OFFENDER MANAGEMENT AND PROGRAMS

STANDARDS OF CLINICAL SUPERVISION PRACTICE FOR OPTIMISING THE DEVELOPMENT AND MAINTENANCE OF EFFECTIVE PERSONAL AND PROFESSIONAL BOUNDARIES IN THE CORRECTIONAL SETTING

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Introduction

Background

Forensic psychologists' capacity to develop and maintain effective personal and professional boundaries supports the delivery of high quality offender management which is essential for achieving good rehabilitation outcomes. Such boundaries delineate personal and professional roles, and facilitate professional and ethical relationships between psychologists and offenders.

The outcome of this report - The Standards of Clinical Supervision Practice - addresses concerns in the delivery of psychological services that, if discussed at all, are discussed only behind closed doors -boundary violations.

Corrective Services NSW will profit from the development of effective mechanisms for optimising the development and maintenance of effective personal and professional boundaries in the correctional setting. A potentially effective way of optimising the development and maintenance of such boundaries is through good clinical supervision practices. Clinical supervisors can potentially play a key role in the development and maintenance of effective boundaries in the correctional setting, ensuring that professional interactions with offenders are ethical and safe, and potentially intervening when necessary. Because of the potentially important role that clinical supervisors play in the development and maintenance of personal and professional boundaries, it is important that their practice is maintained at a high standard. One way to ensure this is to develop, implement, and evaluate standards of clinical supervision practice specifically for optimising the development and maintenance of effective personal and professional boundaries in the correctional setting.

In the year 2014, CSNSW successfully applied for a research grant from the Psychology Council of NSW to fund the development, implementation and evaluation of the Standards of Clinical Supervision Practice for Optimising the Development and Maintenance of Effective Personal and Professional Boundaries in the Correctional Setting. This research grant followed the identified education and research priority area of the Psychology Council of NSW "Conduct - maintaining appropriate professional and personal boundaries, with specific attention to psychologists in correctional facilities", contained within the Education and Research Guidelines 2013-2014 of the Council.

The proposed standards contained in the current document were based on a review of the relevant literature and, consequently, were developed bearing in mind that boundary violations are unlikely to arise from the solitary actions of individual psychologists alone but also from suboptimal systems of which they are a part and with which they interact. That is, the failure to maintain personal and professional boundaries in the correctional setting is unlikely to be traced solely to an individual psychologist, but to a whole range of contributing factors including organisational influences, supervision, physical

environment, preconditions and specific acts. Therefore, the development of the "Standards" was based on a four-tiered approach:

- enhancing clinical supervisors' leadership in the development and maintenance of effective personal and professional boundaries among CSNSW psychologists and creating tools and protocols to assist supervisors in such leadership role;
- identifying and learning from our strengths and weaknesses by providing psychologists working in the correctional setting with the opportunity to disclose confidentially situations related to the maintenance of personal and professional boundaries they are faced in the correctional setting. Most importantly, allow psychologists to disclose information on the strategies, successful and unsuccessful ones, they are using to deal with such situations. That is, the current project sets out to "unlock" useful knowledge on what works in what situation in the prevention of boundary crossings. We will call this system that collects relevant information "The Boundary Building and Maintenance System." This is of particular importance since case analyses show that typically there is a gradual erosion of personal and professional boundaries before a serious violation occurs.
- raising standards and expectations for improvements in the development and maintenance of effective personal and professional boundaries among CSNSW psychologists through ongoing education and professional development opportunities. An educational program specific for CSNSW will address the refinement and dissemination of strategies used by CSNSW psychologists to deal successfully with situations related to the maintenance of personal and professional boundaries they are commonly faced; and
- creating systems at an organisational level that promote the maintenance of strong personal and professional boundaries facilitating best practice among psychologists.

This report recommends specific approaches to achieve the aims of assisting CSNSW clinical supervisors to promote the development and maintenance of personal and professional boundaries in the delivery of psychological services. It presents new perspectives on how effective personal and professional boundaries can be developed and maintained in the correctional setting, how clinical supervisors and their supervisees should relate, and how organisational processes can be designed to optimise responsiveness to psychologists' needs in the area.

