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Clinical Supervision

A Guide for Supervisors, Applicants, and Registrants

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Overview

CRPO is the regulatory body for registered psychotherapists (RPs) in Ontario. It sets requirements in the public interest, striving to ensure competent and ethical practice by registrants. This guide reviews CRPO's policies and expectations regarding clinical supervision, a major component in the professional development of RPs.

This guide is intended for

- students, applicants, and RPs receiving clinical supervision;
- clinical supervisors, whether they are registered with CRPO or another college whose registrants practise psychotherapy;¹
- psychotherapy education and training program providers;
- organizations or businesses where clinical supervision by or of CRPO registrants takes place; and
- anyone interested in learning about clinical supervision of or by RPs or students in training.

This guide focuses on regulatory or professional issues. In other words, it addresses registration with CRPO and how to meet professional rules on an ongoing basis. This is not a clinical manual and does not replace training on how to provide clinical supervision.

This guide contains three parts. The first presents registration requirements, including relevant definitions. The second part includes CRPO policies and resources relevant to professional practice as a supervisor or supervisee. The third part describes common issues and challenging situations encountered in clinical supervision.

The learning objectives for this guide include

- familiarity with CRPO definitions and registration requirements related to clinical supervision;
- awareness of CRPO Practice Standards and resources relevant to clinical supervision; and
- the ability to anticipate and address common situations that may pose challenges in clinical supervision.

¹ In Ontario, this includes the College of Nurses of Ontario (CNO), College of Occupational Therapists of Ontario (COTO), College of Physicians and Surgeons of Ontario (CPSO), College of Psychologists and Behaviour Analysts of Ontario (CPBAO), and the Ontario College of Social Workers and Social Service Workers (OCSWSSW).

Part 1: Registration Requirements

Introduction

The three main requirements for registration as a registered psychotherapist (RP) in Ontario are completing a [psychotherapy education program](#), demonstrating competence through the [registration examination](#), and clinical experience. Clinical experience has two components: direct client contact (DCC) and clinical supervision. This section focuses on definitions and registration requirements related to clinical supervision.

Definitions

CRPO uses several definitions related to clinical supervision to promote transparency and consistency.

Clinical Supervision

The definition of clinical supervision that CRPO uses comes from its [Registration Regulation](#). It specifies that clinical supervision is

A professional relationship where the individual who is receiving supervision is engaged in a collaborative learning process with a clinical supervisor, which relationship is designed to,

- (a) promote the professional growth of the supervisee,
- (b) enhance the supervisee's safe and effective use of the self in the therapeutic relationship,
- (c) foster discussion of the direction of therapy and the therapeutic relationship,
and
- (d) safeguard the well-being of clients.

A paraphrased and expanded definition is posted on CRPO's [Definitions](#) web page.

CRPO uses this definition to determine whether an interaction is considered clinical supervision. Clinical supervision is distinct from the following forms of support and oversight, though it may incorporate some elements from each.

<i>Administrative, managerial, or workplace supervision</i>	Oversight of the operation of a business, clinic, practice, or other organization. May focus on topics such as programming, finance, performance, scheduling, recordkeeping, and marketing.
<i>Teaching</i>	Assisting with learning, for example, by providing instruction.
<i>Mentorship</i>	Helping a less experienced practitioner grow over time, for example, by providing advice, information, or sample cases.
<i>Consultation</i>	Obtaining direction or advice regarding the way forward with a particular client, clinical issue, or issue related to professional practice.

Clinical supervision has the following characteristics:

- It is contractual.
- It is purposeful (intentional).
- Records are kept by both the supervisor and supervisee.
- There are meetings scheduled at regular intervals according to the needs of the supervisee.
- The ultimate focus is on the well-being of clients.

To count clinical supervision hours for CRPO registration purposes, only the time spent in meetings between the supervisor and supervisee(s) is included. Meetings may be in person or virtual. Time spent with clients (even if the supervisor is present) or at work with a supervisor on call are not considered clinical supervision hours.

Informal “peer supervision,” i.e., the unstructured discussion of clients with colleagues, is not considered an acceptable form of supervision for registration purposes.

Clinical Supervisor

CRPO does not pre-approve clinical supervisors, nor does it maintain a list of clinical supervisors. Anyone who meets CRPO’s [definition](#) can serve as a clinical supervisor. The definition has evolved since CRPO began regulating the profession in 2015. Over time, CRPO has sought to establish a consistent, appropriate requirement about who can serve as a clinical supervisor. The gradual changes to the policy have allowed the profession to adjust so that supervisees are able to find qualified supervisors.

Beginning April 1, 2026, the definition of a clinical supervisor is as follows:

Clinical Supervisor in Ontario

As of April 1, 2026, a clinical supervisor must be a regulated practitioner of psychotherapy in good standing with their College*, who has extensive clinical experience, generally five years or more, in the practice of psychotherapy, and who has demonstrated competence in providing clinical supervision.

The Registration Committee and Council have approved the following criteria for demonstrating competence in providing clinical supervision:

1. The supervisor must be registered in good standing with a regulatory college whose members may practise psychotherapy.*
2. The supervisor must have five years' extensive clinical experience practising psychotherapy from the time they graduated from their psychotherapy education or training program.
3. The supervisor must meet CRPO's "independent practice" requirement (completion of 1000 direct client contact hours and 150 hours of clinical supervision).
4. The supervisor must have completed 30 hours of directed learning in providing clinical supervision. For individuals who begin providing clinical supervision on or after April 1, 2026, this refers to 30 hours of coursework on providing clinical supervision. For individuals who began providing clinical supervision before April 1, 2026, directed learning can include course work, supervised practice as a clinical supervisor, individual/peer/group learning, and independent study that includes structured readings.
5. The supervisor must complete CRPO's learning module on clinical supervision.

