

CRPO Supervision Tool
Examination Committee
April 2024

Purpose

The purpose of this Supervision Tool is to assist both the Clinical Supervisor and Registered Psychotherapist (RP) (Qualifying) supervisee¹ to:

- Prepare for the [Registration Examination](#) (the exam).
- Review and reflect on the most recent exam attempt, in cases where a registrant has failed.
- Evaluate and assess the supervisory relationship to ensure that it is beneficial to the RP (Qualifying).
- Review the [supervision agreement](#) to ensure that it is clear and outlines the scope, goals and responsibilities for both the Clinical Supervisor and RP (Qualifying).
- Reflect on the relationship between insight, competence and clinical experience.
- Review and self-assess the competencies in the [Entry-to-Practice Competency Profile](#) to determine what competency areas the RP (Qualifying) needs to better understand and practice.
- Develop a learning plan that will guide the process and content of supervision leading up to the next exam attempt.

This tool consists of five Reflective Modules that offer information, questions and exercises to help the Clinical Supervisor and RP (Qualifying) to review and reflect on their process together and develop a learning plan. The questions posed are not intended to be comprehensive, and the RP (Qualifying) and Clinical Supervisor are strongly encouraged to add questions they believe will be important to consider in supervision. While each module outlined for reflection and discussion is important, the order they are addressed may vary, and is ultimately up to the Clinical Supervisor and RP (Qualifying) to decide. While there are some parts of the modules best completed independently, the overall purpose of the supervision tool is to stimulate and encourage conversation and discussion between the Clinical Supervisor and RP (Qualifying). Therefore, the Clinical Supervisor and RP (Qualifying) are strongly encouraged to work through the modules together.

The five Reflective Modules are:

- Review and reflection on the last exam attempt
- Supervision
 - the purpose of supervision
 - the supervisory relationship, with exercise
 - the process of supervision
- Reflections on insight, competence and clinical experience, with exercise
- Competency assessment, with exercise
- Developing a learning plan

¹ While RP (Qualifying) registrants are required by the Registration Regulation to practise with clinical supervision, for the purpose of this document and for ease of reference, the term RP (Qualifying) will be used in place of supervisee.

Resources are linked throughout the tool and at the end of the document. The RP (Qualifying) and Clinical Supervisor are strongly encouraged to review these as part of this process and before developing the learning plan.

MODULE 1: Review and Reflection on the Last Exam Attempt

This module consists of two sections, one for the RP (Qualifying) to consider and one for the Clinical Supervisor to consider. Once the RP (Qualifying) and the Clinical Supervisor have reviewed and reflected on their respective sections, they should plan a time to meet and share their reflections with one another. It would be important for the Clinical Supervisor to review the section for the RP (Qualifying) and use the questions posed to facilitate a discussion. The RP (Qualifying) and/or the Clinical Supervisor may have additional questions they would like to reflect on or consider for this section. Feel free to develop and respond to those questions as well.

Section 1: RP (Qualifying)

As difficult as it may be, the first step in preparation for rewriting the exam is for the RP (Qualifying) to take some time to carefully reflect on the last writing attempt. For some, taking sufficient time may be important to first allow the disappointment or upset over a failed result to dissipate. The RP (Qualifying) is strongly encouraged to document their reflections (written note, voice recording, etc.) in a way that will best support or facilitate a conversation with the Clinical Supervisor and begin to inform the basis of a learning plan.

The following are a list of questions for the RP (Qualifying) to consider:

- What if anything did you find challenging about the exam questions or practice scenarios?
- What informed your decision making about how you responded to the exam questions?
- What would you do the same and why?
- What might you do differently and how do you imagine that will be helpful?
- On a scale of 1-10 (1 = not at all and 10 = completely) how much did you consider the questions and or scenarios as if you were in an actual therapy session? In what ways does your response to this question facilitate or constrain your confidence in writing the exam again?
- What went well and in what do you feel most confident?
- On a scale from 1-10 (1 = not at all and 10 = very) how confident are you in your clinical knowledge, skill and judgment (competence)?
 - What informs your response to this question?
 - In what clinical competency areas are you most confident?
 - In what clinical competency areas are you unsure or less confident?
 - How have you come to know these things about yourself?
- How much do you value or take seriously the exam writing component of CRPO registration? Is your response to this question important to discuss with your clinical supervisor?
- Are there any areas of [safe and effective use of self](#) (SEUS) that you know would be helpful or important for you to consider to better engage supervision or clinical practice. If so, where or with whom might you best explore those areas?

