



Cumann Síceolaithe Éireann

The Psychological Society of Ireland

Supervision Guidelines

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The *Supervision Guidelines* should be read in conjunction with the Society's *Code of Professional Ethics*

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Equity and Diversity Statement

The Psychological Society of Ireland's (PSI) [*Code of Professional Ethics \(2019\)*](#) is based on the four ethical principles of respect for the rights and dignity of the person, competence, responsibility, and integrity.

The Psychological Society of Ireland expects members to deliver services fairly in response to individual needs, and to behave with respect and decency to all. Members of the PSI do not discriminate based on a person's age; ability or disability; family circumstance; gender; political opinion; race, nationality, ethnic or national origin; religion or belief; sexual orientation; socio-economic background; or other distinctions. Such forms of discrimination represent a waste of human resources and a denial of opportunity.

The PSI recognises that discrimination, harassment, and bullying do occur and expects members to challenge inappropriate behaviour and discriminatory practice either directly, or through working within cultures and systems to establish changes to practice.

1 Introduction

The Psychological Society of Ireland (PSI) is the learned and professional body for the profession of psychology in Ireland. The Society has grown significantly since its foundation in 1970. The primary aim for which the Society was established, as stated in the Society's Memorandum of Association, is to "advance psychology as an applied science in Ireland and elsewhere". To further this aim, the PSI strives to promote good psychological practice by setting and maintaining high standards of professional education, training, and conduct for the profession. Furthermore, the Society seeks to establish and monitor standards of ethical behaviour, competence, and practice within the profession. It was with these aims in mind that the guidelines for supervision presented in this document were developed.

The supervision guidelines presented provide standards of practice for psychologists who offer services to members of the public in any clinical/professional context; including but not limited to educational, clinical, counselling, health, behavioural, forensic, organisational, coaching, sport, and research settings. The term 'supervision' in these guidelines refers to clinical/professional supervision, i.e., relating to the observation and treatment of clients.

These supervision guidelines are underpinned by the understanding that attendance at supervision is a core professional activity and a "cornerstone of professional development" for psychologists throughout their careers (Bernard & Goodyear, 2019, p. 218). The PSI considers that the key purpose of supervision is the development and maintenance of high standards of psychological service provision for clients.

*Attendance at supervision is believed to promote such high standards by providing a forum for psychologists to continue to develop ethical awareness, competence, skills, understanding, self-awareness, resilience, and creativity in their work.
(e.g., Hawkins & McMahon, 2020; Inskipp & Proctor, 2001).*

There are separate guidelines developed by the Psychological Society of Ireland on requirements for supervision attendance during postgraduate professional psychology training (PSI [Accreditation Guidelines](#) are in place for the various professional training routes) and on required supervision attendance for Chartered Membership with the PSI ([Guidelines for Chartered Membership](#)) and these should be consulted where appropriate.

2 Definitions and Functions of Supervision

Within this document, the PSI endorses the following definition of supervision:

Supervision in these guidelines refers to *clinical/professional supervision*. The combined term 'clinical/professional' is used to reflect the fact that psychologists work in a variety of settings and for some psychology specialisms, the term *clinical supervision* will be more appropriate, but for others, the term *professional supervision* will fit better.

Supervision is a joint endeavour in which a practitioner with the help of a supervisor, attends to their clients, themselves as part of their client-practitioner relationships, and the wider systemic context, and by doing so improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice, and the wider profession.

(Hawkins & McMahon, 2020, p.60)

These guidelines would like to acknowledge that in some work contexts (e.g., public sector) psychologists will receive clinical/professional supervision from their line managers. Those psychologists who receive clinical/professional supervision from their line manager are encouraged to contract separately with their line managers for meetings which are relevant to "line management" from those which are relevant to "clinical/professional supervision". It is appreciated that there might be some overlapping considerations between such contracts e.g., where client safety is considered in the context of the organisation.

The aim of clinical/professional supervision is to provide a safe, boundaried, reflective and discursive meeting space for qualified psychologists to regularly review their practice, and to experience ongoing support for their work.

The meetings are confidential insofar as there are no competency or fitness to practice concerns and are held with the understanding that the supervisee is a qualified professional with responsibility for their own practice. But, if there are concerns about competency or fitness to practice in relation to either supervisee or supervisor, these should be dealt with according to procedures agreed in the supervisory contract (see Appendix B) and with reference to the PSI Code of Professional Ethics.

Clinical/professional supervision is understood to have two main and connected goals:

1. To support best practice for the welfare of clients.
2. To support the supervisee's continuing professional development by:
 - a. attending to their welfare and resilience in the work.
 - b. ensuring that the work conforms to certain standards.

