either a supervisor or supervisee decide to end a supervision arrangement. In such cases, the supervisor should outline what happens with client records, how client termination will be handled, how continuity of care transitions may occur, and how financial matters should be wrapped up.

Supervisees should only accept positions and professional service assignments for which their training has adequately prepared them to provide the services required by the setting. It is PCA's expectation that the supervisee should assess their readiness for any service with their supervisor(s). Likewise, supervisors can only supervise activities for which they have competence.

Supervisory considerations

Role of primary and secondary supervisors

Some supervisees will only have a single supervisor for their entire period of supervision. That supervisor serves as the primary supervisor responsible for all aspects of the process. A minimum of one primary supervisor must be established for any Supervision Plan. If the primary supervisor changes at any time, the new primary supervisor must be approved by the Registrar before the supervisee may begin counting any hours completed.

Some supervisees may establish multiple supervisors to guide their professional development in formal assessment and diagnosis. These supervisors may play either a primary role or a secondary role. It is the responsibility of the supervisee to inform all supervisors of each other as well as any changes including why a supervisor was terminated or added.

Secondary supervisors usually play a more specific supervision role compared to primary supervisors. At times, secondary supervisors may be assigned to play a backup role to the primary supervisor. In other cases, secondary supervisors may offer supervision supports for a specific subset of client work. For example, some secondary supervisors may be assigned for clinical work related to a specific technique, subset population, or worksite as noted in the above paragraph. Regardless of role, it is important for primary and secondary supervisors to remain in regular and frequent communication with one another in order to be clear about each other's assigned role(s) and the responsibility for specific clients and services. It is also recommended for all supervisors to hold a preliminary meeting with each other prior to taking on joint supervision responsibilities for a supervisee.

Supervision can be divided based on work in multiple settings. For example, a supervisee may have some work in an employment setting (for example, YG) and other work in a private setting. In that case, they should have a formal assessment and diagnosis supervisor established for any setting where they are practicing formal assessment and diagnosis.

Supervision log

Keep an ongoing record of supervision that details the types of activities in which the supervisee engaged in and any issues relevant to the supervisee's competence. This record must be signed and retained by the supervisee and the supervisor after every 15 hours of practice. A template supervision log is available through PCA.

The supervision record tracks of the accumulation of clinical hours. Make sure to track clinical hours until you have completed the minimum number of hours. The supervision record is also an important tool for arbitration of disputes about the number of supervision and practice hours. The supervision record also serves much the same function as a psychological record. The supervision record allows both the supervisor and the supervisee to keep track of which clients have been discussed, what has been advised, what methods of supervision were employed, what areas of strength and need were observed, and evidence of ethical decision making and review of standards and codes of ethics.

A supervision record might serve to help focus future supervision sessions. While the available template log is sufficient for such a record, there are many alternative resources for how to keep such a record. Best practices suggest that the supervision record should include, at a minimum:

- the date and length of time of each supervision meeting;
- information to permit the identification of each client discussed (e.g., initials or case number);

- a summary of discussions regarding formal assessment and diagnosis;
- a summary of discussions regarding any relevant standards, and ethical, professional and jurisprudence issues discussed at each supervision meeting;
- a notation of any directives provided to the supervisee at each supervision meeting;
- a notation of the supervisee's strengths and needs for further development identified at each supervision meeting;
- a log of the number of client hours completed from the last supervision to the present in formal assessment and diagnosis, signed by both supervisor and supervisee; and
- information on any client emergencies that arise including safety planning and ethical decision-making steps taken.

Choosing to become a supervisor

Supervisors who are considering supervising a psychologist developing their competency in formal assessment and diagnosis should ask themselves the following questions:

- Will you have the role of a primary or secondary supervisor?
- If there are other supervisors involved, have you spoken to them? Are you comfortable and willing to work collaboratively and cooperatively with other supervisors? Among the available supervisors, is there sufficient expertise to meet the supervisee's needs as outlined in their Supervision Plan? Are you clear about each other's roles and responsibilities in supervision?
- Does the supervisee have sufficient preparation and knowledge for the areas of practice you intend to supervise? If not, are you able to provide sufficient support to ensure safe practice in that area? Should the supervisee first complete independent study, coursework, workshops, or directed readings prior

to allowing supervised practice for formal assessment and diagnosis? Have you agreed upon any additional requirements?

- Do you have a sufficient flow of referrals and time to allow for development of the supervisee offer unsupervised and independent practice in the area of formal assessment and diagnosis?
- If you are considering providing supervision for the first time, it is recommended that you find another member of the profession who can mentor.
- What will be the remuneration arrangements for compensating the supervisee for their professional work and at what frequency? Is this compensation structure fair and reasonable for a professional to earn a living? Will the supervisee compensate you for your supervision time (if applicable) and in what form?
- Have you considered both how you or the supervisee may terminate the supervisory relationship? If so, have you determined who will maintain client records and how continuity of care obligations will be addressed?
- For supervisees who choose to continue working with a supervisor after completing the bridging requirements, is there an agreement for how you will moving from supervisor to colleague? What will change in terms of compensation and roles and responsibilities?
- Are you prepared to take on the significant role of gatekeeping and providing feedback necessary in the development of a psychologist's formal assessment and diagnosis competency?

