

## Ethical guidelines on supervision

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## 1. Introduction

- 1.1. These *Guidelines* are relevant to the supervision arrangements that *psychologists* undertake in order to maintain and develop their professional competence. Although relevant to all *psychologists*, these *Guidelines* have been developed with a particular focus on the ethical issues pertaining to the supervision of provisionally registered psychologists because the quality, consistency and structure of supervision directly impacts on the development of their professional competencies. *Psychologists* who are meeting registrar or peer consultation requirements can apply these *Guidelines* to those contexts.
- 1.2. These *Guidelines* have been developed with reference to the APS *Code of Ethics* (2007) and Psychology Board of Australia (PsyBA) supervision guidelines. They highlight the main ethical standards that supervisors and supervisees consider regarding their respective roles and professional boundaries as part of the supervisory relationship: informed consent, confidentiality, competence, non-exploitation and record keeping.
- 1.3. Supervision generally serves two broad and at times competing functions or purposes – development and assessment of a supervisee. Development functions include mentoring, support, guidance, and teaching. Assessment functions include appraisal, evaluation, feedback and ‘gate-keeping’. The requirements of these two broad functions can be potential sources of professional, ethical and legal challenges to *psychologists* and the profession of psychology in general (Bernard & Goodyear, 2014; Falender & Shafranske, 2017).
- 1.4. *Psychologists* who provide supervision are likely at some stage to find themselves serving dual or competing roles. Such situations could include being a PsyBA approved supervisor of a provisionally registered psychologist and a line manager of the same person. *Psychologists* who provide supervision maintain awareness of the complexity of ethical and professional challenges that competing roles can present and take steps to clarify and resolve them.
- 1.5. The definition of supervision is determined by the purpose it serves, the participants involved, and the context or place in which it occurs. Often, supervision is considered a *psychological service* provided by a more senior member of a profession to a more junior member or members of that same profession that is evaluative and hierarchical, and extends over time. Supervision also has the purposes of enhancing the professional functioning of the more junior members, monitoring the quality of professional services offered to the *clients* that they see, and serving as a gatekeeper for those who are to enter the particular profession (Bernard & Goodyear, 2014). These *Guidelines* do not replace Supervision Guidelines or Standards as published from time to time by the PsyBA, which also has a comprehensive set of FAQs about supervision on its website.

## 2. Informed consent

- 2.1. Prior to the commencement of any supervision arrangement, the parties collaborate in the development of a contract or agreement that clarifies the intended purposes of the supervision as well as the rights and responsibilities of all parties involved.
- 2.2. *Psychologists* specify the purpose and methods of supervision, the context, the evaluation and grievance procedures, and the different roles, expectations and functions of each party involved (Kavanagh et al., 2008). For situations where the supervisee is proceeding towards general registration as a psychologist or towards an area of practice endorsement, both parties are aware of, and comply with, the PsyBA supervision requirements which may be amended from time to time.
- 2.3. Supervisors inform their supervisees of the times when they are available, how they can be contacted in an emergency, and/or any alternative arrangement for support
- 2.4. In the context of a group supervision contract or arrangement, the level of responsibility and accountability to each of the supervisees, including potentially different expectations are considered and clearly communicated by the supervisor. Similarly, *psychologists* involved in peer consultation arrangements ensure that each person understands their role and responsibilities.

Refer to the APS *Code* (2007), standard C.6. Financial arrangements.

C.6.2. *Psychologists* make proper financial arrangements with *clients* and, where relevant, third party payers. They:

- (a) make advance financial arrangements that safeguard the best interests of, and are clearly understood, by all parties to the *psychological service*; and
- (b) avoid financial arrangements which may adversely influence the *psychological services* provided, whether at the time of provision of those services or subsequently.

- 2.5. When a supervisee is paying for supervision, the financial arrangements are established prior to the commencement of the supervision process and are clearly understood and agreed to by both parties.

Refer to *Ethical guidelines for financial dealings and fair trading* (2012).

