



**Canadian Council of Professional Psychology Programs**

**Recommendations and Guidelines for Establishing and Maintaining  
Co-Supervision Arrangements in Graduate Level Psychology Training**

**Prepared by the Graduate Training Subgroup of the CCPPP Task Force Against  
Racism and Discrimination in Canadian Psychology Training and Practice<sup>1</sup>**

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<sup>1</sup> CCPPP Announcement of the Task Force:  
<https://www.cccppp.ca/resources/Documents/Member%20Resources/ADI/CCPPP%20Statement%20Against%20Racism%20and%20Discrimination.pdf>

## INTRODUCTION

The CCPPP statement against racism and discrimination identifies the following steps to promote practices that address inequities and reduce racial disparities in psychology:

- (a) Increasing the number of Indigenous Peoples, Black Canadians, and other People of Colour among psychology students, faculty, staff, and leaders;
- (b) Making training communities accessible and safe for Indigenous Peoples, Black Canadians, and other People of Colour;
- (c) Amplifying the voices and perspectives of Indigenous Peoples, Black Canadians, and other People of Colour; and
- (d) Promoting learning cultures that teach anti-racist and intersectional values, analysis, and actions, clinical and academic cultural humility, and the use of power and privilege to advocate for human rights and social justice (p. 2<sup>2</sup>).

Additionally, the CCPPP adopted the principles and recommendations from the *Council of Chairs of Training Councils (CCTC) Toolkit for Social Responsiveness in Training*, for which, Health Service Psychology (HSP) training institutions are encouraged to meet the following calls to action:

Diversifying HSP pipelines; Revisiting our program structures with increased shared governance; Liberating and transforming our curriculum across all levels of training; Moving toward socially responsive HSP research training; Socially responsive ethics and professionalism; Social justice and advocacy; Socially responsive community engagement; Socially responsive evaluation of students, educators, and programs; and socially responsive lifelong learning.

The 6th Revision of the CPA Accreditation Standards for Doctoral and Residency Programs in Professional Psychology (Feb, 2023) states that psychology training institutions are required to support student development in the following foundational competencies:

Individual, social, and cultural diversity; Indigenous interculturalism; Evidence based knowledge and methods; Professionalism; Interpersonal skills and communication; Bias evaluation and reflective practice; Ethical standards, laws, policies; and Interdisciplinary collaboration and service settings.

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<sup>2</sup><https://www.ccppp.ca/resources/Documents/Member%20Resources/ADI/CCPPP%20Statement%20Against%20Racism%20and%20Discrimination.pdf>

Fostering and supporting greater co-supervisory opportunities will contribute to supervisees' development of these foundational and functional competencies, as well as support psychology in answering the call to action for socially responsive training. As such, it becomes essential for Doctoral and Residency programs to consider avenues to address the above-mentioned competencies and calls to action, one of which is implementing co-supervision models.

### **Co-Supervision Facilitating Supervisee Exposure to Diverse Clinical Perspectives**

Co-supervision in psychology is an approach to clinical training that aims to expose supervisees to diverse clinical perspectives. For the purposes of this document, and in the context of psychology training, a co-supervision team is made up of a graduate student, a licensed psychologist, and a licensed allied mental health professional. Exposure to varied clinical perspectives supports supervisees' professional development towards the achievement of foundational and functional competencies in psychology. Co-supervision involves shared responsibility in the supervisory role and provides an opportunity for supervisors to partner in providing clinical training.

Co-supervision experiences allow psychology graduate students to receive professional training in areas where psychologists may not be regularly employed, but where members of historically under-served and under-represented groups are often accessing services (e.g., community-based organizations for immigrants and refugees, friendship centers, services for individuals with precarious housing, shelters, etc.). Such settings are referred to as *agencies* in this document. Co-supervision experiences therefore allow students to broaden their training to help them to better work with historically (and currently) under-served groups while also potentially expanding the areas where psychologists work in the future through (1) building connections with agencies, and (2) gaining competency to work with those agencies and the populations they serve.