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Literature review on boundaries

A literature review was completed in phase 1 of the current project. The objective of the literature review was to identify what works in relation to the optimisation of effective personal and professional boundaries by psychologists in the correctional setting. The full literature review was included in the report entitled "*An investigation into the development and maintenance of professional and personal boundaries among CSNSW psychologists*."

Below are some key findings from the literature review that assisted in the development of the Standards.

Boundary violation versus boundary crossing

- Boundary violations occupy a spectrum of behaviours that range in terms of frequency and harmfulness. Some authors make a distinction between boundary violations (which cause harm) and boundary crossings (which 'seemingly' do not) (e.g. Gutheil & Gabbard, 1993; Smith & Fitzpatrick, 1995).
- It is acknowledged in the literature that boundary crossings may re-occur over time and may lead to an actual boundary violation (Sarkar, 2004).

Focus of intervention must be on seemingly minor boundary crossings

- Case studies of clinician patient sexual contact demonstrate that serious boundary violations are typically preceded by a progressive series of nonsexual boundary crossings; a phenomenon known as the "slippery slope" (Gabbard, 1994; Gutheil & Gabbard, 1993; Sarkar, 2004; Simon, 1989; Strasburger, Jorgenson, Sutherland, 1992).
  - Therefore, seemingly trivial boundary crossings may in reality be considerably more serious when viewed in the context of a continuum (Gabbard & Nadelson, 1995).
- Focussing intervention strategies on nonsexual boundary crossings may therefore prevent sexual boundary violations (Gabbard & Nadelson, 1995). In addition, it is acknowledged that "seemingly" harmless boundary crossings may actually harm the therapeutic relationship regardless of the possibility that they also may lead to sexual boundary violation (Frick, 1994).

Prevalence

- US surveys show that 80 to 85% of practicing psychologists report having had erotic feelings towards their clients (Garrett, 2002).
- Surveys suggest that the problem of boundary violation occurs with roughly the same frequency in Australia as in other countries where sexual misconduct has been studied (Gabbard & Nadelson, 1995).
- The problem is not unique to psychology, with other professions also being vulnerable, including doctors and other health care professionals, the clergy, and the law (Gabbard & Nadelson, 1995).
- Studies that have reported on the number of therapists who have had intercourse with at least one client have yielded estimates in the range of 5% to 10% (Pope, Keith-Spiegel, & Tabachnick, 1986) and 1% to 12% (Williams, 1992).
    - Simon (1989) argues that such estimates do not reflect the real proportion of cases of therapist-client sexual contact, with the real proportion being argued to be as high as 25%, as are good reasons to believe that offending clinicians may withhold such information or make false-negative statements.
- Although research suggests that sexual contact between a male therapist and a female patient is the most frequent, all gender configurations are reported in the literature with regularity.
    - In a series of more than 2000 cases of therapist-client sexual contact, Schoener et al. (1989) noted that approximately 20% of cases involved same-sex dyad, and in 20% of the cases the therapist was a female, with overlap being present in these two groups.
- Surveys of self-selected volunteers, which is typically used to investigate sexual contact between therapist and client, is argued to have considerable flaws, with some critics rejecting the data and the conclusions they have generated (Pope, 1990).

Contributing factors

- Poor professional or personal judgment and errors in the delivery of healthcare within organisations are unlikely to be traced back solely to the solitary actions of an individual healthcare provider but also to suboptimal systems of which individuals are a part and with which they interact (Kohn, Corrigan, Donaldson, 1999; Jones, 2015).
    - Poor judgment and errors in therapy are typically traced to a whole range of contributing factors including organisational influences, such as lack of adequate training or relevant professional development opportunities, inadequate supervision, lack of guidance, inappropriate physical environment, preconditions, such as emotional vulnerability, and specific acts.
- Mishandling transference and countertransference are argued to be the most frequent causes of serious boundary violations in psychological therapy (Sarkar, 2004).