CRPO staff may request evidence of completion of the 30 hours of directed learning in providing clinical supervision and may also request a letter of verification and a statement describing the supervisor's approach to providing supervision.

Upon request, a clinical supervisor should be able to provide their supervisee with a letter attesting to their competency, as set out in items 1 through 5 above. It is not necessary to submit this to the CRPO unless it is specifically requested by staff.

*Refers to College of Registered Psychotherapists of Ontario, College of Nurses of Ontario, College of Occupational Therapists of Ontario, College of Physicians and Surgeons of Ontario, College of Psychologists and Behaviour Analysts of Ontario, and Ontario College of Social Workers and Social Service Workers.

Clinical Supervisor Outside Ontario

Outside Ontario, a clinical supervisor is an experienced practitioner of psychotherapy who is qualified, generally by another regulator in a regulated jurisdiction, or by a professional association in an unregulated jurisdiction, to provide clinical supervision.

There are two significant changes from the previous version of the definition. The first is that clinical supervisors who begin providing clinical supervision on or after April 1, 2026, are required to have completed a 30-hour course on providing supervision. Many clinical supervisors completed such a course even before this requirement was approved. This change makes it an expectation for all new clinical supervisors. CRPO does not currently approve or accredit supervision courses but will provide guidelines on what to look for in a supervision course.

Supervisors who began providing clinical supervision before April 1, 2026, are encouraged to take such a course if they have not already. However, CRPO recognizes that before RPs became part of a single regulated profession, experienced supervisors had different ways of developing competence in clinical supervision. All supervisors are encouraged, on an ongoing basis, to maintain their currency in providing clinical supervision. This may include taking a refresher course, receiving mentorship, supervision, or consultation with respect to one's supervision practice (supervision-of-supervision), or undertaking other professional development.

The second significant change in the 2026 definition is the requirement to complete CRPO's learning module on providing clinical supervision. The module is based on the content of this guide, is freely available on CRPO's website, and takes approximately 20–30 minutes to complete. The purpose of the module is to ensure that supervisors, including those who are registered with colleges other than CRPO, understand what is expected of them and their supervisees.

Scope of Practice of Psychotherapy

CRPO regulates the practice of psychotherapy by its registrants. This means that CRPO focuses on the supervision of *the practice of psychotherapy*. The scope of practice of psychotherapy is defined in section 3 of the *Psychotherapy Act, 2007*, as "the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication." CRPO provides additional guidance on its website about the techniques, modalities, and practices it considers as falling within or outside the scope of psychotherapy.²

Clinical supervision may cover a mix of psychotherapy and non-psychotherapy topics. For example, part of a clinical supervision session may focus on providing crisis counselling, grounding exercises, or resource referrals to a psychotherapy client. However, if a supervisor and supervisee focus primarily on the delivery of non-psychotherapy services (e.g., case management, parenting coordination), the time they spend doing so would not satisfy CRPO's registration requirements.

² See [Modalities of Psychotherapy – College of Registered Psychotherapists of Ontario \(crpo.ca\)](#); [Activities Outside the Controlled Act – College of Registered Psychotherapists of Ontario \(crpo.ca\)](#).

Controlled Act of Psychotherapy

Some aspects of psychotherapy are in the public domain—anyone in Ontario is permitted to provide them. However, the following act is restricted to registrants of six regulated professions:

Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.³

CRPO has developed resources explaining the [controlled act of psychotherapy](#). This guide explains various ways in which the controlled act of psychotherapy is relevant to clinical supervision.

Reasons for Engaging in Clinical Supervision

There are several reasons a therapist may be required or choose to receive clinical supervision. They will need to work with their supervisor to make supervision arrangements that fulfill the purpose of receiving clinical supervision.

Therapists in Training

Many students in Ontario psychotherapy training programs plan on registering with CRPO. Students in psychotherapy education programs that are recognized by CRPO, or are substantially equivalent to a recognized program, are eligible to register once they have substantially completed the program.⁴

Substantial completion means that the student

- is in their final semester prior to graduation;
- has completed 90% of the program;⁵ or
- has completed their program with the exception of a thesis.

Recognized and substantially equivalent psychotherapy education programs are expected to have a clinical placement or practicum component where the student begins providing therapy to clients under supervision.

³ [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#), section 27(1), paragraph 14.

⁴ For CRPO's definition of substantial completion, see <https://crpo.ca/apply-to-crpo/how-to-apply/application-overview/#registration-requirements>.

⁵ CRPO will accept applications from students who have substantially completed their coursework (i.e., coursework is 90% complete) even if they have not started or substantially completed clinical placements.

If the student is not yet registered with CRPO:

- They can count the direct client contact and clinical supervision hours from their placement for CRPO registration purposes.
- They are not permitted to use the legally restricted titles “psychotherapist” or “registered psychotherapist.”
- They may perform the [controlled act of psychotherapy](#) under the supervision of an RP.
- CRPO does not have the same ability to investigate complaints about unregulated students as it does regarding College registrants. However, if any concerns are reported to the College, these can be reviewed if the student later applies for registration.

Some psychotherapy students may plan to register with another regulatory college or may already be registered with another college, e.g., the Ontario College of Social Workers and Social Service Workers. In such cases, while CRPO requirements may be of interest, the supervisor and supervisee are advised to consult the requirements of the applicable regulatory college.

Fulfilling Registration Requirements

One of the main reasons students, applicants, and registrants receive clinical supervision is to fulfill CRPO registration requirements. The vast majority of CRPO applicants apply via the recognized/accepted program route or the non-recognized program route. These applicants are initially registered in the Qualifying category. Other registration routes include Indigenous Pathway,⁶ Labour Mobility,⁷ Temporary,⁸ and Emergency.⁹ This guide focuses on the recognized and non-recognized education program registration routes.

