



SUPERVISION REPORT

Supervision requirements can be back-dated for potential members who have already had more than 12 month's clinical experience, with a suitable supervisor in New Zealand, within the past 3 years, and can furnish a satisfactory supervision report.

Supervisors for Associates must be a Registered Psychologists, with a Diploma in Clinical Psychology, and be a member of an approved professional body. The supervisor must be in supervision themselves and have a commitment to training in supervision. Full Members may choose peer supervision, group or individual supervision and may select a supervisor from another profession. Supervision should be at least fortnightly.

Copy of Supervisor's current APC must be appended to this Report

Part A

Name of Supervisee:

Place of Work:

Name of Supervisor: Tel:

Period of Supervision: to (Must be within past three years)

Hours of Supervision:

Verbal Report	Audio-tape	Video-tape	One-way Screen	Direct Observn	Total (20 required)

Part B

Place a cross on the line to indicate your assessment of supervisee's strengths and weaknesses, eg "I know all about psychology"

Yes.....X.....No

1. Is the Supervisee aware of areas of strength and weakness in their clinical practice?

Yes.....No

Comment:

2. Does the Supervisee use supervision to focus on areas of difficulty in their clinical practice?

Yes.....No

Comment:

3. Does the Supervisee demonstrate an ability to negotiate and facilitate the achievement of agreed upon goals in interactions with clients?

Yes.....No

Comment:

4. Do they show an ability to call upon a range of interventions?

Yes.....No

Comment:

5. Does s/he use interventions that are optimally helpful to the client?
Yes.....No
Comment:
6. Does s/he avoid harmful interventions?
Yes.....No
Comment:
7. Do they have the ability to accurately monitor their personal responses to the client and assess the interactional process they are engaged in?
Yes.....No
Comment:
8. Do they have under sufficient control and awareness personal issues which might impinge significantly upon psychologist/client interactions?
Yes.....No
Comment:
9. Do they know how cultural, religious, ethnic and gender differences influence the ways emotional disorders present?
Yes.....No
Comment:
10. Do they use knowledge of how cultural, religious, ethnic and gender differences influence the ways emotional disorders present in ways that assist therapeutic progress?
Yes.....No
Comment:
11. Do they have an adequate knowledge of when and how to refer to colleagues?
Yes.....No
Comment:
12. Does the associate have an adequate knowledge of psychopathology: clinical features, course, aetiology, and epidemiology of disorders?
Yes.....No
Comment:
13. Does the Supervisee demonstrate a capacity to formulate treatment strategies in a manner consistent with a coherent theoretical understanding of the client's psychological difficulties?
Yes.....No
Comment:

14. Do they have an adequate knowledge of physical causes of emotional/psychiatric disorder and have established ways of obtaining competent physical assessment and treatment?

Yes.....No

Comment:

15. Do they work from a sound ethical and professional basis consistent with the Code of Ethics in use by clinical psychologists in New Zealand?

Yes.....No

Comment:

16. Would you refer clients to them?

Yes.....No

Comment:

17. Please give an overall evaluation indicating:

(a) The types of clinical problems and severity of psychopathology worked with:

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(b) Mode(s) of therapy they practice:

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(c) Particular style and qualities as a psychologist:

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18. What should future supervision focus on?:

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19. Any additional comments:

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I confirm that I am a NZ registered psychologist, with a Diploma in Clinical Psychology (or equivalent) and that I am a member of a professional body. I am in supervision myself, and I have a commitment to training in supervision.

Signed: (Supervisor) Date:/...../.....

This report has been discussed with me:

Signed: (Supervisee) Date:/...../.....