



Nova Scotia Regulator of Psychology

Email: nsbep@nsbep.org

Web: www.ns-rp.ca

Telephone: (902) 423-2238

Fax: (902) 423-0058

Supervision Handbook

Effective 2007

Revisions:

- March 2026: Amended to align with RHPA; updated the Learning Plan section and added NSRP Tier 1 Learning Plan Template to Appendix F.
- October 2024 Amended to add requirements for employer contact in the first 3 months of supervision, and the last three months before the oral exam is requested.
- June 2023: Amended to reflect the residency requirement for Candidate Registrants and NSRP Supervisors
- July 2022: Changed Supervisor qualification from two to one year of experience as a registered psychologist
- May 2022: Increased allowance for tele-supervision
- March 2021: Amendment to the Oral Exam Schedule and provision of URL for the schedule
- October 2019: Addition of General Guidelines for Supervision (Section O) and Examples of Goals of Supervision (Appendices)
- January 2019: Update to Section 2 of Reporting Forms, counting supervision in hours and Inactive Status
- March 2017: Articulation of required Supervision Hours
- July 2016: Clarification that EPPP deadline is 2 years for all candidates
- September 2015: Addition of Section N - Candidates Wishing to Expand Within Their Area of Practice
- May 2015: to reflect 35 hours per week being recognized as full time for the purposes of supervision credit
- January 2015: addition of provision to page 5 of Supervision Process to allow for supervision through electronic means in specific circumstances
- December 2014: revision to the sample supervision forms to reflect the December 2014 revision to the supervision forms
- July 2013 revisions: added information about scheduling oral examination, updated policy with regard to candidates who obtain a doctoral degree, removed supervision forms and replaced with URL to website which contains electronic versions of forms;
- March 2012 revisions: Candidates' Job Description & Responsibilities: added H through J;
- November 2011 revision: Section L: meeting between former and new NSRP Supervisor;
- January 2011 revision: Section E - reviewing the conditions of candidacy and setting the initial goals of supervision;
- April 2010 revision: added information about informed consent as it relates to supervision;
- November 2009 revisions: addition of a Table of Contents and Appendices Outline; amendments to cover pages of Evaluation Forms and amendments to Section 1 of the Final Evaluation Form; and minor edits throughout. No procedural changes were part of this revision.

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Note on Regulatory Transition: As of November 24, 2025, NSRP operates under the *Regulated Health Professions Act*. References in this handbook to the Conditional Register correspond to what was formerly known as the Candidate Register.

INTRODUCTION

This handbook outlines the responsibilities of those parties involved in the supervision process. It stresses the need for the supervisor to ensure they employ multi-methods of assessing the candidate's progress. It alerts both candidate and supervisor to the fact that supervisors are expected to critically evaluate the candidate's performance and to keep NSRP advised through the reporting process. It is expected that the supervisor will handle issues and concerns in a supportive and sensitive manner. Providing critical feedback is not always an easy task and NSRP hopes to facilitate this aspect of supervision by formalizing the process. The Registrar is available to help candidates and supervisors negotiate issues or problems that arise. It is our hope that your supervision experience will be exciting, challenging and very rewarding.

The Core Competencies:

- **Assessment and Evaluation**
- **Intervention and Consultation**
- **Research**
- **Ethics and Standards**
- **Interpersonal Relationships**

Even if a Psychologist is not involved directly in providing service in one of these areas, they must still be able to demonstrate basic competence in a manner relevant to their area of practice. For example, with respect to research, it is important that the psychologist be able to critically evaluate research results in their area of practice.

Purposes of Supervision:

1. To monitor the performance of candidates in the core competency areas to ensure standards are being met.
2. To provide opportunities for candidates to further develop their skills, knowledge, professional attitudes, and sound professional judgment.

The Nature of Supervision:

Supervision involves overseeing and directing the actions of another. The supervisor supports NSRP in its primary mandate of protecting the public and thus the supervisor acts as an extension of the NSRP in ensuring standards are met. The NSRP supervisor has the authority to direct the supervision process. For example, a supervisor may require the sharing of case files,

conduct file reviews, speak with the candidate's employer, and even overrule a candidate's clinical judgment if necessary. This is done in a manner that models openness, respectfulness and fairness.

Supervisors' Job Description:

Qualifications of NSRP Supervisors:

In order to be approved by the NSRP, the supervisor:

- A. should be a psychologist registered in and a resident of Nova Scotia.
- B. should have at least one year of full time experience as a psychologist.
- C. should have training in the broad area of practice in which supervision is offered.
- D. should not be the employer or direct line supervisor of the candidate. Exceptions (e.g., rural settings or provision of highly specialized services) may be permitted, but must be approved by the NSRP.
- E. should have training in the area of supervision.

Responsibilities of the Supervisor:

In agreeing to supervise, the supervisor accepts responsibility for reviewing a representative sample of the professional and ethical work of the candidate. The two major tasks of the supervisor are:

1. to assist the candidate in acquiring the necessary skills, knowledge, and professional judgment for independent practice and registration.
2. to provide the NSRP with objective and constructive assessments of the candidate's progress.

Specifically the supervisor shall:

- A. establish the goals of supervision with the candidate.
- B. review and sign the candidate's contract with the NSRP.
- C. meet with the candidate for a **minimum of two hours monthly** and make time available for discussions with the candidate between formal sessions as necessary.
- D. provide guidance regarding administrative issues in the practice setting.

- E. monitor the professional activities of the candidate by using a variety of assessment methods including a periodic direct review of the candidate's work and periodic contact with the candidate's workplace supervisor.
- F. be prepared to intervene in problematic situations that require a level of skill not yet mastered by the candidate.
- G. regularly evaluate performance with the candidate and document this on the appropriate form and within the timelines specified by the NSRP (the Supervisor completes all sections of the Supervision Report).
- H. facilitate the candidate's continuing education and acquisition of skills.
- I. guide the candidate in their preparation for the Examination for Professional Practice in Psychology (EPPP). Candidates are encouraged to begin studying as soon as possible and to have written the EPPP by the end of their first year of candidacy. The deadline for all registrants to successfully complete the EPPP is two years from the date of being placed on the Conditional Register*, regardless of whether they possess a master's or doctoral degree, and, regardless of whether they acquire a doctoral degree during their period of candidacy. Failure to pass this examination within the required time frame may result in cancellation of the candidate's conditional licence. Candidates should ensure sufficient time to re-write, in case of a failure. A failure does not constitute grounds for an extension. Extensions will only be considered in response to extreme circumstances. Requests for an extension must be made three months prior to the deadline date unless the request is in response to a catastrophic event that can be shown to have occurred within the final three-month period. All extension requests must be submitted in writing indicating the amount of extra time needed.
*The 2 year deadline to write the EPPP is put on hold if a candidate takes a leave from work and lapses their licence for a period of time.
- J. immediately inform the NSRP and candidate if, for any reason, supervision cannot be continued.
- K. immediately inform the NSRP and candidate if, in the supervisor's opinion, the candidate is not performing at a professional level in any core competency area.

In addition to supervising the psychological services of the candidate, it is also expected that the supervisor be able to prepare the candidate for practice as a psychologist in NS and to be part of the local psychological community. This includes being:

- knowledgeable of the laws and legislation affecting the practice of psychology in NS
- familiar with the NS health care system including the availability of public and

private mental health services and related access and referral processes

- knowledgeable of psychologists and other professionals in the community for referral and consultation
- knowledgeable of the work setting(s) and employer(s) of the candidate
- knowledgeable of local educational and training opportunities
- aware of local political and other events that can potentially impact the mental health of Nova Scotians and affect practice (e.g., provincial wildfires, mass casualty commission, provincial pandemic requirements, etc.)

In addition, although telepsychology for supervision is permitted in Nova Scotia, the following describes our current requirements (that the first or second session be in-person and that at least one session each 6 months be in-person):

The revised policy is that tele-supervision is permitted for conducting NSRP supervision, subject to a minimum of 1 in-person meeting every 6 months. Typically, the first supervision session between the supervisor and candidate should be held in person, though, if necessary, it would be permissible to instead hold the second session in person. Of course, a supervisor and candidate can agree to hold all their meetings in person should they choose to do so.

While it is expected that a fully registered psychologist living and working in Nova Scotia can meet the expectations listed above, it is less clear how they are met by someone not living in Nova Scotia. The NSRP recognizes that there may be situations that warrant exceptions for the expectation that a supervisor (or co-supervisor) to be resident in Nova Scotia.

The NSRP encourages supervisors to provide supervision without charge to the candidate. However, psychologists are permitted to charge for their supervision time. A supervisor may not supervise more than three candidates during the same time frame.

Candidates' Job Description:

Responsibilities of the Candidate:

The candidate is responsible for meeting the conditions of candidacy as outlined in the contract signed at the beginning of the supervisory process and as reflected in the requirements of supervision noted in this handbook. It is expected that candidates will be a resident of Nova Scotia. For more information, please see the following Policy:

https://www.ns-rp.ca/downloads/Requirements_candidate_residency.pdf

If problems occur in the process which are outside of the candidate's control, it is the responsibility of the candidate to contact NSRP for assistance. This includes problems in the candidate/supervisor relationship. Candidates should be aware that under section 45(2)(c) of the *Regulated Health Professions Act*, a conditional licence ceases automatically upon failure to comply with a condition of that licence. It is therefore essential that candidates contact NSRP immediately if difficulties arise that may affect their ability to meet the conditions of their conditional licence.

Specifically the Candidate shall:

- A. in conjunction with their supervisor, review the Conditions of Candidacy document. It is the candidate's responsibility to ensure they understand the conditions of their placement on the candidate register prior to signing this contract with the NSRP.
- B. accept responsibility for ensuring supervision occurs as required.
- C. accept responsibility for the timely submission of all required reports. Although the supervisor authors the regular reports, it is the candidate who is ultimately responsible for ensuring conditions of candidacy are met. Thus it is incumbent on the candidate to advise NSRP if there are problems involved in meeting the report timelines.
- D. provide the supervisor with any requested information that is necessary to ensure the supervisor is able to adequately assess the candidate's professional performance.
- E. inform the NSRP and the supervisor of intended changes in the work setting or of changes in functions.
- F. inform the NSRP in writing of concerns relating to any aspects of the supervision. In most circumstances this would involve prior discussion with their supervisor.
- G. inform clients that they are undergoing supervision and consequently as a part of that process the NSRP Supervisor may have access to their records.
- H. Provide their NSRP Supervisor with any performance evaluations related to their employment.
- I. Sign release forms: allowing the exchange of information between their NSRP Supervisor and NSRP regarding supervision; allowing the NSRP Supervisor to contact the candidate's employer / workplace supervisor to obtain information regarding the candidate's performance and to discuss any performance issues.

- J. If the Candidate's onsite supervisor is a non-psychologist, the Candidate must have another psychologist available for collegial support and consultation about workplace matters, in addition to their NSRP Supervisor.

NSRP Shall:

- A. provide guidance to candidates and supervisors throughout the supervision process.

The NSRP staff is regularly available to answer technical questions about the supervision process/procedures and the completion of the necessary forms. All forms are available on the website, www.ns-rp.ca

The Registrar is available to supervisors and candidates to help with the resolution of any problems that arise during the course of supervision.