Section 2: Clinical Supervisor

As you reflect on the supervision you and the RP (Qualifying) have had together:

- Are there any competency areas you believe the RP (Qualifying) needs to strengthen before they could write the exam again?
- Do you have other thoughts or observations about how to help prepare or ready the RP (Qualifying) for the next exam writing attempt?
 - Have you shared these with the RP (Qualifying)?
 - If yes, how was the feedback received?
 - If not, what held you back from doing so?
- Thinking about your own knowledge, skill and judgment as a clinician and clinical supervisor, how equipped are you to continue to work with and support this RP (Qualifying) in preparation for the next exam attempt?
 - What is it that leads you to this belief?
- In what ways might it be helpful for you to consult with a colleague or another supervisor about what you might do differently or the same?
 - If so, with whom might you consult and what would you want to consult about?
 - What is your hope for that consultation or how do you imagine it might be helpful?
- Are there any specific areas of SEUS that you know would be helpful or important for you to consider to better support this supervisee?
 - If so, where or with whom might you best explore those areas?

MODULE 2: Supervision

This module consists of three sections:

- the purpose of supervision
- the supervisory relationship – with exercise
- the process of supervision

Each section has questions for both the Clinical Supervisor and RP (Qualifying) to consider. Section 2 has an exercise that would be beneficial for both to complete. It may first be helpful for the RP (Qualifying) and Clinical Supervisor to independently reflect on the questions provided. However, it will be equally, if not more important, that they both engage in conversation with each other using the questions as a guide. The RP (Qualifying) and/or Clinical Supervisor may have additional questions they would like to reflect on or consider for this section. Feel free to develop and respond to those questions as well.

Section 1: The Purpose of Supervision

Supervision is key to the development of a competent professional and is a requirement of CRPO until an RP has reached independent practice. As such, clinical supervision is defined by CRPO as a contractual relationship in which a clinical supervisor engages with an RP (Qualifying) (supervisee) to discuss the direction of therapy and the therapeutic relationship; promote the professional growth of the supervisee; enhance the supervisee's safe and effective use of self in the therapeutic relationship; and safeguard the well-being of the client.

Questions to consider for personal reflection and for discussion together.

Clinical Supervisor	RP (Qualifying)
What is your philosophy of supervision?	What is your understanding about what supervision should provide or do?
How closely does the way you provide supervision align with the statement above? <ul style="list-style-type: none"> • What, if anything would you do differently. • What about the way you supervise would you most like to keep? 	How reflective is the supervision you receive of the statement above? <ul style="list-style-type: none"> • What would you keep the same? • What would like to add or be different?
Have you ever asked the RP (Qualifying) for feedback on your supervision style? <ul style="list-style-type: none"> • If so, what difference did that make for you and your relationship with the RP (Qualifying)? • If not, what has kept you from asking for that feedback? 	Have you ever provided or asked to provide feedback or observation to the Clinical Supervisor on their style of supervision? <ul style="list-style-type: none"> • If so, how did that go and what difference did it make? • If not, what would you say and what difference do you imagine that would make?
How do you understand the intent and purpose of supervision and your role, particularly given the challenges the RP (Qualifying) may be having in successfully completing the exam?	How do you understand the intent and purpose of supervision and the role of your Clinical Supervisor? What is your role in supervision? In what ways could you strengthen your role in supervision?

Section 2: The Supervisory Relationship

Much like therapy, the relationship between the RP (Qualifying) and the Clinical Supervisor is critical to the success of the RP (Qualifying) and the ability for the Clinical Supervisor to provide good supervision. This next step requires the RP (Qualifying) and the Clinical Supervisor to evaluate their working relationship and ensure that both people have sufficient confidence in each other to continue working together for the success of the RP (Qualifying). The following are some questions for both the RP (Qualifying) and Clinical Supervisor to consider in advance of a conversation together.

