

1                   **The Association of State and Provincial Psychology Boards**

2                   **Supervision Guidelines – Mandated Supervision**

3                   **September 2017**

4                   **Introduction**

5

6                   In August 2015, the Association of State and Provincial Psychology Boards (ASPPB) published its  
7                   Supervision Guidelines for Education and Training leading to Licensure as a Health Service  
8                   Provider (ASPPB, 2015). Those guidelines were intended as a resource, to assist member  
9                   jurisdictions in developing supervision requirements for students pursuing licensure as Health  
10                  Service Psychologists (HSP). At the same time, it was known that this would be the first in a  
11                  series of supervision guideline documents, given the multiple reasons that psychologists (or  
12                  students of psychology) might enter into a supervisory relationship. Apart from supervision for  
13                  licensure as an HSP, supervision may be required for (a) licensed non-doctoral psychology  
14                  service providers, (b) trainees pursuing licensure as a general applied psychologist (GAP), and  
15                  (c) non-licensed persons providing psychological services, e.g., psychometrists. A fourth reason  
16                  why psychologists might enter into a supervisory relationship, and the focus of this document,  
17                  is when a psychologist finds him/herself in violation of a state/provincial law or national ethical  
18                  code. In addition to common regulatory authority sanctions such as reprimands, probation,  
19                  and/or license suspensions or revocations, psychologists and his/her practice may be placed  
20                  under mandated monitoring or supervision (ASPPB, 2012). For our purposes, mandated  
21                  supervision is defined as “supervision that is prescribed for psychologists [or other mental  
22                  health professionals] following a determination by a regulatory authority that the professional  
23                  has violated ethical or practice standards or relevant laws. The primary objectives of such  
24                  supervision include the rehabilitation of the professional and the protection of the supervisee’s  
25                  clients and the public” (Thomas, 2014). This document is intended to assist member boards in  
26                  creating supervision and monitoring guidelines for such circumstances.

28 Following a similar format to that of the 2015 ASPPB Training Supervision Guidelines document,  
29 this set of guidelines will provide information and recommendations in a set of broad areas  
30 including:

- 31 • Overview of Supervision for Discipline
- 32 • Supervisor Competencies in Case Supervision
- 33 • Supervisor Competencies in Monitoring
- 34 • Disciplinary Supervision Contracts
- 35 • Responsibilities of Regulatory Authorities in Disciplinary Supervision/Monitoring
- 36 • Unique Challenges in Mandated Supervision

37 Each of these areas will be more fully developed in this document, with specific examples and  
38 sample documents provided in the appendices.

## 39 Definitions

40 This section provides the meanings of terms as used in this document.

### 41 **Client (also known as patient):**

- 42 1. A direct recipient of psychological services within the context of a professional  
43 relationship including a child, adolescent, adult, couple, family, group,  
44 organization, community, or other populations, or other entities receiving  
45 psychological services.
- 46 2. The individual or entity requesting the psychological services and not necessarily  
47 the recipient of those services (e.g., an evaluation that is court-ordered,  
48 requested by an attorney, an agency, administrative body or an organization).
- 49 3. An organization such as a business corporation entity, community or government  
50 that receives services directed primarily to the organization, rather than to the  
51 individual associated with the organization; or
- 52 4. In the case of individuals with legal guardians, including minors and legally  
53 incompetent adults, the legal guardian shall be the client for decision making  
54 purposes, but the individual receiving services shall be the client for:
  - 55 A) Issues directly affecting the physical or emotional safety of the individual, such  
56 as sexual or other exploitative dual relationships, or
  - 57 B) Issues specifically reserved to the individual, and agreed to by the guardian

58 prior to rendering of services, such as confidential communication in a therapy  
59 relationship.

60 **Competence:** The integrated use of knowledge, skills, attitudes, and values that are  
61 necessary to ensure the protection of the public in the professional practice of  
62 psychology.

63

64 **Cross-disciplinary Supervision:** Supervision occurring between practitioners from  
65 different professions (O'Donoghue, 2004).

66

67 **Delegated Supervisor:** A licensed health practitioner to whom the primary supervisor  
68 may choose to delegate certain supervisory responsibilities.

69

70 **Disciplinary Action:** Any action taken by a regulatory authority which finds a violation of  
71 a statute or regulation that is a matter of public record.

72

73 **Disciplined Practitioner:** A practitioner under supervision that is mandated following a  
74 determination by a regulatory authority that the practitioner has violated ethical or  
75 practice standards or relevant laws.

76

77 **Immunity:** Legal protection from liability, obligation, or penalty.

78

79 **In-person:** Interactions in which the supervising psychologist and supervisee are in the  
80 same physical space and does not include interactions that may occur through the use  
81 of technologies.

82

83 **Liability:** Responsibility for the consequences of one's acts or omissions, enforceable by  
84 disciplinary sanction, civil remedy (damages), or criminal punishment.

85

86 **Licensed:** Licensed denotes having a license issued by a board of psychology which  
87 grants the authority to engage in the practice of psychology as permitted by the act and

88 the rules and regulations of that board. The terms registered, chartered, or any other  
89 term chosen by a jurisdiction used in the same capacity as licensed are considered  
90 equivalent terms.

91 **Mandated Supervision:** Supervision that is prescribed by the regulatory authority as a  
92 result of a finding that a practitioner has violated relevant laws or ethic codes (Thomas,  
93 2014).

94  
95 **Monitored Practice:** The practice of a psychologist that is being monitored following an  
96 order from a regulatory authority.

97  
98 **Monitored Practitioner:** Any psychological practitioner that is having his/her practice  
99 monitored, following an order from a regulatory authority.

100  
101 **Primary Supervisor:** A licensed psychologist who has professional responsibility for the  
102 services provided by supervisees and the quality of the supervised experiences as  
103 described in these guidelines.

104  
105 **Regulatory Authority:** The jurisdictional psychology licensing board (United States) or  
106 college of psychologists (Canada).

107  
108 **Supervised Practice:** The practice of a psychologist that is being supervised following an  
109 order from a regulatory authority.

110  
111 **Supervised Practitioner:** Any psychological practitioner that is having his/her practice  
112 supervised, following an order from a regulatory authority.

113  
114 **Telepsychology Supervision:** A method of providing supervision using  
115 telecommunication technologies. Telecommunications is the preparation, transmission,  
116 communication, or related processing of information by electrical, electromagnetic,  
117 electromechanical, electro-optical, or electronic means (Committee on National Security

118 Systems, 2010). Telecommunication technologies include but are not limited to  
119 telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and  
120 Internet (e.g., self-help websites, blogs, and social media). The information that is  
121 transmitted may be in writing or include images, sounds, or other data. These  
122 communications may be synchronous, with multiple parties communicating in real time  
123 (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online  
124 bulletin boards, storing and forwarding of information) (APA, ASPPB and APAIT  
125 Telepsychology Guidelines 2013).

### 126 Mandated Supervision for Discipline

127 Mandated supervision for discipline is a subset of supervision in general and refers to those  
128 times when supervision is part of a disciplinary order for a professional usually given by  
129 his/her regulatory authority. Supervision, a distinct, competency-based professional  
130 practice, is usually thought of as a collaborative relationship between supervisor and  
131 supervisee that is facilitative, evaluative, and extends over time. It has the goal of developing  
132 and enhancing the professional competence of the supervisee through observation, review  
133 of case files, feedback and guidance for advancing the quality of services provided to the  
134 client, and providing a gatekeeping function for independent professional practice (Bernard  
135 & Goodyear, 2014; Falender and Shafranske 2004). However, mandated supervision for  
136 discipline’s “primary objective ... include the rehabilitation of the professional and the  
137 protection of the supervisee’s clients and the public” (Thomas, 2014, p. 1105). Thus, the  
138 goals of mandated supervision are comparable to those of any clinical supervision, however  
139 may focus more on remediation of deficits in competence, that is, helping the professional  
140 bring competence back to previously acquired acceptable levels, and less on developing,  
141 enhancing or improving competence beyond minimal standards. Additionally, the primary  
142 focus of mandated supervision is on maintaining public protection by ensuring that the  
143 quality of services offered to individual clients are within an acceptable range.

144 The ultimate effectiveness of supervision depends on a broad range of factors, including the

145 competence of the supervisor, the nature and quality of the relationship between the  
146 supervisor and supervisee, and the readiness of the supervisee (Falender & Shafranske,  
147 2007) to accept and benefit from the supervision. It is important to differentiate supervision  
148 from psychotherapy and consultation (Falender and Shafranske 2004), and in the case of  
149 mandated supervision, important to recognize that the client of the supervisor is not the  
150 supervisee, but the regulatory authority that has mandated the supervision. The supervisee  
151 is the recipient of the professional service of supervision, but the supervisor ultimately is  
152 accountable to the regulatory authority.

### 153 **Immunity and Liability**

154 Supervision may involve direct and vicarious legal and professional liability (Barnett et al.,  
155 2007; Disney & Stephens, 1994; Saccuzzo, 2002; Thomas, 2010). Legal liability is determined  
156 by the judicial system. However, professional liability is within the domain of the profession  
157 and in this case, the regulatory authority. Thus, the supervisor must be approved by the  
158 regulatory authority and may need to answer questions regarding his/her supervision  
159 competence, expertise in the clinical services that will be supervised, and previous  
160 relationship (if any) with the supervisee, among others. The supervisor also must follow  
161 directions from the regulatory authority on such matters as frequency of supervision  
162 meetings, overall length of time of the supervision, the precise nature of what is discussed  
163 (e.g. record keeping, boundaries...), progress notes for the supervision sessions, and  
164 reporting requirements.