Within this joint endeavour, supervision is understood to have three key functions (Proctor, 1988):

1. A normative, formative, restorative function, maintaining resilience and protecting against stress and burnout.
2. A quality assurance function, a fellow professional sharing the supervisee's exploration and review of ethical, professional, and anti-discriminatory practice in their work.
3. A developmental function, enabling professionals to continue to learn in complex fields of practice. This may involve learning from the supervisor's experience and knowledge but also involves facilitation by the supervisor of a reflective, generative space where new learning can occur, contributing to the continued growth of professional practice and understanding for both supervisee and supervisor as well as for the wider profession (e.g., Carroll, 2011; Hawkins & McMahon, 2020).

Supervisors may or may not be senior to their supervisees depending on need or culture.

3 Statement of Best Practice

As part of ethical, professional practice, it is highly recommended that all psychologists, at all stages of their career and in all work contexts, attend regular supervision of their own work. Attending supervision is regarded as a core professional activity to support the delivery of effective, ethical, and high-quality psychological services to clients and the public. While it is regarded as essential to attend supervision, for many psychologists, providing supervision may be a core part of their work. Additionally, psychologists may provide supervision for practitioners in other professions.

Given its importance, the PSI recommends those offering supervision to undertake training or education in the practice of supervision.

4 Supervisor Requirements

To facilitate productive supervision, the PSI recommends that supervisors be experienced and competent, and that they have acquired education in supervision. It is recommended that supervisors be Chartered Members of the PSI, or psychologists eligible for Chartered Membership. However, the PSI also recognises supervisors from related professional bodies, who practise according to a code of professional ethics.

The specific recommendations by the PSI for psychologists to practise as a supervisor are:

- A minimum of two years' **whole time equivalent** experience, either following post-graduate qualification in psychology or following professional qualification/accreditation in a discipline relevant to the supervisee's practice (e.g., psychotherapy, coaching).
- Have attended at least 20 hours of formal **education or training** in supervision following postgraduate qualification in psychology or following professional qualification/accreditation in a related discipline (as above) (if qualified from 2015 onwards). Those qualified before 2015 are exempt from this requirement if they have significant experience of supervising (defined as having offered at least 100 hours of supervision to professionals of any grade or discipline).
- A regular or consistent supervisee caseload.
- A commitment to work/supervise within one's area of clinical competence.
- Supervision of one's work including the opportunity to have one's own supervision supervised.
- A commitment to ethical practice including core profession and supervisor code of ethics (PSI, 2019).
- A knowledge of legal standards relevant to the work in which one is competent (e.g., children first reporting, General Data Protection Regulation (GDPR)).
- An awareness of, and commitment to, the issues relating to supervisory practice (i.e., some models of practice, reflective practice, relationship/relational focus, power dynamics, adult learning, contracting/documentation, ethical and legal issues, definitions and functions of supervision, supervision and organisational issues, diversity awareness, and self-care, etc.)
- A commitment to relevant professional development in proportion to the amount of supervision work done.

5 Standards of Supervisory Practice

5.1 Introduction

As in all their professional practice, both supervisors and supervisees are expected to work according to the four key ethical principles of respect, competence, responsibility, and integrity (see **Appendix A** for more detailed ethical guidelines for supervisory practice).

Supervisors should take particular care to maintain appropriate boundaries with supervisees and to contract separately for, where relevant, the effect of any dual relationships (e.g., line manager and clinical supervisor) and any power imbalances on the integrity of the supervisory relationship. Sexual relations between supervisor and supervisee are precluded.

The supervisory work is expected to occur within a relationship of mutual trust, integrity and respect for differing values and experiences. The relationship should be flexible, sensitive, and responsive to the supervisee's particular work context, responsibilities, and learning needs. The focus, content and process of supervision should be negotiated between supervisee and supervisor and should be reviewed and adjusted over time.

5.2 Modes of Supervision

Psychologists may choose or combine different types and formats of formal supervisory support for their work. They may attend supervision in a one-to-one or group setting, with an identified supervisor or in a peer context.

5.2.1 *One-to-one Supervision*

This may involve a psychologist attending a chosen supervisor or the supervisory role may be alternated between two peers. When two peers are alternating the supervisory role, each person is encouraged to have a minimum of one hour per month as supervisee.

5.2.2 *Group Supervision*

In a group context, there may be a designated supervisor, or the supervisory role may be shared amongst peers. It is recommended that groups be kept to a sufficient size and time-frame to allow for adequate individual learning as long as there is structure and group rules (Lewis et al., 2017).

5.3 Modality of Supervision

Supervision can be conducted in either an in-person or online setting. Supervisory meetings should be based on mutual trust and respect. Ad-hoc supervision should be provided, if possible, in cases of need.

In-person supervision should ensure suitable accommodation free of unnecessary distractions

and interruptions.

5.3.1 Online Supervision

The limited research base evaluating online supervision suggests that it is an acceptable alternative to in-person supervision (e.g., Bernhard & Camins, 2021; Grames et al., 2022; Jordan & Shearer, 2019; Tarlow et al., 2020).