Questions for both the RP (Qualifying) and Clinical Supervisor
<ul style="list-style-type: none"> • What in the supervision relationship is working? • What in the supervision relationship is not working or needs to be strengthened? <ul style="list-style-type: none"> ○ If areas of concern are identified, how will these be addressed?
<ul style="list-style-type: none"> • How aligned are the RP (Qualifying) and Clinical Supervisor in terms of: <ul style="list-style-type: none"> ○ therapeutic model(s), theories ○ theory of change ○ intersectionality (the interconnection of things like race, class, gender, religion, ability and other social locations) ○ role of SEUS in clinical practice and in supervision ○ ethical practice ○ what it is like to have this exam as a definitive requirement for registration

<ul style="list-style-type: none"> ○ understanding the entry-to-practice competencies and their importance to practicing safely, effectively and ethically ○ clinical presenting issues or problems the RP (Qualifying) brings to supervision ○ clarity on the supervision agreement (the scope, goals and responsibilities for both the Clinical Supervisor and RP (Qualifying)) ○ willingness and comfort to respectfully challenge each other’s ideas, thinking or assumptions <p>NB: This list is not intended to be exhaustive, and the Clinical Supervisor or RP (Qualifying) should add additional areas that they see as relevant in their unique context for working together.</p>	
Questions for the Clinical Supervisor	Questions for the RP (Qualifying)
<ul style="list-style-type: none"> ● On a scale from 1-5 (1 = not at all and 5 = very) how confident are you in your clinical competence (knowledge, skill and judgment) to help this RP (Qualifying) improve? 	<ul style="list-style-type: none"> ● On a scale from 1-5 (1 = not at all and 5 = very) how supportive do you find the process of supervision? ● What is it about the process that leads you to this belief?
<ul style="list-style-type: none"> ● On a scale from 1-5 (1 = not at all and 5 = very) how confident are you that the RP (Qualifying) will learn from the failure and strengthen their clinical competence (knowledge, skill and judgment) such that they may pass their next attempt? ● What is it about the RP (Qualifying) that leads to that belief? 	<ul style="list-style-type: none"> ● On a scale from 1-5 (1 = not at all and 5 = very) how confident are you that the Clinical Supervisor can help you navigate the fail and prepare for the next exam? ● What is it about the Clinical Supervisor that leads to that belief?

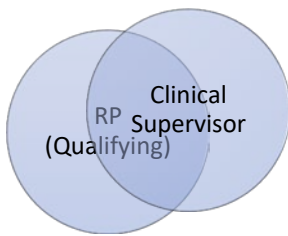
Once the conversation is complete, the RP (Qualifying) and Clinical Supervisor should affirm their willingness and ability to continue to work together or not. If the RP (Qualifying) and Clinical Supervisor agree to continue to work together they should consider:

- What would be important to document about how they engage in supervision – what stays the same and what needs to be different?
- Does the supervision agreement need to be updated? If so, in what ways?
- Would it be helpful to set aside time on a regular basis to specifically check in on the supervision process? If so, when and how will that happen?

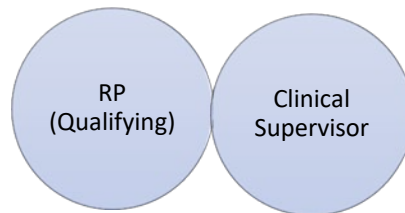
The Supervisory Relationship Exercise	
Clinical Supervisor	RP (Qualifying)
<p>Below are pictorial examples of an aligned and misaligned supervisory relationship. Having considered and discussed the questions above, together, draw how aligned you experience your relationship with the RP (Qualifying). Using the list above, identify which areas you experience the most and least alignment.</p>	<p>Below are pictorial examples of an aligned and misaligned supervisory relationship. Having considered and discussed the questions above, together, draw how aligned you experience your relationship with the Clinical Supervisor. Using the list above, identify which areas you experience the most and least alignment. Remember alignment <i>does not</i> include level of experience.</p>