- Inappropriate therapist self-disclosure, more than any other kind of boundary violation, most frequently precedes serious boundary violations (Smith & Fitzpatrick, 1995).
- As mentioned above, case analyses show that typically there is a subtle gradual erosion of personal and professional boundaries before a serious violation occurs (Simon, 1989).
- Personal, financial, relationship and work problems contribute to increase the risk of boundary violations (Worley & Cheesman, 2006; Worley, 2013).
- Overwork leads to increased stress among healthcare providers predisposing them to poor professional judgment (Dewane, 2007).
    - A high standard of supervision is a key mitigating factor in the prevention of stress-induced poor judgment (Dewane, 2007).
- Family of origin issues are an important predisposing factor in boundary violating behaviour (Spickard, Swiggart, Manley, Samenow, Dodd, 2008).
- Childhood trauma is a predisposing factor in boundary violating behaviour (Spickard, Swiggart, Manley, Samenow, Dodd, 2008).

Maintenance of boundaries in the supervisory process

- The same boundary crossings and violations that can occur in therapy can be paralleled in interactions between supervisors and supervisees (Dewane, 2007).
    - Ethical concerns related to the supervisory process may arise leading to potentially litigious situations.
- Schamess (2006) argues that there are similarities between the supervisory and a parent-child relationship, involving the need for approval and avoidance of punishment. Transference/countertransference is argued to be just as potent in the supervisory relationship as it is in the therapist-client relationship.
- Personal and professional boundaries must also be developed and maintained in the supervisory process.
- Every standard of practice must also apply to the supervisory relationship.

Prevention strategies

- Good supervision practice is argued to provide the best safeguard against boundary violations (Grenyer & Lewis, 2012).
    - Clinical supervisors must address the complexities of boundary issues in psychotherapy in supervision meetings with clinicians.
    - The more informed therapists are about such issues, the better prepared they will be to deal with them when they arise.

- Role modelling is an important factor in the development and maintenance of strong personal and professional boundaries in the correctional setting (Gabbard & Nadelson, 1995).
  - Clinicians also learn how to deal with complex cases involving the maintenance of personal and professional boundaries by observing how their supervisors, role models, relate to their clients in the course forensic treatment.
  - Clinical supervisors must also disclose how he/she has handled issues related to the maintenance of personal and professional boundaries in the correctional setting to normalise the discussion of such issues in supervision meetings.
- Education is also an important factor in the prevention of personal and professional boundary violations (Gabbard & Nadelson, 1995; Galletly, 2004).
  - Good supervision practice must be supported by the provision of general and correctional-setting-specific education to clinicians on the prevention of personal and professional boundary violations.
  - Psychologists should receive ongoing education on the concept of professional conduct in conjunction with learning therapeutic treatment.
  - The development and maintenance of personal and professional boundaries should be discussed, not exclusively in the context of ethics courses, but in all clinically oriented courses. They are the fabric of the clinician-client relationship.
- Existence of formal standards of practice (Grenyer & Lewis, 2012).
  - Standards of practice allows for self-reflection, self-monitoring and self-correcting behaviour, skills necessary to cope with the many challenges provided by the correctional setting.

Based on the literature on boundary violations, general education may need to include (but not be restricted to) the following findings:

- Healthcare professionals are more likely to discuss issues related to poor personal or professional judgment if they perceive their supervisors are open to such discussions.
  - Clinical supervisors must make it clear to clinicians they are available as supervisors when clinicians want to discuss issues related to personal and professional boundaries.
- Educational programs must take into account the universality of the phenomenon of attraction towards one's own clients and recognise how easily boundaries can be crossed.
  - Surveys show that 80 to 85% of practicing psychologists report having experienced being physically attracted towards their clients.