165 Generally, supervisors functioning on behalf of a regulatory authority should be considered  
166 as qualifying for similar jurisdictional provisions for immunity that are offered to regulatory  
167 authority members themselves. As mandated supervision is by definition not a voluntary  
168 endeavor on the part of the supervisee, and is the result of some kind of misconduct by the  
169 supervisee, there is the possibility that the supervisee will be discontented with the  
170 supervisor at some point in time. Some jurisdictions provide for such immunity. For  
171 example, the statutes in Georgia have the following:

172 “43-39-20. Immunity from civil and criminal liability for certain good faith actions  
173 Any psychologist licensed under this chapter who testifies in good faith without  
174 fraud or malice in any proceeding relating to a licensee's or applicant's fitness to  
175 practice psychology, or who in good faith and without fraud or malice makes a  
176 report or recommendation to the board in the nature of peer review, shall be  
177 immune from civil and criminal liability for such actions. No psychologist licensed  
178 under this chapter who serves as a supervising or monitoring psychologist  
179 pursuant to a public or private order of the board shall be liable for any damages  
180 in an action brought by the supervised or monitored psychologist, provided that  
181 the supervising or monitoring psychologist was acting in good faith without fraud  
182 or malice.”

183 It is recommended that jurisdictions adopt a law or rule to this effect where possible. This level  
184 of immunity may make it more likely that qualified psychologists would be willing to serve as  
185 mandated supervisors. It is also recommended that prior to ordering mandated supervision to  
186 a licensee, the regulatory authority ensure that there are supervisors who are qualified,  
187 available, and willing to serve in such a capacity.

### 188 **Risk Analysis**

189 Usually, regulatory authorities will order supervision for a disciplined psychologist after an  
190 evaluation has been conducted of the psychologist to determine his/her amenability for  
191 supervision and to determine if the nature of the offense is appropriate for this type of  
192 intervention. Typically, it is wise for the supervising psychologist to have access to that  
193 evaluation in order to help formulate the content of the supervision sessions. However, it is  
194 not wise and in fact contraindicated for the evaluating psychologist (if there was one) and  
195 the supervising psychologist to be the same person.

196 There is little research data available to assist in determining the characteristics of  
197 psychologists who would be likely to benefit from mandated supervision, or the kind of

198 infractions that are amenable to mandated supervision. Plaut (2001) suggested that  
199 jurisdictions establish panels of potential supervisors that would be utilized when needed.  
200 Cobia and Pipes (2002) offer theoretical support for mandated supervision through an  
201 analysis of developmental models of supervision, interpersonal and social learning theory.  
202 Schoener (1995) describes a system of determining when to do an assessment for  
203 professionals with boundary violations in order to recommend rehabilitation. This system  
204 includes an analysis of the following factors: “1) the practitioner admits wrongdoing and  
205 understands that there was harm to a client; 2) the practitioner believes that he/she has a  
206 problem that requires rehabilitation; 3) the practitioner is willing to agree to the assessment  
207 and realizes that the outcome may not be favorable; or 4) there is general agreement as to  
208 the essential facts of the case” (p. 97). Others (Thomas, 2013) have identified practitioner  
209 characteristics such as serious character pathology which may make supervision ineffective.

### 210 **Case Supervision versus Monitoring**

211 There are two types of mandated supervision that these guidelines will address: mandated  
212 case supervision (or clinical supervision) and mandated monitoring (or administrative  
213 supervision). Many authors have distinguished between case supervision and monitoring  
214 (Kress, et al., 2015; Schoener, 2008; Cobia and Pipes, 2002). For these guidelines, mandated  
215 case supervision refers to situations where the supervisee meets regularly with a supervisor  
216 to discuss case related material in order to remediate competence deficits and provide  
217 ethical and competent services to clients. This type of supervision may also include a review  
218 of records or reports, discussions of informed consent or confidentiality, and other case  
219 specific material. Mandated monitoring refers to oversight of professional practices by a  
220 supervisor (who may or may not be a psychologist) in areas such as record keeping, billing, or  
221 other professional practices. At times, mandated monitoring is utilized for cases involving  
222 substance abuse as well.



223

## Case Supervision

224

### Competencies

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Once a regulatory authority has determined that mandated case supervision will be utilized

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as a rehabilitation mechanism for a psychologist, the next task is to determine the availability

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of a supervisor. Some regulatory authorities select the supervisor:

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1. From a prequalified list of possible supervisors;

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2. From contacts members of the regulatory authority have acquired through

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professional experience;

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3. From names, the disciplined psychologist submits; and

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4. By requiring the disciplined psychologist to arrange his/her own supervisor.

233

Selection methods one (1) and two (2) above are the recommended methods for selection of

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the supervisor. It seems clear though that the supervisor must be competent in both

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supervision, and in the types of clinical cases that will be supervised. While the goals of this

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supervision are two-fold (protection of the public and rehabilitation of the psychologist), the

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objectives of the supervision according to Thomas (2014) are to help the psychologist to

238

accomplish the following:

239

“Formulate a realistic and comprehensive conceptualization of the personal and professional factors that set the stage for errors (Thomas, p. 187)

241

242

Examine both the actual and potential impacts of their ethical violations on clients, students, supervisees, and others

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245

Generalize what they are learning in supervision to current cases, recognizing thematic similarities to the complaint case

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248

Recognize events, circumstances, and subjective experiences signaling that they may be at risk for impaired objectivity and effectiveness (Thomas, p. 188).

249

250

251

Another objective of disciplinary supervision is to help supervisees develop and implement a plan to minimize the likelihood of further violations.”

252

253 The competencies needed to be able to effectively meet these objectives include:

- 254 1. Competence in the process of supervision as indicated by knowledge of supervision  
255 methods and theory and experience in providing supervision;
- 256 2. Competence in the kind of cases and practice areas that will be supervised as  
257 indicated by education, training and experience;
- 258 3. Competence in a variety of ethical and legal aspects of professional practice as  
259 indicated by education, training and experience (supervisors should not themselves  
260 have been disciplined by a board or ethic committee for violations of rules for  
261 example); and
- 262 4. An appreciation for the special challenges that come with providing mandated  
263 supervision including the challenges that the disciplined psychologist faces  
264 (emotional, professional, legal, financial), as well as the potential challenges that the  
265 supervision process faces (boundary issues, role confusion, transference and  
266 countertransference) (Thomas, 2014). The regulatory authority may want to speak  
267 directly with a potential supervisor to determine if he/she has such an appreciation.

## 268 **Qualifications**

269 Supervising psychologists shall:

- 270 1. Be licensed at the doctoral level for the independent practice of health service  
271 psychology by a jurisdictional regulatory body that is a member of ASPPB and is  
272 responsible for the licensing of psychologists regardless of setting; Preferably the  
273 supervisor and the supervisee should be licensed by the same regulatory authority,  
274 however, there may be circumstances where an appropriate supervisor cannot be  
275 found within the same jurisdiction;
- 276 2. Abide by the ethical principles, codes of conduct, and jurisdictional statutes and  
277 regulations pertaining to the practice of psychology;
- 278 3. Have knowledge of relevant theory and scientific literature related to supervision;
- 279 4. Have training, knowledge, skill, and experience to render competently any  
280 psychological service undertaken by his/her supervisees;

- 281           5. Have current training, knowledge, and skill in providing competent supervision; For  
282           instance this is typically met by a graduate level academic course (at least one credit  
283           hour) from a regionally accredited institution of higher learning of at least one  
284           quarter/semester, or supervised experience in providing supervision of at least two  
285           hours a month of supervision over at least a six month period of time; or at least  
286           nine hours of sponsor approved (e.g., APA) continuing education;
- 287           6. Not ever have been under regulatory authority discipline, or found to have been in  
288           violation of ethical codes from a regional or national ethics committee. In the  
289           event that disciplinary action is taken against the supervisor during the supervisory  
290           period, the supervisor shall immediately notify the regulatory authority and the  
291           regulatory authority will evaluate the need for the supervisor to be replaced; and
- 292           7. Disclose to the regulatory authority the nature and extent of any previous  
293           relationship with the supervisee.