- B. meet with the candidate and supervisor during the initial stages of supervision.
- C. mediate issues that may arise during the supervision process.
- D. review all supervision reports and providing feedback where appropriate.

The Supervision Process:

A. General:

Generally supervision is expected to occur on a face-to-face basis. Joint supervision (i.e. more than one candidate in session with supervisor) is permitted as long as there is at least one full hour of individual supervision each month.

Supervision by Electronic Means

While face-to-face supervision has traditionally been viewed as the most appropriate method of supervision, the pandemic has resulted in an increased knowledge and comfort level in the use of technology for virtual meetings and provision of psychological services. Such means could include the use of information and communications technology such as phone, email, or video, etc.

Prior to the COVID-19 pandemic, NSRP policy allowed for two of the monthly supervision meetings for psychologists on the Conditional Register to be done virtually (additional sessions required NSRP approval). During the pandemic, the NSRP permitted all supervision session to be held virtually. Given that the majority of public health restrictions in NS were removed on March 21, 2022, the NSRP changed its policy. The new policy is that tele-supervision is permitted for conducting NSRP supervision, subject to a minimum of 1 in-person meeting every 6 months. Typically, the first supervision session between the supervisor and candidate should

held be in person, though, if necessary, it would be permissible to instead hold the second session in person. Of course, a supervisor and candidate can agree to hold all their meetings in person should they choose to do so.

However, if electronic means are desired more often than allowed by policy, then a request would need to be submitted to the NSRP. The following criteria would need to be met for such a request to be approved:

- travel time (one way) for the supervision meeting exceeds one hour;
- circumstances preventing 1 meeting every six months would be considered rare; therefore, the request must clearly outline why a minimum meeting of once every six months would not be possible.

A written request must be submitted to and approved by the NSRP prior to the candidate and supervisor using electronic means to conduct supervision more often than allowed by policy. Such a written request can be sent by email and must outline the following:

- confirmation that the criteria (outlined above) are met;
- the specific circumstances why conducting supervision by electronic means is being requested more frequently than allowed by policy;
- the frequency and the type(s) of information and communications technology that will be used;
- confirmation that both the candidate and supervisor support the arrangements;
- confirmation that the Practice Advisory: NSRP Model Standards for Telepsychology will be reviewed prior to supervision being conducted by electronic means, in addition to being adhered to during the supervision process.

It is imperative to address the privacy and security requirements and technological arrangements before such supervision by electronic means takes place. As such, the NSRP Practice Advisory: Model Standards for Telepsychology must be reviewed prior to beginning supervision using electronic means, in addition to being adhered to during the supervision process. This Practice Advisory is available from the “Telepsychology” section of the NSRP’s website.

The NSRP has the power to approve or reject supervisors, supervisory arrangements, supervisory changes or supervisory reports.

B. Time Requirements:

General:

Credit for supervised work experience begins to accumulate after the NSRP has approved the applicant for the Conditional Register and the annual fees have been paid.

Supervision must continue, even after the required hours have been accumulated, until after the

EPPP and Oral Examination have been successfully completed.

Doctoral Level Candidates:

Applicants with a doctoral degree must complete two years of supervised experience in accordance with the *Psychology Regulations* before their names may be placed on the Practising Register. At least one of these two years must be accumulated after NSRP approves the doctoral degree. NSRP may grant credit for one year (1500 hours) of supervised work done prior to obtaining the doctoral degree if it was obtained within a formal supervised internship. NSRP may also grant credit for post-doctoral supervised experience that meets all the conditions of supervision required by NSRP, including frequency of supervisory sessions, frequency of supervisor reporting, and content reflecting the core competency areas

Masters Level Candidates:

Applicants with a master's degree must complete four years of supervised experience (6000 hours at a minimum of 1500 hours per year) in accordance with the *Psychology Regulations* before their names may be placed on the Practising Register. All four years must be accumulated after NSRP approves the master's degree.

NSRP may grant credit for supervised experience obtained prior to the application for registration in Nova Scotia. To obtain credit for this experience, the applicant must establish to the satisfaction of NSRP that the supervised experience met all conditions of supervision required by NSRP, including frequency of supervisory sessions, frequency of supervisor reporting, and content reflecting the core competency areas. Supervision must have been completed under the auspices of a regulatory body of psychology while the individual was working in a psychology position. The maximum credit possible is 1500 hours per year.

*A year is defined as a minimum of 1500 hours of work.

C. Nature of Work Experience.

The NSRP expects that work experience will be primarily psychological in content and will involve the practice of psychology in the core competency areas. Studying for the EPPP is not considered work experience.

D. Establishing the Supervisor/ Candidate Relationship:

Step 1:

Prior to entering into a supervisory relationship, it is important for the potential supervisor and candidate to discuss a number of issues: This should include the following:

- A. the nature of the relationship between the NSRP and the NSRP Supervisor and the purpose of supervision.

- B. the power differential in the relationship: How critical feedback will be delivered and how conflict related to disagreements about feedback will be handled.
- C. the supervisor's areas of competence and theoretical orientation.
- D. the candidates education, training and experience.
- E. a review of the handbook to ensure both parties are aware of their responsibilities.
- F. the limits of confidentiality including the supervisor's need for direct contact with the candidate's employer and NSRP, as part of the supervision process. It is recommended that releases of information are signed at this time.
- G. any practical obstacles to maintaining a regular working relationship.

Step 2:

Following the initial discussion, if there has been agreement to proceed, the supervisor and candidate complete and sign the Supervisor's Consent Form and it is forwarded to the NSRP along with a copy of the Supervisor's CV.

E. Reviewing the Conditions of Candidacy and Setting the Initial Goals of Supervision

Once the Candidate's application is approved they will be sent a letter notifying him/her of the registration fee that is payable. Upon payment of the registration fee, the Candidate will be sent a Candidacy Package and the Supervisor will be sent a Supervisor's package.

Step 1:

The first supervision session involves (a) the supervisor and candidate reviewing and signing the contract containing the Conditions of Candidacy (sent in Candidacy package only); (b) the establishment of goals and the completion of the Goals of Supervision Statement; (c) completing the first supervision report. The first supervision report is typically briefer than subsequent reports since the meeting focuses on (a) and (b).

Step 2:

All documents should be forwarded to the NSRP before the end of the candidate's first month on the Conditional Register.

F. Recommended Process for Establishing the Initial Goals of Supervision:

Goals must be established for each of the core competencies. For example, although a candidate may not be conducting research, they must still gain competence in this area in terms of being

aware of and able to critically review research relevant to their direct area of practice. If gaps are noted in education, training or experience, the initial goals should reflect the gap areas. Enhancement of skills is secondary to ensuring basic knowledge and skill is sufficient to allow the candidate to meet acceptable standards. Goals will require revision as the candidate gains experience.

It is expected that prior to establishing goals the supervisor and candidate will:

- A. evaluate the candidate's current level of professional functioning.
- B. identify those areas in which the candidate could most benefit from supervision.
- C. establish clear, specific and measurable goals for supervision in each core competency area.
- D. develop methods of monitoring and evaluating the candidate's progress towards achieving the established goals. This should include, but is not limited to, contact with the candidate's employer or workplace supervisor, a review of written reports and raw data, and some form of direct observation.

Goals should be updated as required and documented in the regular supervision report. Candidate and supervisor will be notified if the NSRP does not approve a change.

Some examples of goals and possible monitoring/evaluation methods:

Assessment and Evaluation Goal:

To develop additional expertise in the interpretation of the results of personality tests with adults and in the incorporation of the test results into the treatment planning process.

Monitoring/evaluation: a. to directly review the raw data and examine the established treatment plan for 2 cases, chosen at random, in each six month period. b. to request feedback from the candidate's workplace once in each six month period. c. to present the candidate with case examples and evaluate their process of analysis of and integration of the data.

Intervention and Consultation Goal:

To apply cognitive-behavioural techniques in the treatment of anxiety and depressive disorders in adults, focusing as well on the therapeutic strategies designed to develop a collaborative working relationship between therapist and client.

Monitoring /evaluation : a. to review an audio taped or videotaped session b. to role play a treatment situation

Research Goal:

To be familiar with current research in the treatment of childhood obesity.

Monitoring/evaluation: a. to have the candidate independently summarize a journal article and subsequently b. to discuss the candidate's understanding of the article and its implications on developing treatment plans.

Ethics and Standards Goal:

To become thoroughly familiar with using the ethical decision making process as outlined in the Canadian Code of Ethics.

Monitoring/evaluation: a. to require the candidate to articulate possible issues and dilemmas that might arise in their workplace and their approach to these issues and dilemmas b. to observe the candidate's analysis of actual issues and/or dilemmas that present in the workplace

Interpersonal Relationships Goal:

To review the literature on conflict in the workplace and to apply principles of effective communication and conflict resolution in working with other team members.

Monitoring/evaluation: a. to request feedback from the candidate's workplace once in every six month period b. to review the candidate's choices in handling workplace situations. c. to ask the candidate to articulate possible alternative approaches and to project outcomes.

G. Optional Meeting with the Registrar and/or Designate:

Once goals have been established and regular supervision begins, the supervisor and candidate can request a meeting with the Registrar and/or a Designate. Alternatively, the NSRP may request a meeting should the need arise. The NSRP staff may also be in attendance. This meeting can serve a number of purposes as follows:

- A. it can allow for discussions between supervisor, candidate and NSRP representative thus beginning a dialogue that will ideally continue throughout the supervisory period.
- B. it can provide an opportunity for the NSRP to ensure that supervision has been set up in a useful manner and that both parties understand the NSRP's expectations.
- C. it can provide an opportunity for the supervisor and candidate to ask questions of

the NSRP.

H. Content of Supervision:

The variability in the preparation for practice and the type of professional activity engaged in by candidates will require individually tailored supervision. Further, supervision is a dynamic process and as the candidate grows in experience, knowledge and training, the content of supervision should reflect the changes.

Supervision involves assessment. As such despite individual differences in supervision plans, there are commonalities in terms of what constitutes adequate assessment of the candidate's practice. As with most forms of assessment, self-report alone is not a sufficient method of evaluation. The content of supervision thus should reflect a multi-modal approach to examining the candidate's level of performance.

For that reason the NSRP expects that:

- A. the supervisor will periodically contact the candidate's employer or work place supervisor. Releases for this purpose should be signed before supervision begins.
- B. the supervisor will periodically review the scoring and interpretation of tests and/or methods of data collection and/or review written reports of the candidate.
- C. the supervisor will use a form of direct observation of the candidate's performance (i.e., video or audio tapes, two way mirrors, direct observation) at least once in every six month period.
- D. the supervisor will directly question the candidate's knowledge in all core competency areas. The usefulness of discussions for assessing performance can be improved by structuring them so that the candidate presents the information and explains their perspective before general discussion begins. Structuring sessions in such a manner will also help the supervisor to evaluate the candidate's ability to effectively analyze and integrate information.
- E. when the candidate is in private practice, the supervisor will review policies, procedures and forms used in the practice.