- Clinical supervisors must make it clear to clinicians they should talk to them if they find themselves attracted to clients and are confused about how to manage such feelings.
- Clinicians should be encouraged to seek consultation, supervision, or even personal therapy when maintaining proper treatment boundaries becomes too difficult.
    - Consultation, a discussion with one's clinical supervisor must be seen as an appropriate choice for therapists facing cases with complex boundary issues.
- Most boundary crossings are not threatening to the continued existence of the therapeutic relationship, although they require self-examination by the clinician and may require discussion with the client.
    - Certain boundary problems, however, may only be solved by termination of the psychotherapeutic relationship.
- It is argued that as a defence against denigration and rage, clients with a history of sexual abuse are more likely to idealise the therapist, with this idealisation being likely to have a sexual component.
    - An Australian survey of 40 women who had experienced sexual contact with their therapist showed that two-thirds had a history of childhood sexual abuse (Quadrio, 1996).
    - Therapists need to be prepared to handle such clients through appropriate education and supervision and to be constantly alert for their seductiveness and neediness and the risk of boundary crossings.
- Clinicians must also be constantly alert for the potential danger of clinician's countertransference - in such cases the client comes to represent, for the clinician, an object of the past on to whom past feelings and wishes are projected.
- Clients' inability to consent must be addressed in professional education.
    - For clients who have been coerced by carers in the past, a sexual relationship with the clinician is disastrous because every sexual act between a clinician and client is, arguably, 'non-consensual'(Sarkar, 2004).
    - There is a lack of intentionality, understanding and voluntariness, which means that the patient's autonomous authority is so restricted that apparent 'consent' is suspect. It is doubtful whether consent could be truly expressed in a relationship that is so evidently imbalanced in terms of power (Sarkar, 2004).
- Dealing with dual relationships
    - Other relationships that coexist simultaneously with the clinician-offender relationship have the potential to contaminate the clinician's ability to focus exclusively on the offender's rehabilitation and can impair the clinician's judgment (Gabbard & Nadelson, 1995).
    - Dealing with dual relationships must be an integral part of clinician's training.
- Recognising and reporting violation-prone situations
    - Training must be provided on the recognition and reporting of violation-prone situations.
- Gifts and Services

- While small gifts may represent benign boundary crossings rather than serious violations, services and more significant and expensive gifts maybe problematic from two standpoints (Nadelson & Notman, 2002):
  - Gift giving may be a conscious or unconscious bribe designed to keep aggression, negative feelings, or unpleasant subjects out of the clinician-patient relationship.
  - There is often a secret quid pro quo involved in performing services or bestowing a gift. As implied by the saying, "There is no free lunch," expectations arise from gifts.
- The same can apply to the clinicians who give clients gifts (Nadelson & Notman, 2002):
  - Although done with the best of intentions, the patient may feel burdened by a sense of obligation that can never be openly discussed with the clinician.
  - Similarly, clinicians who receive expensive gifts may feel an obligation that influences their clinical judgment.

Education specific to the correctional setting: Identifying and learning from errors

The "Boundary Building and Maintenance System:" Learning from the voluntary disclosure of issues related to the maintenance of personal and professional boundaries in the correctional setting.

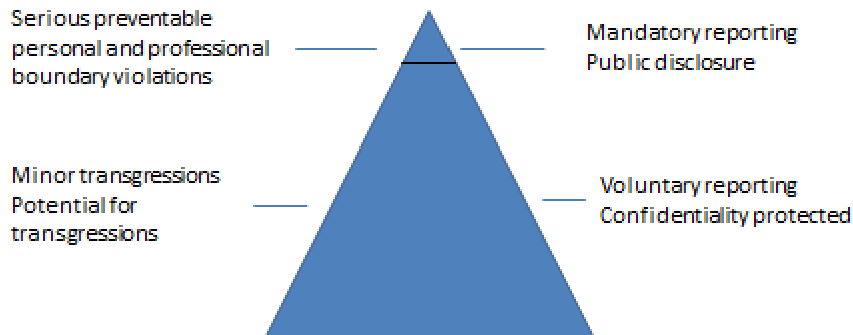
As seen above, the focus of intervention must be on seemingly minor boundary crossings, as case analyses show that typically there is a subtle gradual erosion of personal and professional boundaries before a serious violation occurs. Therefore, to prevent personal and professional boundary violations CSNSW psychologists must "unlock" useful knowledge and experience on the prevention of seemingly minor boundary crossings to allow for dissemination of such knowledge and experience among colleagues. In addition, in instances where such minor boundary crossings do occur, psychologists must be equipped with the knowledge and skills for preventing their recurrence. One way to learn how to prevent the occurrence or reoccurrence of such minor boundary crossings is to establish the Boundary Building and Maintenance System, which is a monitoring system that seeks voluntary disclosure about issues related to the maintenance of personal and professional boundaries by CSNSW psychologists. The CSNSW "Boundary Building and Maintenance System" also will assist in the measurement of professional performance in relation to boundary crossing

and, most importantly, it will provide information that will form the basis for further intervention refinement to optimise the development and maintenance of personal and professional boundaries in the correctional setting.

