Doctoral Internship Policy & Procedures

Supervision Policy

Revised 07-01-16

1. **Adherence to APA Standards and Regulations:** The internship program adheres to the supervision requirements issued by the APA Commission on Accreditation through its *Guidelines and Principles of Accreditation* and corresponding Implementing Regulation [C-15(b)].

2. **Definition:** Supervision within the internship is defined in the following ways:
   
a. The internship has adopted the APA/COA definition of supervision, which is as follows:

   “Supervision is characterized as an interactive educational experience between the intern/resident and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009).”

   b. In applying the above definition, the internship program will deem a professional relationship to be supervisory if: (a) the faculty member or other professional has authority over some aspect of the fellow’s work; and (b) that work is an essential element of the fellow’s internship experience.

3. **Exclusions:** Supervision is distinct from educational sessions, such as traditional seminars, and from administrative and management sessions such as clinical team meetings and staff meetings.

   From the perspective of the internship program, faculty members and other staff members may influence, consult to, and even direct the activities of a fellow without being in a formal supervisory role. For example, attending physicians, unit chiefs, or “medical back-ups” are generally not considered formal supervisors. Non-physician leaders of teams on which fellows are placed may or may not be designated as supervisors at the discretion of the chief psychologist (or designee). Similarly, individuals consulting to fellows on topics such as research may play a non-evaluative, non-supervisory, mentoring role or may function in an evaluative supervisory capacity.

4. **Resolving Questions About What Qualifies as Supervision:** Questions regarding whether an activity meets the APA/COA definition of supervision are resolved by the Primary Advisor through consultation with the Chief of Psychology at the facility and the Director of Clinical Training. The APA/COA definition of supervision, reprinted above, will be used as the basis for resolving such questions.

5. **Supervision Requirements:** The following requirements apply:
   
a. Each fellow will receive a minimum average of four hours of supervision weekly and a minimum total of 176 hours for the year.
b. Two of the four hours weekly must be individual supervision from doctoral-level psychologists licensed in the State of Connecticut who are involved in an ongoing supervisory relationship with the fellow and have primary professional clinical responsibility for the cases or other professional work that is being supervised. These supervisors, when on vacation or other leave, must designate a covering supervisor who will be available to the fellow.

c. The additional two hours of supervision can be provided by licensed psychologists or by professionals from other disciplines who are appropriately licensed or credentialed for their role in the program. The format for these additional hours can be group or individual. Coverage for these supervisors, when on vacation or other leave, is automatically provided by the individual supervisors described above.

d. Routine supervision sessions will not occur when either the supervisor or fellow are on vacation or other leave. Supervision sessions cancelled during weeks in which the supervisor and fellow are working must be rescheduled.

6. **Primary Advisor Oversight:** The Primary Advisor for each fellow, who is a doctoral-level psychologist licensed in the State of Connecticut and member of the employed faculty, maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other mental health professionals.

7. **Supervisor Assignments:** At the beginning of the training year the chief psychologist at each facility (or designee) will provide the fellow with a written list of placement advisors and supervisors. All supervisors must meet the definition outlined above, which means that they have a hierarchical relationship with the fellow, responsibility for promoting and ensuring the fellow’s professional functioning, complete formal evaluations of the fellow, and meet regularly for individual or group supervision with the fellow, separate from clinical, team, or project meetings.

   The chief psychologist (or designee) will inform all advisors and supervisors that they have been designated in a formal supervisory role, with the responsibilities and the authority outlined above. The chief psychologist (or designee) will notify the fellow and supervisors of any changes in supervisory assignments over the course of the year.

8. **Minimum Number of Supervisors:** Each fellow will have a minimum of three supervisors who they meet with routinely. The Primary Advisor determines the maximum number of supervisors per fellow. In general, the maximum number of supervisors per fellow is recommended as six. However, this number may be exceeded for various reasons, including: supervisory needs across both a primary and secondary placement; and the need for occasional supervision from a supervisor with specialized knowledge and skills. Primary Advisors are responsible for ensuring that all supervisory time, including the time involved in scheduling multiple supervisors and managing multiple supervisory relationships, fits within the 50 hour per week average allotted for all internship responsibilities.

9. **Supervision Tracking:** Fellows track the supervision they receive using the program’s Supervision Log. This form captures the supervisor’s name, date and length of supervision, and format (individual versus group). The completed log is submitted monthly to the Primary Advisor who reviews and accepts the document and forwards an electronic copy to the program’s Student Coordinator.
10. **Supervision Location:** All supervision must be provided at the placement site where the work being supervised is occurring. The only approved exceptions are as follows:

   a. A fellow with two placements may receive supervision for the work at one site while at the other site provided that this does not result in additional travel for the fellow.
   b. Supervision within the Long Term Care Clinic can occur offsite, typically in the private offices of voluntary faculty.
   c. Fellows in the Substance Abuse Services rotation may receive supervision at the West Haven VA provided that it occurs immediately before or after the seminar that these fellows routinely attend at the VA.

Requests for exceptions to this policy must be approved by the Chief of Psychology at the training facility, the Director of Clinical Training, and the Executive Committee of the Department of Psychiatry.

Fellows are not authorized to agree to offsite supervision arrangements that are not in the above list of approved exceptions.

11. **Medical Record Documentation:** The following requirements apply to medical record documentation as it relates to supervision:

   a. The legally responsible supervisor for clients served by a fellow shall be documented in each client’s medical record using procedures established by the institution in which the service is being delivered. Licensed psychologists should be supervising at least half of the fellow’s caseload.
   b. The documentation created by psychology fellows shall be reviewed and co-signed by the licensed professional supervising the care of the client using procedures established by the institution in which the service is being delivered.