Supervisory sessions may include, but are not limited to the following:

- A. review of psychological assessment cases.
- B. review of intervention strategies.
- C. discussion of the application of various intervention procedures.

- D. review of planned lecture material.
- E. discussion of ethical issues relevant to the candidates practice area.
- F. review of studies from the relevant literature.
- G. presentations prepared by the candidate.
- H. direct observation of the candidate.
- I. review of reports prepared by the candidate.
- J. review of raw data and test interpretation.
- H. review of clinical files.

I. Completion of the Supervisory Reports:

It is the role of the NSRP to monitor and credit the quality and quantity of each candidate's supervised practice. For this reason, supervisors shall submit regular reports which include documentation of the timing, nature and content of each supervisory session and a review of the candidate's progress. At the beginning of the supervisory process, reports are to be submitted each month. After the first six months, if goals have been established and regular meetings are taking place, the candidate and supervisor may then submit the monthly reports at six month intervals. If the NSRP identifies supervision concerns, the supervisor/candidate may be instructed to return to monthly reporting until problems have been satisfactorily addressed. Regular reporting continues until such time as the candidate has successfully completed all requirements for registration.

The following guidelines apply to the regular report:

- A. the supervisor's regular report is to be completed by the supervisor and then signed by both supervisor and candidate. In addition to the signatures, the date and duration of sessions must be specified in order for a report to be approved.
- B. the core competency goal(s) that is (are) the focus of the session should be noted. Each Core Competency should be addressed at least once within a six month period.
- C. the description of the supervisory session should be sufficiently detailed to allow the NSRP to discern its objective, focus, and outcome as well as the methods used to assess progress. Regardless of the goal and related activity, attention should be paid to the candidate's understanding of concepts and ability to analyze and

integrate findings and this should be noted in the outcome section of the report.

- D. supervisors and candidates should notify the NSRP of the reason for missed sessions. Candidates will not be credited for unsupervised work experience or experience that does not meet the conditions set down by the NSRP.
- E. the supervisor should complete Section 2 of the Regular Report (Evaluation of Progress) in consultation with the candidate.
- F. Supervision Reports can be sent by mail, fax, or email. The method preferred by the NSRP is for reports to be sent by email. Please the Appendix Section of this Handbook entitled [“Electronic Submission of Supervision Reports”](#).

Please also see the [appendix for an example of a completed form for monthly reporting](#).

J. Gaps in Supervision:

In accordance with the *Psychology Regulations* and NSRP policy, a candidate on the Conditional Register must continue to receive supervision even when not working. However, credit for work experience cannot be accumulated during periods when the candidate is not working. Candidates should be aware that failure to maintain supervision may constitute a failure to comply with a condition of their conditional licence regardless of their employment status.

In all cases it is the responsibility of the supervisor and candidate to keep the NSRP office informed of the employment and supervision status of a candidate.

Missed Supervision Sessions

The NSRP expects candidates and supervisors to meet every calendar month for a minimum of two hours, or as otherwise specified. However, a candidate and supervisor can make up one missed session each year, provided that the missed session is held in an adjacent month, e.g., a session held during the first week of September could make up for the missed August session. The regular September meeting would also need to proceed as planned. In order to receive credit, the missed session date and makeup date must be clearly specified on the regular supervision report form.

In addition to the one make-up session, in extreme circumstances, one session may be missed entirely each calendar year without make-up or lost credit. The regular report form must clearly specify the reasons for the missed session. Any additional months without supervision, beyond the allowance of the one per year, will not be credited.

The NSRP must be notified of any gap in the availability or scheduling of supervision anticipated to be longer than two consecutive months. If the anticipated gap is the result of the supervisor’s unavailability, in addition to notifying the NSRP, the candidate must immediately

begin the process of finding an interim supervisor. The interim supervisor must be NSRP approved.

Disruptions to Employment

Sometimes long-term gaps in supervision become unavoidable as the result of disruptions to employment. This may be the result of a number of different factors such as maternity leave, paternity leave, sick leave and unemployment. In such cases where the candidate is unlikely to be working for a period that exceeds two months, the candidate has the following option:

To voluntarily lapse their Conditional Licence.

Candidates taking a leave from practice may voluntarily lapse their Conditional Licence rather than renewing. Candidates remain on the Conditional Register even with a lapsed licence — the register entry is preserved and supervised hours already accrued are not lost. A voluntary lapse may be initiated at any point during the year. To initiate, the candidate submits written request to NSRP as soon as the decision is made (or by June 30 if the leave coincides with the annual renewal deadline), along with any outstanding supervision report covering hours accrued since their last submission. During a lapse, the candidate must cease all practice of psychology and all use of any title protected under the RHPA, including “Candidate Psychologist” or “Psychologist (Candidate Register)”. The EPPP completion deadline is paused for the duration of the lapse; any remaining time resumes upon reinstatement. Previously accumulated supervised hours are preserved, subject to the currency-of-practice requirement under Bylaw 21.1.3. To reinstate, the candidate pays the applicable reinstatement fee and any documentation requested by the Registrar.

It is important for candidates to note that unexplained gaps in supervision may constitute a failure to comply with the conditions of their conditional licence. Under section 45(2)(c) of the *Regulated Health Professions Act*, a conditional licence ceases automatically if a registrant fails to comply with a condition of that licence. It is the candidate's responsibility to ensure that regular supervision takes place and to notify NSRP immediately of any difficulties in maintaining supervision.

K. Accumulation of Work Experience:

- A. Type of Work: Work experience must be primarily psychological in nature and generally the candidate must be identified as a psychologist.
- B. Part-time work: The NSRP will count part time working hours toward the required supervised work experience. However, all candidates must still meet with their supervisors for a minimum of two hours per month if that month is to count as supervised experience for registration.
- C. Overtime: Extra work (beyond 1500 hours per year) cannot be used to reduce the number

of years of required supervision.

D. Change from Master's to Doctoral level registration:

Some Candidates who possess a master's degree in psychology are also enrolled in a doctoral program in psychology. Candidates who wish to work as psychologists on a full time or part time basis while enrolled in doctoral programs must remain on the Conditional Register and will accumulate credit for supervised experience. Educational experience, including practica and internships, do not constitute NSRP creditable supervised work experience in relation to their master's degree.

If a Registrant obtains a doctorate degree, then they must obtain NSRP approval of the degree before holding themselves out using the title of "Dr." or citing the doctoral degree. In order to obtain approval of their doctorate, the degree must first be conferred, and then the Registrant must arrange to have an official transcript sent from the university to the NSRP along with submitting a request to NSRP to obtain approval of the doctorate.

As per the Standards, a Registrant:

- a) shall represent themselves to the public as a registrant of NSRP by the use of the title Psychologist or Psychologist, Candidate Register. This may be abbreviated to R. Psych or Psych (Cand. Reg.).
- b) may clarify areas of practice with the addition of a qualifier either to the title Psychologist or Psychologist, Candidate Register or by citing one or more areas of practice. The qualifier or citation must be consistent with one or more of the areas of practice identified in the NSRP registration guidelines and must be consistent with the area(s) of practice identified to NSRP by the registrant.

In accordance with the *Psychology Regulations*, candidates who obtain a doctoral degree during candidacy must complete one year of post-doctoral supervision as a condition of their conditional licence, unless they have less than one year of supervision remaining from the period required on the basis of their master's degree, in which case they would complete the remaining months.

L. Change of Supervisor:

Change of supervisors must be NSRP approved and require letters from both the current and proposed supervisor acknowledging the change and outlining the reason(s) for the change. A change of supervisor evaluation form must be submitted by the current supervisor. This document summarizes the candidate's progress to date. By identifying strengths and areas requiring further attention, it provides direction for the new supervision process. Please see the Supervision Section of the NSRP's website to obtain all the required forms to request a change of supervisors:

<http://ns-rp.ca/pages/supervisionforms.html>

Prior to NSRP approval of the new supervisor, candidates must continue with supervision; however, they can continue to work with their old supervisor or begin working with the new supervisor. Candidates are responsible for ensuring the new supervisor has a copy of the Change of Supervisor Evaluation Form, prepared by the previous supervisor, by the time of the first supervision meeting. It is also NSRP policy for the former and new NSRP Supervisor to communicate whenever there has been a change in supervisors. The NSRP requests that the content of this communication be documented in the candidate's supervision report. It is not the intention for this meeting to be onerous but to provide an opportunity for the new supervisor to obtain any important information and/or clarification that could be valuable in their supervision. At times it can be very beneficial for the supervisors to have direct communication.

The NSRP expects supervision meetings to be face-to-face. In some cases the NSRP may approve other arrangements. However, unless such approval is obtained in advance there is no guarantee that supervision, not involving face to face contact, will be credited.

The NSRP welcomes any comments and /or concerns that you may have with any aspect of the process of supervision for registration.

Please note that these guidelines can be superseded by changes in the *Regulated Health Professions Act* and by changes in NSRP policies. Major changes involving supervision will normally be posted on the website. Candidates and supervisors should check the website on a regular basis.

M. Scheduling the Oral Examination

After Candidates have accrued the minimum required period of supervised practice and completed all examinations required by the NSRP, they become eligible to schedule the Oral Examination. Candidates are required to have filed the appropriate documentation to take their Oral Exam within six months of having accrued the minimum required period of supervised practice. **Even after the minimum required period of supervised practice has been accrued, Candidates are still required to continue with supervision until successful completion of the Oral Exam.** This information is stated in the Candidate's Conditions of Candidacy which is provided at the beginning of Candidacy.

After completion of the minimum required period of supervision, Candidates may submit an Oral Examination request to NSRP. The request must include the following documentation:

- Copy of Candidate's current Curriculum Vitae
- Completed Final Evaluation Report (which can be downloaded from our website www.ns-rp.ca)
- Supervision Report which includes all supervision sessions to date, since the Candidate's last report was submitted. (For example, if it's November and the last supervision report

submitted included the months of March through August, then a report must be submitted covering the months of September through November.)

Once the necessary information is received, it will be reviewed by the NSRP at its monthly review cycle. In order to ensure requests are reviewed at the next review cycle, all documentation must be received two weeks in advance of the review date. Meeting and Oral Exam dates are posted on the NSRP website. [Click here](#) for the link to Review and Oral Exam dates.

Following the review, Candidates will be notified of the NSRP's decision and the time and date of their exam will be confirmed. The Examination will be scheduled on one of the available dates. **Please note:** Requests are prioritized based on the receipt of all required materials. Candidates are not permitted to submit the material to request the exam until the minimum period of supervised practice is completed.

The number of Oral Exam requests will have a bearing on whether all requests can be accommodated in a particular month. If there are more requests than available timeslots, the Exam will typically be scheduled on the next date that is available from the schedule of [Oral Exams](#). (Typically, the NSRP will complete 2-4 Oral Exams a month.)

All required documentation can be faxed or emailed to our office, at 902-423-0058. Please do not submit original copies if the documentation has been emailed or faxed to NSRP. Candidates for an Oral Exam will have their file reviewed by the Oral Examination Committee. Finally, the fee for the Oral Exam is \$500.00 and must be paid one week prior to your Exam.