### 3. Confidentiality

Refer to the *Code*, standard A.5. Confidentiality

A.5.2. *Psychologists* disclose confidential information obtained in the course of their provision of *psychological services* only under any one or more of the following circumstances:

...

- (d) when consulting colleagues, or in the course of supervision or professional training, provided the *psychologist*:
- (i) conceals the identity of clients and associated *parties* involved; or
  - (ii) obtains the *client's* consent, and gives prior notice to the recipients of the information that they are required to preserve the *client's* privacy, and obtains an undertaking from the recipients of the information that they will preserve the *client's* privacy.

- 3.1. *Psychologists* have obligations to maintain the confidentiality of both the supervisee and the supervisee's *clients*. *Psychologists* inform and discuss with their supervisee that they may need to disclose information obtained about the supervisee in the course of supervision relevant to the monitoring/evaluation process. *Psychologists* obtain the supervisee's permission and/or inform them before doing so.
- 3.2. Subject to mandatory reporting requirements, supervisees ensure that they have obtained informed consent from all *clients* to allow them to disclose *clients'* relevant personal information to their supervisor.

Refer to *Ethical guidelines on confidentiality* (2015); and  
*Ethical guidelines on reporting abuse and neglect, and criminal activity* (2019).

### 4. Competence

Refer to the *Code*, standard B.1. Competence.

B.1.1. *Psychologists* bring and maintain appropriate skills and learning to their areas of professional practice.

B.1.2. *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:

- (a) working within the limits of their education, training, supervised experience and appropriate professional experience;
- (b) basing their service on the established knowledge of the discipline and profession of psychology;
- (c) adhering to the *Code* and the *Guidelines*;
- (d) complying with the law of the *jurisdiction* in which they provide *psychological services*; and
- (e) ensuring that their emotional, mental, and physical state does not impair their ability to provide a competent *psychological service*.

- 4.1. *Psychologists* who provide supervision have undertaken appropriate training to ensure they are competent to provide supervision. If they are providing supervision for PsyBA credentialing purposes, they ensure they are formally approved by the PsyBA.
- 4.2. *Psychologists* who provide supervision are aware of:
- (a) the ethical, legal and regulatory requirements of psychologists;
  - (b) a range of supervision methods and techniques; and
  - (c) the competencies expected of psychologists.
- 4.3. *Psychologists* understand that supervision oriented to the development of competencies is concerned with acquiring specific knowledge, practising relevant skills, and alignment of attitudes and values appropriate to, and consistent with, the profession of psychology (Falender & Shafranske, 2017).

- 4.4. *Psychologists* ensure that they are sufficiently available to provide an effective supervision arrangement according to the agreed supervision contract.
- 4.5. At the commencement of supervision of provisionally registered psychologists, *psychologists* ensure that the provisional psychologist has access to the most recent editions of the *Code* and the *Guidelines*, and have read the *Code*. The *Code* and *Guidelines* are updated regularly.
- 4.6. If *psychologists* are the subject of a serious allegation that may affect their capacity to provide supervision, they consider whether to continue providing supervision until the matter is resolved.

Refer to the *Code*, standard B.3. Professional responsibility.

B.3. *Psychologists* provide psychological services in a responsible manner. Having regard to the nature of the psychological services they are providing, *psychologists*:

- (a) act with the care and skill expected of a competent psychologist;
- (b) take responsibility for the reasonably foreseeable consequences of their *conduct*;
- (c) take reasonable steps to prevent harm occurring as a result of their *conduct*;
- (d) provide a psychological service only for the period when those services are necessary to the *client*;
- (e) are personally responsible for the professional decisions they make;
- (f) take reasonable steps to ensure that their services and products are used appropriately and responsibly;
- (g) are aware of, and take steps to establish and maintain proper professional boundaries with *clients* and colleagues; and
- (h) regularly review the contractual arrangements with clients and, where circumstances change, make relevant modifications as necessary with the informed consent of the *client*.