Qualifying registrants are required to practise with regular clinical supervision. After transferring to the full RP category, they are required to continue practising with clinical supervision until they qualify for independent practice (that is, having successfully completed a total of 1000 DCC hours and 150 clinical supervision hours, counting from the start of their psychotherapy education program).

The registration requirements are discussed in greater detail in the next section.

⁶ For applicants who have completed or substantially completed education and training in traditional Indigenous psychotherapy practices.

⁷ For psychotherapists or clinical counsellors who are already regulated in another Canadian province or territory.

⁸ For psychotherapists or clinical counsellors who are already regulated in any jurisdiction and who intend to practise with supervision in Ontario for up to nine months.

⁹ For psychotherapists or clinical counsellors who are already regulated in any jurisdiction and who register to provide assistance during an emergency situation as declared by the Minister of Health or CRPO’s Council.

Changing Practice Areas

Registrants are required to practise only within their area of competence. When a registrant decides to change or expand the type of client they work with (e.g., child vs. adult, presenting issue) or the type of therapy they provide, they need to ensure they have the knowledge, skill, and judgment to do so. Some changes may be minor and require only self-study or consultation. More significant changes require formal education and clinical supervision. If the therapist is otherwise permitted to practise independently, supervision need only cover the new or expanded practice area.

Voluntary Clinical Supervision and Consultation

Registrants may seek clinical supervision or consultation voluntarily, to discuss the direction of therapy regarding a particular client, for reasons of professional growth, or to develop competence in a new area. This is strongly encouraged; indeed, many psychotherapists engage in ongoing clinical supervision throughout their professional careers.

College-Directed Supervision

A CRPO committee may direct a registrant to practise with clinical supervision or some other form of oversight. This may occur when a registrant wishes to resume practice after a long pause or to address gaps in knowledge, skill, or judgment identified through the Quality Assurance Program or investigation process. A registrant's managed health issue could also result in a requirement to practise with clinical supervision if the health condition impacts the registrant's ability to practise safely.

In cases of College-directed supervision, supervisors need to know why the College required clinical supervision and must provide appropriate supervision as directed, particularly with respect to the frequency of sessions, reporting to the College, and other conditions that may be stipulated.

Supervision and Insurance

RPs sometimes receive supervision to facilitate access to insurance benefits for clients (i.e., because the client's policy covers the supervisor's practice). These arrangements are acceptable if registrants comply with CRPO Practice Standards, in particular, by ensuring that

- billing is accurate (e.g., stating who provided the service under whose supervision);
- conflicts of interest are avoided (ensuring the interests of clients are placed ahead of business interests);
- both the supervisor and supervisee are practising within their area of competence;
- the supervisee is engaging in valid oversight and learning activities with the supervisor; and
- adequate records are maintained (both client records and supervision records).

Registration Requirements

This section goes into greater detail regarding CRPO registration requirements as they relate to clinical supervision. Detailed explanations of all registration requirements and procedures are available on the [CRPO website](#).

Students Planning to Register with CRPO

As noted above, students planning to register with CRPO are not under CRPO's direct jurisdiction, though they need to adhere to legal and ethical practice requirements to meet CRPO registration requirements.

Students enrolled in psychotherapy education programs may perform the controlled act of psychotherapy under the supervision of an RP. They may receive clinical supervision from a member of one of the other psychotherapy–practising professions in Ontario (nursing, occupational therapy, psychology, medicine, and social work) instead of or in addition to an RP for work in the broader scope of practice of psychotherapy.

Clinical supervision from a member of one of the five alternative professions will not enable the student to perform the controlled act of psychotherapy. If the unregulated student does not have an RP supervisor, they will need to restrict their practice and avoid performing the controlled act of psychotherapy prior to registration with CRPO. As a reminder, the controlled act of psychotherapy is a subset of the broader scope of practice of psychotherapy.

All supervision (from an RP or another psychotherapy–practising professional) can be counted towards meeting CRPO's registration requirements. Regardless of which profession the supervisor belongs to, they must meet CRPO's definition of a clinical supervisor (in short, they must be an experienced psychotherapist and qualified to provide clinical supervision).

Requirements for Registrants in the Qualifying Category

Category Transfer Deadline

Qualifying registrants have five years from initial registration to meet any outstanding requirements to transfer to the full RP category. They must also actively pursue the completion of these requirements (that is, it is not permitted for registrants to delay or interrupt completion of the requirements). In exceptional circumstances, the Registrar of CRPO may extend a Qualifying registrant's five-year deadline or allow them to postpone the pursuit of an outstanding registration requirement.

In addition to completing their psychotherapy education program and passing the registration examination, these requirements include completing 450 DCC hours and 100 clinical supervision hours (counting from the start of their psychotherapy education program).

Requirement to Practise with Clinical Supervision

RP (Qualifying) registrants are required to practise with regular clinical supervision. This is the case even when they have already completed 450 direct client contact hours, 100 clinical supervision hours, and/or the registration exam.

All practice sites must be supervised. For example, if the registrant has two places of employment where they provide psychotherapy to clients, they must receive clinical supervision with respect to clients at both places of employment. They may receive supervision from one or more qualified clinical supervisors. Supervisors may work at the same practice site or work elsewhere.

Controlled Act of Psychotherapy

Qualifying registrants are authorized to perform the controlled act of psychotherapy provided that doing so is within their area of competence. They can receive clinical supervision from a qualified member of any of the six psychotherapy-practising professions in Ontario. They do not require the supervision of an RP to perform the controlled act of psychotherapy.