## **RECOMMENDATIONS & GUIDELINES**

### **How These Guidelines Were Developed**

These guidelines were created by a subgroup of the CCPPP Task Force Against Racism and Discrimination in Canadian Psychology Training and Practice dedicated to initiatives related to graduate training. The subgroup is broadly focused on identifying issues of discrimination and racism experienced by current graduate students in professional psychology programs, as well as formulating and implementing deliverables to address identified areas of concern. The group is composed of current

and recent graduate students, as well as licensed psychologists working in academic and clinical settings.

The following subgroup members were active in the development of these recommendations and guidelines: Fanie Collardeau, Jessica Dere, Tasmia Hai, Sheri Nsamenang, Debra Torok, Ian Wellspring, and Christiane Whitehouse.

The subgroup began to address the topic of co-supervision by eliciting perspectives from DCTs through an anonymous survey. The aim of the survey was to garner information on the availability of practicum experiences with historically under-served and under-represented groups offered to professional psychology graduate students. This included questions regarding current practicum experiences and offerings, what has aided in offering diverse practica, and barriers to providing practicum experiences. Several questions also focused directly on issues related to supervision and co-supervision. The survey was sent to DCTs at universities throughout Canada and responses were collected between April and September, 2021. DCTs were selected given their involvement in creating and providing oversight to all clinical practicums in their respective programs, as well as their focus on ensuring that all students receive appropriate training to address their clinical competencies as outlined by the CPA. DCTs were able to provide their contact information in a separate link to express their interest in participating in follow-up focus groups.

Focus groups were then conducted with DCTs who expressed their interest between September 27 and October 4, 2021. The aim of the focus groups was to garner detailed and nuanced perspectives, and information about how co-supervision is currently implemented in various programs across Canada. The questions and facilitated discussion points were developed based on identified themes from the initial DCT survey. A total of seven DCTs participated in the focus groups held across two separate focus group times. The DCTs represented clinical psychology and counselling programs located in British Columbia, Ontario, and Nova Scotia. The questions focused on general co-supervision, feasibility and barriers to co-supervision, as well as approaches to anti-racist and anti-oppressive practices. Findings from the focus groups informed the guidelines and recommendations contained in the current document.

Lastly, the subgroup met with a representative from the Association of Psychology Postdoctoral and Internship Centers (APPIC) to discuss how supervision hours from co-supervision arrangements can be counted for internship applications. Conclusions from that meeting are discussed below in section #7, "Counting Hours".

A working draft of the document was sent to (in order): CCPPP Task Force Against Racism and Discrimination in Canadian Psychology Training and Practice, CCPPP Executive Committee Members, and Directors of Clinical Training (DCTs) across Canada. The aim for each step of the review process was to ensure that the recommendations and guidelines outlined in this document addressed concerns previously raised by DCTs, proposed feasible and attainable solutions to the identified themes, and provided a framework for delivering co-supervision.

This document will hopefully continue to evolve as the practice of co-supervision develops. The writers are open to constructive feedback and suggestions from programs and individuals attempting to use these guidelines.

## **General Considerations for Co-supervision**

### **Forging Ethical and Equitable Partnerships Between Psychology Training Institutions and External Agencies<sup>3</sup>**

#### *Addressing Power Dynamics*

Co-supervision arrangements should be made in the spirit of partnership, with an emphasis on fostering greater equity in the provision of health service psychology and training. Further, co-supervision agreements should be discussed, and agreed upon, prior to graduate student involvement. As such, these arrangements should be made (if possible) before the practicum rotation is offered to graduate students.

- Psychology training institutions (e.g., universities) working with agencies to establish co-supervision arrangements should first listen to and explore the wants and needs of the agencies, without making assumptions about their wants and needs.
- Psychology training institutions should allow agencies to explain whether they believe psychologists may be able to play a role in contributing to their services, and how the agency envisions this taking place. They should collaboratively continue to develop this vision, while cognizant of potential power imbalances between agencies and psychology institutions.
- Psychology training institutions should be forthcoming regarding the limitations and gaps in our psychology training, and be open to the agencies identifying gaps in psychological service provision as viewed from their perspectives. Psychology training institutions should seek expertise from other allied mental health professionals working at the agencies of interest, to aid in further identifying gaps in our field to be addressed.
- Psychology training institutions should be cognizant of the labour provided by other allied mental health professionals agreeing to provide co-supervision to psychology graduate students. If providing supervision is outside of their job expectations, benefits for the co-supervising allied mental health professional should be explored, such as providing a stipend or setting up an exchange whereby allied mental health trainees are co-supervised by the supervising psychologist.