- 4.7. *Psychologists* understand that disclosure of personal information may serve the purpose of developing a professional competency, and/or enhance reflective practice (Falender & Shafranske, 2017). As part of a supervision arrangement or contract, *psychologists* relate any supervisee's disclosure of personal information to the development of their professional competence or reflective practice. They do not coerce such disclosures.
- 4.8. Potential conflicts of interest are identified, considered and appropriately resolved either at the initial stages of supervision, or at the earliest stage when they become apparent. In some circumstances a decision may need to be made about whether the supervision arrangement can continue.
- 4.9. Throughout the period of supervision, any effects of the supervisor's or supervisee's attitudes and values about gender, culture, or age on the supervision relationship and supervision dynamic are raised, examined and addressed.
- 4.10. *Psychologists* who supervise students on placement for Australian Psychology Accreditation Council-(APAC) accredited postgraduate Masters and Doctorate courses are fully informed about the course requirements, and refer to these *Guidelines* in conjunction with the current APAC Standards, and any existing university policy document on placement supervision.
- 4.11. When supervising research, *psychologists* read these *Guidelines* in conjunction with the *Australian Code for the Responsible Conduct of Research* (NHMRC, 2007) and any existing university policy on research supervision.
- 4.12. Sometimes supervisees may perceive that their supervisor demonstrates problematic attitudes or behaviours (Falender & Shafranske, 2017; Falender, 2018), for example, potentially unethical, incompetent or unprofessional conduct. Where appropriate, they raise the issue with their supervisor. Depending on the setting, supervisees may consult with either a senior colleague, a university course co-ordinator, or a professional organisation. In such situations the supervisee works towards resolving the issue in a professional and respectful manner.

## 5. Roles and Boundaries

- 5.1. *Psychologists* in the role of supervisors inform their supervisees about their own competing professional roles associated with learning and evaluation. Responsibility for monitoring and evaluating the performance of the supervisee lies with the supervisor who raises any issues of competence as they become apparent, and does not wait until the end of the supervision contract or arrangement to raise them. Any issues of impairment, whether temporary or enduring, are addressed by the supervisor subject to the Australian Health Practitioner Regulation Agency's mandatory reporting requirements.

Refer to the *Code*, standard A.4. Privacy.

A.4. *Psychologists* avoid undue invasion of privacy in the collection of information. This includes, but is not limited to:

...

- (b) not requiring supervisees or trainees to disclose their personal information, unless self-disclosure is a normal expectation of a given training procedure and informed consent has been obtained from participants prior to training.

Refer to *Ethical guidelines on confidentiality* (2015); and *Ethical guidelines for managing professional boundaries and multiple relationships* (2016).

- 5.2. *Psychologists* attend to the power differential between the supervisor and supervisee. *Psychologists* establish a professional relationship that supports the supervisee to explore difficulties or areas of weakness, express differences of opinion to the supervisor, and share information relevant to their continuing professional development.

Refer to the *Code*, standard C.3. Conflict of interest.

C.3.1. *Psychologists* refrain from engaging in *multiple relationships* that may:

- (a) impair their competence, effectiveness, objectivity, or ability to render a *psychological service*;  
(b) harm clients or other parties to a *psychological service*; or  
(c) lead to the exploitation of *clients* or other parties to a *psychological service*.

- 5.3. *Psychologists* carefully and thoughtfully undertake the process of selecting and agreeing to enter a supervisory relationship, paying close attention to any potential *multiple relationships*. *Psychologists* avoid supervising partners, close friends or relatives.
- 5.4. Supervisors of provisionally registered psychologists are aware that they will need to make a judgement about the competence of their supervisee(s). They need to decide whether the supervision requirements for registration have been met, and whether the supervisee is sufficiently prepared to enter the profession and ready to practise unsupervised.
- 5.5. Supervisees actively participate in and contribute to the process of establishing a supervision contract, arrangement, or learning plan. Supervisees ensure that they are engaged in the supervision process and where pertinent, participate in the development of specific competencies required to attain registration, area of practice endorsement or APS College Fellow status.
- 5.6. Supervising *psychologists* who are also acting in the role of line manager attend to, discuss and delineate with the supervisee, the implications of the multiple roles, the likely impact on the supervision process, and the method of resolving difficulties that may emerge.
- 5.7. Where the roles of line manager and supervisor are undertaken by different people, the supervisor and the supervisee clarify with the employer reporting lines for the supervisee in order to minimise any conflicting demands from the line manager and supervisor.
- 5.8. When independently arranging supervision external to the workplace, *psychologists* ensure that each party is clear about the respective roles and each party's expectations of what each person will provide in the supervision arrangement.