Professional Liability Insurance

Like all CRPO registrants, Qualifying registrants are required to be covered by professional liability insurance (PLI) for all practice sites. While CRPO recommends that all registrants obtain their own individual PLI coverage, they may obtain coverage through their employer, provided that the policy meets [all applicable requirements](#).

RPs Working Toward Independent Practice

After transferring to the Registered Psychotherapist category of registration, registrants must continue to receive clinical supervision until they have completed 1000 DCC hours and 150 clinical supervision hours. If a registrant acquires 150 clinical supervision hours prior to completing 1000 DCC hours, they are still required to receive ongoing clinical supervision until both requirements are met for independent practice. RPs who have completed the required clinical experience hours can submit confirmation of those hours to CRPO in order to have their eligibility for independent practice noted on the [public register](#).

Independent practice does not refer to a particular kind of business entity. Rather, it refers to being permitted to practise without receiving clinical supervision. A registrant working toward independent practice may operate their own solo private practice if they contract with a clinical supervisor to provide the necessary oversight of their client work and professional development.

Group Supervision

Clinical supervision can be individual (one clinical supervisor meeting with one supervisee), dyadic (one clinical supervisor meeting with two supervisees), or group (one clinical supervisor meeting with three to eight supervisees) in nature. In all cases, there may be additional qualified co-supervisors, provided a supervision agreement is in place and accountabilities are clear.

Group supervision includes “structured peer group supervision.” Regular clinical supervision is led by a clinical supervisor. Structured peer group supervision, on the other hand, includes at least one member who would qualify as a clinical supervisor but is an equal participant (not the leader). Structured peer group supervision often occurs in an institutional setting but may occur outside such settings. Structured peer group supervision is formal and structured. CRPO does not accept informal peer group meetings as clinical supervision.

CRPO recognizes the value of all these formats. Individual supervision promotes focus and oversight. Dyadic and group supervision allows supervisees to learn from one another. Group supervision is less likely than individual/dyadic to justify the sharing of identifiable client information. When group supervisees share the situations they have encountered, it is generally on a without-names basis.

The following CRPO guidelines help ensure that registrants receive balanced, quality supervision.

Minimum Individual Supervision Hours

RP (Qualifying) registrants must complete at least 50 of their required 100 clinical supervision hours in an individual or dyadic format. RP (Qualifying) registrants can count a maximum of 50 group clinical supervision hours toward their category transfer requirements. Additional group clinical supervision hours will not be counted toward the category transfer requirement, though up to 25 additional group clinical supervision hours may be counted toward the independent practice requirement. At least half of the clinical supervision hours required for independent practice must be completed in an individual or dyadic format.

Group Size

To ensure adequate oversight of individual practitioners, group supervision for registration purposes is limited to eight supervisees. Note that the presence of a co-supervisor does not change CRPO’s group supervision size limit—CRPO still only accepts a maximum group size of eight supervisees for registration purposes. Supervisees may meet in larger groups, but these hours will not be counted for registration purposes.

Confirming Clinical Experience Hours

As part of the CRPO registration process, supervisees require confirmation of their clinical experience hours. CRPO provides registrants with detailed information about [updating their clinical experience hours](#). In the case of hours completed as part of an education program that has received [clinical experience recognition](#) (for example, as part of a student internship, placement, or practicum), the school provides confirmation to CRPO on behalf of the student. In all other cases, signatories provide supervisees with signed confirmation, which the supervisee then submits to CRPO.

CRPO’s [Clinical Supervisor Attestation Form](#) provides a convenient template allowing the supervisor to attest to their qualifications, confirm the supervision provided (format and number of hours), and verify that the hours were successfully completed, meaning the supervisor believes

the supervisee acted in a safe, professional, and ethical manner.

Confirmation of DCC hours may come from an employer, supervisor, or educational institution, as applicable. For supervisees who operate a solo private practice while receiving clinical supervision, they do not have an employer to confirm hours. They would require their clinical supervisor to confirm the hours. It is understandable that the supervisor may not be able to definitively confirm the exact number of DCC hours. CRPO's [DCC Confirmation Form](#) requires the signatory to confirm hours "to the best of [their] knowledge, information, or belief." It is expected that the supervisor-supervisee relationship will result in the supervisor becoming familiar with the nature of the supervisee's practice in general and allow for the periodic review of the supervisee's records. This should allow the supervisor to form a reasonable basis for confirming DCC hours to the best of their knowledge, information, or belief.

Part 2: Professional Practice

Introduction

This section describes CRPO policies and resources that are relevant to the professional practice of the supervisor and supervisee. Some of these documents focus *specifically* on clinical supervision. Others relate *generally* to the practice of psychotherapy by the supervisee with their clients. Supervisors and supervisees need to be familiar with both types of documents. Supervisors who are not registered with CRPO need to be aware of what CRPO expects when they supervise a registrant as well as what practice standards RP supervisees need to uphold.

Supervision-Specific Resources

Supervision-Specific Practice Standards

Three practice standards focus specifically on clinical supervision:

- [Standard 2.1—Seeking Consultation, Clinical Supervision, and Referral](#) contains information on recognizing the limits of one’s competence, including when an RP should reach out for supervision. Requirements include not taking on a client that is beyond the competence of the supervisee to treat or beyond the competence of the supervisor to supervise. Supervisors and supervisees should have a discussion about their respective training, focus, approach, and limitations and preferably document this in the supervision agreement (see also Standard 4.1).
- [Standard 4.1—Providing Clinical Supervision](#) focuses on the obligations of the supervisor. Sub-topics include competence, level of responsibility, clinical supervision agreement, recordkeeping, and professionalism.
- [Standard 4.2—Practising with Clinical Supervision](#) covers the supervisee’s responsibilities, including attending regular supervision meetings, recordkeeping, and consent/confidentiality in relation to receiving supervision.