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<sup>3</sup> Agency in this document refers to the organization hosting a psychology practicum placement in the community.

## Readiness to Supervise

### *Do No Harm*

Psychology training institutions need to consider whether their psychologists, who currently supervise psychology graduate students independently, are appropriately trained to provide co-supervision.

- If co-supervision is to allow psychology trainees to receive supervision in areas where psychologists may not be regularly employed, but where members of historically under-served and under-represented groups are often seeking services (e.g., community-based organizations for immigrants and refugees, friendship centers, individuals with precarious housing, shelters, etc.), co-supervising psychologists must have relevant training, such as training in cultural humility and competency.
- Psychology training institutions must determine how they will evaluate their supervising psychologists' readiness to co-supervise. Supervising psychologists who are not appropriately trained risk damaging the relationship with these agencies, and potentially causing harm to members of historically under-served and under-represented groups that may access the agencies' services.

### **Co-Supervision with Psychologist Off-Site**

In accordance with the Canadian Psychological Association (CPA), licensed allied mental health professionals can supervise regardless of whether or not the primary supervisor/psychologist is off-site as long as the CPA's "Accreditation Standards for Doctoral and Residency Programs in Professional Psychology" are still met. The 6<sup>th</sup> Revision (Feb 2023) of the CPA standards state, on Page 17 (bold added for emphasis):

*"The supervision of psychological services must be provided by a psychologist registered for independent practice in the jurisdiction where the services are provided and who is responsible for the professional psychological services provided by the student. In cases of collaborative or shared supervision, **at least one of the supervisors is a registered psychologist**, and that supervisor retains responsibility for the services provided by the supervisee. Supervisors must have thorough knowledge of the student's work prior to providing supervision via live observation, review of recordings of the student's work, case discussion, and/or a detailed review of the student's written work. While the opportunity to directly observe students working with clients may vary from setting to setting, programs must ensure that multiple, developmentally*

*appropriate opportunities to directly observe a student's work have occurred over the course of the student's training and across multiple competency domains; at a minimum, students must be directly observed at each practicum placement prior to their evaluations".*

Practicum placements of this nature are important for expanding the locations and populations in which psychologists are trained to practice and expanding the populations that have access to services by psychologists.

### **Additional Considerations when Psychologist is Off-Site**

When a psychologist is not housed within the practicum site (i.e., the agency), it is recommended that a written agreement is established. The aim of this agreement would be to balance the professional requirements in psychology with the expectations and protocols of the agency and the co-supervising licensed allied mental health professional. The process of creating this agreement will ideally help to alleviate, or at least make easier to navigate, any potential conflicts that arise between the psychologist and agency or co-supervising licensed allied mental health professional. The following are issues or topics that the agreement might cover:

#### *1. Psychologist accessing client documentation*

When the supervising psychologist is off-site, the co-supervisors should discuss who has access to the client documentation and in what capacity. The discussion may address the following questions:

- Is it necessary for the co-supervising psychologist to have access to the client's files or can overview of documentation be the responsibility of the on-site co-supervisor?
  - Relatedly, what implications are there (if any) regarding the consent of the client if the supervising psychologist accesses client documentation?
- If requesting access to client documentation, can the co-supervising psychologist access the files such that they only see relevant records (i.e., not the records of clients not working with the practicum student)?
- How often will the co-supervising psychologist review records, if accessing them?

During the process of establishing the agreement, discussion around how confidentiality requirements and standards may differ between the parties involved (e.g., the psychologist, the profession of the co-supervising licensed allied mental health professional, the agency) will likely be necessary in discussing access to client records and subsequent topics described below.