Remember alignment <i>does not</i> include level of experience.	
Discuss Together	
<ul style="list-style-type: none"> • Are either of you surprised by this alignment? • What in the alignment feels familiar and connects with your experience and what does not? • What areas identified above are you most aligned? • Are there any specific areas of misalignment that you identify as being critical or problematic? • What, if any, change needs to be made to strengthen the alignment? <ul style="list-style-type: none"> ○ How will that change be made? • If there is little or no alignment, is it safe, effective or ethical to continue the supervisory relationship? 	

Aligned Supervisory Relationship



Misaligned Supervisory Relationship



Area(s) of most alignment: _____.

Area(s) of least alignment: _____.

Section 3: The Process of Supervision

The following questions are about the process of supervision. Some of the questions are about the RP (Qualifying) and how they engage in the process of supervision, and some are about the Clinical Supervisor. These are questions that may be helpful for both the Clinical Supervisor and RP (Qualifying) to consider. Depending on the response to these questions, it may also be important to have a conversation together.

Supervision can employ a variety of direct and indirect methods to demonstrate clinical competence and “show” how the RP (Qualifying) works with clients. These methods include:

- Direct Methods: live observation; audio or video recordings of the RP (Qualifying) conducting therapy sessions; session transcripts².
- Indirect Method: case reporting; session notes or reports; anonymized session transcripts; discussions on topics that are themes across a variety of clients or clinical issues³ or role play.

² All direct demonstrations of clinical work require the prior and informed consent of clients.

³ Indirect demonstrations may also require prior and informed consent of clients, and this should be discussed with the clinical supervisor.

Sometimes client information (i.e., name) is identified, sometimes it is anonymized. In all cases when clients are discussed, whether identified or anonymous, the Clinical Supervisor and RP (Qualifying) should have had discussion about ensuring clients have provided appropriate and informed consent for them to be discussed in supervision.

- On a scale from 1-5 (1 = not at all and 5 = very) how confident is the Clinical Supervisor that the method(s) used to demonstrate clinical competence will sufficiently measure the degree to which the RP (Qualifying) is practising safely, effectively and ethically?
 - What is it about that method that supports the level of confidence?
 - If confidence is insufficient, how will that be addressed?
 - Would consultation with a trusted colleague be helpful?
- How flexible and open is the RP (Qualifying) when in supervision?
- Does the RP (Qualifying) become defensive in supervision and to what is that attributed, or how is that understood?
- Is the RP (Qualifying) willing to speak about how their practice is going and how do they do that?
- How does the RP (Qualifying) speak about how they manage their practice setting, whether private or group practice, agency, institution or other?
- What is the RP (Qualifying) registrant's comfort with personal self-regulation (emotional self-regulation; recognition of how they may be activated in a session or with a client; ability to receive and act on feedback)?
- Does the RP (Qualifying) discuss clinical or professional mistakes and challenges, or do they only discuss what has gone well?
- Does the RP (Qualifying) identify clinical strengths and the ways in which they hold confidence in the work they are doing?
- Does the Clinical Supervisor provide a supportive environment to discuss mistakes?
- In what ways does the RP (Qualifying) appropriately demonstrate vulnerability? In what ways does the Clinical Supervisor create space for vulnerability?
- Does the RP (Qualifying) demonstrate ability to appropriately pace sessions; address conflict and lean into sensitive topics with care?
- Does the supervision feel generative, rich and or like it is moving somewhere versus feeling repetitious, thin or like there is uncertainty about where it is going or its usefulness?
- Are supervision conversations primarily two-way conversations or collaborative in nature, or does it feel more like the RP (Qualifying) asking "how to" questions.
- How does the RP (Qualifying) respond to the Clinical Supervisor's clinical directives (i.e., action that may need to be taken that is beyond clinical judgement or preference such as reporting obligations, gathering consent, regulatory requirement, etc.)? How are such directives provided to the RP (Qualifying) by the Clinical Supervisor?
- How much of the focus of supervision is on the process versus the content of clinical work?