Candidates Wishing to Expand Within Their Area of Practice

Having achieved an integrated and organized sequence of study within a practice area, the Candidate may decide to expand the population they are working with or learn other new skills related to that practice area.

Doing this would be governed by Standard IV.1 as outlined below.

Psychologists shall limit their delivery of services to those areas of competence as defined by verifiable training and experience.

Interpretation: In the event that a psychologist chooses to expand services beyond the range of those usually delivered, the psychologist shall obtain pertinent training and/or appropriate professional supervision.

Please note that Standard IV.1 is intended for a Candidate who wishes to expand within their area of practice approved by the NSRP. The process is not intended for those wishing to add a new area of practice, since the latter would typically require the completion of a graduate program in the area of practice. If further clarification is desired or required about the distinction between expanding an area of practice versus adding a new area of practice, please review the NSRP document entitled *Appropriate Practice Areas*, available from the “Standards & Guidelines” section of the NSRP website.

In the event that Standard IV.1 applies, the Candidate should work with their NSRP Supervisor to develop a Learning Plan.

Learning Plan

The purpose of the Learning Plan is to ensure that the Candidate’s intended expansion within their practice area is supported by the acquisition and attainment of appropriate and relevant knowledge and skills. When establishing the elements of the Candidate’s Plan, it would be important that both of the components below are considered as part of the process.

Acquisition of knowledge

The types of activities suitable for fulfilling this criterion include successful completion of graduate level courses if available, attendance at workshops/ conferences and individual readings. Content should include not only the necessary clinical material but should also cover ethical and jurisprudence issues relevant to the new activities and/or populations. The training curriculum should ensure coverage of all facets of knowledge for the area of work.

Acquisition of skills

Skills are acquired through practice under the supervision of a registrant competent with the new activities and/or populations. As well as client contact, this will include discussion of relevant clinical and especially diagnostic issues with the supervisor and discussion of the practical application of ethics and jurisprudence knowledge.

The more explicit the Learning Plan, the more helpful this will be to the NSRP and this process.

Part 1 of the Plan should involve the Candidate considering and documenting whether they may have already acquired knowledge and skills that are related to the desired expansion. Specific coursework and supervised practice should be listed.

Part 2 of the Plan should state how the Candidate will attain the necessary knowledge and skills for the intended expansion.

This should provide the following:

- A detailed reading list
- Any courses that will be undertaken
- A list of workshops / conferences
- Outline of focused supervision that will be received
- Any other didactic learning experiences

Part 3 of the Plan should state the mechanism that will verify the Candidate's successful completion of the activities in the Plan. This should indicate whether the completed activity will be verified by the Supervisor and/or another Psychologist who is acting as a mentor for the Learning Plan.

The Learning Plan must be signed and dated by the registrant, their primary NSRP supervisor, and any mentors involved. It must explicitly identify who will verify the completion of activities and recommend when the registrant is ready for independent practice.

Once the Candidate's Learning Plan is completed, it should be submitted as a standalone document to the NSRP. The NSRP will then review the Plan at its corresponding monthly review cycle. The Candidate's Plan may be approved or the Candidate may be required to revise and resubmit the Plan.

Once the Plan is approved by the NSRP, the Candidate's Goals of Supervision should be revised so that they integrate the activities established by the Learning Plan.

A template for preparing a Sample Learning Plan is provided in Appendix F of this handbook and is also available as a downloadable Word document on the NSRP Supervision Forms & Process page: <https://www.ns-rp.ca/information-for-registrants/for-candidate-registrants/supervision-processforms/>

GENERAL GUIDELINES FOR SUPERVISION REPORTS

The NSRP very much appreciates the work completed by the Supervisors of Psychologists on the Conditional Register. The NSRP has been impressed with the complexity and diversity of the

cases and situations being addressed by the candidates and their supervisors, often at early stages in the supervision process. The NSRP views the Supervision Reports as critical in maintaining the NSRP's due diligence in protecting the public and ensuring that psychologists are properly prepared for independent practice. Every month, an average of 40 supervision reports (some are monthly reports, others are six-month reports) are submitted to the NSRP. Each of these reports are carefully and thoroughly reviewed by the Registrar, the NSRP staff, and often by at least one NSRP member. If there are any concerns arising, the reports are further reviewed by a Registration Subcommittee consisting of two or three psychologist members and one or two public members of the NSRP

Reporting styles differ widely, but for the most part the contents of the reports are fine. There are, however, a few areas we would like to comment on.

DETAIL

The NSRP does not require narrative descriptions of therapy or assessment sessions, situations or events. Often a sentence or two can be used to set up a situation. What is more relevant to the NSRP is information about how the situation was dealt with, how it led to the growth of the candidate, or how it relates to their goals. (See [Appendix A](#) for an example.)

In some situations, there is not enough detail provided. For example, statements such as "The Department of Children's Services was contacted." or "An ethical situation was discussed and there was a decision that no further action is required." Given the NSRP's primary role of protecting the public, the NSRP would like enough detail to understand the nature of the incident, and the reasoning or process that went into the decision making. These types of incomplete descriptions almost always lead to a letter from the NSRP asking for more information. (See Appendix A for an example.)

Knowing the types of situations that Candidates deal with can also be helpful to the NSRP in developing guidelines and FAQs to help other psychologists address similar issues.

SOCIAL COMMENTARY AND ISSUES

Issues may arise in supervision which relate to problems that are societal or systemic in nature. While it is understood that the discussion would be briefly outlined in the report, the supervision report would not be an appropriate forum for detailed discussion of these matters. NSRP certainly acknowledges the efforts of psychologists to consult and educate others. Rather than providing a detailed narrative in the supervision report, NSRP would suggest that the supervisor work with the candidate so that they can consider whether to address their concerns directly with those at a more appropriate administrative level at the institutions. This would be in keeping with IV.22 of the Canadian Code of Ethics for Psychologists: "Speak out, in a manner consistent with the four principles of this Code, if they possess expert knowledge that bears on important societal issues being studied or discussed."

EMPLOYER CONTACT

Employer Contact should be completed by the Supervisor as part of their assessment of the Candidate's progress at least once a year, in the first three months of supervision and the last 3 months before the oral exam is requested. In reports, we sometimes encounter statements such as "There was employer contact." A few more details, such as the nature of the feedback provided would be helpful in adding to our appraisal of the candidate, such as "The Supervisor contacted the Candidates employer and received positive feedback regarding the candidate's professional presentation". It is recognized that in the past, it was more likely than today that an employer or manager would be a psychologist who could comment on the psychological practice of a candidate. However, non-psychologist employers or managers should be able to comment on professionalism, interpersonal ability, work ethic, and feedback received from clients.

In January 2019 the Supervisor's Reports was revised to include a section which should make it easier for supervisors and the NSRP to track the date of last Employer Contact,

DIRECT OBSERVATION

Direct observation (in vivo, audio-taped, video-taped) should be completed by the Supervisor as part of their assessment of the Candidate's progress at least twice a year. While reviewing reports, engaging in role plays, or observing Candidates consulting with other staff can be important assessment tools for the supervisor, they should not be substituted for direct observation of the candidate with their actual clients.

In January 2019 the Supervisor's Reports was revised to include a section which should make it easier for supervisors and the NSRP to track the date of last Direct Observation.

REPORTS PROVIDED BY CO-SUPERVISORS

During the monthly reviews, the NSRP may be reviewing the report of one supervisor but may not yet have received the other supervisor's report, giving it only half the picture. The NSRP would prefer to look at the reports from both supervisors for the same time period. The NSRP office is considering procedures it may be able to implement to hold back from the review process reports from one supervisor until the other reports arrive. It may be an easier process and certainly appreciated if the supervisors try to coordinate the timing of submission their reports (e.g., agree on a date every month, or every six months if applicable, when they would submit their reports).

SIX MONTH REPORTS

Normally, supervision reports are submitted to NSRP monthly for the first six months of candidacy. Unless otherwise directed by NSRP, supervisors should then move to submitting their monthly reports every six months and begin using the Six-Month Reporting Form. For co-Supervisors it would be very helpful to the NSRP that the six-month reports from both

supervisors cover the same period of months. If after checking with a Co-supervisor you find that you are reporting on different periods, the supervisor who made the most recent submission to the NSRP should, for their next submission, cover only the months needed in order to bring their reporting period in line with the other supervisor.

CORE COMPETENCIES

The NSRP expects that each of the core competencies (Assessment and Evaluation, Intervention, Research, Ethics, Interpersonal Issues) be addressed at least once during a six month period. In many cases, but not all, it is the Research competency that is not fully addressed. The goal of the Research Competency is not necessarily for the candidate to demonstrate ability to conduct research, but rather to be able to use research to inform their practice. For example, reviewing articles that have examined the pros or cons of using specific assessments or interventions with a specific population (e.g., adults with ADHD). Other research examples would include searching the literature for suggestions to deal with a difficult case, or critically analyzing some current articles related to one's area of practice.

GAPS IN SUPERVISION

Regular supervision and the associated accountability are an important part of ensuring that the public is protected, and that Candidates are adequately prepared for independent practice. Some gaps in supervision may be inevitable, and how gaps are dealt with are outlined in the Handbook. It is important to describe the reasons for any gaps or missed sessions in the monthly or 6-month reports. Unexplained gaps will almost always lead to a letter from the NSRP asking for an explanation.

FINAL NOTE

The NSRP hopes that these guidelines will make it easier for supervisors when preparing their reports, as well as for the NSRP members who are reviewing the reports by highlighting important components of the reports. We would like to hear from you if you have questions or suggestions regarding the above, or if you have other areas that you think would benefit from some clarification or direction from the NSRP.

Comments or Questions: nsbep@nsbep.org

Appendix A – Example of a Less Helpful and a More Helpful description of Content of Supervision (see the section on DETAIL above).

Example of a description **less helpful** to the NSRP (more information than necessary to describe situation, little detail of how situation was actually dealt with):

Describe the Focus and Content of the Supervisory Meeting:

The Candidate reported on an ethical issue regarding an adolescent. The adolescent has a long-standing social anxiety that began when they did poorly during a school class presentation, and they were laughed at. They had developed few friendships over the years as at the time their family had just moved to the new town and they avoided making new contacts. The Candidate has been helping the adolescent deal with social anxiety and as part of their work, had encouraged the adolescent to become involved in an after-school science group at the school. There the adolescent had become involved with a peer from the science group who also dealing with social anxiety, and they began spending some time together outside of school and the science group. The other adolescent lives with their working-class family. The adolescent's parents are upper middle class highly educated professionals and had already made it known to the adolescent's older siblings that they should only date people from families with similar backgrounds. The adolescent did not want the psychologist to bring up the matter at an upcoming meeting with the parents.

We discussed the issues involved and the Candidate made a plan.

More Helpful to the NSRP (just enough information to describe the context of the situation, with more detail of what was discussed with the candidate about handling the situation):

Describe the Focus and Content of the Supervisory Meeting:

The Candidate reported an ethical issue regarding an adolescent client. The adolescent (who was being seen for social anxiety) was secretly dating someone whom their parents did not approve of because of their socioeconomic status. The adolescent did not want the psychologist to bring up the matter at an upcoming meeting with the parents.