Methods of supervision

There are many methods of supervision in the field of psychology. The majority a case consultation methodology. There are other methods of supervision, which are part of best practices in the supervision field. For individual supervision, these might include methods such as:

- Case formulation and discussion
- Direct observation with feedback (live, video, audio)
- Use and review of transcripts of service
- Routine outcome monitoring or continuous assessment to prioritize cases for review
- Interpersonal process recall
- Written feedback
- Reflective strategies (e.g., Socratic questioning, journal writing, reflecting teams, dilemma reflections, etc.)
- Creative approaches using models (e.g., sandtray, role-playing, use of art, and metaphor)
- Theoretical model application in supervision (i.e., use of a model of therapy to explore the supervisees understanding of their own affect, interpersonal growth and change, personal reflection, transference/countertransference analysis, etc.)
- Experiential methods such as role play, shifting roles, or modeling

While it may not be possible or advisable to attempt to use all the methods listed above, it is minimally expected that supervisors will engage in regular direct observations to ensure adequate observation and feedback on skill development. Ideally, supervisors will use an array of supervision methods and techniques over the course of time and with specific goals for helping the supervisee to develop competency in formal assessment and diagnosis. This means attention to skill development, knowledge development, exploration of attitudes, and diligence.

For more information on supervision methods, models, and skills, we recommend supervisors read widely in the field and stay up to date on primary texts on supervision. There are many good supervision primary texts in the field. Authors such as Bernard, J.M., Falender, C. A., Goodyear, RK., Milne D. L., & Shafranske, E.P., & Watson, and E.C. Junior have published primary texts on clinical supervision. We also

recommend specific coursework or programs on supervision, especially if there has been no formal training in graduate education.

Dealing with conflicts in supervision

Conflicts can occur between supervisors and supervisees. Conflicts may concern the way assessment or therapy is to proceed, the way supervision is delivered, worldviews, or interpersonal aspects of the supervisor-supervisee relationship. Unresolved conflicts in supervision may have implications for the process of supervision and can negatively affect client care. Although either the supervisor or supervisee may identify a conflict, because of the hierarchical nature of the relationship and the resulting power dynamics, the supervisee may feel reluctant to mention perceived problems or conflicts to their supervisor. This is especially the case when these problems involve personal aspects of the supervisor rather than service delivery issues. For this reason, it is important that the supervisor create an atmosphere in which the supervisee feels safe and comfortable to raise issues.

Supervisors who work to establish a positive, working, supervisory alliance are more likely to have supervisees who disclose important details in supervision. The personal qualities that make for a strong supervisory alliance parallel the qualities required of psychologists for a strong therapeutic working alliance. Displaying qualities such as empathy, genuineness, positive regard and respect promotes an atmosphere of trust and facilitates a collaborative supervision process.

Conflict is less likely when expectations about the nature of supervision and supervisee conduct are clearly established at the outset. The secondary supervisor (if applicable) may be consulted if there is conflict. To the extent possible, the proposed mediator should be someone who does not stand in a dual relationship with either the supervisor or supervisee.

It is important to recognize that a supervisor bears significant (though not sole) responsibility for the wellbeing and outcomes for clients served by supervisee. Supervisees must be open to corrective feedback and requests to consider supervisory direction or advice from their supervisor(s). When feedback is meant to be of a corrective nature or pertains to conduct matters that may represent a possible failure to meet a minimum standard or ethical code, a specific remediation plan should be established between the supervisor and supervisee. Such a plan should clearly establish goals and propose activities and plans to evaluate the effectiveness of any remediation.

Remedial actions may include, but are not limited to:

- Attempt to engage in problem-solving to address the crux of the issue, conflict, or problem.
- Consultation with a supervision consultant.
- Increased supervision.
- Shifting the focus of supervision.
- Modifying the format of the supervision (e.g., providing more direct observation).
- Temporary modification of the frequency or ratio of supervision to clinical hours.
- Reduction of client load.
- Academic or self-study assignments.
- Consideration of a different supervisor.
- A recommendation to address performance and/or personal issues through personal therapy.
- A leave of absence.

Procedure for addressing performance issues in formal assessment and diagnosis

When the supervisor is concerned about the performance of a supervisee, it is the responsibility of the supervisor to address the matter directly with the supervisee as soon as the concern arises and to arrive at a consensus on a remedial course of action.

Certain breaches of Standards of Practice, the Canadian Code of Ethics for Psychologists, or the Criminal Code of Canada while in the professional role of a supervisee may be cause for termination of the Supervision Plan and may require mandatory notification or a complaint to PCA.