294    **Responsibilities of Supervisors**

295    Supervising psychologists shall:

- 296           1. Assume professional responsibility for the work of the supervisee;
- 297           2. Enter into a supervision contract with the regulatory authority and the disciplined  
298           psychologist which details all of the relevant parameters, including the length of  
299           time for the supervision, the exact nature of the supervision (frequency, record  
300           review, live observation, informed consent to clients, record keeping, reporting  
301           requirements...) and co-signing reports;
- 302           3. Ensure that the supervisee’s duties and services are consistent with his/her level of  
303           competence, and meets the specific requirements of the regulatory authority’s  
304           disciplinary order or agreement;
- 305           4. Ensure that the supervisee informs his/her clients of the supervision and obtains the  
306           appropriate informed consent to that effect;

- 307           5. Intervene in or terminate the supervisee’s activities whenever necessary to protect  
308           the client from harm and to ensure the protection of the public;
- 309           6. Abide by the reporting requirements as mandated by the regulatory authority in a  
310           timely manner;
- 311           7. Subject to regulatory authority approval, delegate supervision to another licensed  
312           health professional whose competence in the delegated areas has been  
313           demonstrated by previous education, training, and experience when
- 314                 a. The service needs of the client are beyond the area of expertise of the  
315                 supervisor, or
- 316                 b. It becomes necessary to provide for a qualified supervisor in case of  
317                 interruption of supervision;
- 318           8. Review and approve supervisee’s progress notes and assessment reports as  
319           indicated by the requirements of the regulatory authority order;
- 320           9. Personally observe videotaped (includes audio), or live client session as indicated by  
321           the regulatory authority disciplinary order;
- 322           10. Ensure the supervisee has knowledge of relevant theory, scientific literature and  
323           cultural or contextual factors related to the area of supervised practice;
- 324           11. Be available to the supervisee in person or electronically be reasonably available  
325           when the supervisee is rendering professional services, or arrange the availability of  
326           a qualified supervisor;
- 327           12. Maintain professional boundaries by managing multiple relationships and not enter  
328           into sexual relationships, or other relationships with the supervisee that would  
329           interfere with the supervisor’s objectivity and ability to provide effective  
330           supervision; and

- 331           13. Generate and maintain records regarding dates of scheduled supervision as well as  
332                   an accurate summary of the supervision and the supervisee’s competence as  
333                   indicated in the regulatory authority disciplinary order.

334   **Monitoring**

335       In addition to the more traditional supervisory relationship that may arise out of disciplinary  
336       actions, some cases call for a different approach to oversight of a disciplined psychologist’s  
337       behavior and practice. In contrast to *supervision*, where the goals include the establishment of  
338       a relationship within which the disciplined psychologist can reflect upon new information to  
339       result in a change in behavior and practice, *monitoring* (sometimes called *administrative*  
340       *supervision*) involves the observation and evaluation of a psychologist’s practice, to prevent  
341       further violations (Walzer & Miltimore, 1993; Kress, et al., 2015). Walzer & Miltimore (1993)  
342       distinguishes supervision from monitoring by operationalizing monitoring’s tasks as including “a  
343       review or proctoring of all aspects of someone’s practice (records, appointment books, case  
344       inventory), and in the case of substance abuse, it may even involve collecting random blood or  
345       urine samples”. Monitoring’s importance and benefit lie in the vigilant oversight provided by  
346       the monitor, to ensure additional violations are not being committed. Although monitors may  
347       provide feedback to the disciplined psychologist, unlike supervision, the goal of monitoring is  
348       not to foster insight or produce behavior change, but to ensure additional violations are not  
349       being committed (Kress, et al., 2015). Given the unique mandates of these two (2) disciplinary  
350       outcomes, the competencies required of each may also differ.

351       **Competencies and Qualifications of a Monitor**

352       Monitors are not charged with enhancing insight or fostering behavior change by a disciplined  
353       psychologist. As such, it is less important that he/she be a licensed mental health care provider.  
354       However, licensing in an alternative discipline may be required, depending on the tasks or  
355       behaviors being monitored (e.g., collection of urine samples may require a licensed Nurse).  
356       Regardless, it is crucial that he/she possess specific competencies and qualifications unique to  
357       the mandated tasks. Little empirical research has been done on this matter, and therefore the

358 following qualifications, competencies, and responsibilities are offered as guidelines (and  
359 potentially stimuli for research) into what constitutes an effective monitor.

360 It is perhaps obvious, but bears stating, that a competent monitor will be conversant in the  
361 issues/matters under scrutiny. This is to ensure fidelity to the task at hand and (if necessary) to  
362 ensure findings can withstand external/judicial scrutiny. As an example, if deficient record  
363 keeping is a focus of monitoring, the monitor should have a demonstrated history of  
364 competence in this skill. Alternatively, concerns over improper billing would argue for a monitor  
365 competent in matters related to bookkeeping or accounting. In this regard, the competencies  
366 demanded of a monitor are akin to those of a supervisor for education and training, who must  
367 be competent in the knowledge area and skills being developed by the trainee.

368 A competent monitor must be an individual who is well organized, attentive to detail, and  
369 thorough in record keeping. Clear communication skills are important, as a monitor will have  
370 the duty of regularly communicating findings to a regulatory authority (see below).

371 Interpersonally, a competent monitor must be able to hold firm to the assignment, in the face  
372 of what might prove to be resistance from a disciplined psychologist. This resistance may come  
373 from fear of further discoveries or resentment over what might be perceived to be an intrusion  
374 into his/her professional life and practice. Accordingly, skills in effectively communicating  
375 empathy/understanding of the challenges posed to the monitored psychologist and defusing  
376 conflict may also be useful. As well, given the nature of the duties assigned to a monitor,  
377 she/he must be willing and able to travel to the disciplined psychologist's office as often as  
378 required, to monitor records.

379 In addition to the competencies required for effective and vigilant record keeping, additional  
380 and specialized competencies may be required, that are case-specific. For example, in the case  
381 of substance abuse, the knowledge and ability to acquire valid and reliable blood and urine  
382 samples may be necessary. Specialized credentialing and/or licensing may be necessary in such  
383 cases, and regulatory authorities are encouraged to ensure these requirements are met, to  
384 address potential efforts to challenge or invalidate findings. Alternatively, a clear understanding

385 of a regulatory authority’s regulations and rules may be required, in matters involving (for  
386 example) improper advertising.

387 Broadly speaking an effective monitor will have the following qualifications:

- 388 1. Possess a body of knowledge relevant to the activities being monitored;
- 389 2. Possess the knowledge and skill required to gather required data from what  
390 might be record stores of varying degrees of organization, accuracy, and  
391 completeness;
- 392 3. Know when to seek additional input/consultation;
- 393 4. Be capable of maintaining a balance between gathering the data required, while  
394 respecting the requirements of patient/client confidentiality and practitioner  
395 autonomy.
- 396 5. Possess the flexibility to travel to the Psychologist’s office as often as required,  
397 to carry out the monitoring tasks.

398

### 399 **Responsibilities**

400 The responsibilities of a monitor will, in some cases, overlap with those of a case supervisor,  
401 however in other instances are stand alone and unique to the task of monitoring. When a  
402 psychologist’s activities are being monitored, it is essential that clients are notified that any and  
403 all records may be the subject of such monitoring and that informed consent is sought for this  
404 activity. A record of this discussion and release should be contained within each client file.

405 Depending on the activity being monitored, either specific clients will need to be notified of the  
406 monitor’s activities, or a broader notification may need to be circulated to all clients of the  
407 monitored psychologist. While the monitor is not responsible for notifying clients of these  
408 arrangements, he/she should ensure such notification has been provided.

409 Whatever activities are being monitored, a clear record of these must be maintained by the  
410 monitor, bearing in mind that the record may become part of the evidence used at a future

411 disciplinary hearing. Whether these reports are shared with the monitored psychologist will be  
412 a case-specific decision. Writing in these reports must be clear, unambiguous, and legible. If  
413 reports are rewritten, the monitor is advised to either retain the original or make detailed notes  
414 as to why it was rewritten and the disposition of any previous versions.

415 As is the case for supervisors, monitors will need to be available, on a reasonable basis, to the  
416 monitored psychologist. However, unlike the supervisory relationship formed between a  
417 psychologist and his/her supervisor, the connection between a psychologist and his/her  
418 monitor is less personal and in depth, suggesting less of a need for frequent availability. If  
419 contacted outside of regular monitoring visits, a monitor is encouraged to accurately and  
420 completely document the reason for the contact, the outcome of the contact (including any  
421 advice provided), and whether any further action (e.g., contacting the regulatory authority) was  
422 taken.

423 As is the case when disciplined psychologists are being supervised, monitors must ensure that  
424 appropriate boundaries are maintained between themselves and those being monitored.  
425 Accordingly, as highlighted in the ASPPB Supervision Guidelines for Education and Training  
426 leading to licensure as a Health Service Provider (ASPPB, 2015), monitors should maintain  
427 professional boundaries by managing multiple relationships and not enter into sexual  
428 relationships, or other relationships with the practitioners being monitored, that might  
429 interfere (or potentially be seen to interfere) with his/her objectivity and ability to carry out the  
430 regulatory authority-ordered mandate.

431 Broadly speaking the responsibilities of a monitor will include the following:

- 432 1. When indicated, ensure appropriate and case-specific notification of monitored  
433 activities is provided to clients;
- 434 2. Maintain accurate, legible, and complete records of monitored activities;
- 435 3. Report findings to the regulatory authority;
- 436 4. Be reasonably available to the monitored psychologist;



- 437           5.     Maintain professional boundaries by managing multiple relationships and not  
438                     enter into sexual relationships, or other relationships with the monitored  
439                     psychologist that would interfere with the monitor’s objectivity and ability to  
440                     provide effective monitoring; and
- 441           6.     comply with tasks as prescribed by the regulatory authority’s disciplinary order.