The situation was discussed with reference to the adolescent being considered a mature minor, that the situation did not appear to involve imminent harm, that disclosure could harm the therapeutic relationship and that the purpose of the meeting with the parents was to discuss ways they could help with the adolescent's social anxiety. There was also discussion of approaching the adolescent to review ways they might talk to their parents about their friend. Barring any change in the adolescent's decision, it was decided that it was appropriate to maintain their confidentiality.

Appendices

ACCESSING SUPERVISION FORMS

All supervision forms should be downloaded from the Supervision Section of the NSRP's website: <http://ns-rp.ca/pages/supervisionforms.html>

Definitions of the Five Core Competency Areas

Assessment and Evaluation

Definition: A competent professional psychologist draws on diverse methods of evaluation, determining which methods are best suited to the task at hand, rather than relying solely or primarily on formalized testing as an automatic response to situations requiring assessment. The appropriate subject of evaluation may either be an individual person, or a couple, family, organization or system. The skills required for assessment can and should be applied to many situations beyond that of initial evaluation, including, for example, treatment outcome, program evaluation, and problems occurring in a broad spectrum of non-clinical settings. The primary purpose of psychological assessment is to provide an understanding that informs a practical plan of action. It may result in a diagnostic classification or in the identification of strengths or competencies.

Knowledge should include: Knowledge of assessment methods, populations served, human development, diagnosis.

Skills should include: Formulation of referral question(s), selection of methods, collection and processing of information, utilization of psychometric methods, formulation of hypotheses, diagnoses, and action plans, and report writing.

Interventions

Definition: The intervention competency is conceptualized as activities that promote, restore, sustain, and/or enhance positive functioning and a sense of well-being in clients through preventative, developmental and/or remedial services. A broad, comprehensive vision of the intervention competency should include theory as well as the application of knowledge and skills.

Knowledge should include: Knowledge of varied interventions with individuals and systems (e.g., families, organizations); of the relative efficacy of interventions to promote health and wellness; of the positive aspects of all major approaches, reflecting openness to varied viewpoints and methods; of when to make appropriate referrals and when to consult; and of cultural context and diversity, and implications for intervention.

Skills should include: The selection of appropriate intervention methods; analysis of information, development of a conceptual framework, and communication of this to the client, as appropriate; gathering information about the nature and severity of problems and forming hypotheses about factors contributing to the problem through qualitative and quantitative means; establishment and maintenance of professional relationships with clients in all populations served; establishment and maintenance of appropriate interdisciplinary relationships with colleagues; the application of appropriate knowledge to provide effective intervention that addresses the needs of clients

Research

Definition: Professional psychologists should have research training such that they develop a basic understanding of and respect for the scientific underpinnings of the discipline, knowledge of methods to be good consumers of the products of scientific knowledge, and sufficient skills in the conduct of research to be able to develop and carry out projects in a professional or academic context.

Knowledge should include: Knowledge of research methods and of the applications of scientific research; applied statistics and measurement theory; the logic of different models of scientific research (from laboratory experimentation to quasi-experimental and field research); and quantitative and qualitative research methods (including observation and interviewing), with respect to the nature of reliability and validity in the gathering and interpretation of data.

Skills should include: Critical reasoning skills in interpreting and evaluating research procedures and findings; appropriate applications of various research approaches; and ability to write professional and empirically based reports.

Ethics and Standards

Definition: Psychologists conduct themselves in an ethical manner consistent with the Canadian Code of Ethics for Psychologists. They conduct professional relationships within the context of the Code and Standards for the Profession.

Knowledge should include: Knowledge of the ethical principles of the Canadian Code of Ethics and the ethical decision making process promoted with the Code, the Standards of Professional Conduct, the Standards for Providers of Psychological Services, and, as appropriate, other standards such as Standards for Psychological Tests and Measurements, Standards for Conducting Psychological Research, as well as relevant jurisprudence.

Skills should include: Application of the ethical decision-making process, pro-active identification of potential ethical dilemmas and application of the process for resolution of ethical dilemmas.

Interpersonal Relationships

Definition: This basic competency forms part of all the other competencies. Psychologists normally do their work in the context of interpersonal relationships (parent-child, spouses, boss-employee, etc.). They must therefore be able to establish and maintain constructive working alliances with their clients and possess adequate sensitivity to cultural issues.

Knowledge should include: Knowledge of theories and empirical data on the professional relationship, such as interpersonal, power relationships, therapeutic alliance, interface with social psychology, and fluctuations of the therapeutic/professional relationship as a function of the

intervention setting; knowledge of self, such as motivation, resources, values, personal biases and factors that may influence the professional relationship (e.g., boundary issues); and knowledge of others, such as macro-environment in which the person functions (e.g., work, national norms) and micro-environment (e.g., personal differences, family, gender differences)

Skills should include: Evidence of effective communication, and evidence of establishment and maintenance of rapport, and of trust and respect in professional relationships.

Sample Reporting Form

Nova Scotia Regulator of Psychology

Phone:902-423-2238 Fax: 902-423-0058

www.ns-rp.ca

Supervisor's Regular Report for Monthly Reporting

PLEASE TYPE IN THE BOXES THROUGHOUT THIS FORM

CELLS CAN BE EXPANDED AS NECESSARY TO ACCOMMODATE YOUR INFORMATION

Name of Candidate	Registration Number of Candidate
Dr. Candidate	C123456
Name of Supervisor	Registration Number of Supervisor
Dr. Supervisor	R1234
Month Reported	Due Date
December 2014	December

The Supervisor's Regular Report is to be authored by the Supervisor and intended to provide the NSRP with objective and constructive assessments of a registrant's progress in completing the requirements outlined by the NSRP, which is provided in letter format to the Supervisor.

The variability in the preparation for practice and the type of professional activity engaged in by registrants will require individually tailored supervision. Further, supervision is a dynamic process and as the registrant grows in experience, knowledge and training, the focus of supervision should reflect these changes.

Supervision involves assessment. As such, despite individual differences in supervision plans, there are commonalities in terms of what constitutes adequate assessment of the registrant's practice. As with most forms of assessment, self-report alone is not a sufficient method of evaluation. The content of supervision thus should reflect a multi-modal approach to examining the supervisee's level of performance.

For that reason the NSRP expects that:

- A. the supervisor will periodically contact the registrant's employer or work place supervisor (at least once per year). Releases for this purpose should be signed before supervision begins.

- B. the supervisor will periodically review the scoring and interpretation of tests and/or methods of data collection and/or review written reports of the registrant.
- C. the supervisor will use a form of direct observation of the registrant's performance (i.e., video or audio tapes, one way mirrors, direct observation) at least once in every six month period.
- D. the supervisor will directly assess the registrant's knowledge in all core competency areas. The usefulness of discussions for assessing performance can be improved by structuring them so that the registrant presents the information and explains their perspective before general discussion begins. Structuring sessions in such a manner will also help the supervisor to evaluate the registrant's ability to effectively analyze and integrate information.
- E. when the registrant is in private practice, the supervisor will review policies, procedures and forms used in the practice.

Supervisory sessions may include, but are not limited to the following:

- A. review of psychological assessment cases.
- B. review of intervention strategies.
- C. discussion of the application of various intervention procedures.
- D. review of planned lecture material.
- E. discussion of ethical issues relevant to the supervisee's practice area.
- F. review of studies from the relevant literature.
- G. presentations prepared by the supervisee.
- H. direct observation of the supervisee.
- I. review of reports prepared by the supervisee.
- J. review of raw data and test interpretation.
- H. review of clinical files.

Section 1:

Date of meeting(s):	Duration of meeting(s)
May 8, 2009	2 hours

List the Topics Discussed in each Core Competency Area

Core Competency	Topics Discussed
Assessment and Evaluation	test administration, case formulation
Intervention	treatment plan
Research	
Ethics and Standards	
Interpersonal Relationships	client's feelings / reactions

Describe the Focus and Content of the Supervisory Meeting:

The first part of the session involved Dr. C administering the test to me as client. Dr. C then scored the measure and gave his interpretation. He described how the results might contribute to a treatment plan. We then discussed his performance. Dr. C departed from a standard administration and this led to discussion on the importance of following the test protocol. Dr. C's scoring of the test was directly reviewed and found to be accurate. He presented his treatment plan prior to discussion. While he exhibited a good understanding of the results and how they could be incorporated into his treatment plan, he presented his findings in a disorganized fashion and this allowed for a discussion of various methods of ensuring systematic analysis of information.

In the next part of the session Dr. C also brought the clinical file for my review. He then presented his plan of action. This allowed me to critique his analysis based on my independent impression of the clinical information. Dr. C's file was in order and his formulation and treatment plan was on track. The client was referred by a third party and was under some duress to attend sessions. Dr. C had written a report to the third party and his client was upset at the content of the report. Dr. C was asked how he handled third party contracts. After Dr. C explained his procedures and approach, we discussed issues that arise in third party situation and various alternatives for working within these situations. Dr. C's explanations of how he handled the current situation demonstrated his sensitivity, skill and professionalism in the area of interpersonal relationships. He made the client

aware of the limits of confidentiality in advance and had also discussed the content of the report with his client prior to filing it. He acknowledged his client's feelings about the situation and helped his client look at her reactions. Dr. C indicated trust in the therapeutic relationship appeared to have increased by the end of the session.

Describe the Methods used for evaluating the Registrant's work¹:

(additionally, if there has been no direct observation in the past 6 months or employer contact within the last 12 months, please indicate below when these requirements will be completed):

First part of the sessions involved my direct observation of test administration and scoring procedures.

Second part of session involved my direct review of the clinical file. Dr. C presented his plan prior to our discussion.

Supervisor will contact Dr. C's employer next month and in the following month observe Dr. C. by reviewing a video recording of a client session.

¹ *For example:* reviewing audio or videotapes; case presentation; direct observation of work with primary clients; discussion; role-play; literature review, feedback from employer and work setting, etc.

Describe the Topics of Focus for next month

Next month will involve focus on goal areas not directly addressed in June. Dr. C will prepare a hypothetical ethical dilemma that could arise in the third party case discussed this month. He will also review the literature relating to third party cases and report on his findings. I will make contact with Dr. C's employer to get an update on Dr. C's performance.

Members of Dr. C's multidisciplinary team are using testing tools that are restricted. This was the case at the time that he first began working in the setting and is both expected and supported by the administration. Dr. C will prepare a list of the possible ramifications of this practice for discussion as well as possible actions he might take.

Section 2: General questions:

This report covers the period of

Start Date	End Date
May 1, 2008	May 31, 2008

Please respond to the following items.	Date
Date of the most recent direct observation.	May 8, 2008
Date of the most recent contact with the supervisee's employer.	January 1, 2008
If there has been no direct observation in the past 6 months or employer contact within the last 12 months, please indicate when these requirements will be completed.	Direct Observation took place May 8, 2008. Employer Contact will take place June 2008.
Date when the goals of supervision were last updated.	January 1, 2008

Was supervision interrupted at any time during this period? If so, please explain:	No
--	----

Name of Primary Employer	Hours worked in the period reported
Nova Scotia General Hospital	140
Name of Secondary Employer (if Applicable)	Hours worked in the period reported
NOT APPLICABLE	

* In addition to direct client contact, please include all hours of work to ensure NSRP can grant the accurate amount of supervision credit. Work that is full time will receive full credit, while part-time work will be pro-rated, and thus the period of supervision would be extended.