MODULE 3: Reflections on Insight, Competence and Clinical Experience

There are many factors that go into the development of a safe, effective and ethical psychotherapist. However, there are three factors (insight, competence and clinical experience) that are critical to this development. In psychotherapeutic practice, these three factors do not and cannot operate independently. They have a unique and iterative relationship and the more they are understood, the better they can be aligned. The better they can be aligned, a more consolidated psychotherapist will emerge.

Insight

CRPO considers SEUS as a defining competency as it refers to the psychotherapist's learned capacity to understand their own subjective context and patterns of interaction as they inform their participation in the therapeutic relationship with the client. Moreover, it also speaks to the psychotherapist's self-reflective use of personality, perceptions and judgments in order to optimize interactions with clients in the therapeutic process. To do all of that safely, effectively and ethically requires the capacity for insight.

Insight is generally understood to mean having the capacity to possess and gain further and deeper understanding and awareness of oneself and how one operates in the world. In the psychotherapy field, insight also means to have and gain a deeper understanding and awareness of a psychotherapist's competence and SEUS when practicing the profession. Finally, the document "[Understanding when Psychotherapy is a Controlled Act](#)" requires that RP (Qualifying) and RP's are able to assess a client's serious impairment, including insight. This underscores the necessity for RP (Qualifying) registrants to not only have insight but to be able to clearly demonstrate its use as defined therein.

Competence

Entry- to-practice competencies are psychotherapy specific activities that psychotherapists *must* possess to practise the profession safely, effectively and ethically across a variety of practice settings. It is not sufficient to just know and understand the entry-to-practice competencies. Psychotherapists must be able to apply that knowledge, skill and judgment effectively in their practice setting. Achieving an entry-to-practice level of competency proficiency comes in part from having sufficient clinical experience. RP (Qualifying) registrants who do not feel sufficiently confident in their competence will need more clinical experience. The Entry-to-Practice Competency Profile represents what an RP (Qualifying) *must be able to do* when necessary. Knowing when something is necessary, comes from both insight and clinical experience.

The exam is based on the Entry-to-Practice Competency Profile and is a measure of an RP (Qualifying) registrant's ability to understand *and* apply those competencies in simulated cases. The [Peer and Practice Review](#) also uses the Entry-to-Practice Competency Profile as a measure of assessment for an RP's practice.

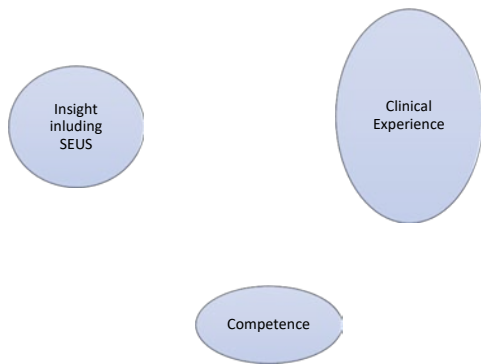
Clinical Experience

Clinical experience is the ability to demonstrate the practical application of models, theories and entry-to-practice competencies in clinical practice. Clinical experience grows as more direct client contact hours and supervision hours are accumulated, where this practical application is demonstrated, and when discussed and explored through appropriate clinical supervision. Additionally, clinical experience helps an RP (Qualifying) to define their personal [scope of practice](#) based on what [psychotherapeutic means](#) they have the knowledge, skill and judgment to practise. While there is no minimum number of

direct client contact numbers required to write the exam, it makes sense that more clinical experience will increase the RP (Qualifying) registrant’s knowledge, skill and judgment to write the exam. There is a bi-directional or iterative relationship between competence and clinical experience – both are required to develop safe, effective and ethical practices.