Supervisors and supervisees should duly consider research that suggests that online formats *may*:

- Make emotional engagements more difficult (e.g., Kotera et al., 2021; Olwill et al., 2021).
- Result in the loss of information through the absence of visual cues and thus inhibited important communication cues (Cataldo et al., 2021).
- Make maintaining boundaries and confidentiality more difficult (e.g., Békés et al., 2021; Reilly et al., 2022).
- Require increased attention and concentration, and result in increased feelings of exhaustion/fatigue (Cantone et al., 2021).
- Result in difficulty managing high risk dysregulated individuals (Feijt et al., 2020).
- Be troubled by technical problems leading to session interruptions (Scharff et al., 2021).

Supervisors must be mindful of their own confidence and competence in using online formats, as failing to do so has been suggested to significantly impact both the efficacy and engagement rate (Aafjes-van Doorn et al., 2021). It is recommended that supervisors and supervisees should take the time to familiarise themselves with the functions of the various platforms used for online work and access information or tutorials to support themselves with technology problems that may arise (Buckman et al., 2021; Maher et al., 2023). Moreover, consideration should be given to communication styles, home environments, comfort and concerns with technology of any specific difficulties they may have that might influence the choice of medium (Maher et al., 2023).

The Psychological Society of Ireland (PSI) has released separate [Guidelines on Use of Online or Telephone Therapy & Assessment \(2020\)](#).

5.3.2 Telephone Supervision

Most research into the use of teletherapy focused on the assumption that telephone communication lacks the “full bandwidth” of verbal and visual communication provided in face-to-face contact, which can be categorised as either data lost or data distorted (Irvine et al., 2013). Psychologists tend to report finding telephone consultation more difficult in forming an atmosphere of openness and prefer online to telephone therapy. (Olwill et al., 2021). However, others argue that the absence of social cues, enhance and encourage auditory cues offering alternative opportunity for online relationship

development and maintenance and when enough time for communication exchange is given self-disclosure and relationship development can occur, like face-to-face contact (Feijt et al., 2020; Whitty & Gavin, 2001). The systematic review from Irvine et al. (2020) found no evidence that the telephone-mode of communication demonstrated differences in a range of interactional features including therapeutic alliance, self-disclosure, empathy, or client involvement to traditional face-to-face psychotherapy (See **Appendix F** for Good practice considerations when conducting online supervision session).

5.4 Frequency of Supervision

It is highly recommended that supervision be attended on a consistent, regular basis (e.g., Jarrett & Barlow, 2014; Simpson-Southward et al., 2017). Its frequency and duration should be of a standard that allows "*sufficient*", "*salient*" and/or "*prioritized*" aspects of the psychologist's work to be discussed and that enables the development and maintenance of a productive supervisory relationship. Any and all aspects of the supervisee's work can be included in such a prioritised list of topics.

Various factors will determine the appropriate frequency of supervisory meetings, the most important considerations being the size and complexity of the supervisee's workload and the level of experience of the supervisee – both general level of experience and experience in the supervisee's current area of professional practice.

Whilst there is minimal evidence on the ideal length and frequency of supervision (Rothwell et al., 2019), a minimum recommended standard of attendance at supervision for all psychologists is one hour per month (e.g., Dilworth et al., 2013; Saxby et al., 2015). More frequent attendance is suggested for psychologists in the following circumstances:

- When working with large or complex workloads.
- When working in an area where they have limited experience.
- For early career psychologists (in this case, more frequent attendance at supervision is required in line with requirements for PSI Chartership [as specified in the Guidelines for PSI Chartered Membership]).
- In the case of specific challenges (e.g., safe-guarding issues, legal issues, involvement in complaints processes, unusual client requests, unusual/intense responses to clients, situations that evoke shame (McWilliams, 2021)).

Thus, while a minimum of one hour of formal supervision a month is recommended, it is suggested that the frequency and duration of supervision will be needs-led and contracted for on a case-by-case basis.

5.5 Models of Supervision

There are various approaches to supervision in the literature. Supervision is a collaborative process, and both the preferences and needs of the supervisor and supervisee must be considered. Also, considering combining different models of supervision could be beneficial.

5.5.1 *Developmental Models*

The aim is the supervisee development across different stages, from novice to becoming an expert. Each stage would have specific skills and characteristics. For supervisors utilising this approach, these models can offer a helping guide to understanding and intervening with the supervisee's core questions and concerns in relation to a particular presenting issue at a particular point in time. Such models should not be used to categorise the entire presentation of a supervisee in relation to all their work (e.g., Littrell et al., 1976; Rønnestad & Skovholt, 2003; Stoltenberg & Delworth, 1987).

5.5.2 *Competency Models*

The competency-based supervision is an evidence-based meta-theoretical approach with systematic attention given to the most important competencies related to clinical practice. It is a collaborative process of identifying components of each clinical competency and establishing specific strategies for developing these areas (e.g., Falender & Shafranske, 2007; Gonsalvez & Calvert, 2014; Jurgens et al., 2022).