## *2. Documentation and client records*

The student, the supervising psychologist, and the agency and/or co-supervisor should discuss approaches to documentation (e.g., progress noting) and protocols for record keeping. The discussion may address the following questions:

- Will you use the agency protocols or the psychology training institution's protocols?
- Are there exceptions and explicit situations where the psychology training institution's protocols would supersede the agency's protocols?
- Do the agency's protocols conflict with the CPA's Code of Ethics in anyway? Or raise liability issues for the supervising psychologist?
- Is the psychologist able to document in or modify the client's record if they are off-site?

This co-supervision arrangement may be an opportunity for graduate students to learn different approaches to record keeping (e.g., field-specific, site-specific), and to discuss these different approaches with the supervising psychologist (e.g., pros and cons, reasons for documenting differently in psychology).

## *3. Informed consent*

The supervisee (and supervising clinician) should be adhering to the Informed Consent principles (I.16-I.26) outlined in Principle I of the CPA's Code of Ethics (Respect for Dignity of Persons). The clinician should provide "as much information as reasonable or prudent persons would want to know before making a decision or consenting to an activity" (CPA Code of Ethics, I.23). Supervisees need to inform clients of their supervisee status. Information regarding their co-supervisors (i.e., names, credentials) should be provided to the client, as well as how to access the co-supervisors if needed (onsite and offsite) and their role within the therapeutic relationship. Informed consent should include discussing the relationship or role of the student and co-supervisors with the community agency.

To ensure that the clinician is maintaining standards for informed consent, they should consult the codes of conduct or other legal documentation from the relevant supervising body or College in their jurisdiction. For example, if co-supervision is occurring in British Columbia, Canada, this could include referring to the College of Psychologists of BC Code of Conduct, which lists specific requirements for informed consent procedures when co-supervision is present. The responsibility to ensure that such documents (and

other related legal documents) are consulted and considered should be the responsibility of the supervisee, psychologist supervisor, and co-supervisor collaboratively. However, the responsibility remains with the psychologist supervisor that all ethical responsibilities (and documents) are reviewed and adhered to.

The present guidelines should be in addition to already established procedures, such as discussing the limits of confidentiality, ethical obligations for the safety of persons, the nature and purpose of services, the assessment tools used (if applicable), and the right to not provide consent (amongst others).

#### *4. Liability and clinical responsibility*

It is recommended that at the beginning of co-supervision, an agreement should be reached between the psychology training institution, the community agency, and the co-supervisors around liability and clinical responsibility. As the training needs of the supervisee are primarily the responsibility of the psychology training institution, the psychology training institution generally carries the liability for the services that a supervisee provides.

In a co-supervision relationship, generally the supervisee practices under the license of the psychologist rather than the community agency's healthcare provider's license. In such co-supervision arrangements, the liability (e.g., emergencies, mandatory reporting) remains with the psychologist supervisor. However, a discussion between co-supervisors is recommended to ensure the appropriate steps are taken in emergency situations in alignment with the co-supervisors' clinical and ethical obligations. Such steps must be clearly communicated to the supervisee.

Following a discussion between co-supervisors and any other relevant parties, the details of the division of responsibility should be included in any written and signed agreements created prior to beginning the co-supervision relationship. It is recommended that the on-site co-supervisor is responsible for the day-to-day supervision needs, such as discussing case assignments, oversight of documentation, and following up with caseload or team meetings. The psychologist supervisor is involved sufficiently to allow them to maintain knowledge of the supervisee's responsibilities and progress, so that they can intervene if necessary. Agreements about co-supervision will likely be informed by existing relationships and experiences, as well as licensing body (i.e., College) requirements, and will therefore vary on a case-by-case basis.

## *5. Supervisor roles*

When discussing expectations of the agency co-supervisor's roles beyond liability and clinical responsibility, it is important to consider the agency co-supervisor's expertise with the agency and populations served by the agency. The integration of didactic and professional development opportunities drawing on the co-supervisor's areas of expertise and clinical knowledge will ideally be part of the training experiences. It should also be discussed and agreed upon by written documentation the frequency, reason, and process for when the supervisor and agency co-supervisor are in contact with each other to ensure the needs of the client, and supervisee, are being addressed.