### **Regulatory Authority Responsibilities**

442  
443

444     A regulatory authority’s main goal is to protect the public through the proper regulation of the  
445     practice of psychology. This is completed through evaluating an applicant’s education and  
446     training credentials as well as continued enforcement of established rules and regulations. If a  
447     licensed psychologist is found to be in violation of those rules and regulations, a disciplinary  
448     case may be filed. If the case is found actionable, supervision may be recommended as a form  
449     of remediation.

450     To allow all parties involved to reach a full understanding of the requirements and needs of a  
451     particular supervisory arrangement, a regulatory authority must present a disciplinary order (or  
452     consent agreement) that will inform all parties of the expectations of the supervision. This  
453     disciplinary order will be the official document, provided to both supervisee and the supervisor  
454     and will outline the regulatory authority’s sanctions. Prior to the submission of the disciplinary  
455     order, a full assessment of the facts of the case, the disciplined psychologist’s evaluation (if any  
456     completed during the disciplinary case) and work history should be held by the regulatory  
457     authority to measure the scope and necessity of the required supervision. In addition, to the  
458     evaluation of the disciplined psychologist, there are additional factors that inform the  
459     development of the disciplinary order. The qualifications or specialties needed by the  
460     supervisor, as well as the specifics of the supervisory arrangement, should be discussed by the  
461     regulatory authority as part of the review process, and should be placed in the disciplinary  
462     order.

463 The goals of mandated supervision are the protection of the public, a return of the disciplined  
464 psychologist to full unrestricted practice, as soon as possible and to limit the likelihood of any  
465 future violations. A minimum, but no maximum, supervision period should be set by the  
466 regulatory authority. The order should include among other items, the specific goals of the  
467 supervision as well as if any further evaluations would be required during this time (e.g., a final  
468 evaluation for fitness to practice). If the regulatory authority determines over the period of  
469 supervision that it is progressing well, there may be consideration of a gradually decreasing  
470 number of supervisory meetings and reporting requirements specified.

471 The selection of a supervisor can be a challenging task. As stated in the section regarding Case  
472 Supervision, there are various factors to be considered in selecting the supervisor. If a pool  
473 method is chosen, adding a question on the renewal form requesting licensees to note his/her  
474 interest in providing mandated supervision along with his/her particular area of  
475 practice/expertise may be a way to generate qualified psychologists to provided mandated  
476 supervision. It is the role of the regulatory authority to ensure the best qualified supervisor is  
477 selected.

478 To implement the provisions of the mandated supervision or monitoring, a written contract  
479 should be entered into between the disciplined and supervising psychologists with the approval  
480 of the regulatory authority. More information about what should be included in that contract  
481 can be found in the Supervision Contract section of these guidelines. A clear and  
482 comprehensive contract will ensure that all parties involved understand the parameters of the  
483 supervisory relationship. If the facts of the disciplinary case are serious enough, the regulatory  
484 authority may need to consider the possibility of a temporary suspension while developing the  
485 disciplinary order and selecting the supervisor.

486 An added difficulty in finding qualified professionals to provide supervision in many cases is the  
487 added professional risk related to this type of supervision. Unless specifically stated in a  
488 regulatory authority's law, the supervisor could be at risk of malpractice lawsuits or regulatory  
489 authority complaints. As stated in the section regarding Mandated Supervision for Discipline, it

490 is recommended that a rule or regulation be developed, addressing the “immunity” of  
491 professionals working within the purview of the regulatory authority. In some jurisdictions, a  
492 statement may also be added to the disciplinary order that allows for the immunity.

493 Reporting Requirements

494 Essential to the success of the supervision or monitoring is the requirement for submission of  
495 evaluator reports to the regulatory authority office by the supervisor. Regulators expect  
496 reports from both supervisors and monitors, with these reports coming at predetermined  
497 intervals as specified in the disciplinary order (Thomas, 2014). Whereas a supervisor’s report  
498 will typically be broader in the issues it addresses, a monitor’s report will be more task-specific  
499 and mirror the specific items and issues under scrutiny. In most cases, this will allow the  
500 monitor’s report to be briefer than that of a supervisor. For example, a monitor may be asked  
501 to count the number of clients seen by a psychologist in any given time frame. Alternatively,  
502 ensuring follow-up letters are sent to a client’s physician may be the object of monitoring. In  
503 both cases, simple counts/tallies of these activities will likely suffice. Some jurisdictions have  
504 already developed forms for this purpose and Appendix II contains one such form provided by  
505 the California Dept. of Consumer Affairs Board of Psychology. Review of this form highlights its  
506 specificity and reporting requirements. Regulators are encouraged to develop forms  
507 incorporating clear instructions to the monitor as to the tasks being required. This will help to  
508 ensure uniformity and consistency across monitored psychologists and avoid having findings  
509 challenged based upon claims of bias or inconsistent application of monitoring techniques  
510 across practitioners. Disciplinary orders should clearly identify the types of reports required of  
511 the monitor, including:

- 512           1. The frequency of reporting required;  
513           2. The duration of monitoring;  
514           3. Information to be included in each report,;  
515           4. Whether the report may be shared with the monitored psychologist, and

516           5.   Limits on legal liability of the monitor, along with appropriate releases from  
517                    liability.

518   Monitors are responsible for the timely submission of these reports to the regulatory authority.

519   The reports from the supervisor to the regulatory authority should be submitted on an  
520   established time frame (e.g., monthly, bi-monthly, quarterly, etc.) This will allow the regulatory  
521   authority to evaluate progress, and if any changes to the supervision need to be made. If there  
522   are any issues of concern that appear during the supervision, the regulatory authority will need  
523   to be notified promptly, to allow for evaluation and amendments to the parameters of  
524   supervision, to allow for possible suspension of supervision or to require some form of  
525   treatment of the disciplined psychologist if necessary. Reports submitted on the requested due  
526   date should be submitted to the regulatory authority office or designated official for review.

527   The designated official should be available to review the information in a timely manner. The  
528   review should verify that the report meets the requirements outlined in the disciplinary order  
529   and agreement between the supervisor and the regulatory authority as well as documents the  
530   progress of the disciplined psychologist. If the report does not meet these requirements,  
531   deficiencies should be identified and addressed as soon as possible.

532   Reports should include the following:

- 533           1.   A review of the supervision process including dates and times of supervision;
- 534           2.   A review of the status of the goals of the supervision and how they are being  
535                met; and
- 536           3.   At times, a recommendation on continued supervision. If the minimum time  
537                period has passed and the supervisor feels the supervision is no longer required  
538                for rehabilitation, or public protection a recommendation for ceasing of  
539                supervision should be made to the regulatory authority through the report.

540   A template of such a report can be found in Appendix II. If the recommendation to cease  
541   supervision has been made, the regulatory authority can evaluate the reports as a whole to

542 determine if sufficient rehabilitation has occurred. Any change of supervision should be  
543 accomplished through a public order and brought to the regulatory authority at a meeting.

544 It is through an open and fair process that the regulatory authority will be able to protect the  
545 public and fully regulate the profession. In addition to rehabilitation, the supervision conducted  
546 by his/her peers could allow for a growth in competence practice and knowledge. By inclusion  
547 of immunity rules, a professional is allowed to provide supervision to troubled colleagues  
548 without fear of regulatory authority or legal action. It also opens opportunities to the  
549 regulatory authority for the highest qualified professionals to supervise the distressed  
550 population. Continued communication with the regulatory authority, supervisor and disciplined  
551 psychologist throughout the supervision period, through scheduled reports and feedback, will  
552 provide all parties the greatest chance of success.

### 553 **Supervision Contract**

554 A written contract should be entered into and signed by the disciplined practitioner and the  
555 supervisor. Please see Appendix V for an example of the supervision contract. Prior to the  
556 initiation of supervision/monitoring, the contract should be reviewed, approved, and signed by  
557 an appropriate regulatory authority representative and include, but not limited to the following  
558 elements:

#### 559 1. General:

- 560 a. Statement of the supervisor’s legal liability and immunity;
- 561 b. Anticipated duration of the contract;
- 562 c. Length and frequency of supervision sessions;
- 563 d. Details of payment for supervision/monitoring:
  - 564 i. The disciplined practitioner is responsible for payment;
  - 565 ii. Amount;
  - 566 iii. Method of payment;
  - 567 iv. Due date(s) for payment;

- 568 v. Failure of the disciplined practitioner to pay the supervisor is considered  
569 a violation of the regulatory authority disciplinary order for which  
570 additional sanctions may be assessed.
- 571 e. Goals and objectives of the supervision/monitoring:
- 572 i. Protection of the welfare of the disciplined practitioner’s clients;  
573 ii. Assessment of the disciplined practitioner’s readiness for  
574 unsupervised/unmonitored practice;  
575 iii. Professional development of the disciplined practitioner;  
576 iv. Remediation of areas in which the disciplined practitioner is not meeting  
577 criteria for competence or ethical standards;  
578 v. Preparation for unsupervised/unmonitored practice; and  
579 vi. Any specific goals and objectives specified in the regulatory authority  
580 disciplinary order.
- 581 2. Job duties and responsibilities of the disciplined practitioner:
- 582 a. The psychological services to be offered;  
583 b. Maintenance of adequate records regarding services provided;  
584 c. Informing supervisor of all essential clinical and ethical elements of all cases  
585 being supervised/monitored, including disclosing all ethical, legal and  
586 professional problems; and  
587 d. Adhering to laws, regulations, ethical standards, and agency rules governing  
588 psychological practice, including:  
589 i. Informing clients of disciplined practitioner’s supervised/monitored  
590 status;  
591 ii. Obtaining informed consent to share information about the  
592 psychological service with the supervisor.
- 593 3. Roles and responsibilities of supervisor:
- 594 a. Assuming professional responsibility, and if applicable, legal responsibility, for  
595 services offered by the disciplined practitioner;

- 596           b. Informing disciplined practitioner of supervisor’s licensure status and
- 597           qualifications;
- 598           c. Discussing with the disciplined practitioner relevant ethical, legal and
- 599           professional standards of conduct, particularly with regard to the issues that
- 600           serve as the basis for mandated supervision/monitoring;
- 601           d. Establishing the format of supervision to be provided;
- 602           e. Ensuring that the disciplined practitioner informs his/her clients of the
- 603           supervision and obtains the appropriate informed consent to that effect;
- 604           f. Writing and filing report(s) with the regulatory authority regarding the
- 605           disciplined practitioner’s progress and competence; and
- 606           g. Documenting supervision.