PLEASE TYPE YES OR NO AND PROVIDE COMMENTS WHERE APPLICABLE

Has the Registrant's employment status changed since the report? If YES, please note the change below and how it impacts on supervision.	NO
Should the Goals of Supervision be changed? If YES, please outline the suggested changes below.	NO

Is there a lack of progress toward any of the Goals of Supervision? If YES, please explain below.	YES
Dr. C's organizational and analytic skills are still underdeveloped and this has limited progress with his Assessment/Evaluation Goal involving improving presentation of assessment reporting. We are continuing to focus on improving the organization of his work and helping him to improve analytical skills. Dr. C acknowledges this is a difficult area for him exhibiting a positive and constructive attitude regarding remediation.	
Has the Registrant experienced any ethical <u>dilemmas</u> during this supervisory period? If YES, please explain (below): A. the dilemma and B. how it was resolved	NO
Were any supervision problems experienced during this supervisory period? If YES, please explain (below): A. the issues and B. how they were resolved C. If unable to meet for the required 2 hours in a particular month, please describe how you have rectified this issue?	NO

Section 3: Ratings

Using the ratings provided, please rate the supervisee in each required area. To provide your ratings, simply type the applicable rating abbreviation (i.e., NA, UN, AC, AR, R) into each of the required boxes of the table below.

RATINGS

- NA Not yet assessed*
- UN Unacceptable level even for supervised practice*
- AC Acceptable level for supervised practice*
- AR Almost ready for independent practice*
- R Ready for independent practice*

Competency Area	Rating
1. Assessment & Evaluation	AC

2. Intervention Skills	AC
3. Research Skills	AC
4. Application of Ethical Standards	AR
5. Interpersonal Relationships	AC
Report Preparation/Record Management	AC
Analytical/Organizational Skills	UN
Knowledge of:	
N.S. Regulated Health Professions Act, 2023	AR
N.S. Standards of Professional Conduct	AR
Canadian Code of Ethics for Psychologists	AR
Mandatory	
Judgment in the application of the above	AR
Diligence in the application of the above	R
As Applicable	
Consultation Skills	AR
Teaching Skills	NOT APPLICABLE

Once this report is complete, you can use the process below to send this report to the NSRP by email.

Electronic Submission of Supervision Documentation

Whenever supervision forms are emailed to the office, both the Supervisor and Supervisee must separately email a declaration to the NSRP office. This is to validate the information.

The necessary declarations are provided below for reference purposes; ultimately however, the declarations need to be placed into the body of an email and sent to the NSRP office.

Please note: All of the below steps must be followed for an electronic version to be valid. If the information is not validated, then credit cannot be provided to the supervisee. All of the steps are detailed below.

Electronic Submission Process

- 1) The Supervisor must send the Report, as an attachment, to the following NSRP email address: nsbep@nsbep.org
- 2) The email should be sent from the Supervisor's own email address, and the declaration (listed below) must be copied into the body of the Supervisor's email to which the Report is attached:

Electronic Declaration for the Supervisor

I have completed all sections of Supervision Report for **[Insert Supervisee's Name]** covering the month of **[Insert Month, Year]**.

This Report accurately represents the nature and content of supervisory sessions held during the period it covers.

All sections of the Report have been reviewed and discussed by the undersigned with the supervisee.

I agree that the version of the Report transmitted by email to NSRP is the one referenced in this declaration.

By typing my name below, I agree that the above statements are true.

[Supervisor types name here]

- 3) Once the above declaration is pasted into the body of the Supervisor's email, the content of the declaration is simply edited to make it reflect the actual information being emailed to the NSRP office;
- 4) The supervisee should be copied on the email from the Supervisor;
- 5) The Supervisee must also send an email to the following NSRP email address:
nsbep@nsbep.org
- 6) The email from the Supervisee must be sent from the Supervisee's own email address, and include the below declaration in the body of the email:

Electronic Declaration for the Candidate

I have completely reviewed my Supervision Report covering the month of **[Insert Month, Year]**.

This Report accurately represents the nature and content of supervisory sessions held during the period it covers.

All sections of the report have been reviewed and discussed by the undersigned with my supervisor(s).

I agree that the version of the Report transmitted by email to NSRP is the one referenced in this declaration.

By typing my name below, I agree that the above statements are true.

[Candidate types name here]

- 7) Once the above declaration is pasted into the body of the Supervisee's email, the content of the declaration is simply edited to make it reflect the actual information being emailed to the NSRP office.

SENDING REPORTS BY FAX OR REGULAR MAIL

NOTE: YOU ONLY NEED TO COMPLETE THE BELOW SECTION IF THE REPORT IS BEING SENT BY FAX OR REGULAR MAIL.

By signing below, the Candidate and Supervisor acknowledge that the Report accurately represents the nature and content of supervisory sessions held during the period it covers. This report has been reviewed and discussed by the undersigned.

Candidate: _____ **Date:** _____

Supervisee: _____ **Date:** _____

As noted, you may fax the Report (423-0058) or, if necessary, send it by regular mail. However please use only one method to send your information.

Note: All supervision documentation may be submitted electronically by following the same process and modifying the declarations above to suit the applicable purpose.

Examples of Goals of Supervision

This document is intended to be a tool to help candidates and supervisors develop appropriate goals for supervision by providing examples of types of goals. Examples of methods for monitoring and evaluating the goals are also given.

You may find that some of the examples appear similar and are just worded differently. As this document is meant to be used as an aid to “brainstorming” goals, it was thought that the more examples and variations provided, the more useful the document might be.

Some of the goals are specific, while others are quite broad. Broad goals are generally useful earlier in the supervision process, when much of the practice of psychology is new to the candidate. Specific goals can be useful later in supervision as a way of focusing on particular skills. Specific goals may also be useful early in supervision when a candidate needs to add to their knowledge and skills to meet specific work expectations.

These examples are not meant to be exhaustive, and you will likely find other goals that are specific to your situation.

Many of these goals were adapted from Goal Statements submitted to NSRP by candidates and their supervisors.

Core Competency 1: Assessment and Evaluation

To develop expertise in the administration and interpretation of measures commonly used to assess . . .

To incorporate assessment findings directly into treatment planning.

To learn how to implement structured and semi-structured clinical interviews as part of the assessment process.

To continue learning and utilizing new instruments for assessment, such as the . . .

To review and update current assessment report formats and forms.

To provide case consultation of ongoing assessments.

Enhance my skills in case conceptualization and utilizing all available data to form hypotheses, make diagnoses, and create a practical action plan

Enhance my skills in consulting with the team for the purposes of case conceptualization.

Enhance my skills in choosing a test battery that balances the need to obtain information with the capacity of the client to tolerate testing.

Enhance report writing skills.

Enhance knowledge and proficiency with differential diagnoses, using the DSM-5.

Further develop my report writing style to ensure that the documentation and recommendations are clear, and language is accessible to a variety of audiences (students, parents, teachers, and external agencies).

Apply functional behavioural assessment methods including direct observation, informant methods, and functional analysis in the school setting.

Monitoring and Evaluation:

To directly review the raw data and examine the established treatment plan for 1 case, chosen at random, in each three-month period.

Request feedback from the candidate's workplace in each six-month period.

Case discussions with supervisor – including differential diagnoses and case conceptualization.

Present the candidate with case examples and evaluate their process of analysis/integration of information and case conceptualization.

Use a form of direct observation to evaluate the candidate's performance.

Present new reports and forms to supervisor for evaluation.

Supervisor will review written reports to highlight areas of strengths and weaknesses.

The candidate will use the supervisor to practice administering tests that are new to them.

Core Competency 2: Intervention

To develop competency in behavioural interventions in the treatment of . . .

To develop effective programming recommendations for high-school students transitioning to post-secondary studies.

Become more comfortable tailoring CBT, mindfulness, DBT, and ACT-based skills in a . . . setting for individuals with . . .

Enhance skills in developing and communicating the conceptual framework for treatment using language appropriate to the clients' level of understanding.

Become familiar and proficient at recognizing and understanding the stages of change model.

Attend any professional development opportunities related to . . .

Gain further experience utilizing . . .

Working with and practicing skills related to diverse populations (e.g., age, culture, diagnostic).

Learn the agency's protocol for documentation and record keeping.

Develop the ability to tailor treatment to each patient's diverse cultural and individual needs.

Continue developing knowledge/expertise in different theoretical orientations.

Continue utilizing evidence-based practices to inform treatment and remain mindful of unique and diverse cultural needs.

Expand skills in consultation and collaboration with teachers and admin in establishing effective, evidence-based behaviour intervention.

Develop knowledge and skills of evidence-based interventions including . . .

Develop knowledge and skills of techniques and interventions that will help clients presenting with grief and trauma.

Apply behavioural modification techniques/ principles to teach and increase positive behaviours in the school environment.

Plan (seeking referrals, completion of pre-inclusion interviews) and facilitate a 10-week group for ...

Monitoring and Evaluation:

Complete direct observation of an intervention session a minimum of once every six-month period.

Review and present research on different behavioral interventions.

Role play a treatment situation as needed.

Request feedback from the candidate's workplace in each six-month period.

Review of progress notes taken during interventions sessions.

Core Competency 3: Research

To become familiar with current research on treatment of ...

Stay current with the literature and continue to research best practices within the field of ...

Refer to the literature for support during unique cases to improve understanding of ...

Share and help interpret current research with colleagues, clients, students.

Critically analyze and discuss peer-reviewed articles that are relevant to...

Ongoing reading and review of books, literature, articles related to ...

Learn about research opportunities (attendance at conferences or educational series).

Maintain current knowledge of evidence-based practices for . . . through continuing education, articles, further training opportunities.

Enhance ability to critically review empirical research and scientific articles by . . .

Apply the concepts developed by empirical research on . . . in clinical interventions.

Summarize and critically assess research on common intervention approaches for ...

The candidate will develop and complete a program evaluation for . . .

Monitoring and Evaluation:

Discuss with supervisor general findings based on research, training and article reviews.

Demonstrate to supervisor the selection of appropriate research article to inform treatment with .
..

Summarize findings and present knowledge and insights gained to supervisor.

Supervisor to obtain feedback from the candidate's employer or co-workers on the candidate's research related duties.

The candidate will submit a paper or poster to a peer-reviewed journal or conference.

Discuss the candidate's understanding of the articles and their relevance and implications for practice.

Core Competency 4: Ethics and Standards

Demonstrate a clear understanding of ethical principles and standards in psychology, and become familiar with the ethical decision-making process as outlined in the Canadian Code of Ethics.

Increase knowledge of Nova Scotia Psychologist's Act.

Increase understanding of the NSRP Standards of Professional Conduct.

Identify potential ethical dilemmas, and engage in and apply the decision-making model to resolve any dilemmas.

Review NSRP guidelines, especially those relevant to the candidate's area of practice.

Develop a protocol for informing new clients of informed consent, limits to confidentiality, and procedures for dealing with concern about the assessment or intervention.