5.5.3 *Training Models*

This model may apply to specialist supervision on training approaches such as cognitive behavioural therapy, schema therapy, cognitive analytic therapy, Eye movement desensitization and reprocessing (EMDR), and family therapy. Or specialist supervision is provided in relation to a particular population or assessment work (e.g., neurodiverse populations, working with transgender people). The aim is to ensure that the supervisee is considered to have grasped the approach or specific area. This is one context in which those supervising others may not always be in a senior position to their supervisees but may have more expertise in a given area.

5.5.4 *Relational Models*

Employing psychoanalytic concepts in relationally oriented supervision has been applied across clinical disciplines (Kennedy, Keaney, Shaldon & Canagaratnam, 2018). The goal is to foster a deeper understanding of both the supervisee and overall clinical relationships (Sarnat, 2016).

5.5.5 *Process Models*

These models have multiple dimensions and utilise a layered approach, often cross-referencing supervisee factors with supervisor factors, environmental and client factors, case conceptualisation, interventions, and supervisees' own emotional process among other factors (i.e., Holloway, 1985; Hawkins & McMahon, 2020).

5.6 Roles and Responsibilities

A regular, formal, and explicit arrangement should be mutually negotiated by the supervisor and supervisee, defining roles and responsibilities for both, as well as limits of confidentiality. To this effect, a written contract should be drawn up and agreed, including what steps will be taken if there is any concern about the competency or fitness to practise of either supervisor or supervisee (two examples of written contracts are included in **Appendix B**).

A table of potential roles, tasks and responsibilities for supervisors is given in **Appendix C** – this table can be drawn from as fits the context and needs of each supervisory relationship. The written contract and the supervisory work and relationship should be regularly reviewed, at least on an annual basis (guidance for a review meeting is given in **Appendix D**).

5.7 Recording Keeping

The minimum standard for the recording of supervision sessions is as follows:

- Copies of all supervisory contracts and updates should be kept by both supervisor and supervisee.
- The date and duration of each session should be recorded by both.
- A record of each session should be kept by both supervisor and supervisee, including at least minimal notes on the content of supervision, decisions reached and outcomes/decisions. Records of sessions should be kept according to local or agreed policy. In public service this may mean formal ownership of the records by the organisation, with copies, marked as such, offered to supervisees, which are to be returned at the end of employment. Within private supervisory arrangements, the supervisor and supervisee may agree that both parties keep notes of sessions. Formal records of sessions differ from personal learning logs/records, which may be kept by the supervisee without the inclusion of details which identify clients. Any records must accord with local data protection responsibilities and with responsibilities under GDPR.
- A possible template for recording a supervision session is given in **Appendix E**.

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Appendix A: Ethical Guidelines for Supervisory Practice

Supervisory practice should be based on ethical reflection and decision making, demonstrating congruence with the values and principles inherent in the Society's Code of Professional Ethics. The four main ethical principles of respect, competence, responsibility, and integrity are applied here to the practice of clinical/professional supervision (adapted from the 2006 British Psychological Society (BPS) Counselling Psychology Division's Code of Ethics and Conduct for Supervision).

1. Respect

1.1 General Respect

Supervision should value all forms of difference and be anti-oppressive and non-exploitative in nature. It should model respect for different theoretical and professional approaches and experience, as well as work undertaken in different contexts. It should consider the multiplicity of relationships that affect the supervisory relationship and actively manage the different values that each person brings to the supervisory process. Supervisors must respect the dignity of the supervisee and their clients and not allow their service to supervisees to be diminished by factors such as gender, sexual orientation, disability, religion, race, ethnicity, age, national origin, party politics, social standing, or class. Supervisors are responsible for providing a safe and secure environment, whether in-person or online for the provision of supervision. In the case of online work, the supervisor should ensure that the supervisee is also working from a safe and secure/confidential space.

1.2 Privacy and Confidentiality

Supervision is a confidential process, with normal professional caveats regarding safety to self and others. The boundaries of confidentiality between supervisor, supervisee, clients, and any other stakeholders (e.g., employers, family members) should be negotiated at the outset of the supervisory relationship to enhance trust and facilitate open, transparent debate and learning. Exceptional circumstances which require the disclosure of confidential information to others should be discussed with the supervisee whenever possible. The process of disclosing confidential information should be managed on a need-to-know basis, respecting the interests of all parties and any potential legal requirements.

The purpose for which records of supervision are kept and the limits of their confidentiality should be made clear to all parties. All records are subject to the relevant data protection legislation and, therefore, may be accessed in accordance with the provisions of that legislation.

Supervisors should respect the right of the supervisee to reasonable personal privacy acknowledging the difference between supervision and other forms of psychological work, e.g., therapy.