607           Additional points to consider are found in the Roles and Responsibilities of the

608           Supervision in Case Supervision section above.

- 609           4. Contingency plans for dealing with unusual, difficult, or dangerous circumstances,:
- 610           a. Criteria about what constitutes an emergency and procedures to follow in an
- 611           emergency;
- 612           b. Availability of the supervisor for emergency supervision;
- 613           c. Legal reporting requirements for both supervisor and disciplined practitioner;
- 614           and
- 615           d. Court involvement.
- 616           5. Resolving differences between supervisor and disciplined practitioner:
- 617           a. How differences in opinion or approach should be handled; and
- 618           b. How grievances can be managed or means of alternative resolution.
- 619           6. Informed consent regarding:
- 620           a. Limits to confidentiality regarding the client;
- 621           b. Limits to confidentiality regarding personal information provided by the
- 622           disciplined practitioner;
- 623           c. Financial arrangement for supervision; and

624 d. Requirements of supervision, which may include observation and review of  
625 records.

626 7. Grounds for termination of supervision.

## 627 **Unique Challenges in Mandated Supervision**

628

629 As with supervision for training, supervision of disciplined practitioners has many unique  
630 challenges.

### 631 **Unable to Locate Supervisor/Monitor**

632 As stated in the section addressing Case Supervision, regulatory authorities utilize a variety of  
633 methods to select an appropriate supervisor and/or monitor when requiring mandated  
634 supervision. Even applying these variations during the selection process may not ensure that  
635 an appropriate supervisor/monitor can be located. Some examples of when other means may  
636 be needed to fulfill the requirement of mandated supervision are:

- 637 1. The need for a supervisor/monitor trained in a specialized area;
- 638 2. A small geographic pool of available supervisors due to size of jurisdiction;
- 639 3. A highly publicized case leading to embarrassment, or humiliation of the  
640 disciplined practitioner which could limit the potency of the supervision  
641 (Thomas, 2010); and
- 642 4. No psychologist willing to provide supervision or monitoring of the discipline  
643 practitioner.

644 If one of the above examples exists, there are several methods that can be employed to find  
645 appropriate, qualified supervisors/monitors. Three main options are utilizing a psychologist  
646 licensed outside the jurisdiction of the disciplined practitioner, utilizing a licensed professional  
647 from an allied mental health field, or employing an outside monitor/company.

648 When reviewing the use of a psychologist licensed outside the jurisdiction, it is important to  
649 consider why this need exists and whether the supervisor/monitor will need to obtain a  
650 temporary license prior to beginning the supervision/monitoring. In smaller jurisdictions, all  
651 potential supervisors may be known by the disciplined practitioner or may not possess the



652 required expertise or competency needed to provide this type of supervision (Thomas, 2010) so  
653 employing a psychologist from outside the jurisdiction may be needed to ensure proper  
654 remediation of the issues addressed in the disciplinary order.

655 If utilizing a psychologist outside of the jurisdiction is not an option, use of a professional in an  
656 allied mental health profession may be the best option. Although little research exists to show  
657 the success rate of cross-disciplinary supervision, the research that does exist highlights factors  
658 that may provide a challenge to cross-disciplinary supervision. Those factors are:

- 659 1. Professional role or training differences;
- 660 2. Lack of shared theories and/or language;
- 661 3. Organizational differences; and
- 662 4. Exposure of weakness outside the profession (Townend, 2005).

663 To remediate the factors identified above, it is important to have a clear, concise, supervisory  
664 contract (Hutchings, Cooper, & O'Donoghue, 2014) in place that addresses:

- 665 1. Scope of the supervision;
- 666 2. Inclusion of and requirement to be familiar with all ethics codes for pertinent  
667 professions;
- 668 3. Regulatory authority requirements regarding type of supervision and reporting  
669 requirements; and
- 670 4. Experiences of past supervision are discussed by all individuals involved (O'Donoghue,  
671 2004).

672 The final option, employing an outside company may prove useful for mandated monitoring  
673 rather than mandated supervision. Some infractions where an outside monitoring company has  
674 been used are insurance fraud, record-keeping deficiencies, and drug and alcohol impairment.

675 An outside monitor/company must have an in-depth knowledge of the regulatory process and  
676 its role to ensure protection of the public. The monitor/company employed provides oversight  
677 to ensure compliance with components of the disciplinary order and to reduce the risk for  
678 further misconduct (DiCianni, 2008). When employing an outside monitoring company, it is

679 important to specify the company and the monitoring and reporting requirements in the  
680 disciplinary order.

681

### 682 **Telepsychology Supervision**

683 Another unique challenge regarding mandated supervision comes from the use of  
684 telepsychology supervision. Several factors contribute to the need to consider telepsychology  
685 supervision as an option for mandated supervision. Time, resources, and location have been  
686 identified as reasons to consider telepsychology supervision (Deane, et al., 2015). Research  
687 shows that rural practitioners may benefit from being matched with other rural practitioners  
688 who understand the unique challenges facing rural practitioners (Xavier, Shephard, & Goldstein,  
689 2007). Before utilizing telepsychology supervision the following should be considered:

- 690 1. When telepsychology supervision is appropriate;
- 691 2. When telepsychology supervision is not appropriate; and
- 692 3. What type of technology is appropriate and how to manage technology failures.

693 Before telepsychology supervision can be considered, the regulatory authority needs to  
694 acknowledge when this type of supervision could be employed for mandated supervision. It is  
695 important that both the supervisor and the disciplined practitioner feel comfortable with this  
696 mode of delivery of supervision. Additionally, both parties must feel that supervision provided  
697 via tele-means will meet the same objectives as that of face-to-face supervision. Once  
698 telepsychology supervision has been deemed a viable option for providing mandated  
699 supervision, the merits of the specific case must be reviewed by the regulatory authority to  
700 ascertain whether this particular case lends itself to telepsychology supervision. Since practice  
701 monitoring may involve such activities as physical review of records or drug screens, cases  
702 requiring that type of monitoring may not be well suited to telepsychology supervision.

703 As stated above, it is of the utmost importance that the regulatory authority reviews each case  
704 prior to authorizing telepsychology supervision. If the case review shows that telepsychology

705 supervision can be utilized for mandated supervision, the regulatory authority needs to  
706 consider the following when setting up the supervision requirements:

- 707 1. The supervising psychologist must be licensed;
- 708 2. The supervisory practice must be in compliance with statutes and regulations of the  
709 jurisdiction of the disciplined psychologist;
- 710 3. Both parties must be competent to use the technology being utilized;
- 711 4. Both parties must have access to acceptable and secure technology
- 712 5. The limitations for telepsychology supervision which could exist as pertaining to the  
713 specific case; and
- 714 6. The need for attending to issues of confidentiality, privacy and security.

715 The regulatory authority must specify in the disciplinary order what technologies it deems  
716 acceptable for telepsychology supervision. There are many web-based programs that make this  
717 type of supervision easier while still maintaining as much of the face-to-face benefits as  
718 possible. Although these web-based programs overall provide a viable option, it is important to  
719 note that some nuances of face-to-face supervision may be lost, such as the details found in  
720 micro-facial expressions due to poor connection quality and body position and posture due to  
721 screen and camera locations. Also, telepsychology supervision may allow for multitasking  
722 during the scheduled supervision time, such as reviewing of emails, and web browsing (Deane,  
723 et al, 2015).

724 Data security must also be addressed in the disciplinary order. Research shows that even with  
725 security mechanisms in place, the weakest link is the actual users (Deane, et al, 2015). The  
726 disciplinary order should specify what is acceptable regarding passwords, data storage,  
727 informed consent and record retention. Finally, telepsychology supervision should be provided  
728 in compliance with the supervision requirements of face-to-face supervision. All ethical and  
729 professional components of face-to-face supervision apply to telepsychology supervision as  
730 well.

731

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## APPENDIX I

### **Sample Language for Disciplinary Orders regarding Selection of Approved Vetted Potential Supervisors/Monitors**

#### **Names provided by the Regulatory Authority**

Respondent shall select a supervising psychologist from a list provided by the Board Chair. The supervising psychologist will be responsible for assisting and for advising Respondent. Respondent shall present to the Board office a copy of the contract reflecting the supervision agreement entered by the Respondent and supervising psychologist no later than 30 days from the date the Board Chair provides the list of possible supervisors to the Respondent. After completion of the supervision, the supervising psychologist will submit a summary report to the Board.