Monitoring systems that focus on quality improvement are typically voluntary disclosure systems. As discussed above a voluntary reporting system in the correctional setting must focus on the prevention of professional transgressions that seemingly result in minimal or no harm to the therapeutic relationship. Once such minor transgressions, boundary crossings, have occurred, it is imperative they are disclosed in confidence outside the public arena with no form of punishment being issued in relation to a specific case. The aim of such system is to identify and remedy vulnerabilities in systems before the occurrence of a serious violation. We anticipate that a voluntary monitoring system, such as the Boundary Building and Maintenance System, also will be particularly useful for identifying types of personal and professional violations that occur too infrequently for CSNSW to readily detect based on its own knowledge, and patterns of boundary crossings that point to systemic issues affecting the whole delivery of psychological services to offenders.

The literature recognises that serious cases of boundary violations subject to mandatory reporting to the relevant authorities represent a very small subset of professional transgressions, with minor transgressions being underreported.

Hierarchy of Reporting



Improvements in reporting rates

In the healthcare area, experience with voluntary reporting systems for errors made by healthcare professionals shows that underreporting plagues such programs in their early years of operation. However, educational efforts to break down a culture of blame and a culture of silence lead to drastic improvement in reporting rates. These programs report that they all protect the confidentiality of certain data. Patient identifiers are never released; practitioner's identity is not made available. Only summaries are typically released.

Even without a rate, repetitive reports flag areas of concern that require attention. It is important to note, however, that the goal of monitoring programs is not to count the number of reports. The volume of reports by itself does not indicate the success of a program. Analysing and using the information they provide and attaching the right tools, expertise and resources to the information contained in the reports help to prevent and also to correct conduct errors.

Implication of findings to the implementation of the Standards

- The "Boundary Building and Maintenance System, a transparent monitoring system (voluntary reporting), will need to be implemented to acquire and disseminate knowledge on boundary crossings and their prevention.
- Regular anonymous online survey of CSNSW psychologists addressing issues related to personal and professional boundaries could be administered as an initial form of the "Boundary Building and Maintenance System," and then move on to a formal monitoring (reporting) system once culture change is achieved.
- Implementation of "Boundary Building and Maintenance System" (voluntary reporting) without adequate resources for analysis and follow-up will not be useful.
- Particular attention must be devoted to analysing and understanding the causes and prevention of minor boundary transgressions in order to optimise the development and maintenance of personal and professional boundaries in the correctional setting.
- Educational efforts to break down a culture of blame and a culture of silence will need to be implemented to improve reporting rates.
    - The annual psychology conference may provide the forum for such educational efforts to take place.
    - Steps will need to be made to remove stigma from the transparent monitoring system, the "Boundary Building and Maintenance System."
    - By changing the culture of silence, and thus releasing information, major improvement can be made possible. Leadership will be critical in this transformation.
- Psychologists will need to receive training and education in event recognition to assist the reporting of boundary crossings and their prevention.
- Feedback will need to be provided to psychologists on the monitoring system, the "Boundary Building and Maintenance System," to encourage further participation.
- As part of the training of clinical supervisors information obtained from the monitoring system will need to be fed back to clinical supervisors allowing for them to devise their own strategies for improving the development and maintenance of personal boundaries in a problem-based learning environment.

Simulation-based education with debriefing

- Debriefing is an inherent part of simulation-based education and is important in creating a culture/atmosphere of openness and trust. Exposure to debriefing in simulated scenarios educates clinicians to recognise the important role it should play in their daily practice and ongoing efforts to improve quality of psychological services. Thus, simulation with proper debriefing can help break the culture of silence or denial in the delivery of psychological services over boundary crossing and their implications for competence.

Implication of findings to the implementation of the Standards

- Simulation-based reflective learning is used to train psychologist to discuss boundary crossing and the potential for such crossing in a non-judgmental, productive manner.