1.3 Informed Consent

All clients need to know that supervision is a professional practice recommendation for all psychologists. However, client confidentiality should be respected, client material treated with sensitivity, and only information necessary for the task of supervision should be brought into the supervision. Where there are conflicts of interest because of other personal or professional connections, supervision with an alternative supervisor should be arranged.

1.4 Self-Determination

Supervisors are expected to value the knowledge and experience of their supervisees and their right to determine how they will work with a client, within the boundaries of professional, ethical, and legal practice. Where there is disagreement about the supervisee's work, both supervisor and supervisee should consult the PSI Code of Professional Ethics and its recommended procedure for ethical decision-making. When disagreement is continual and unresolved, both supervisor and supervisee should seek the opinion of a suitably qualified third person.

2. Competence

2.1 Awareness of Professional Ethics

All psychologists are bound by the current PSI Code of Professional Ethics and should make it explicit to supervisees that they abide by those ethics. Where either supervisor or supervisee is subject to other professional codes, these should be made explicit and considered in the supervisory relationship and in the management of work. Supervisors should make it clear to supervisees that their job lies within facilitating reflection of their work, but that ultimate clinical responsibility lies with the supervisee outside of a training setting.

2.2 Ethical Decision Making

The welfare of the supervisee's clients is paramount. The Society's Code of Professional Ethics requires that all psychologists be able to think through, explain and justify their decisions. Reflecting on and discussing the ethical grounds for decisions about practice are major functions of supervision. Reflecting on and discussing the ethical grounds for decisions about practice is part of the managerial/accountability function of supervision. Good supervision also recognises the involvement of and relationship to other stakeholders (e.g., family members, employers, and the public) and recognises their responsibilities (e.g., social, medical, or legal care) as relevant.

2.3 Recognising Limits of Competence

All supervisors, regardless of their experience, should be conscious of the developmental level of competence and the risks these may invite and should access regular clinical supervision for their supervisory work as part of the ongoing monitoring, maintaining, and extending of their competence.

As supervision is a form of experiential learning, it is recognised that sometimes supervisees will have to work at the developmental edge of their competence, and they will need informed support and guidance from their supervisors. Supervisors should also recognise their own limits in offering specialist support and, when necessary, should refer the supervisee to other, more appropriate sources of help. The supervisor may find themselves in the position of either considering therapy for themselves or suggesting this to their supervisees where they feel either party may be compromised in working effectively.

2.4 Recognising Impairment

All those involved in the supervisory relationship should seek consultation when circumstances negatively impact their competence, even for short periods of time. When necessary, and with respect to the disruption to the working relationships involved, the best course may be to suspend work for a period and transfer responsibility to others as appropriate.

3. Responsibility

3.1 General Responsibility

The primary responsibility of supervision is to ensure best practice in the interest of clients. Lines of responsibility should be clearly defined and negotiated regarding different levels and domains of experience. As part of ethical practice, all those in the supervisory group should be aware of what they are responsible for and to whom they are accountable.

Supervisors should be aware that, under GDPR, clients are the legal owners of their own information, and that psychologists, and supervisors, must provide clarification (e.g., names) of where their information is going should they seek such clarity.

3.2 Resolving Dilemmas

It is essential that psychologists consult with their supervisors when a conflict of interest, a question of ethical priority, or a legal issue arises in their work (e.g., Child protection; GDPR); the Society's Code of Professional Ethics should also be consulted in these circumstances. Such consultations and the decisions reached should be clearly documented by both supervisor and supervisee. Supervisors who are contractually paid by an organisation to supervise employees hold a conflict between a supervisee and the organisation and are required to make such conflicts known to the supervisee and clarify their responsibilities to both parties. In an emergency, *client welfare takes priority*.

3.3 Termination and Continuity of Care

The termination of a supervisory contract by either supervisor or supervisee should be undertaken with respect for the supervisory relationship and the ongoing care of all clients.

4. Integrity

4.1 Honesty and Accuracy

Supervisors should be open and honest about their qualifications and level of competence as supervisors and the services they offer. Supervisees are expected to be similarly open and honest about their qualifications, the circumstances and methods of their work and their requirements for supervision. Supervisors are responsible for providing the conditions necessary for the development of an environment of openness, trust, and respect for professional vulnerability. Supervisees are responsible for presenting their work with transparency and with openness to the supervisor's reflections and feedback. Both supervisor and supervisee share responsibility for being aware of, and negotiating with respect and openness, any area of difference between them in order to further their own understanding, learning and development. The requirements of other stakeholders (such as employers) and their relationship to supervision should be made explicit. There should be an opportunity for the provision of periodic and bidirectional feedback. Contracts should be reviewed periodically or where relevant.