#### **Licensee Selects Supervisor**

Licensee shall submit the curriculum vitae of his/her proposed professional consultant for preapproval by the Regulatory Authority within 30 days of the date this disciplinary order becomes effective. Licensee shall select a consultant with whom he/she has had no previous personal or professional relationship. The Regulatory Authority reserves the right to reject the consultant proposed by Licensee. If the Regulatory Authority rejects the consultant proposed by Licensee, the Regulatory Authority may require that Licensee submit additional names, or the Regulatory Authority may provide Licensee with the name of a consultant.

#### **From Names, the Disciplined Psychologist Submits**

Respondent will be required to meet with a Board-approved supervisor for at least one year. Respondent is to submit the names of three psychologists to the Board within 30 days of this disciplinary order. The psychologists submitted for approval should have competence in the same areas of practice and populations as the Respondent. The Regulatory Authority will then choose one psychologist from this list or request additional names if none of those submitted meet with the Regulatory Authority's approval.



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834 I certify, under penalty of perjury, that the foregoing information is true and correct and that I  
835 completed the above report. I understand that if I discover conduct, during record review, which  
836 indicates to me that the licensee is not safe to practice psychology, I must report it to the Board of  
837 Psychology. I understand and agree that copies of this Quarterly form, including copies of the  
838 signatures of the monitor may be used in lieu of original documents and signatures, and further,  
839 that such copies and signatures shall have the same force and effect as originals

|                               |              |
|-------------------------------|--------------|
| Monitor's Name (please print) | Phone Number |
| Monitor's Signature           | Date         |

840  
841 To submit form: mail to address on the letterhead, or email to [psychprobation@dca.ca.gov](mailto:psychprobation@dca.ca.gov) or fax to  
842 (916) 574-7321  
843  
844



845  
846

Revised 8/2015

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848

## General Information

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850

851 The monitor's role is to assist the Board in protecting the public. Equally important  
852 is the monitor's role in assisting the licensee, who may already be an experienced  
853 practitioner, to rehabilitate his/her skills by improving his/her techniques and by  
854 discontinuing the activities or behaviors that led to the discipline.

855

856 As a practice monitor, you must:

857

858

859 1) Have access to the licensee's patient records by ensuring that the  
860 licensee has informed each of his/her patients that you may be reviewing  
861 their records and that a release is in the file,

862 2) Select, at random, the patient files to be reviewed,

863 3) Review as many patient files as possible in the time allowed,

864 4) Complete the quarterly reporting form and send it to the Board on a  
865 quarterly basis as indicated below, and

866 5) Notify the Board of any conduct you discover, during record review, which  
867 indicates to you that the licensee is not safe to practice psychology.

868

869 By completing the monitoring form and turning it in on time, you greatly assist the  
870 Board in its efforts to ensure consumer safety, and benefit the licensee by  
871 complying with his /her probationary order. You should know that it is ultimately the  
872 licensee's responsibility to ensure that your reports are submitted timely.

873

874 Your cooperation is sincerely appreciated. If you ever have any questions or need  
875 to report any concerns, please contact the Board's Probation Program at (916)

876 574-7235.

877

878

## **APPENDIX III**

879

880

### **SAMPLES OF JURISDICTIONAL IMMUNITY LANGUAGE**

881

#### **Arizona**

882

##### **R4-26-310. Disciplinary Supervision; Practice Monitor**

883

A. If the Board determines, after a hearing conducted under A.R.S. Title 41, Chapter 6, Article 10, after an informal interview under A.R.S. § 32-2081(K), or through an agreement with the Board, that to protect public health and safety and ensure a licensee's ability to engage safely in the practice of psychology, it is necessary to require that the licensee practice psychology for a specified term under another licensee who provides supervision or service as a practice monitor, the Board shall enter into an agreement with the licensee or issue an order regarding the disciplinary supervision or practice monitoring.

889

B. Payment between a licensee and supervisor or practice monitor.

891

1. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under the supervision of another licensee may pay the supervising licensee for the supervisory service;

892

2. A licensed psychologist who provides supervisory service to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under supervision may accept payment for the supervisory service;

895

3. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under a practice monitor may pay the practice monitor for the service provided; and

896

4. A licensed psychologist who provides practice monitoring to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under a practice monitor may accept payment for the service provided.

897

C. A licensed psychologist who supervises or serves as a practice monitor for a licensed psychologist who has entered an agreement with the Board or been ordered by the Board to practice psychology under supervision or with a practice monitor is professionally responsible only for work specified in the agreement or order.

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#### **Georgia**

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"43-39-20. Immunity from civil and criminal liability for certain good faith actions

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Any psychologist licensed under this chapter who testifies in good faith without

911

fraud or malice in any proceeding relating to a licensee's or applicant's fitness to

912

practice psychology, or who in good faith and without fraud or malice makes a

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report or recommendation to the board in the nature of peer review, shall be

914 immune from civil and criminal liability for such actions. No psychologist licensed  
915 under this chapter who serves as a supervising or monitoring psychologist  
916 pursuant to a public or private order of the board shall be liable for any damages  
917 in an action brought by the supervised or monitored psychologist, provided that  
918 the supervising or monitoring psychologist was acting in good faith without fraud  
919 or malice.”

920 **Nevada**

921 **NRS 641.318 Immunity of certain persons from civil liability.** In addition to any other  
922 immunity provided by the provisions of [chapter 622A](#) of NRS, the Board, a review panel of a  
923 hospital, an association of psychologists or any other person who or organization which initiates  
924 a complaint or assists in any lawful investigation or proceeding concerning the licensing of a  
925 psychologist or the discipline of a psychologist for gross malpractice, repeated malpractice,  
926 professional incompetence or unprofessional conduct is immune from any civil action for that  
927 initiation or assistance or any consequential damages, if the person or organization acted without  
928 malicious intent.

929 **NRS 622A.150 Immunity from civil liability.**

930 1. A person who provides a governmental entity, officer or employee with any information  
931 relating to a contested case is immune from any civil liability for providing that information if the  
932 person acted in good faith and without malicious intent.

933 2. A governmental entity, officer or employee is immune from any civil liability for:

934 (a) Any decision or action taken in good faith and without malicious intent in carrying out the  
935 provisions of this chapter or any law or regulation governing occupational licensing; or

936 (b) Communicating or cooperating with or providing any documents or other information to  
937 any other governmental entity, officer or employee conducting an investigation, disciplinary  
938 proceeding or civil or criminal prosecution.

939

940

941 **APPENDIX IV**

942

943 **EVALUATION TEMPLATES & PROCESSES**

944 Sample Language for Psychologist Conducting Fitness for Practice Evaluation:

945 Thank you for agreeing to participate in the Board’s process of assessing \_\_\_\_\_  
946 in order to assist the Board in determining Dr. \_\_\_\_\_ fitness to practice psychology in  
947 (jurisdiction name). Enclosed for your information is a copy of Dr. \_\_\_\_\_ signed Release  
948 of Information as well as an Evaluation of Fitness for Practice Report template for you to use to  
949 provide information to the Board once your evaluation has been completed.

950

951 Please be advised that the final determination of the fitness to practice psychology is made by  
952 the Psychology Board. You, as the evaluator, have the responsibility to address the areas  
953 outlined in the enclosed report template. As such, you should not make recommendations in  
954 absolute terms with regard to such areas as periods of restriction, supervision, etc. If any  
955 questions arise in the process of evaluation, you may contact \_\_\_\_\_.

956

957 **EVALUATION OF FITNESS FOR PRACTICE**

958 **PSYCHOLOGICAL REPORT**

959

960 **Name:**

961 **Licensure status:**

962 **DOB:**

963 **Date(s) of assessment:**

964 **Reason for referral:**

965 Brief statement of the events leading up to the evaluation related to the presenting  
966 problem; any current disciplinary action

967 **Identifying information:**

968 Demographic information; licensure history; areas of practice

969

970 **Current social/employment status:**

971 Marital status/history; employment history; social supports, social/leisure activities, and/or  
972 other coping strategies

973 **Mental status examination:**

974 Appearance; demeanor; affect; speech; etc.

975 **Psychiatric history:**

976 Summary of previous psychiatric problems; previous inpatient and/or outpatient treatment;  
977 results of any previous evaluations if available

978 **Substance use/abuse history:**

979 Past and current use of alcohol and/or other substance use; collateral sources used;  
980 associated psychosocial stressors

981 **Relevant medical history/medical assessment/laboratory results:**

982 Past and current medical status; evaluator may decide to request further medical  
983 assessment prior to releasing results

984 **Relevant psychological history and psychological assessment:**

985 Past and current psychological status; evaluator may decide to conduct formal psychological  
986 assessment as part of evaluation

987 **Clinical impressions:**

988 Summary of the evaluation; diagnostic impression, if applicable, with emphasis on reason  
989 for referral

990 **Rehabilitative efforts undertaken:**

991 Personal; professional; results

992 **Risk assessment:**

993 Detailed review of factors determined to increase/decrease risk of harm to the public or to  
994 self, as applicable