Who is at risk

- Clinician's training and experience may create a belief that they already know what boundaries are and how to maintain them. However, the literature shows that experience and training do not make clinicians immune to the phenomena of boundary crossings and boundary violation. In fact, most clinicians that engage in sexual contact with clients are more likely to have undergone extensive training and to be senior in the profession (Sarkar, 2004).

Consequences of violations

Efforts to strengthen personal and professional boundaries of clinicians are an exercise in public protection since the negative consequences of boundary violations for the client are well documented. Nevertheless, it is also acknowledged that such violations also may have negative impact on the clinician.

Client

- Boundary violations of any type undermine the integrity of care.
- It is well established that boundary violations, especially those of a sexual nature, do harm to the patient (Feldman-Summers & Jones, 1984; Kluft, 1990; Simon, 1989; Williams, 1992) and therefore undermine the clinician's ethical duty to benefit the client, and not do them harm.
- In addition to direct harms such as relapse or worsening of symptoms there are indirect harms in terms of loss of trust and damage to self-esteem.
- Boundary violations harm patients by undermining the therapeutic process, and wrong them insofar as the clinician treats the client merely as a means to an end.
- There is a power imbalance between clinician and client, which can lead to exploitation.
- In sexual relationships, the harm comes because of the parallels with incest and the danger to the client of making transferential fantasies real.
- Galletly (2004) reports that feelings of intense shame and guilt, depression, post-traumatic stress disorder, suicidal thoughts, increased drug and alcohol use, break-up of relationships and loss of employment have been reported among patients after sexual boundary violations by doctors, therapists, and other practitioners (Kluft 1990; Luepker 1999; Quadrio, 1996).

Clinician

- Involvement in boundary crossing can result in emotional distress, as well as performance and work-related consequences in clinicians.
- Communication and interaction with colleagues and supervisors are perceived as the most helpful resource by clinicians.

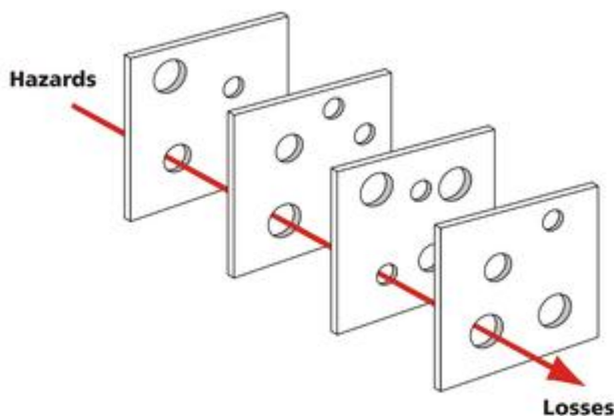
Implication of findings to the implementation of the Standards

- Clinical supervisors may require training on dealing with disclosure of boundary crossing.
- Formal and informal systems of support may be needed.

The need for a holistic approach to the prevention of boundary violations

The Swiss cheese model of event causation illustrates that, although many layers of defence lie between contributing factors and personal and professional boundary violations, there are flaws in each layer that, if aligned, can allow the violation to occur.

Applying a healthcare error model to personal and professional boundary violations in the correctional setting, would mean that most cases of boundary violations would be traced to one or more of four failure domains: organisational influences, supervision, preconditions and specific acts. Preconditions for boundary violations in the correctional setting would include emotional vulnerability, inadequate communications practices between psychologists and their clinical supervisors. Organisational influences encompass such things as inadequate provision of education and training in the area.



Behaviour change of clinical supervisors: Implementation of standards of practice

Deficiencies in traditional training methods

Traditional methods of training may not be effective in developing maintained adherence to standards of clinical supervision practice.

- Simply conducting workshops and providing healthcare professionals with written protocols may not be sufficient to change practice behaviour.

- Problems with generalisation of workshop training have been widely documented in the practice settings.
- It is common for healthcare professionals to fail to put into practice newly acquired skills post workshop training and consequently lose proficiency.
- Skills practice in workshop training may not be in a sufficiently similar context to the practice setting to induce behaviour change.