4.2 Avoiding Exploitation and Conflicts of Interest

Both supervisor and supervisee should be aware of, recognise and contract for differences in power in their relationship and in their working context to protect against any form of exploitation or misuse of power. The supervisory relationship may intersect with other professional and personal boundaries. Such interconnections need to be made explicit and held in awareness as they have ethical implications for managing confidentiality and the dynamics of the supervisory relationship.

4.3 Maintaining Personal Boundaries

Personal relationships between supervisor and supervisee affect the integrity of the supervisory relationship and should be carefully monitored. The satisfactions of the supervisor must not depend upon exploitation of the supervisee (i.e., financial, emotional). Sexual relations between supervisor and supervisee are precluded.

4.4 Addressing Ethical Misconduct

Both supervisor and supervisee are responsible for addressing the potential for ethical mistakes in the practice of supervision and for seeking external professional support in redressing any errors of judgement or practice made by either party as quickly as possible.

Appendix B: Examples of Supervision Contracts

Contract for Individual Supervision

This contract is agreed to by the signatories below from _____(date) until its review/ending on _____(date)

We both understand and agree that:

- All supervision arrangements are based on trust and the professional integrity of both supervisor and supervisee.
- Both supervisor and supervisee practise legally, ethically and abide by a code of professional ethics (e.g., the PSI Code of Professional Ethics).
- Both supervisor and supervisee will be open about their qualifications, experience, competence, and limits to their competence.
- Supervision is needs-led and has the overarching goal of facilitating the best possible service to clients through the continuing professional development of the supervisee.
- The agendas and goals of supervision, the expected means of preparation for meetings, and ways of engagement during meetings will be jointly developed by supervisor and supervisee.
- There will be formal, scheduled, and protected time for supervision meetings, with both parties being prepared and on time for meetings.
- Both supervisor and supervisee will work to create safety and openness in the supervisory relationship and will be receptive to two-way feedback.
- Supervision is not therapy – while personal process and experiences relevant to client work may be discussed and explored, this will only occur as agreed by supervisor and supervisee.
- At any time either supervisor or supervisee can initiate a review or renegotiation of the contract.
- Arrangements will be discussed and agreed to cover:
 - Timing, duration, frequency, and location of supervisory meetings.
 - Procedure for cancellation and rescheduling of meetings.
 - Emergency contact procedures.
 - Recording of supervision, the purposes for which supervisory records may be used and the storage of supervisory records.
 - Monitoring of boundaries and of the impact of any dual roles in the supervisory relationship.
 - Confidentiality and limits to the same, including procedures for reporting or feedback to any third parties.
 - Financial arrangements (if relevant).
 - Professional insurance requirements (if relevant).
 - Frequency of reviews of the supervisory work and relationship.
 - What will be done if there are difficulties working together, if there is a professional or ethical breach in the supervisory relationship, or if either supervisor or supervisee has a concern about the other's competence or fitness to practice.

In addition to the above:

As Supervisor, I agree to:

- Aim to provide a safe, productive, and generative space for the supervisee to reflect on and learn from their practice.
- Help support and review ethical practice as part of the supervisee's ongoing professional growth.
- Share relevant resources and knowledge with the supervisee and, when appropriate, teach/model skills or offer opportunities for skills rehearsal (e.g., role play).
- Be willing to refer on to other supervisors or resources when issues arise that are outside my experience or competence.
- Provide the supervisee with honest and constructive feedback about their work, when appropriate.
- Seek, and be open to, receiving feedback about my supervisory work and the supervisory relationship from the supervisee.
- Provide accurate records of supervisee attendance and reports of supervisee capability as needed (e.g., as required by employers, the PSI or other professional bodies), reviewing any evaluations or written reports regarding the supervisee in person with them.
- Communicate any concerns or difficulties regarding the supervisee's practice or our relationship directly with them, with respect for due process.

As Supervisee, I agree to:

- Be responsible for reflecting on, monitoring, and evaluating my work between supervision meetings.
- Strive to be self-aware, to identify my learning needs, and to use supervision time effectively.
- Present my work openly and honestly, with a willingness to share successes, mistakes, and uncertainties.
- Ask for guidance when needed and be open to constructive feedback.
- Apply learning from my supervision to my work.
- Keep notes of supervisory sessions as agreed.
- Provide the supervisor with honest feedback about supervision and the supervisory process.
- Communicate any concerns or difficulties regarding the supervisor's practice or our relationship directly with him/her, with respect for due process.