## *6. Conflict Resolution*

Even with the best intentions, efforts, and preparatory discussion, situations may arise in which there could be a conflict between the agency co-supervisor and the primary supervisor of the supervisee. If a conflict were to arise, the supervising psychologist is encouraged to reflect upon the CPA's Code of Ethics and the guiding principles of their college's Code of Conduct. In particular, there should be efforts made to first clarify the nature of the responsibilities of each of the involved parties, keep all parties apprised as matters develop, and determine a resolution that is in line with the associated Code of Conduct.

It is recommended that the co-supervisor and primary supervisor utilize a similar procedure outlined in the CPA Code of Ethics. This includes a) identifying and notifying all parties involved/impacted by the conflict, b) identify the potential issues that are resulting from the conflict, c) consider one's own perspectives, biases, and context (amongst others), d) develop potential course(s) of action, e) consider the short-term and long-term impact(s) of the potential courses of action, f) implement the course of action, g) evaluate the course of action, and h) reflect on and implement strategies to reduce any future potential conflicts.

With regard to potential solutions and courses of action, we encourage both the primary supervisor and co-supervisor to engage in a collaborative discussion to find agreed upon strategies. Potential avenues include utilizing reflective processes (i.e., writing and discussing the conflict, seeking consultation, acknowledging biases and limitations, etc.), interpersonal strategies (i.e., slowing down the situation, setting boundaries, interpersonal effectiveness strategies, etc.), or practical interventions (i.e., increasing supervision time, utilizing other modes of supervision, etc.). It could also be the case

that the primary supervisor will have to acknowledge and discuss their commitment and obligation to their ethical standards and Code of Conduct. To the extent that is feasible, a solution should be implemented that is in accordance with relevant ethical standards, allows the supervisee to continue to engage in the practicum, and maintains a client-focused approach.

We also recognize that some potential conflicts may allow for involvement of the supervisee. In such cases, both the primary supervisor and co-supervisor should model effective, collaborative, and respectful conflict resolution. The supervisee's involvement could be observational, or they may take on a more active role in resolving the conflict as a learning and supervision opportunity. However, we recognize that supervisee involvement may not always be feasible.

### *7. Counting hours*

Current Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines state that supervision hours must generally be with a doctoral-level, licensed psychologist. During a co-supervised practicum at a community agency, hours with the co-supervisor (if not a doctoral-level, licensed psychologist) are counted by APPIC as *Supervision – licensed allied mental health professional*.

Consistent with APPIC guidelines, a student should only record practicum hours received in formal academic training or hours that have been sanctioned by the graduate program as relevant training. Academic training directors can determine whether professional experiences are considered program sanctioned or not, which should be determined before the student begins accumulating practicum hours. Practicum hours must be supervised. Decisions around practicum hours and duration should be made collaboratively between the co-supervisor at the community agency, the psychology training institution, and practicum student.

Note that if a student is receiving supervision from a professional of a non-psychology discipline, supervision hours cannot count under *supervision of supervision*. This is because the co-supervisor is not receiving supervision themselves from the licensed psychologist.

In the Spring of 2023, members of the CCPPP subgroup met with the APPI (Application for Psychology Internships) Coordinator, an APPIC representative, to discuss how best to record hours for co-supervision on the APPI. The concern from our subgroup was that students would be at a disadvantage when applying for internship if they completed

practicum training in a co-supervision arrangement, despite the benefits of such practica, due to having fewer supervision hours with a psychologist.

The APPIC representative highlighted that there is a clear way to count co-supervision hours on the APPI (i.e., under “supervision – licensed allied mental health professional”). This category of supervision already exists within the APPI, signaling that it is a valuable type of training experience. The representative reiterated APPIC’s messaging that psychology graduate programs should focus on competencies and experience over sheer number of hours, as long as hour requirements set out by their programs and accreditation bodies are met. Furthermore, it was noted that graduate students who engage in co-supervision arrangements should describe these in their internship applications and highlight the specific value that such experiences can offer.

Potential ways graduate students may articulate how co-supervision has added value to their training:

- Expanded their cultural competency and humility
- Allowed them to provide services to under-served populations
- Provided breadth of training
- Contributed to expanding the potential role of psychology in varied practice settings
- Helped to advance their ability to meet CPA competencies (e.g., interdisciplinary teamwork).