- Snap shot of practice behaviour in the natural setting followed by reinforcement and feedback seem to be necessary to transfer skills acquired in workshop training to the practice setting.
  - Practice in the natural setting, with corrective feedback, facilitates the transfer of skills acquired in workshops to the practice setting.
  - It is critical for a healthcare professional to receive information about the closeness of his/her performance to predefined desired practice behaviour.
  - Feedback and coaching provided by an educator/supervisor allow for gradual and ongoing fine-tuning of practice behaviour.

- Direct observation of practice behaviour, such as the presence of an observer or the video-recording of interactions, leads to assessments being reactive making it not possible to derive an accurate assessment of changes in professional practice.
- When assessments of professional practice are based on real-life practice behaviour it acts as a powerful incentive for healthcare providers to continue applying skills learned in workshop training.
- When feedback emphasises positive attainment as well as providing some corrective information, it increases participants' confidence in their skills and helps maintain their commitment to the implementation of new skills in the practice setting.

Implication of findings to the implementation of the Standards

- Direct accounts from supervisees collected in a respectful and sensitive manner may be required to minimise the risk of assessments of practice behaviour of clinical supervisors being reactive.

- The assessment of practice behaviour based on supervisees' accounts will need to be integrated into the training of clinical supervisors, with the feedback from the assessments as a basis for further skills acquisition.
- Direct accounts from supervisees may act as a powerful incentive for clinical supervisors to continue adhering to standards of clinical supervision practice.

Self-assessment

Self-assessment is a process designed to allow a professional to collect information about his/ her performance at work and compare it with the goals and/ or criteria for his/ her work. Self-assessment is now widely used in the healthcare setting and it is an important skill necessary for the continuing professional development of healthcare professional throughout their career.

- Self-assessment could be used in the correctional setting to provide psychologists with a means to identify professional development requirements not only in the clinical area but also in relation to professional conduct in relation to the development and maintenance of behaviours that will facilitate the development of personal and professional boundaries at work.
- Self-assessment can be instrumental in prompting psychologists to consider what behaviours assist them to maintain personal and professional boundaries and what skills or knowledge they would like to develop further.

Implication of findings to the implementation of the Standards

- Self-assessment forms may need to be especially designed to evoke self-reflection from CSNSW psychologists.
- Self-assessment will allow all CSNSW psychologists to compare their own performance in the workplace against the Standards of Practice in relation to the development and maintenance of personal and professional boundaries in the correctional setting.

- Separate self-assessment forms may need to be developed addressing professional behaviour for all CSNSW psychologists and supervisory behaviour for senior psychologists only.

How to read and use the standards

The sample provided below is intended to define the structure of the information covered in the standards document.

Short title of standards

Standard #.	A sentence that describes what the particular standard covers
Criterion #.	This statement outlines ongoing actions that clinical supervisors (senior psychologists) need to take to ensure that a part of the particular standard is being met.
Indicator	Require actions and behaviours: 1. These statements outline a number of actions that need to be taken and supervisory behaviours that need to be adopted to ensure that the associated criterion is met. ☐ 2. Usually these statements will require the clinical supervisor (senior psychologist) to Confirm, Develop and Maintain, Determine, or Provide. ☐ 3. As a self-assessment tool, clinical supervisors are able to use these boxes to either tick, cross or mark N/A (not applicable). ☐

Implementation Remarks:

Resources available to assist in meeting the Criterion

The existing resources are examples of Policies, Procedures and Tool clinical supervisors (senior psychologists) may obtain and use to meet the particular standard.

- POLICY (POL) describes WHY a Standard is in place,
- PROCEDURE (PROC) describes HOW to undergo actions required by the Standard, and
- TOOLS provides clinical supervisors with templates for any additional requirements that need to be developed in order to meet the particular standards.

These materials conform to minimum clinical supervisory practice requirements.

- Each Policy, Procedure or Tool is named adopting a 3-part system:
- Letter referring to the type of document (POL, PROC, or TOOL)
- A number referring to the Standard it relates to, and
- A letter referring to the position of the document within the Standard.

For example, the first Procedure associated with Standard 4 is ‘Proc 4A’.