- 5.9. In all settings, including research, supervisors ensure that appropriate boundaries are maintained, that feedback is provided at reasonable intervals, and that any concerns with respect to ethical practice are identified, considered and appropriately resolved either at the initial stages of supervision, or at the earliest stage when they become apparent.
- 5.10. *Psychologists* clarify with their supervisees that supervision is not therapy.
- 5.11. *Psychologists* do not provide a counselling or psychometric testing and assessment services to a supervisee.
- 5.12. When provisionally registered psychologists provide a *psychological service*, they identify themselves to *clients* as such.
- 5.13. In research settings where a supervisee has more than one supervisor, potential theoretical or philosophical conflicts are identified, considered and appropriately resolved either at the initial stages of supervision, or at the earliest stage when they become apparent. Supervisors demonstrate respect for their colleagues' views.

Refer to *Ethical guidelines for managing professional boundaries and multiple relationships* (2016).

## 6. Non-exploitation

Refer to the Code, standard C.4. Non-exploitation.

C.4.2. *Psychologists* do not exploit their relationships with their assistants, employees, colleagues or supervisees.

- 6.1. Where a supervisee is not paying for supervision or is completing unpaid work for supervision, all parties ensure that the supervision arrangement is mutually beneficial, contributes to the supervisee's learning and development, and does not exploit the supervisee.

Refer to the Code, standard C.5. Authorship

C.5.1. *Psychologists* discuss authorship with research collaborators, research assistants and students as early as feasible and through the research and publication process as is necessary.

C.5.2. *Psychologists* assign authorship in a manner that reflects the work performed and that the contribution made is a fair reflection of the work people have actually performed or of what they have contributed.

C.5.3. *Psychologists* usually list the student as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.

- 6.2. When other people have made significant contributions to an article based on a student's research, *psychologists* ensure that authorship is assigned in a manner that reflects the level of contribution made.

Refer to the Code, standard C.4. Non-exploitation.

C.4.3 *Psychologists*:  
 (a) do not engage in sexual activity with a *client* or anybody who is closely related to one of their *clients*;  
 ...

- 6.3. *Psychologists* do not engage in sexual activity with their supervisee (Bernard & Goodyear, 2014).

Refer to *Ethical guidelines on the prohibition of sexual activity with clients* (2017).

## 7. Record keeping

- 7.1. *Psychologists* and their supervisees periodically review the supervision contract or arrangement, and record any necessary amendments.
- 7.2. *Psychologists* in the role of supervisors keep adequate records of the supervision provided as it is a *psychological service*. *Psychologists'* records accurately reflect what occurred in the supervision session, for example, the date of session, issues discussed, and the outcome.

Refer to *Ethical guidelines on record keeping* (2020).

## 8. Summary

*Psychologists* understand that supervision is an activity typically undertaken by *psychologists* to ensure appropriate learning and development of professional skills by their supervisees as well as to maintain standards of the profession via (a) a national registration board, (b) professional membership and affiliation with a peak professional body, or (c) course or training accreditation (Bernard & Goodyear, 2014). They are aware that the various purposes, methods and theoretical models influence the nature, mechanism and processes that comprise this professional activity. Supervisors and supervisees act in a responsible, competent and professional manner to ensure that no harm is done to *clients*, and that supervisees are not exploited. *Psychologists* give careful consideration to due process, informed consent, management of multiple relationships, and confidentiality and privacy.

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