It may be helpful to conceptualize the value and relationship of these three factors in two ways – strength and consolidation. Strength refers to how well the RP (Qualifying) is aware that they know, understand, can apply and integrate the factor safely, effectively and ethically into practise. The relative strength of an area can be pictorially shown in terms of size or shape of the circle. Consolidation refers to the combining of multiple areas to be more cohesive. Consolidation for our purposes can be pictorially represented in terms of how many of the circle shapes intersect or align, or by how much. Given the nature of the field, and that development as psychotherapist continues over the course of a career, there will always be opportunity to strengthen practice and it is unlikely the three areas will ever be fully aligned or consolidated.

Pictorial Representation of Strength



Pictorial Representation of Consolidation



The following are a list of questions for the Clinical Supervisor and RP (Qualifying) to consider when reflecting on the relationship between the three areas of insight, competence and clinical experience as they relate to the RP (Qualifying).

Insight Questions	
Clinical Supervisor	RP (Qualifying)
Given the definition of insight provided, on a scale of 1-10 (1 = little insight and 10 = significant insight) how would you scale the RP (Qualifying) level of insight?	Given the definition of insight provided, on a scale of 1-10 (1 = little insight and 10 = significant insight) how would you scale your level of insight?
Some clinical supervisors may also want to take this opportunity to reflect on level of insight for themselves.	

<p>Insight Questions – RP (Qualifying) to explore with Clinical Supervisor</p> <ul style="list-style-type: none"> Is the level identified sufficient to practise the profession safely, effectively and ethically? <ul style="list-style-type: none"> If yes, what is it you know about yourself that supports an affirmative answer? If no, what needs to happen to make it sufficient? How much, if any, would you attribute your self-assessed level of insight to feeling competent in the work you do and in successfully completing the exam?
<p>Competence Questions – RP (Qualifying) to explore with Clinical Supervisor</p> <ul style="list-style-type: none"> When reviewing the Entry-to-Practice Competency Profile: <ul style="list-style-type: none"> What feels familiar to you and connects to your clinical experience? What feels new or unfamiliar in your clinical experience?
<p>Clinical Experience Questions – RP (Qualifying) to explore with Clinical Supervisor</p> <ul style="list-style-type: none"> When you reflect on your clinical experience, at what do you feel most competent and at what do you know there is a need for growth? How much clinical experience do you have? <ul style="list-style-type: none"> Is this sufficient for you to practise the profession safely, effectively and ethically? Is there particular clinical experience that would be helpful for you to accumulate before taking the exam again?

Example

In doing this exercise with their Clinical Supervisor, Kit affirmed that their insight is a “good” rating at a 7 out of 10. In determining this rating, the number of direct client contact hours they had along with the ways they know the competencies were not well consolidated was considered. Kit had an “aha moment”. The strength of their clinical experience and competence is not where they thought it was. Figure 1 is a pictorial representation Kit drew for strength. Figure 2 represents how consolidated Kit believes the three areas are. Figure 3 is where Kit would feel more confident in their practice and to rewrite the exam.

Figure 1: Kit’s strength of each area.

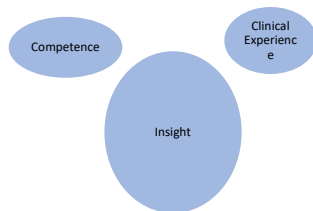


Figure 2: Kit’s consolidation of each area

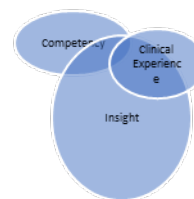
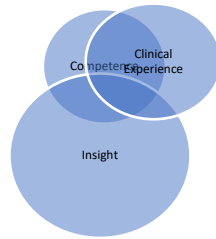


Figure 3: Where Kit would feel more confident being in their clinical practice before writing the next exam attempt.



Exercise: Consolidation and Intersection of Insight, Competence and Clinical Experience
RP (Qualifying)
<p>Consider the diagram above and the responses and discussion(s) you have had about insight, competence and clinical experience with your Clinical Supervisor.</p> <p>Draw a diagram that represents:</p> <ol style="list-style-type: none"> 1) Size circles to represent strength of each of the three areas (a smaller circle is less strong, and a larger circle is stronger). What size circle would you draw to represent each of the three areas? 2) Overlap the circles to represent how consolidated you know these three areas to be with each other. Using the circle sizes created above, redraw the circles to represent how they intersect or overlap one another.
Discussion with Clinical Supervisor
<ul style="list-style-type: none"> • Are either of you surprised by the representations drawn? • What in the representations is familiar and connects with your experience and what does not? • What, if any, change needs to be made to the way these three critical factors are sized (strength) or intersect (consolidation)? <ul style="list-style-type: none"> ○ How will those changes be made?

