



College of Psychologists
of New Brunswick

Collège des psychologues
du Nouveau-Brunswick

CONFIRMATION OF SUPERVISED PSYCHOLOGICAL PRACTICE

I, _____, am an Interim Member (or applying for licensing) under the College of Psychologists Act of New Brunswick, and I am required to submit confirmation and evaluation of my supervised psychological practice. Your cooperation in supplying the information requested will be appreciated. I have consent to the release of this information to the College of Psychologists of New Brunswick.

Signature of Supervisee: _____ Date: _____(dd/mm/yyyy)

1. **SUPERVISEE INFORMATION:**

- (a) Name and address of institution, firm or agency, where supervisee was practicing:

- (b) Title, position or rank of supervisee:

2. **SUPERVISOR INFORMATION:**

- (a) Name of supervisor: _____

- (b) Address: _____

- (c) License number or registration certificate number: _____
in the Province or State of: _____

3. **Dates of supervised practice covered in this report:**

- (a) From _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

- (b) Full-time Part-time

- (c) Hours of work experience per month: _____

4. **Supervisee’s duties**

5. **Clientele of psychological services**

(a) Indicate the type of clients seen

Children _____

Adolescents _____

Adults _____

(b) Indicate approximate number of cases

Individuals _____

Couples _____

Families _____

Groups _____

6. **Number of hours of supervision (per month)**

(a) face to face _____

(b) learning activities _____

Total hours _____

7. Supervisory agreement was approved by the Registration Committee

Yes _____ No _____

As the candidate’s supervisor, please sign below to indicate your confirmation of the supervision hours and activities as noted above:

Signature of Supervisor: _____

Date: _____

When completed, please return this form to:

Renée Turner

Assistant Registrar

renee.turner@cpnb.ca



PART II - SUPERVISORY REPORT FORM

Name of Supervisee: _____

Using the following evaluation scheme, please evaluate the supervisee on each of the competency areas outlined below by indicating your letter rating in the spaces provided.

- A – Outstanding
- B – Above Average
- C – Average
- D – Below Average
- E – Unacceptable

I. PROFESSIONAL KNOWLEDGE AND SKILLS

1.0 Assessment and Evaluation

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.

1.1 Required knowledge

- 1.1.1 Knowledge of assessment methods
- 1.1.2 Knowledge of population served
- 1.1.3 Knowledge of human development
- 1.1.4 Knowledge of diagnosis

1.2 Required Skills

- 1.2.1 Ability to conduct an initial interview
- 1.2.2 Ability to formulate a referral question
- 1.2.3 Ability to observe as well as collect and process information and interpret psychometric data
- 1.2.4 Ability to make judicious choice and use of assessment instruments and methods
- 1.2.5 Ability to conceptualize, integrate and report data

- 1.2.6 Ability to gather information about the nature and severity of problems and formulate hypotheses about the contributing factors to the problem through qualitative and quantitative means.
- 1.2.7 Ability to formulate an hypothesis and to make a diagnosis when appropriate
- 1.2.8 Ability to write a professional psychological report
- 1.2.9 Ability to formulate a plan of action

2.0 Intervention and Consultation

Psychological interventions and consultation promote, restore, or enhance a positive functioning and a sense of well-being in clients through preventive, developmental and/or remedial services.

2.1 Required knowledge

- 2.1.1 Knowledge and comprehension of the basic theoretical and principles underlying intervention procedures
- 2.1.2 Knowledge of a variety of interventions with individuals and systems
- 2.1.3 Awareness of when to consult and make appropriate referrals
- 2.1.4 Awareness of context and diversity
- 2.1.5 Knowledge of interventions that promote health and wellness

2.2 Required skills

- 2.2.1 Openness to and respect for all major approaches
- 2.2.2 Choice of appropriate techniques or procedures
- 2.2.3 Ability to select and apply appropriate intervention methods, techniques or procedures
- 2.2.4 Ability to analyze the information, develop a conceptual framework, develop appropriate strategies and communicate this to the client.
- 2.2.5 Ability to facilitate collaborative interaction to implement system interventions, manage conflict, as appropriate
- 2.2.6 Ability to evaluate treatment/intervention outcome

3.0 Interpersonal Relationships

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 a constructive working alliance with their clients, and possess adequate cultural sensitivity.

3.1 Required knowledge

- 3.1.1 Knowledge of theories and data regarding the professional relationship (e.g. *interpersonal relationships, power relationships, therapeutic alliance, interface with social psychology, fluctuations of therapeutic relationship as a function of the intervention setting*)
- 3.1.2 Knowledge of self (e.g. *motivation, resources, values, personal biases, factors which may influence professional relationship such as boundary issues*)
- 3.1.3 Knowledge of others in macro- and micro-environments (e.g. *work, national norms and personal differences, family, gender differences*)

3.2 Required skills

- 3.2.1 Ability to communicate effectively with clients
- 3.2.2 Ability to communicate effectively in general
- 3.2.3 Ability to establish and maintain rapport with clients from all populations served
- 3.2.4 Ability to establish and maintain trust and respect within the professional relationship
- 3.2.5 Ability to handle resistance and transference
- 3.2.6 Ability to establish and maintain positive relationship with colleagues and peers
- 3.2.7 Willingness and openness to accept comments and criticism

4.0 Research

Clinical practice in all health care fields is based on accumulating research results, knowledge derived from practice, and the good judgment of the clinician. The skill to access and apply research knowledge to clinical practice form a core competency for psychologists.

- 4.1 Knowledge of applied statistics and measurement theory
- 4.2 Shows critical reasoning skills

- 4.3 Ability to integrate research findings into general practice as appropriate

II. PROFESSIONAL CONDUCT

1.0 Ethics and Standards

Professionals accept their obligations, are sensitive to others, and conduct themselves in an ethical manner. They establish professional relationships within the applicable constraints and standards.

1.1 Required knowledge

- 1.1.1 Knowledge of ethical principles
- 1.1.2 Knowledge of standards of professional conduct
- 1.1.3 Knowledge of responsibility to clients, society, the profession, colleagues
- 1.1.4 Knowledge of jurisprudence and local resources
- 1.1.5 Awareness of potentially conflicting principles
- 1.1.6 Knowledge of standards of psychological tests and measurement
- 1.1.7 Knowledge of standards for conducting psychological research
- 1.1.8 Knowledge of the limits of confidentiality

1.2 Required skills

- 1.2.1 Ability to use ethical decision-making process
- 1.2.2 Proactive identification of potential ethical dilemmas
- 1.2.3 Ability to resolve ethical dilemmas

III PROFESSIONAL EXPERIENCE

1.0 Progress

- 1.1 Shows increased expertise in the area of psychological services.

2.0 Level of Functioning

- 2.1 Shows initiative

2.2 *Outline areas of strength* _____

2.3 *Outline areas needing improvement* _____

IV Do you have specific reservations about this supervisee’s practice of psychology?

Yes _____ No _____

Comments or impressions _____

If supervision is on-going:

V Recommendations regarding the kinds of experience the supervisee should have during the remainder of the period of supervision:

VI What should be emphasized in supervision?

VII Will you be the ongoing supervisor? Yes _____ No _____

General Comments:

Date: _____ Signature of Supervisor: _____

Signature of Supervisee: _____

Please send this form to Renée Turner, Assistant Registrar, at renee.turner@cpnb.ca every six months and also keep a copy for your records.