Develop procedures for maintaining test and document security both onsite, and when travelling between different sites.

Discuss ethical dilemmas that may arise in a . . . setting.

Learn how some ethical issues might be avoided proactively through use of informed consent, discussion of limits to confidentiality, and good record keeping.

Review list (on NSRP website) of federal and provincial legislation that is relevant to the practice of psychology.

Understanding how to uphold professional practice/psychology standards within a larger healthcare or multidisciplinary setting.

Seek out appropriate literature to discuss with supervisor regarding ethical issues that arise when working in . . . settings.

Monitoring and Evaluation:

Ask the candidate to articulate possible issues and dilemmas that might arise in the workplace and how they approach those issues.

Discuss the candidate's analysis of actual issues or dilemmas that occur.

Present the candidate with hypothetical ethical dilemmas and observe their ethical decision making process.

Have the candidate demonstrate the ability to search relevant standards and apply them to real life scenarios.

The candidate recognizes situations that may have ethical considerations.

The candidate consults with colleagues and supervisor, when appropriate.

Core Competency 5: Interpersonal Relationships

Be culturally aware during practice.

Become aware of personal biases and reflect on how/why my personal experiences shape my practice.

Develop effective communication with others (e.g. school administration, colleagues, parents) during feedback meetings, site-based meetings, and other professional environments.

Learn to avoid using jargon and explain terms and concepts using language all parties will understand.

Learn how to become aware of different dynamics and develop the ability to balance these dynamics in site-based team meetings with school staff and feedback meetings with clients and family members.

Increase awareness of the role of . . . Psychologists and how we fit within the school/community/hospital/health system.

Establish and maintain professional relationships with colleagues and to use effective communication to resolve conflicts that may arise.

Enhance knowledge of the specific roles of other professionals working in, or in conjunction

with, school/hospital/institution with the goals of streamlining the referral/consultation process, providing the most appropriate care, and fostering learning and collaboration.
Work towards positive conflict resolution by . . .

Become aware of my own biases and culture and the effect these may have in interactions with others.

Ongoing awareness and discussion of power imbalance and unilateral nature of therapeutic relationships.

Develop pathways to consult and collaborate with mental health professionals in the Community.

Attend monthly discipline meetings and contribute to and collaborate on ideas and concerns.

Develop my skills as a supervisor of undergraduate and graduate students.

Seek out and discuss current literature on building a therapeutic alliance in outpatient community mental health settings.

Discuss and develop skills to navigate difficult conversations with clients, colleagues and administration while maintaining rapport.

Demonstrate the ability to be open to feedback and apply the recommendations highlighted during supervision.

Reflect on factors related to self (e.g., motivations, resources, values, personal biases, emotional well-being) that may influence the professional relationship, therapeutic alliance, and service delivery.

Monitoring and Evaluation:

Request feedback from the candidate's workplace once in every six-month period.

Review the candidate's decisions in handling workplace situations.

Review potential alternative solutions to situations.

Review during supervision meetings specific situations in the workplace that involved interpersonal relationships.

Direct observation by the supervisor of the candidate as supervisor of undergraduate or graduate students.

To discuss the candidate's interactions with other healthcare professionals when providing treatment.

Examples of Goals of Supervision published by the Nova Scotia Regulator of Psychology
October 2019

NSRP Sample Learning Plan: Expanding Competency in Child and Adolescent Autism Spectrum Disorder Assessment

Registrant Information

- Name: [Registrant Name]
- Registration Status: Psychologist (Candidate Register), [Candidate Number]
- Current Area of Practice: Clinical Psychology – assessment and intervention – children, adolescents, and adults.
- Proposed Competency Expansion and Goal of Learning Plan: Expand competencies to include comprehensive diagnostic assessment of Autism Spectrum Disorder (ASD) across childhood and adolescence, including administration, scoring, interpretation, feedback, and integration of standardized assessment tools, with attention to differential diagnosis and culturally informed practice.

Current NSRP Supervisor Information

- Name: [Supervisor Name]
- Registration Status: Registered Psychologist ([Supervisor Reg. No.]

Proposed Mentor of Present Learning Plan

- Name: [Mentor Name]
- Registration Status: Registered Psychologist, [Province/Jurisdiction] [Mentor Reg. No.]

Learning Objectives

1. Objective 1: Acquire in-depth knowledge of ASD presentations in child and adolescents, including diagnostic criteria, common comorbidities, and differential diagnosis commonly considered in child and adolescent ASD assessments (e.g., ADHD, anxiety, depression) and differential diagnoses, with consideration of how presentations may vary across gender, race, culture, and other intersecting identities.
2. Objective 2: Develop proficiency in comprehensive ASD assessment methodology for children and adolescents, including the administration, scoring, coding, and interpretation of standardized diagnostic instruments (e.g., ADOS-2, ADI-R, CBCL, ASRS, ABAS-3) as well as developmentally appropriate self-report and other-report measures. Apply these tools in an integrated, evidence-based manner to inform diagnostic impressions, case formulations, and individualized recommendations.
3. Objective 3: Gain mentored clinical experience in conducting comprehensive child and adolescent ASD assessments, including clinical interviews with clients and collateral sources, integration of multi-informant data, writing comprehensive reports, and providing developmentally appropriate and culturally informed feedback to clients and families.
4. Objective 4: Develop skills in differentiating ASD from overlapping or comorbid conditions (e.g., ADHD, social anxiety, intellectual disability, language disorders, trauma-related conditions), and in integrating findings into coherent case formulations.
5. Objective 5: Understand and apply ethical considerations and best practices in ASD assessment, including person-first and identity-affirming language, and consideration of neurodiversity perspectives.

6. Objective 6: Remain up to date with emerging research and clinical guidelines related to ASD assessment, intervention, and outcome measurement. Participate in mentorship, workshops, and peer consultation to consolidate learning.

Justification for Tier 1 Learning Plan:

Although I have not yet independently completed autism spectrum disorder (ASD) assessments for children and adolescents, I have previously assisted with comprehensive ASD assessments at two separate practicum sites during my doctoral training. In these roles, I participated in multiple components of the assessment process, including standardized testing, behavioral observation, scoring and interpretation of measures, report writing, and feedback provision under supervision. In addition, I have experience providing psychotherapy to adolescents and adults diagnosed with ASD, which has contributed to foundational clinical familiarity with ASD presentations across development.

My current areas of competency include child, adolescent, and adult clinical psychology - assessment and intervention. This learning plan is therefore intended to expand my scope of practice to include diagnostic assessment of ASD within the same populations I already serve – children, adolescents, and adults. I am not seeking to expand into new age groups (e.g., older adults) or into a substantially different area of practice. Rather, I am building upon my existing assessment competencies by developing specialized expertise in ASD diagnosis.

I will continue to work within my current populations and established area of practice (i.e., child, adolescent, and adult psychological assessment) while adding ASD as a specific diagnostic focus. As such, this learning plan represents a refinement and extension of my existing competencies in clinical psychological assessment, rather than a shift to a new area of practice.

PART 1: SELF-ASSESSMENT OF CURRENT COMPETENCIES

Educational Background:

[Complete with registrant's educational background, listing each degree, awarding institution, year of graduation, and relevant coursework.]

Clinical Experience:

[Complete with registrant's relevant clinical experience. For each role, include: position title, organization, date range, and key activities demonstrating experience relevant to the proposed competency expansion.]

Completed Readings:

[List readings already completed that are relevant to the proposed competency area, with full citations.]

Identified Gaps:

[Identify current gaps in knowledge, training, or experience relevant to the proposed competency expansion. These gaps should be addressed by the objectives and activities set out in Parts 2 and 3.]

PART 2: ATTAINMENT OF KNOWLEDGE AND SKILLS

Self-Directed Reading List

Objective 1 Readings (child and adolescent ASD presentations, diagnostic criteria, and

comorbidities/differential diagnoses commonly considered in child and adolescent ASD assessments, e.g., ADHD, trauma):

1. Monteiro, M. J. (2025). *A Clinician's Guide to Delivering Neuro-Informed Care: Revealing the Autism Story*. Taylor & Francis.
2. Frigaux, A., Evrard, R., & Lighezzolo-Alnot, J. (2019). ADI-R and ADOS and the differential diagnosis of autism spectrum disorders: Interests, limits and openings. *L'Encephale*, 45(5), doi: 10.1016/j.encep.2019.07.002
3. Lai, M-C., Kasee, C., Besney R., et al. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: A systematic review and meta-analysis. *The Lancet Psychiatry*, 6(10), 819-829. doi: 10.1016/S2215-0366(19)30289-5.
4. Havdahl, A., & Bishop, S. (2019). Heterogeneity in prevalence of co-occurring psychiatric conditions in autism. *The Lancet Psychiatry*, 6(10), 794-795. doi: 10.1016/S2215-0366(19)30326-8
5. Mandy, W. (2025). What is autism, now?. *Proceedings of the Paris Institute for Advanced Study*, 21.
6. Scottish Intercollegiate Guidelines Network (SIGN). (2016). *Assessment, diagnosis and interventions for autism spectrum disorders in children and young people*.
7. Volkmar, F. R., Rogers, S. J., Paul, R., & Pelphrey, K. A. (Eds.). (2014). *Handbook of Autism and Pervasive Developmental Disorders* (4th ed.). Wiley.
8. Zwaigenbaum, L., Bauman, M. L., Choueiri, R., et al. (2015). Early identification and interventions for autism spectrum disorder. *Pediatrics*, 136, S1–S9.
9. Charman, T., & Baird, G. (2002). Diagnosis of autism spectrum disorder in young children. *Journal of Child Psychology and Psychiatry*, 43, 289–305.
10. Taylor, J. L., & Seltzer, M. M. (2011). Changes in the autism behavioral phenotype during adolescence. *Journal of Autism and Developmental Disorders*, 41, 1431–1446.
11. Antshel, K. M., Zhang-James, Y., Wagner, K. E., Ledesma, A., & Faraone, S. V. (2016). An update on the comorbidity of ADHD and ASD. *Journal of Attention Disorders*, 20, 716–729.
12. Craig, F., Lamanna, A. L., Margari, F., Matera, E., Simone, M., & Margari, L. (2015). Overlap between autism spectrum disorder and ADHD. *Autism Research*, 8, 328–337.
13. Mandy, W., & Skuse, D. (2008). Relationship between social-communication difficulties and restricted/repetitive behaviors. *Journal of Child Psychology and Psychiatry*, 49, 795–808.
14. White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clinical Psychology Review*, 29, 216–229.
15. Brentani, H., et al. (2013). ASD and ADHD: differential diagnosis and comorbidity. *Frontiers in Psychiatry*.
16. Suominen, E., Zahir, R., Hampton, S., Cooper, K., Midouhas, E., Flouri, E., & Mandy, W. (2025). Sex differences in internalising problem trajectories of autistic and non-autistic youth across childhood and adolescence. *Journal of Affective Disorders*, 120678.
17. Mazefsky, C. A., et al. (2013). Emotion regulation in ASD. *Journal of the American Academy of Child & Adolescent Psychiatry*.
18. Mandy, W., et al. (2012). Autism in girls: diagnostic challenges. *Autism*.
19. Mansour, H., Kurana, S., Eshetu, A., Hoare, S., El Baou, C., Arnold, I., & Stott, J. (2025). Prevalence of Post-Traumatic Stress Disorder (PTSD) in autistic children or young people (CYP) and adults: A systematic review and meta-analysis. *Clinical Psychology Review*, 102621.