MODULE 4: Competency Assessment

Before developing the learning plan that will guide the process and content of supervision leading up to the next exam attempt, it will be critical for the Clinical Supervisor and the RP (Qualifying) to identify which competencies need to be strengthened. Prior to doing this, it will be necessary for the Clinical Supervisor and/or the RP (Qualifying) to take time to familiarize themselves with the Entry-to-Practice Competency Profile, if they have not done so already. This supervision tool is not intended to fully educate an RP (Qualifying) on the philosophy, assumptions behind them or how to use them. However, the importance of the entry-to-practice competencies cannot be understated. As noted earlier, the Entry-to-Practice Competency Profile identifies what a practitioner must be able to do when necessary and must have both the insight and clinical experience to know when that is necessary. Before

developing a learning plan, the RP (Qualifying) should complete the Competency Self-Assessment (see Appendix B) to better gauge which competencies need developing and should become a focus of supervision.

The Entry-to-Practice Competency Profile identifies five competency areas that, when consolidated, help develop a more competent psychotherapist. Each competency area has a sub-heading that contains discrete competencies or “job tasks” related to the safe, effective and ethical practise of psychotherapy.

The following Competency Assessment Scoring Tool (see also Appendix B) will be used in the Competency Self-Assessment to assess the RP (Qualifying) registrant’s competency level for each of the competencies identified in the Entry-to-Practice Competency Profile.

Competency Assessment Scoring Tool

Numeric rating	Competency Level	Experience Level	Descriptor	Help Level
0	I do not understand the competency	No experience	‘I don’t know what that means’	I need it explained to me
1	No experience	No experience using the competency	‘I know what it is, I think, but I have never used it’	I need a lot of help, and supervision
2	Novice	Little experience using the competency	“I have used it a few times”	I need some supervision
3	Entry to practice	Some experience using the competency	“I use this, and I am using it with some skill”	I might need some help from a colleague or a supervisor
4	Intermediate	Good experience using the competency	“I got this and use it well”	I could consult a colleague
5	Advanced or Expert	Years of experience using the competency	“I could or do teach this”	I am or could be a supervisor

Clinical Supervisor: Using the Competency Self-Assessment and Competency Assessment Scoring Tool, the Clinical Supervisor will assess the level of competency they experience the RP (Qualifying) has for each competency identified in the Entry-to-Practice Competency Profile. The Clinical Supervisor will rely, in large part, on the methods the RP (Qualifying) has used in supervision to demonstrate or show their clinical work with clients. This exercise will take some time to complete. When selecting a numeric score for each competency, the RP (Qualifying) *must* clearly meet all four criteria (competency, experience, descriptor and help) within that level. When in doubt, or when not all four criteria are clearly being met, then a lower level should be selected. If an RP (Qualifying) has little or no clinical experience, their competency cannot be assessed.

RP (Qualifying): Using the Competency Self-Assessment and Competency Assessment Scoring Tool, the RP (Qualifying) will carefully assess their perceived level of competency for each competency identified

in the Entry-to-Practice Competency Profile. This exercise will take some time. When selecting a numeric score for each competency, the RP (Qualifying) *must* clearly meet all four criteria (competency, experience, descriptor and help) within that level. When in doubt, or when not all four criteria are clearly being met, then a lower level should be selected. If the RP (Qualifying) has little or no clinical experience, their competency cannot be assessed.

Competency Self-Assessment Questions
Questions to explore together
<ul style="list-style-type: none"> • What informed your decision to rate the competencies as you did? • To what degree is there agreement between the RP (Qualifying) and the Clinical Supervisor about how the competencies were rated? <ul style="list-style-type: none"> ○ If there is disagreement, how will you resolve the disagreement? • For competencies assessed above a “3” can the RP (Qualifying) provide a clear and recent example of clinical work that supports the score?