CRPO Clinical Supervision Support Tool

In 2024, the College’s [Examination Committee](#) approved a comprehensive clinical supervision support tool. The tool was developed and will be used to assist RP (Qualifying) registrants who are preparing for the [Registration Examination](#). Beyond this initial purpose, the College believes that the tool will be useful to many supervisees in maximizing the benefit of clinical supervision.

The tool consists of five reflective modules designed to help Qualifying registrants and their clinical supervisor to

- evaluate and assess the supervisory relationship to ensure it is beneficial to the RP (Qualifying);
- review the [supervision agreement](#) to ensure 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 [Entry-to-Practice Competency Profile](#) (also discussed below) to determine what competency areas the RP (Qualifying) needs to better understand and practice; and
- develop a learning plan that will guide the process and content of supervision leading up to an exam attempt.

A PDF version of the Supervision Tool is available on the College's website.

- [CRPO Supervision Tool](#)

General Resources

Entry-to-Practice Competency Profile

The [Entry-to-Practice Competency Profile](#) describes the knowledge, skill, and judgment that registrants must possess when they join the profession. CRPO does not require supervisors to report to the College regarding the development of specific competencies by supervisees. Education programs and the registration exam serve this detailed competency assessment function. Nonetheless, it can be useful for supervisors and supervisees to bear the competencies in mind. Referring to the competencies can assist in

- informal evaluation by the supervisor of the supervisee;
- preparing RP (Qualifying) registrants to write the registration exam;
- defining learning objectives; and
- providing objective criteria for the successful completion of clinical experience.

Generally Applicable Practice Standards

Aside from the specific standards discussed above, the CRPO [Standards](#) are relevant in a general sense. By being familiar with applicable expectations, supervisors can help supervisees navigate situations they encounter in their practice.

Professional Practice and Jurisprudence Manual

Supervisors who are CRPO registrants will have completed the Professional Practice and Jurisprudence course themselves, though they may not have reviewed the latest version. The course is based on the [Manual](#) of the same name, which is freely available and periodically updated.

The Manual expands on the standards and includes reflection questions and hypothetical situations. It also explains what it means to be a regulated professional and provides general information about the laws that apply to the practice of RPs.

Other Resources

Several other CRPO resources have relevance to clinical supervision. Rather than describe them in detail here, links are provided. These resources can assist supervisors in familiarizing themselves with the context of a supervisee's regulatory obligations, particularly newer practitioners.

- [Quality Assurance Program](#)—Required for all CRPO registrants to ensure continuing competence.
- [Practice Matters](#)—A collection of frequently asked questions about professional practice and standards.
- [Practice Advisory Service](#)—Contact information for asking questions about which standards apply to a particular situation.
- [Professional Obligations](#)—An overview, particularly for newer registrants, of key administrative and professional obligations that come as part of joining a regulated health profession.

Part 3: Common Issues and Challenges

Introduction

CRPO's [Practice Advisory Service](#) answers questions relating to professional practice, ethics, and standards. Several frequently asked questions are related to supervision. Some examples of questions and answers are provided below. By anticipating situations that might come up, supervisors and supervisees can prevent or resolve issues before they become major problems.

Questions and Answers

Registration Requirements

Does CRPO approve clinical supervisors?

No. CRPO does not pre-approve clinical supervisor training activities, nor does CRPO maintain a list of approved or qualified clinical supervisors. Similarly, CRPO does not grant the designation of "supervisor" or "clinical supervisor." RPs should not use titles such as "CRPO-approved supervisor," "CRPO clinical supervisor," or "RP-S." Registrants should not declare that they are certified or approved by CRPO for the purpose of supervision.

I am not yet a clinical supervisor. How do I become one?

When a therapist wants to become a supervisor, they can begin providing clinical supervision once they meet the requirements. They can use the [Clinical Supervisor Self-Assessment Tool](#) to review whether they have met the requirements. They do not need to contact CRPO for approval to provide clinical supervision. Therapists who wish to provide supervision are encouraged to develop their competence in providing clinical supervision so they can provide supervisees with the richest possible learning experience. They are encouraged to rely on their professional judgment to identify appropriate training activities, using CRPO's clinical supervisor definitions and standards (discussed above) for guidance.

Can an RP receive supervision from a supervisor outside Ontario?

Yes, CRPO registrants can be supervised by clinical supervisors outside of Ontario, provided that the supervisor

- 1) meets CRPO's definition of a clinical supervisor; and
- 2) has the necessary competence to provide clinical supervision in general and to supervise the services being provided.

Oversight

Who is liable or responsible for the client: the supervisor or supervisee?

CRPO [Standards 4.1 and 4.2](#) require registrants to set out the details of their supervisory arrangements in a written agreement. Among other things, the agreement should clarify who has ultimate responsibility for clients (e.g., is the supervisee treating their own clients, the supervisor's clients, or clients of an agency or clinic?). The sharing of responsibilities should be reasonable in the circumstances and considering a variety of factors including, but not limited to, the training and experience of the supervisee, the practice setting and available support, and the client population and potential population risks.

It is important to distinguish between legal liability and professional responsibility. Legal liability involves complying with legislation (e.g., Ontario Human Rights Code, Occupational Health and Safety Act) and the possibility of being sued in civil court. These are all largely outside of CRPO's jurisdiction as they involve other legal decision-makers (e.g., the courts, Human Rights Tribunal). A supervisor is more likely to be held liable for the actions of a supervisee if the supervisor employs the supervisee or if the supervisor has explicitly assumed primary responsibility for the clients the supervisee is treating. Each situation will be reviewed based on the specific circumstances. Registrants should obtain their own independent legal advice regarding such matters.