Signed: _____(Supervisor) Date: _____

Signed: _____(Supervisee) Date: _____

Contract for Group Supervision

This contract is agreed to by the signatories below from _____(date) until its review/ending on _____(date)

All group members, supervisor, and supervisees, understand and agree that:

- All supervision arrangements are based on trust and the professional integrity of all group members.
- All group members practise legally, ethically and abide by a code of professional ethics (e.g., the PSI Code of Professional Ethics).
- All group members will be open about their qualifications, experience, competence, and limits to their competence.
- Supervision is needs-led and has the overarching goal of facilitating the best possible service to clients through the continuing professional development of the supervisees.
- The agendas and goals of supervision, the expected means of preparation for meetings, ways of engagement during meetings and the general format of the supervision group (e.g., a cooperative or supervisor-led group) will be jointly developed by supervisor and supervisees.
- There will be formal, scheduled, and protected time for supervision meetings, with all parties being prepared and on time for meetings, or giving due notice if a meeting cannot be attended.
- All group members, including supervisor and supervisees, will work to create safety and openness in the supervisory group and will be receptive to both giving and receiving feedback.
- Supervision is not therapy – while personal process and experiences relevant to client work may be discussed and explored, this will only occur as agreed by group members.
- At any time, the supervisor or any supervisee can initiate a review or renegotiation of the contract.
- Arrangements will be discussed and agreed to cover:
 - Timing, duration, frequency, and location of meetings.
 - Procedure for advising regarding non-attendance and for cancellation and rescheduling of meetings.
 - Size of group membership, including minimum and maximum numbers, and the minimum number needed to run a scheduled meeting.
 - Procedures for leaving the group or for bringing in a new group member.
 - Emergency contact procedures
 - Recording of supervision meetings, the purposes for which supervisory records may be used and the storage of supervisory records.
 - Monitoring of boundaries and of the impact of any dual roles between group members.
 - Confidentiality and limits to the same, including procedures for reporting or feedback to any third parties.
 - Financial arrangements (if relevant).
 - Professional insurance requirements (if relevant).

- Frequency of reviews of the supervisory work and relationships.
- What will be done if there are difficulties working together, if there is a professional or ethical breach by any group member or between group members, or if any group member has a concern about another group member's competence or fitness to practise?

In addition to the above:

As Supervisor, I agree to:

- Aim to provide a safe, productive, and generative space for supervisees to reflect on and learn from their practice.
- Help support and review ethical practice as part of the supervisees' ongoing professional growth.
- Share relevant resources and knowledge with the supervisees and, when appropriate, teach/model skills or offer opportunities for skills rehearsal (e.g., role play).
- Be willing to refer on to other supervisors or resources when issues arise that are outside my experience or competence.
- Provide the supervisees with honest and constructive feedback about their work, when appropriate, and encourage/facilitate other group members to offer support, feedback, and challenge in relation to each other's work.
- To monitor the fair distribution of working time amongst supervisees in the group.
- Seek, and be open to, receiving feedback about my supervisory work and my relationships with supervisees.
- Provide accurate records of any one supervisee's attendance and reports of a supervisee's capability as needed (e.g., as required by employers, the PSI, or other professional bodies), reviewing any evaluations or written reports regarding the supervisee in person with them.
- Communicate any concerns or difficulties regarding any supervisee's practice or our relationship directly with them, with respect for due process.

As Supervisee, I agree to:

- Be responsible for reflecting on, monitoring, and evaluating my work between supervision meetings.
- Strive to be self-aware, to identify my learning needs, and to use group supervision time effectively and fairly, with consideration for other supervisees' needs.
- Present my work openly and honestly, with a willingness to share successes, mistakes, and uncertainties.
- Ask for guidance when needed and be open to constructive feedback from the supervisor and other group members.
- Apply learning from my supervision to my work.
- Keep notes of supervisory sessions as agreed.
- To have good group manners, that is, to engage with other group members respectfully, honestly, and fairly, and to not gossip about other group members outside of group.

- To offer support, feedback and respectful challenge when engaging with other supervisees' work so that most value can be gained from the supervision group.
- Provide the supervisor and other group members with honest feedback about the supervision group and process.
- Communicate any concerns or difficulties regarding the supervisor's practice or another supervisee's practice, or about my relationship with the supervisor or another supervisee directly with him/her, with respect for due process.

Signed: _____(Supervisor) Date: _____

Signed: _____(Supervisee) Date: _____

Signed: _____(Supervisee) Date: _____

Signed: _____(Supervisee) Date: _____

Signed: _____(Supervisee) Date: _____

Appendix C: Table of Potential Tasks, Roles, and Responsibilities of Supervisors

Following is a table listing potential tasks, roles, and responsibilities of supervisors. No one supervisory relationship will require the supervisor to work according to all the listed elements – it is suggested that the list can be drawn from as fits the context and needs of each supervisory relationship.

Tasks		
To be available and provide a psychologically safe environment to foster reflective dialogue	To review, or in some cases monitor, professional practice, including ethical issues, clinical efficacy, client safety, administration, etc.	To identify strengths and challenges in all aspects of work and across competencies
To manage	To teach	To evaluate
To support	To counsel	To facilitate learning and development
To contract	To consult	To collaborate
Roles		
Facilitator	Reviewer	Evaluator
Organiser	Gate-keeper	Teacher
Mentor	Consultant	Supporter
Challenger	Sounding board	Adviser
Recorder and documenter	Empowerment provider	Collaborator
Responsibilities		
Clinical governance and duty of care	Ethical, professional practice	Legal responsibilities and accountability
To clients, self, supervisee, employer	Collaborative case management, time management and following up on professional issues arising	Being competent, fit to practice and knowledgeable regarding supervisee's work
Being psychologically present and facilitating processing and reflexivity	Provision of feedback and opportunity for professional learning and development	Monitoring of personal and professional boundaries.