MODULE 5: Developing a Learning Plan

The learning plan is a key tool to the Clinical Supervisor and RP (Qualifying) as it will set out the road map or help to structure on what the supervision will focus. It will serve as reference when either person feels stuck or there is a change in alignment between the Clinical Supervisor and RP (Qualifying). The RP (Qualifying) and Clinical Supervisor should agree on the plan and the plan should be a written document. For these reasons, the learning plan should be developed collaboratively, and as such could be written together or written by the RP Qualifying provided it was reviewed by the Clinical Supervisor to ensure understanding and agreement. It may be helpful to consider the learning plan as a structured yet fluid document; one that can be revised as the RP (Qualifying) and supervision progresses. Regardless, the learning plan should be reviewed and revised as needed at regular intervals. The learning plan should include:

Competency Assessment

- Competencies that were scored below a “3” on the Competency Self-Assessment.
 - What would you need to do to better understand or practise that competency?
- Additional competencies that either the RP (Qualifying) or Clinical Supervisor identify as needing to be strengthened.
 - What is it about these competencies that need strengthening?

Strengthening Insight or Clinical Experience

- What, if any, aspects of insight need to be developed as part of the learning plan?
- What, if any, changes to clinical experience need to be added to the learning plan?
- What additional conversations or areas of exploration may be helpful to explore or cover?

Demonstration of Competence

- Now that the competency areas have been identified in what tangible or concrete ways will these areas be explored and discussed in supervision?

- How will the RP (Qualifying) demonstrate to the Clinical Supervisor, that the identified competencies are or have been strengthened?
- What additional resources (books, journal articles, readings, podcasts) will be used to enhance supervision conversations?
- What CRPO resources (see Appendix A) would be helpful to access or familiarize with?
- How will the clinical work be demonstrated?
 - Direct: live observation; audio or video recordings of the RP (Qualifying) conducting therapy sessions; session transcripts.
 - Indirect: case reporting; anonymized session transcripts; discussions on topics that are themes across a variety of clients or clinical issues or role play.

Assessing Progress

- What will be different or change by focusing on the identified competencies?
- When the identified competency areas have been explored in supervision?
 - What will the clinical supervisor and RP (Qualifying) notice is strengthened in the RP (Qualifying) registrant's clinical work?
 - What will be different about the supervision conversations?

The learning plan should include:

- the competencies identified for development
- the method(s) used to demonstrate to the Clinical Supervisor how each competency will be developed
- changes to clinical experience or insight required to support competency development
- a timeline for the development of the above items
- resources used to support the development of the above
- how progress will be assessed
- a timeline to implement this learning plan
- how the RP (Qualifying) can be supported to best address this learning plan with a reasonable degree of confidence, enthusiasm, and understanding for themselves and from the Clinical Supervisor.

Appendix A

CRPO Resources

- [Entry-to-Practice Competency Profile](#)
- [Clinical Supervision Records Checklist](#)
- [Registration Exam Website Page](#)
- [Registration Exam Resource Manual](#)
- [Competency Based Case Study Workbook](#)
- [Registration Exam Video](#)
- [Definitions](#)
- [Professional Practice Standards](#)
- [Code of Ethics](#)
- [Mandatory Reporting](#)
- [Controlled Act Task Group Consultation Documents](#)
- [Professional Practice & Jurisprudence for Registered Psychotherapists](#)
- [Guideline: Disclosing Information to Prevent Harm](#)
- [Guideline: Electronic Practice](#)
- [Guideline: Sexual Contact with Former Clients beyond Five-Years Post Termination of Care](#)
- [Advertising and Self-Representation Checklist](#)
- [Clinical Records Checklist](#)
- [Financial Records Checklist](#)
- [Informed Consent Workbook](#)
- [Informed Consent Checklist](#)
- [Security Practices Checklist](#)
- [Practice Matters](#)

Appendix B

- [Competency Self-Assessment](#)