Professional responsibility involves how CRPO would view the situation if someone filed a complaint or report. In short, supervisors are responsible for the supervision they provide and for following the CRPO Practice Standards. How this plays out depends on the circumstances and arrangements among the parties. For example, for newer therapists, increased attention, follow-up, and guidance might be expected from the supervisor.

In the event CRPO received a complaint and a supervisory relationship was involved, the matter would be addressed by closely reviewing the situation and understanding the roles and conduct of the parties involved in the complaint. All the information gathered would determine how the parties involved would be held responsible. It should be noted that where a complaint involves cross-professional supervisory relationships, each party would be subject to the processes of their respective regulator.

If the supervisor or supervisee belongs to a regulatory college other than CRPO, they might have their own requirements about who takes primary responsibility for the client. One college might require that the supervisor take primary responsibility, while another may expect the supervisee to have primary responsibility. CRPO's flexible position allows for either situation, provided that the decision is reasonable, the supervision agreement is clear, and clients are informed about who is responsible for their care.

What happens if a supervisor is not providing adequate supervision?

CRPO is unable to become involved with contractual or business disputes between registrants. However, the Professional Practice Standards provide some guidance for these situations. Supervisees and supervisors each have responsibilities in a supervisory relationship. Requirements for clinical supervision are outlined in [Section 4](#) of the Professional Practice Standards.

Supervisors who are CRPO registrants are required to provide adequate supervision. What that means exactly will vary case by case. What the supervisor and supervisee agree upon at the outset is an extremely important factor for determining their respective responsibilities. By addressing these questions up front in the written supervision agreement, expectations during the relationship will be clearer going forward, and dilemmas can be prevented in advance to some extent.

Ultimately, each participant in the supervisory relationship is responsible for their own actions and for abiding by the Professional Practice Standards. If a supervisor is unable to fulfill the supervision agreement, or they do not have the necessary competence to supervise a certain area of practice, they should seek consultation or supervision of supervision or should refer the supervisee to another supervisor. If a supervisee is not receiving adequate supervision (in terms of frequency or practice area) and they are unable to resolve the issue directly with their supervisor, the supervisee should consider consulting with their education program/faculty/practicum provider and request a transfer to a new supervisor (if they are a student) or take appropriate steps to find a new supervisor.

All registrants have an ethical responsibility to ensure clients receive safe and effective care from their providers. Supervisees should not have to accept inadequate supervision.

What should a supervisor do if they have concerns about a supervisee?

CRPO encourages supervisors to first address any professionalism issues with the supervisee involved. This may involve a discussion regarding clinical supervision or additional training to ensure that the supervisee understands and adheres to the Professional Practice Standards set by CRPO. Supervisors should document their communication and any remedial actions taken to address the issues.

If the concerns persist, and the supervisee is a student, the supervisor should consider escalating the matter by contacting the educational institution directly. The supervisor should communicate the specific issues, the steps taken internally, and the need for intervention to address the student's behaviour and uphold professional standards. A system for ongoing monitoring and supervision of student placements should be established to prevent similar issues in the future. This may involve refining supervision protocols, enhancing training programs, and reinforcing the importance of confidentiality and other aspects of professionalism within the practice.

In rare situations where clients are exposed to a risk of harm, supervisors should consider if a report to CRPO is required (see [Standard 1.3—Mandatory Reporting](#)). In complex or contentious

situations, supervisors should obtain their own clinical or legal advice. The Commentary to [Standard 4.1—Providing Clinical Supervision](#) is also relevant. It states the mandatory reporting of unsafe practice by another registrant “does not refer to any mistake or error. It is an acceptable part of a supervisee’s learning process to share and learn from mistakes. Rather, ‘unsafe practice’ refers to professional misconduct or incompetence that places clients at risk.”

Can an RP have more than one clinical supervisor? Who is ultimately responsible in this situation?

A CRPO registrant may have more than one supervisor. The question of who bears ultimate responsibility depends on the circumstances.

Several situations may involve working with multiple supervisors:

- **Multiple employment sites:** An RP may have different supervisors for different employment settings, e.g., one for agency clients and one for private practice clients.
- **Individual vs. group supervision:** An RP may work individually with one supervisor and participate in group supervision with another.
- **Co-supervision:** This involves more than one supervisor sharing some aspects of responsibility for supervising a particular supervisee.

Whichever situation is involved, there are important considerations when there is more than one supervisor. The clinical supervision agreement(s) should clarify the responsibility of each supervisor. If one supervisor is to be responsible for answering questions from clients, this should be specified. If the supervisee will be sharing personally identifying client information with more than one supervisor, they must obtain clients’ informed consent for each supervisor. Supervision meeting records should indicate which supervisor(s) met with which supervisee(s).

Can a supervisor supervise the practice of a modality that the supervisor themselves is not trained in?

Supervisors are required to provide appropriate supervision with a view to safeguarding client well-being, promoting the supervisee’s professional development, enhancing the supervisee’s safe and effective use of self, and promoting discussion of the direction of therapy. Appropriate supervision requires possessing the competence to provide the supervision required. Meanwhile, supervisees who are required to receive supervision must have all elements of their practice supervised—not just selected parts of their practice. Whether it is acceptable to engage in supervision of a modality the supervisor is not trained in would depend on several factors, including the following:

- the overall experience of supervisor and supervisee (more experience is preferable in this situation);
- the degree of similarity between the supervisor’s and supervisee’s modalities (greater similarity is ideal);

- the extent to which modality-specific supervision is required versus a more general focus of supervision (the latter would lend itself better to this situation); and
- other supports available to the supervisee regarding the modality in question, e.g., training, consultation, or a second supervisor (additional support is beneficial).

Boundaries

How do professional boundaries apply to the supervisor–supervisee relationship?