Serious breaches of standards that do not have mandatory reporting requirements could also be reported to PCA as per standards 14.3 and 14.4. The Standards of Practice require the supervisor to take some action commensurate with the issue at hand, which may include a report to PCA. Supervisors must exercise their judgement and consider ethical decision-making steps prior to taking any such actions. It is recommended that supervisors make a note in the supervision record of any such decision-making or consultation when making a report to PCA.

Similarly, a supervisee may become aware of a supervisor's conduct which could represent a breach of the Standards of Practice, Canadian Code of Ethics for Psychologists, or the Criminal Code of Canada. Supervisees are reminded that they have the same professional obligations regarding mandatory reporting. Supervisees who have concerns about their supervisor's conduct may feel conflicted in bringing such to PCA's attention given the inherent power dynamics and the supervisor's authority to evaluate their practice. If a formal signed written complaint about supervisor's conduct is submitted to PCA, PCA will always act on this as required by the *Health Professions Act*.

It is important to note that PCA sometimes receives informal or verbal concern submissions about their supervisors. Generally, PCA requires a written complaint to act on such concerns. However, if there is sufficient evidence provided that could represent unprofessional conduct on the part of the supervisor, the Registrar has the authority to initiate a complaint themselves.

Termination of the supervision relationship

When a supervisory relationship ends, you need to take several steps to ensure a smooth transition and reduce any potential negative impact on clients. These include, but are not limited to:

- Supervisors must give their supervisee sufficient notice, when possible, if the supervisor is making the unilateral decision to terminate the supervisory relationship. This is because the supervisee will need time to obtain a new supervisor. Steps must be taken to ensure continuity of care of any clients. Clarify whose responsibility it is at the time of termination.
- Ensuring there is appropriate notice and continuity of care for any clients who must be transitioned to new services because of a supervision change.
- Ensuring there is clarity around the ownership and management of client records. Supervisors are advised to clarify at the outset of a supervisory or employment relationship the expectations for record storage, maintenance, management, review, and ownership including what will happen in the event either party terminates the relationship.
- Supervisees must provide notification to PCA of the end of a supervisory relationship as soon as reasonably possible. They need to amend the Supervision Plan to include the new supervisor(s) and professional activities and submit it to PCA for review and approval. After PCA approval is obtained, the outgoing primary supervisor will be required to complete a final evaluation.

- Final evaluations that indicate concerns will receive direction in resolving conflicts in recording of hours or other issues.
- Supervisors must complete final evaluations within 30 days of termination of supervision or completion of hours. The only exception is when PCA approval is being obtained for a new primary supervisor. In these cases, the final evaluation must be completed within 30 days after the new supervision is approved by PCA. Supervisors will be prompted by email thus they must take care to ensure their contact information is up to date with PCA and to ensure they monitor emails for PCA communications. Final evaluation links are time limited.
- If a supervisor is external to a place of employment, the supervisee must notify the employer of the change in supervision. This is particularly important when supervision is a condition of employment.
- Supervisors and/or supervisees can obtain guidance from supervision consultants and/or PCA registration staff regarding such transitions.

Evaluation upon completion of hours

Methods and requirements

Supervisors are expected to continuously evaluate the abilities and progress a supervisee makes throughout their professional development. Part of every supervision session should include some aspects of evaluation and feedback designed to help a registered provisional psychologist progress in their professional development.

Evaluation of a supervisee can be described as having three main phases.

1. **Self assessment.** The supervisor should complete a self-assessment.
2. **Preliminary evaluation.** The supervisor should complete a preliminary evaluation of a registered provisional psychologist's level of preparation, training, and readiness for various professional activities.

3. **Final evaluation.** This is completed once the 400 hours have been completed, or at the termination of supervision.

Preliminary evaluation is meant to establish the baseline for this zone of proximal development. Compile a Supervisor's Final Evaluation upon completion of the 400 hours. Copies of evaluations need to be retained by the supervisor and the supervisee and made available if they are requested by PCA. In the supervisor's final evaluation, the supervisor needs to determine the supervisee's readiness for independent practice in formal assessment and diagnosis.

A supervisee is not automatically considered ready for independent formal assessment and diagnosis after the completion of 400 hours of supervised practice. The supervisor may determine that additional hours of supervised practice are necessary prior to practicing independently in this area.

The supervisor's final evaluation is reviewed and approved by PCA. Supervisors must share their final evaluation and any supporting documents with the supervisee. To assist supervisors and supervisees in understanding what is meant by "ready for independent practice," the supervisor should refer to the section on assessment in the Mutual Recognition Agreement published by ACPRO.

Government of Yukon
Professional and Corporate Affairs
307 Black Street, Whitehorse, YT
(867) 667 5111
psychologists@yukon.ca