*In general, I will keep up with relevant journals to stay up to date with current research developments (e.g., *Autism: The International Journal of Research and Practice*, *Journal of Autism and Developmental*

Disorders (JADD), Journal of Clinical Child & Adolescent Psychology)*

Objective 2 Readings (ASD assessment methodologies, uses, and psychometric properties – i.e., ADOS-2, ADI-R, self/other report measures):

1. Lord, C., Rutter, M., DiLavore, P. C., Risi, S., Gotham, K., & Bishop, S. (2012). Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) Manual. Torrance, CA: Western Psychological Services.
2. Rutter, M., Le Couteur, A., & Lord, C. (2003). Autism Diagnostic Interview-Revised (ADI-R) Manual. Los Angeles, CA: Western Psychological Services.
3. Woods, S. E. O., & Estes, A. (2023). Toward a more comprehensive autism assessment: The survey of autistic strengths, skills, and interests. *Frontiers in Psychiatry*, 14, doi: 10.3389/fpsy.2023.1264516
4. American Academy of Pediatrics. (2020). Identification, evaluation, and management of children with ASD. *Pediatrics*.
5. Kamp-Becker, I., Tauscher, J., Wolff, N., et al. (2021). Is the Combination of ADOS and ADI-R Necessary to Classify ASD? Rethinking the “Gold Standard” in Diagnosing ASD. *Frontiers in Psychiatry*, 12. doi: 10.3389/fpsy.2021.727308
6. Goldstein, S., Naglieri, J. A., & Ozonoff, S. (Eds.). (2017). *Assessment of Autism Spectrum Disorder* (2nd ed.). Guilford Press.
7. National Institute for Health and Care Excellence (NICE). (2017; updated). ASD in under 19s: Recognition, referral and diagnosis (CG128).

Objective 4 Readings (ethical considerations and best practices in child and adolescent ASD assessment, e.g., person-first language):

1. Fletcher-Watson, S., & Happé, F. (2019). *Autism: A New Introduction to Psychological Theory and Current Debate*. Routledge.
2. Botha, M., Hanlon, J., & Williams, G. L. (2021). Does language matter? Identity-first versus person-first language use in autism research. *Autism*, 25, 177–179.
3. Kapp, S. K. (Ed.). (2020). *Autistic Community and the Neurodiversity Movement*.
4. NICE (2017; updated). ASD in under 19s: Recognition, referral and diagnosis.

Didactic Training

Workshop / Webinar / Conference	Institution / Date / Delivery	Description
Differential Diagnosis of ASD: School Age	Institution: GAIN Date: June 5, 2026 Delivery: virtual	Understand how social communication abnormalities, restricted and repetitive behaviors, and developmental histories of school-aged children and adolescents with autism spectrum disorder (ASD) may be similar or different compared to those with other neurodevelopmental disorders (e.g., intellectual disability, communication disorders, ADHD) and psychiatric conditions (e.g., mood and anxiety disorders). The workshop will discuss the uses and limitations of currently available ASD assessment tools, including sensitivity and specificity when used in

		<p>subgroups of children and adolescents with different developmental and behavioral profiles.</p> <p>We will present recent research, including studies detailing the use of specific diagnostic instruments in particular populations and how behavioral profiles differ between children with different diagnoses during school age/adolescence. We will also present clinical case examples and video clips to highlight diagnostically differentiating behaviors in this developmental period.</p>
<p>Diagnostic Assessment of ASD: Best Practice Elements of a Comprehensive Evaluation</p>	<p>Institution: GAIN Date: April 17, 2026 Delivery: virtual</p>	<p>The purpose of this workshop is to help clinicians understand best practices for diagnostic assessment of autism spectrum disorder (ASD). The workshop will provide an overview of assessment elements that are critical for evaluating DSM-5 ASD criteria, as well as for identifying co-occurring diagnoses and generating meaningful treatment recommendations. We will present recent research about assessment methods and instruments for individuals with heterogeneous developmental and behavioral profiles.</p>
<p>Differential Diagnosis of ASD: Diagnosing Females with ASD</p>	<p>Institution: GAIN Date: February 20, 2026 Delivery: virtual</p>	<p>The purpose of this workshop is to help clinicians understand the ways in which diagnostic presentations and treatment needs of clients with ASD may be similar or different based on sex. The workshop will discuss the uses and limitations of currently available diagnostic assessment tools, including the extent to which different measures may function differently for males versus females. Recent research about topics relevant to serving autistic girls and women in diagnostic and treatment contexts will be reviewed. We will present peer-reviewed research studies, as well as clinical case examples and video clips.</p>
<p>Acceptance and Commitment Training (ACT) for Caregivers of People with Neurodevelopmental Disabilities – Level Two: Co-Facilitating ACT</p>	<p>Institution: Centre for Addiction and Mental Health (CAMH) Date: April–June, 2023 Delivery: virtual</p>	<p>Acceptance and Commitment Training (ACT) for Family Caregivers of People with Developmental Disabilities is a manual that guides facilitators through ACT workshops for family caregivers of people with developmental disabilities. It presents activities that promote the well-being of caregivers by increasing their psychological flexibility through mindfulness, acceptance and values-based processes consistent with the ACT model. With its emphasis on an experiential approach to learning ACT, the manual presents group interventions for both in-person and virtual training.</p>
<p>Acceptance and Commitment Training (ACT) for</p>	<p>Institution: Centre for Addiction and Mental Health</p>	<p>Acceptance and Commitment Training (ACT) for Family Caregivers of People with Developmental Disabilities is a manual that guides facilitators through</p>

Caregivers of People with Neurodevelopmental Disabilities – Level One: Introduction to ACT	(CAMH) Date: January–March, 2023 Delivery: virtual	ACT workshops for family caregivers of people with developmental disabilities. It presents activities that promote the well-being of caregivers by increasing their psychological flexibility through mindfulness, acceptance and values-based processes consistent with the ACT model. With its emphasis on an experiential approach to learning ACT, the manual presents group interventions for both in-person and virtual training.
Eating on the Spectrum: Accessible ways to support sensory challenges, executive functioning with neurodiverse adults	Institution: AIDE Canada Date: January 15, 2025 Delivery: virtual	Join us for a webinar discussion regarding neurodivergent factors impacting eating challenges: executive functioning, sensory need, interception, thinking styles, social settings, comorbidity, food scarcity. Plus support tools, putting it into practice, and support resources.

Standardized Assessment Tool Training

Training	Institution / Date / Delivery	Description
ADOS-2 Module 2 Calibration Series	Institution: GAIN Date: October 30, November 20, December 18, 2026 Delivery: virtual	GAIN is a virtual, live training webinar hosted by preeminent national ADOS-2 trainers. The module series aims to review the ADOS-2 administration and scoring of specific modules in depth. Upon completion of each module series GAIN participants should be able to describe the administration and intent/purpose of the tasks in the module discussed in the webinar, describe the meaning of the specific codes on the module discussed in the webinar, and evaluate their and others' administration of the ADOS-2 module presented in the webinar.
ADOS-2 Module 3 Calibration Series	Institution: GAIN Date: July 31, August 28, September 25, 2026 Delivery: virtual	GAIN is a virtual, live training webinar hosted by preeminent national ADOS-2 trainers. The module series aims to review the ADOS-2 administration and scoring of specific modules in depth. Upon completion of each module series GAIN participants should be able to describe the administration and intent/purpose of the tasks in the module discussed in the webinar, describe the meaning of the specific codes on the module discussed in the webinar, and evaluate their and others' administration of the ADOS-2 module presented in the webinar.
Autism Diagnostic Interview-Revised	Institution: University of	The purpose of the virtual ADI-R Training Series is to provide training to those who are new to the ADI-R.

(ADI-R) Training	Calgary Date: May 14, 15, 16, 2025 Delivery: virtual	Training will include a general introduction to the ADI-R, administration, and scoring guidelines; reviewing recorded administrations with parents and an overview of coding; and psychometrics and research on the ADI-R, as well as more detailed questions about administration and scoring.
Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) Training	Institution: University of Calgary Date: May 7, 8, 9, 2025 Delivery: virtual	The ADOS-2 is an observational assessment used to aid in the assessment and diagnosis of autism spectrum disorders across ages, developmental levels, and language skills. Objectives: Learn the differences between clinical and research use of the ADOS-2. Learn how to select the appropriate module for working with different clients. Learn how to administer the tasks within each module. Learn how to code the specific items within each module. Obtain experience that will support your future administrations with the measure as you work towards independent clinical use. Be prepared to watch and score videotaped administrations. Be prepared to discuss behaviours observed during the demonstration administrations and the coding for each administration with the group.

Peer Consults

- Access to bi-weekly peer consult meetings led by [Peer Consultant Name] wherein colleagues can discuss their various difficult cases in a collaborative medium ([Current Workplace])

Mentorship

- Mentor: [Mentor Name], Registered Psychologist
- Mentorship Structure: virtual scheduled meetings, with access to asynchronous communication as needed.
- Frequency and duration: monthly until [Registrant Name] has completed their required hours to complete their Learning Plan.
- Focus Areas: Case discussions, review of session recordings, review of written assessment reports, feedback on psychotherapy techniques. Select readings, activities, and other modes of learning will be assigned each month. Time from monthly mentorship meetings will be allocated to discussing topic-based acquired knowledge and discussion of next steps in the learning plan (as needed). Mentorship will also include discussion of clinical, diagnostic, and ethical issues related to this area of assessment.

PART 3: VERIFICATION OF ACTIVITIES ATTAINMENT AND EVALUATION OF LEARNING OUTCOMES

Assessment Methods:

1. [Mentor Name] will observe a portion of [Registrant Name]'s assessments every 6 months to provide feedback on technique and delivery (e.g., live observation or video recording review). If additional observation is deemed necessary to ensure [Registrant Name] is providing the highest standard of care, [Mentor Name] will increase the number of observations.
2. Consults and discussions: [Mentor Name] and [Registrant Name] will engage in discussions and consultations regarding assessment cases.
3. Review of assessment reports: [Mentor Name] will review a portion of written reports every 6 months for quality and accuracy, and will provide feedback to [Registrant Name] to optimize their reports and communication with this population and their families.
4. Presentations/Discussions: [Registrant Name] will discuss/present readings and learnings from didactic activities and trainings to [Mentor Name] during mentorship meetings.
5. Self-reflection reports on learning experiences: [Registrant Name] will reflect and document their learnings and take-aways from the present learning plan.
6. Documentation of completed training and mentored hours.

 [Registrant Name], [Degree]
 Psychologist (Candidate Register)

 [Date]
 Date of signature

 [Supervisor Name], [Degree]
 Registered Psychologist
 Current NSRP Supervisor

 [Date]
 Date of signature

 [Mentor Name], [Degree]
 Registered Psychologist
 Proposed Mentor of Learning Plan

 [Date]
 Date of signature