Like the therapist–client relationship, there is a power imbalance between clinical supervisors and supervisees. For example, supervisees, whether they are students, emerging professionals, or experienced therapists developing competence in a new area, depend on clinical supervisors for their professional knowledge, experience, and support. Clinical supervisors who are responsible for evaluating student performance can influence a student's grades and educational standing. In addition, students and Qualifying registrants depend on supervisor verification to meet CRPO registration requirements. All these factors put supervisees in a vulnerable position. As such, it is important for supervisors to recognize the inherent power imbalance that exists and create an environment where supervisees feel safe.

Establishing and maintaining clear professional boundaries contributes to safe and effective supervisory relationships. This includes being aware of self-disclosures that may be perceived as personal and unprofessional, avoiding communications that might suggest the relationship is personal rather than professional, and being careful when discussing client care issues.

[Standard 4.1](#) explains that many of CRPO's Practice Standards apply, by analogy, to providing clinical supervision. For example:

- Clinical supervisors avoid conflicting roles with supervisees, such as dual personal–professional relationships or supervising and providing therapy to the same person.
- Sexual misconduct, undue influence, and abuse toward supervisees are unacceptable.
- Clinical supervisors maintain confidentiality, subject to agreed-upon limits, of information provided by supervisees.
- Clinical supervisors make mandatory reports if supervisees engage in unsafe practice. "Unsafe practice" does not refer to any mistake or error. It is an acceptable part of a supervisee's learning process to share and learn from mistakes. Rather, "unsafe practice" refers to professional misconduct or incompetence that places clients at risk.

Additionally, clinical supervisors need to have a heightened awareness of their own abilities and use of self to ensure both they and their supervisees are practising within their areas of competence. Clinical supervisors have an ethical responsibility to seek consultation or supervision-of-supervision when needed regarding transference or content that is not their specialty.

How does CRPO consider supervision of or by family members?

CRPO does not accept supervision of or by family members for registration purposes. Even if supervision is not for registration purposes, registrants should reflect carefully before placing themselves in this situation. Supervision of or by a family member is a dual relationship and may be a conflict of interest. It may involve role confusion, transference/countertransference, and challenges in ensuring impartial, professional communication, evaluation, and accountability.

Can I provide clinical supervision or consultation to a former psychotherapy client (who is now a therapist)?

The Standards recognize that, in some situations, it may be necessary to have other relationships with a client or former client. In these circumstances, the registrant must use their professional judgment and ensure that safeguards are in place, e.g., supervision-of-supervision, informed consent discussions, and documentation.

In determining if it would be appropriate to provide the requested clinical supervision or consultation, it would be important to consider the nature of the past therapeutic relationship, the relationship dynamics, and any power imbalance that might still exist.

Questions for the supervisor to consider include the following:

- What would you do if your former client wanted to see you for psychotherapy again in the future? How might the new relationship affect your decision to take on the therapist role again?
- It is key to have a dialogue with your former client to discuss the potential benefits and pitfalls of navigating a new relationship. Are they able to provide informed consent to move forward in this direction?

A conflict of interest exists when a registrant is in any arrangement or relationship where a reasonable person could conclude that the exercise of the registrant's professional expertise or judgment may be compromised by, or be influenced inappropriately by, the arrangement or relationship. A conflict of interest may be actual, potential, or perceived. RPs are expected to be able to anticipate, recognize, and manage conflict of interests with care (see Standard 1.6—[Conflict of Interest](#)).

Questions to consider include the following:

- Do you foresee the potential for a conflict of interest?
- Might others see it as a conflict of interest?
- What is in the best interest of your former client?

Documentation

Whose name should go on client receipts in the context of supervised practice?

CRPO requires that the name of the registrant who provided services to the client be listed on the receipt. It is not a CRPO requirement to include the name of a clinical supervisor on receipts. A registrant may choose to do so; however, the billing process must clearly identify who provided the service, i.e., it should not falsely imply that the supervisor was in the client session.

Qualifying registrants must practise with clinical supervision and actively pursue meeting the Registered Psychotherapist requirements within specified timelines. CRPO is aware that some insurers require proof of supervision and will accept a supervisor's name on receipts for this purpose. It is important to clarify any such requirements with the relevant insurance company.

If an invoice includes a supervisor's information, the expectation is that the supervisee and their supervisor would have ensured the document is accurate and complete. This means that the supervisor must verify the services provided. A supervisor's registration information should not be included on any documentation without explicit agreement and sign-off on the specific sessions being billed.

Who should review and sign documents: the supervisor, supervisee, or both?

From time to time, therapists need to prepare, review, and sign various kinds of documents. These may include letters, reports, and forms for lawyers, insurers, employers, and educational institutions. In the context of an RP or RP (Qualifying) receiving clinical supervision, there is no single answer regarding who signs. Rather, it would depend on various factors, including the following:

- whose observations are being relayed in the document, e.g., those of the supervisee who provided the therapy;
- the degree of consultation between supervisor and supervisee in formulating any opinions expressed in the document;
- whether any of the conclusions in the document are beyond the scope of practice of the supervisee, e.g., an RP is not authorized to communicate a diagnosis;
- the requirements of the form/template or recipient of the document; and
- the requirements of the supervisor's regulatory college, if different from CRPO.

In all cases, any document signed by an RP must be accurate and truthful.

Who is responsible for the client record: the supervisor or supervisee?

This issue must be made clear both in the supervision agreement and in informed consent discussions with clients. The supervisor's regulatory college, if different from CRPO, may also have

a requirement to this effect. The arrangement will affect what happens when supervision ends, namely whether the original record remains with the supervisor, supervisee, or an agency/employer.

What do I do if my supervisor cannot or will not sign off on clinical experience hours I have completed?