995 **Considerations for the Board:**

996 A. Issues for the Board to consider regarding what action(s) to take—may include, but not  
997 be limited to, (1) practice restrictions (e.g., populations worked with, areas of practice);  
998 (2) practice oversight (e.g., monitoring/supervision of practice); (3) rehabilitative issues  
999 (e.g., tutorials, psychotherapy, drug/alcohol testing and/or treatment)

1000 B. Relapse risk

1001 **SUBSTANCE USE/ABUSE EVALUATION**

1002 **PSYCHOLOGICAL REPORT**

1003 **Name:**

1004 **Licensure status:**

1005 **DOB:**

1006 **Date(s) of assessment:**

1007 **Reason for referral:**

1008 Brief statement of the events leading up to the evaluation related to the presenting  
1009 problem; any current disciplinary action

1010 **Identifying information:**

1011 Demographic information, licensure history, areas of practice

1012 **Current social/employment status:**

1013 Marital status/history; employment history; social supports, social/leisure activities, and/or  
1014 other coping strategies

1015 **Mental status examination:**

1016 Appearance; demeanor; affect; speech; etc.

1017 **Psychiatric history:**

1018 Summary of previous psychiatric problems; previous inpatient and/or outpatient treatment;  
1019 results of any previous evaluations if available

1020 **Substance use/abuse history:**

1021 Past and current use of alcohol and/or other substance use; collateral sources used;  
1022 associated psychosocial stressors

1023 **Relevant medical history/medical assessment/laboratory results:**

1024 Past and current medical status; evaluator may decide to request further medical  
1025 assessment prior to releasing results

1026

1027

1028 **Relevant psychological history and psychological assessment:**

1029 Past and current psychological status; evaluator may decide to conduct formal psychological  
1030 assessment as part of evaluation

1031 **Clinical impressions:**

1032 Summary of the substance use/abuse evaluation; diagnostic impression, if applicable, with  
1033 emphasis on reason for referral

1034 **Rehabilitative efforts undertaken:**

1035 Personal; professional; results

1036 **Risk assessment:**

1037 Detailed review of factors determined to increase/decrease risk of harm to the public or to  
1038 self particularly relative to the individual's substance use/abuse status, e.g., involvement in  
1039 a treatment program, 12-step program, etc.

1040 **Considerations for the Board:**

1041 A. Issues for the Board to consider regarding what action(s) to take—may include, but not  
1042 be limited to, (1) practice restrictions (e.g., populations worked with, areas of practice);  
1043 (2) practice oversight (e.g., monitoring/supervision of practice); (3) rehabilitative issues  
1044 (e.g., tutorials, psychotherapy, drug/alcohol testing and/or treatment)

1045 B. Relapse risk

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## APPENDIX V

1049

### Sample Contract for Mandated Supervision/Monitoring For Discipline

1050

#### I. General

1051

A. Supervisor’s legal liability and immunity, or lack thereof.

1052

B. Disciplined practitioner is responsible for paying for supervision/monitoring as

1053

follows:

1054

i. Rate: \$\_\_\_ per session.

1055

ii. Method: (e.g., cash, personal check or money order).

1056

iii. Due date: (e.g., conclusion of each session).

1057

iv. Failure of the disciplined practitioner to pay supervisor is considered a

1058

violation of the regulatory authority order for which additional sanctions

1059

may be assessed.

1060

C. Contingency plans for dealing with unusual, difficult, or dangerous

1061

circumstances.

1062

D. Resolving differences between supervisor and disciplined practitioner.

1063

E. Grounds for termination of supervision.

1064

1065

#### II. Goals of Supervision

1066

A. Ensure welfare and protection of patients of the disciplined practitioner.

1067

B. Prepare disciplined practitioner for unsupervised/unmonitored practice.

1068

C. Remediation in the areas of \_\_\_\_\_.

1069

D. Specific goals and objectives specified in the regulatory authority order.

1070

1071

#### III. Structure of Supervision



- 1072 A. The supervisor will be \_\_\_\_\_, who will provide \_\_\_\_\_  
1073 hours of supervision per \_\_\_\_\_ for a period not less than \_\_\_\_\_ (information  
1074 stipulated in the regulatory authority order).
- 1075 B. Structure of the supervision session: supervisor and disciplined practitioner  
1076 preparation for supervision, in-session structure and processes, live or video  
1077 observation \_\_\_ times per \_\_\_\_\_ (time period).
- 1078 C. Limits of confidentiality exist for disciplined practitioner disclosures in  
1079 supervision (e.g., supervisor reporting to regulatory authority, upholding legal  
1080 and ethical standards).
- 1081 D. Supervision records are available to regulatory authority.

1082

1083 IV. Duties and Responsibilities of Supervisor

- 1084 A. Assumes professional responsibility for services offered by the disciplined  
1085 practitioner (if applicable, note that supervisor also assumes legal responsibility).
- 1086 B. Supervises/monitors disciplined practitioner’s practice in accordance with  
1087 requirements set forth by the regulatory authority in the disciplinary order (list  
1088 specifics from order).
- 1089 C. Ensures availability to the disciplined practitioner.
- 1090 D. Develops and maintains a respectful and collaborative supervisory relationship  
1091 within the power differential.
- 1092 E. Reviews and signs off on all reports, case notes, and communications (if required  
1093 by the regulatory authority order or the supervisor).
- 1094 F. Practices effective supervision/monitoring to maintain a distinction between  
1095 supervision/monitoring and psychotherapy.
- 1096 G. Assists the disciplined practitioner in setting and attaining goals and objectives to  
1097 comply with the regulatory authority order.
- 1098 H. Informs disciplined practitioner when the disciplined practitioner is not meeting  
1099 criteria for successful completion of the supervised/monitoring experience, and  
1100 implements remedial steps to assist the disciplined practitioner’s development.

- 1101 I. Reschedules sessions to adhere to the regulatory authority order if the  
1102 supervisor must cancel or miss a supervision session.
- 1103 J. Maintains documentation of the supervision/monitoring and services provided,  
1104 and provides such to the regulatory authority upon its request.
- 1105 K. Advises the regulatory authority if the supervisor has reason to believe that the  
1106 disciplined practitioner is practicing in a manner that violates the terms of the  
1107 contract and/or the regulatory authority order.
- 1108 L. Files report(s) in a timely manner at a frequency set by the regulatory authority  
1109 (specify).  
1110
- 1111 V. Duties and Responsibilities of the Disciplined Practitioner
- 1112 A. Understands the responsibility of the supervisor for all disciplined practitioner  
1113 professional practice and behavior.
- 1114 B. Fully informs supervisor of clinically relevant information from patient.
- 1115 C. Implements supervisor directives, and discloses clinical issues, concerns, and  
1116 errors that arise.
- 1117 D. Integrates supervisor feedback into practice.
- 1118 E. Identifies to patients his/her status as a disciplined practitioner, the name of the  
1119 supervisor, and describes the supervisory structure (including supervisor access  
1120 to all aspects of case documentation and records).
- 1121 F. Obtains patient’s informed consent to discuss all aspects of the disciplined  
1122 practitioner’s work with the supervisor.
- 1123 G. Attends supervision/monitoring sessions prepared to discuss practice issues as  
1124 directed by the supervisor.
- 1125 H. Seeks out and receives immediate supervision on emergent situations (include  
1126 supervisor contact information).
- 1127 I. Reschedules sessions to adhere to the regulatory authority order if the disciplined  
1128 practitioner must cancel or miss a supervision session.

1129

1130 A formal review of this contract will be conducted on or around \_\_\_\_\_ when a review  
1131 of the specific goals described herein will be made.

1132 We, \_\_\_\_\_ (disciplined practitioner) and \_\_\_\_\_  
1133 (supervisor) agree to follow the parameters described in this supervision contract and the  
1134 regulatory authority disciplinary order dated \_\_\_\_\_, and to conduct ourselves in keeping  
1135 with the American Psychological Association Ethical Principles and Code of Conduct or the  
1136 Canadian Psychological Association Code of Ethical Conduct.

1137

1138

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1139 Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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1141

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1142 Disciplined Practitioner \_\_\_\_\_ Date \_\_\_\_\_

1143

1144 Dates contract is in effect: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

1145

1146 Reviewed and approved by Board Representative:

1147

1148

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1149 Board Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

1150 (Printed Name & Title)

1151

1152 **APPENDIX VI**

1153

1154

**SAMPLE LANGUAGE FOR DISCIPLINARY ORDERS**

1155

**Missouri**

1156

**I.**

**PSYCHOLOGICAL EVALUATION REQUIREMENTS**

1157

A. At Licensee’s expense, Licensee must undergo an evaluation to assess current functioning and effects of such functioning on Licensee’s ability to practice, conducted by a licensed and/or board certified psychologist trained in neuropsychology approved by the State Committee of Psychologists. Within twenty (20) business days of the effective date of this Order, Licensee shall submit a list of no less than five (5) proposed psychologists trained in neuropsychology to conduct the evaluation. The Committee may approve a psychologist trained in neuropsychology from this list, or may require a second list of five (5) proposed psychologists trained in neuropsychology which the Licensee shall submit within twenty (20) business days of the Committee’s request. The Licensee must begin the evaluation within thirty (30) days of the Committee’s approval. The Licensee must immediately notify the Committee, in writing, of the start date of the evaluation.