Appendix D: Guidance for a Formal Supervision Review Meeting

While informal reviews and feedback may happen at any time, it is recommended that formal reviews of the supervisory work are held on a regular basis, at least annually. Formal reviews should be scheduled, both supervisor and supervisee having time in advance to reflect and prepare for both giving and receiving feedback. Feedback is most helpful when it is open, direct, relevant, descriptive, specific, checked with the other for understanding, and two-sided (recognising the part that both play in the working relationship).

As part of the review, it is recommended that both reflect and give feedback on the following:

- The supervisee (e.g., how does the supervisee bring their work into supervision, respond to feedback, reflect on work? etc.).
- The supervisor (e.g., how does the supervisor give feedback, offer guidance, facilitate learning or space for reflection? etc.).
- The practical supervisory arrangements (e.g., have meetings happened as scheduled, without interruptions? etc.).
- The general format and focus of the supervisory work (e.g., have all aspects of the supervisee's work been attended to in supervision, has the supervision offered more teaching/guidance or more reflective space? etc.).
- The supervisory relationship (e.g., is there trust and openness in the supervisory relationship, what areas still need development? etc.).

Some questions both supervisor and supervisee may find useful are:

- What do I value about this supervision/supervisory relationship?
- What do I find difficult, challenging, or disappointing about this supervision/supervisory relationship?
- How would I describe the usual dynamic in our supervision sessions (e.g., challenging, respectful, empathic, supportive, critical, constructive, cautious, brave, etc.)?
- For continued learning and development in supervision, what would I like to stay the same and what would I like to change (e.g., how I bring my work into supervision, how I engage in the supervisory relationship, how I offer feedback and guidance, etc.)?

Alternatively, the following questions may be helpful in reviewing supervision:

- What did we set out to do?
- What went well?
- What didn't go well?
- What have we learned?
- What might we do differently?
- Is there anything we should change?

Appendix E: Suggested Template for Recording a Supervision Meeting

Supervision Record Form

Supervisor: _____

Supervisee: _____

Date: _____ Duration: _____

Review of previous meeting, if relevant:

Brief description of work/issues discussed during the meeting:

Outcomes / Decisions and any actions, if relevant:

Signed: Supervisor _____

Supervisee _____

Date/time of next supervision meeting:

Appendix F: Good Practice Considerations for Conducting Online Supervision Sessions

- Consider current competence/confidence in medium and seek out training prior to supervision.
- Communicate between supervisor and supervisee to determine whether online supervision session is appropriate for them.
- Consider whether the supervisor and supervisee can effectively participate?
- Do both supervisor and supervisee have technology resources for online supervision, e.g., webcam, smartphone, laptop?
- Consider the supervisor and supervisee comfort in using technology – can they login and effectively use the technology?
- Do both supervisor and supervisee have physical space for private online sessions?

Technology

- Do both supervisor and supervisee have adequate internet connectivity for audio or video-conferencing?
- Did the supervisor discuss with the supervisee how to login and use the technology?
- Are both supervisor and supervisee using a password-protected, secure internet connection, not public or unsecured Wi-Fi? (If not, it increases the risk of being hacked).
- Do both supervisor and supervisee check that their anti-virus/malware is up to date to prevent being hacked?

Room Set-Up

- Is the location private? Is it reasonably quiet?
- Make sure the room is well lit, e.g., a window in front of you might cast a shadow or create low visibility.
- To improve eye contact, position your camera (if applicable) so that it's easy to look at the camera and the supervisee on screen.
- Consider removing personal items or distractions in the background.
- Check the picture (if applicable) and audio quality. Can you see and hear each other? Make sure nobody is muted.
- As much as possible, both people should maintain good eye contact and speak clearly.

Pre-session

- Discuss the potential risks/benefits of tele-health sessions with the supervisee(s).
- Get informed consent from the supervisee(s). Informed consent can be signed electronically or given verbally and documented.
- Do you have a back-up plan in case of technical difficulties?

Beginning of Virtual Session

- Verify the supervisee's identity, if needed.
- Confirm the supervisee's location and phone number where the person can be reached.

- Review the importance of privacy at your location and supervisee's location.
- All individuals present for the virtual visit must be within view of the camera (if applicable) so that the supervisor is aware of who is participating.
- Confirm that nobody will record the session without permission.
- Turn off all apps and notifications on your computer or smartphone. Ask the supervisee to do the same.
- Conduct the session mostly like you would an in-person session. Be yourself.