As explained in Part 1, CRPO must receive confirmation of clinical experience hours completed for registration purposes. If a supervisor is unable to provide confirmation, e.g., they are deceased, CRPO provides alternative methods of confirming hours (see [Updating Clinical Experience Hours](#)).

Occasionally CRPO learns of disputes between supervisors and supervisees with regard to whether hours should be confirmed or not. In verifying hours, clinical supervisors have a responsibility to ensure that clinical experience hours were successfully completed, meaning they were completed in a safe, professional, and ethical manner. At the same time, clinical supervisors must not misuse their position of power by withholding confirmation of hours unreasonably, e.g., as leverage in a financial dispute between supervisor and supervisee.

CRPO may become involved in reviewing such a situation in detail, for example, if supervisor and supervisee exchange allegations about one another. These situations are lengthy and stressful, and the outcome is uncertain. It is generally preferable for supervisors and supervisees to prevent such disputes by resolving issues themselves.

Business and Financial

How should an RP structure their business as a clinical supervisor?

CRPO does not provide business advice other than to uphold the Professional Practice Standards. One can apply the standards concerning [business practices](#) to a supervisory context. In brief, this includes

- setting reasonable fee amounts and financial practices;
- advertising in an acceptable manner;
- discontinuing supervisory services appropriately; and
- preparing for planned and unplanned business interruptions.

CRPO provides some additional [business practice information](#) on its website. In general, registrants need to make business decisions in consultation with peers, mentors, and legal, tax, business, insurance, and other advisors.

Can supervisors charge for their services?

Yes, RPs are allowed to charge fees to provide clinical supervision. The person or organization paying these fees can vary. For example, many supervisees pay for supervision out of pocket,

others make financial arrangements with an employer, and in the case of students, some education programs incorporate supervision costs for practicum placements in tuition fees.

CRPO does not set fee amounts for RPs. However, CRPO registrants, including those who provide supervision, must abide by the CRPO [Professional Practice Standards](#). RP supervisors must not charge exploitative fees, and they are required to act with professionalism in general, including toward supervisees (see Standard 1.5—[General Conduct](#), Standard 4.1—[Providing Clinical Supervision](#), and Standard 6.1—[Fees](#)). As noted in Standard 4.1, the supervision agreement must outline any fees for supervision services, if any.

Can student supervisees charge fees to clients?

A student completing their psychotherapy education program may plan on registering with CRPO or they may be a Qualifying registrant. In either case, CRPO does not set fee amounts, including whether to charge for therapy. For informed consent (see Standard 3.2—[Consent](#)), the client should know that the person providing therapy is a student. The student should keep in mind the guidance provided in Standard 5.5—[Financial Records](#) and Standard 6.1—[Fees](#). For example, they must ensure that the client understands what services are included in the fees they are paying, document client consent in the record, and indicate the reason or reasons why a fee may have been reduced or waived.

Should a student's rate be lower than the RP supervisor's rate for providing therapy to clients?

CRPO does not set fee amounts for RPs (see Standard 6.1—[Fees](#)). Fee amounts must be reasonable, considering factors such as

- the overhead expenses of the practice;
- the nature of the services provided (modality, intensity of supervision required);
- the clientele served by the registrant (complexity, ability to pay); and
- the training, experience, and career stage of the registrant.

The last factor suggests that student rates are often lower than those of more experienced therapists. Given that each situation is different, it is important that RPs and students seek their own advice and also consider the policies from the student's school and/or practicum placement.

When a student/supervisee practises under an RP supervisor, who bills for services and who keeps the revenue received?

This depends on the business arrangements in place. Invoices might come from a group practice or clinic, from the supervisor, or from the student/supervisee.

[Standard 1.6—Conflict of Interest](#) permits registrants to split revenue in certain circumstances, including with a regulated professional such as a supervisor. The clinical supervision agreement should clearly set out payment and remuneration details. The supervisor's fee must be reasonable

and not exploitative (see Standard 6.1—[Fees](#)). For example, a supervisor should consider whether *both* splitting session revenue *and* charging an hourly supervision fee would be excessive under the circumstances.

Can a registrant who is required to practise with clinical supervision operate their own solo private practice?

The requirement to practise with clinical supervision is business-model neutral. A registrant, including an RP (Qualifying), can operate a solo private practice *and* contract with a clinical supervisor to oversee the supervisee's client care and professional development.

There may be risk in this situation, e.g., a registrant may be tempted to share limited information with their clinical supervisor given the autonomy they have over their own business. A strong, clear supervisory relationship and supervision agreement is essential in ensuring the supervisee receives the support they need. CRPO is continually considering whether additional resources or oversight are required for newer practitioners operating a private practice.

What happens to client care after a supervisory relationship ends?

This would depend on the supervision agreement, any employment or clinic contracts in place, and the understanding previously conveyed to clients.

If the supervisee is solely responsible for client care and the client record, then the client relationship would continue with the supervisee. If the supervisee is required to receive clinical supervision, they would need to make alternative supervisory arrangements or they would have to pause or discontinue client services. It would be professional misconduct to practise without mandatory clinical supervision for any period of time.

If responsibility for the client and record were that of the supervisor or a clinic, then the supervisee is in a group practice situation. If the supervisee is continuing with the business and merely changing supervisors, that is relatively straightforward. However, if the supervisee is leaving the group practice, the situation can be more complex. CRPO has published an [article](#) on considerations when an RP leaves a group practice.

If the supervisory relationship ended due to the death or incapacity of the supervisor, the supervisee can reach out to the supervisor's office or regulatory college, who may have information about contingency planning and the custody of client records. The Information and Privacy Commissioner of Ontario also has relevant information in its publication, [Avoiding Abandoned Health Records: Guidance for Health Information Custodians Changing Practice](#).