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B. The written evaluation must be submitted by the evaluating psychologist trained in neuropsychology to the State Committee of Psychologists within thirty (30) days of the evaluation being initiated. It shall be the Licensee’s responsibility to ensure that the evaluation is submitted by the evaluating psychologist trained in neuropsychology to the State Committee of Psychologists.

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C. The evaluating psychologist trained in neuropsychology shall be released to discuss the purpose and methods of the evaluation with a representative of the State Committee of Psychologists prior to performing the evaluation. The evaluation will be pursuant to consultation with the State Committee of Psychologists. While Licensee will pay for the evaluation, the evaluating psychologist trained in neuropsychology will work on behalf of the State Committee of Psychologists.

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D. Licensee shall abide by the recommendations of the evaluating psychologist trained in neuropsychology set forth in the psychologist trained in neuropsychology’s evaluation. Licensee shall engage in all psychologist trained in neuropsychology testing evaluation, supervision, therapy or other treatment

1184

1185

1186

1187 recommended. If therapy is deemed appropriate, the treating health care  
1188 provider must be different from the professional performing the evaluation and  
1189 must be approved by the State Committee of Psychologists. Licensee shall  
1190 commence any recommended therapy or treatment within twenty (20) days of  
1191 the evaluation completion date.

1192

1193 E. If therapy is deemed appropriate, it must be continued according to the  
1194 frequency of sessions recommended by the evaluating psychologist trained in  
1195 neuropsychology. The treatment modality or plan shall reflect issues and  
1196 themes recommended by the evaluating psychologist trained in  
1197 neuropsychology as well as any additional treatment goals. Ongoing treatment  
1198 and documentation should address the evaluating psychologist trained in  
1199 neuropsychology's recommendation.

1200 F. In the event the treating psychologist trained in neuropsychology  
1201 becomes unable or decides not to continue serving in his/her capacity as a  
1202 treating psychologist trained in neuropsychology during the disciplinary period,  
1203 then the Licensee shall:

1204 1. Within three (3) business days of being notified of the treating  
1205 psychologist trained in neuropsychology's inability or decision not to  
1206 continue serving as the treating psychologist trained in neuropsychology  
1207 or otherwise learning of the need to secure a treating psychologist  
1208 trained in neuropsychology, advise the State Committee of Psychology in  
1209 writing that he/she is needing to secure a treating psychologist trained in  
1210 neuropsychology and the reasons for such change; and

1211 2. Within twenty (20) business days of being notified of the treating  
1212 psychologist trained in neuropsychology's inability or decision not to  
1213 continue serving as the treating psychologist trained in neuropsychology  
1214 or otherwise learning of the need to secure a treating psychologist  
1215 trained in neuropsychology, secure a treating psychologist trained in  
1216 neuropsychology pursuant to and in accordance with the terms and  
1217 conditions set forth in this Order.

1218 G. Licensee must give the State Committee of Psychologists, or its  
1219 representative(s), permission to review Licensee's personal treatment and/or  
1220 medical records.

1221 H. In any professional activity in which Licensee is involved, all individuals  
1222 whom Licensee treats, evaluates, or provides service must allow his/her

1223 treatment records to be reviewed by the State Committee of Psychologists or its  
1224 representative(s).

1225 I. Licensee’s treating psychologist trained in neuropsychology must report  
1226 at least once every three (3) months to the State Committee of Psychologists on  
1227 Licensee’s progress. Reports must be received before March 1, June 1,  
1228 September 1 and December 1 of each year. It is Licensee’s responsibility to  
1229 ensure that these reports are provided in a timely manner.

1230 **II. SUPERVISION REQUIREMENTS**

1231 A. Licensee’s practice as a professional psychologist shall be supervised on a  
1232 three (3) month basis by a psychologist approved by the State Committee of  
1233 Psychologists. If Licensee has failed to secure a supervisor within twenty (20)  
1234 days from the start of probation the Licensee shall cease practicing psychology  
1235 until a supervisor is secured. Licensee shall be responsible for any payment  
1236 associated with the supervision. Supervision includes, but is not limited to, on  
1237 site face-to face review of cases and review (approval and co-signing) of written  
1238 reports such as case notes, intake assessments, test reports, treatment plans and  
1239 progress reports.

1240 B. In the event the supervising psychologist becomes unable or decides not  
1241 to continue serving in his/her capacity as a supervising psychologist or otherwise  
1242 ceases to serve as a supervising psychologist during the period of probation, then  
1243 Licensee shall:

1244 1. Within three business days of being notified of the supervising  
1245 psychologist’s inability or decision not to continue serving as the  
1246 supervising psychologist, or otherwise learning of the need to secure a  
1247 supervising psychologist, advise the Committee in writing that he is  
1248 needing to secure a supervising psychologist and the reasons for such  
1249 change; and

1250 2. Within twenty business days of being notified of the supervising  
1251 psychologist’s inability or decision not to continue serving as the  
1252 supervising psychologist, or otherwise learning of the need to secure a  
1253 supervising psychologist, secure a supervising psychologist pursuant to  
1254 and in accordance with the terms and conditions set forth in this Order.  
1255 After twenty business days, Licensee shall not conduct psychological  
1256 evaluations if he has not secured a supervisor.

1257 C. The supervising psychologist shall be vested with the administrative  
1258 authority over all matters affecting the provision of psychological evaluations

1259 provided by Licensee so that the ultimate responsibility for the welfare of every  
1260 client evaluated is maintained by the supervising psychologist.

1261 D. Licensee must give the State Committee of Psychologists or its  
1262 representative(s) permission to review Licensee’s personal treatment or medical  
1263 records.

1264 E. In any professional activity in which Licensee is involved, all individuals  
1265 whom Licensee treats, evaluates, or provides service must allow his/her  
1266 treatment records to be reviewed by the State Committee of Psychologists or its  
1267 representative(s).

1268 F. Licensee’s supervisor must report at least once every three (3) months on  
1269 Licensee’s compliance with the terms of discipline in this Order until Licensee’s  
1270 satisfactory completion of the requirements of section I, paragraph A above.  
1271 Reports must be received before March 1, June 1, September 1 and December 1  
1272 of each year. It is Licensee’s responsibility to ensure that these reports are  
1273 provided to the Committee in a timely manner.

1274 **III. GENERAL REQUIREMENTS**

1275 A. Licensee shall not serve as a supervisor for any psychological trainee,  
1276 psychological intern, psychological resident, psychological assistant, or any  
1277 person undergoing supervision during the course of obtaining licensure as a  
1278 psychologist, professional counselor or social worker.

1280 B. Licensee must inform Licensee’s employers, and all hospitals, institutions  
1281 and managed health care organizations within which Licensee is affiliated, that  
1282 Licensee’s work as a professional psychologist is under probation by the State  
1283 Committee of Psychologists. Licensee must obtain written verification that each  
1284 patient/client that Licensee treats, evaluates, or consults has been so informed.  
1285

1286 C. Licensee shall meet with the Committee or its representatives at such  
1287 times and places as required by the Committee after notification of a required  
1288 meeting.  
1289

1290 D. Licensee shall submit reports to the State Committee for Psychologists,  
1291 P.O. Box 1335, Jefferson City, Missouri 65102, stating truthfully whether he has  
1292 complied with all the terms and conditions of this Order by no later than March  
1293 1, June 1, September 1 and December 1 during each year of the disciplinary  
1294 period.  
1295

1296 E. Licensee shall keep the Committee apprised of his/her current home and  
1297 work addresses and telephone numbers. Licensee shall inform the Committee  
1298 within ten days of any change of home or work address and home or work  
1299 telephone number.  
1300

1301 F. Licensee shall comply with all provisions of sections 337.010 through  
1302 337.345, RSMo; all applicable federal and state drug laws, rules, and regulations;  
1303 and all federal and state criminal laws. "State" here includes the state of  
1304 Missouri and all other states and territories of the United States.  
1305

1306 G. During the disciplinary period, Licensee shall timely renew his license and  
1307 timely pay all fees required for licensing and comply with all other Committee  
1308 requirements necessary to maintain Licensee's license in a current and active  
1309 state.  
1310

1311 H. If at any time during the disciplinary period, Licensee removes himself  
1312 from the state of Missouri, ceases to be currently licensed under provisions of  
1313 Sections 337.010 through 337.345, RSMo, or fails to advise the Committee of  
1314 his/her current place of business and residence, the time of his/her absence,  
1315 unlicensed status, or unknown whereabouts shall not be deemed or taken as any  
1316 part of the time of discipline so imposed in accordance with § 337.035, RSMo.  
1317

1318 I. During the disciplinary period, Licensee shall accept and comply with  
1319 unannounced visits from the Committee's representatives to monitor his/her  
1320 compliance with the terms and conditions of this Order.  
1321

1322 J. If Licensee fails to comply with the terms of this Order, in any respect, the  
1323 Committee may impose such additional or other discipline that it deems  
1324 appropriate, (including imposition of the revocation).  
1325

1326 K. This Order does not bind the Committee or restrict the remedies  
1327 available to it concerning any other violation of Sections 337.010 through  
1328 337.345, RSMo, by Licensee not specifically mentioned in this document.  
1329

1330 L. Upon expiration of the disciplinary period, Licensee's license as a  
1331 psychologist in Missouri shall be fully restore, provided all provisions of this  
1332 Order and all other requirements of law have been satisfied.