Evidence required at Assessment

This section details the evidence required for assessment of whether or not the criterion has been met. Usually, it will ask for “Proof of” or an “Explanation” of a particular procedure or document.

Some proof will be provided by documentation: other proof will be provided through third party reports.

Additional Proof can also be gathered via observation of one’s performance.

Summary of Standards

1. Resources

Standard 1

The clinical supervisor has adequate resources to consistently promote supervisees' capacity to develop and maintain effective personal and professional boundaries in their interactions with offenders.

2. Monitoring system

Standard 2

Systems are in place to gather and disseminate appropriate and adequate information on boundary crossings and the potential for boundary violations in the correctional setting allowing for remedial action.

3. Professional development

Standard 3

Clinical supervisors and supervisees receive initial and ongoing training on the development and maintenance of effective personal and professional boundaries.

4. Supervisees' needs

Standard 4

Psychologists receive guidance and advice appropriate to their presentation and need that will foster the development and maintenance of effective personal and professional boundaries in their interactions with offenders.

5. Supervisors' needs

Standard 5

Clinical supervisors receive care and guidance appropriate to their role and need that will promote the development and maintenance of effective personal and professional boundaries by psychologist they supervise.

6. Rights and needs of supervisees

Standard 7

All CNSW staff respects the rights and needs of all psychologists in relation to the development and maintenance of effective personal and professional boundaries.

7. Organisational efforts

Standard 8

Psychological services are delivered by a system that has been carefully and consciously designed to promote the development and maintenance of personal and professional boundaries.

1. Resources

Standard 1 Clinical supervisors have adequate resources to consistently promote supervisees' capacity to develop and maintain effective personal and professional boundaries in their interactions with offenders

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Criterion 1 Individual (one-on-one) clinical supervision is provided in a location that allows for privacy.

Indicator Required Actions and Behaviours:

1. Deliver individual clinical supervision in a section of the work environment designated as private. ☐

Implementation Notes:

Evidence Required for Assessment

- Supervisors and supervisees report in the annual survey that the location one-on-one supervision is delivered in allows for privacy.

Criterion 2 There are adequate resources to ensure that psychologists have timely access to their clinical supervisors for discussion and advice on the maintenance of personal and professional boundaries.

Indicator Required Actions & Behaviours:

1. Maintain an adequate staffing level and/or design workflow and/or relocate work duties as necessary. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation of how the staffing level, workflow and allocation of work duties provides sufficient resources to maintain timely access to the clinical supervisor.

Criterion 3 There are adequate resources to ensure that all psychologists, including clinical supervisors, have access to professional development opportunities.

Indicator Required Actions & Behaviours:

1. Maintain an adequate staffing level and/or design workflow and/or relocate work duties as necessary. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation of how the staffing level and allocation of work duties provides sufficient resources to maintain access to professional development.

Criterion 4 Clinical supervisors and supervisees have access to educational materials on the development and maintenance of personal and professional boundaries in the workplace.

Indicator Required Actions & Behaviours:

1. Clinical supervisors maintain a list of educational materials that could assist psychologists in the development and maintenance of personal and professional boundaries in the workplace. ☐
2. All CSNSW psychologists have access to these materials. ☐
3. Confirm that all staff is aware of the materials. ☐
4. Reading of these educational materials is actively promoted by CSNSW. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of list of materials and of the materials themselves.
- Explanation of how access to these materials is provided all CSNSW psychologists.
- Explanation of how the reading of these materials is actively promoted in the workplace.

2. Boundary Building and Maintenance system

Standard 2 Systems are in place to gather and disseminate appropriate and adequate information on boundary crossings and the potential for boundary violations in the correctional setting allowing for remedial action

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Criterion 1 An annual survey has been developed to acquire and disseminate knowledge, education and training on strategies and challenges in maintaining personal and professional boundaries.

Indicator Required Actions & Behaviours:

1. Develop and maintain an annual survey within CSNSW that encourages psychologists to provide feedback on the strategies and challenges faced regarding personal and professional boundaries. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof that such a boundary building and maintenance system has been established and of how it is maintained.

Criterion 2 Systems and procedures are in place to encourage psychologists to report boundary crossings and the potential for violations to their supervisor.

Indicator Required Actions & Behaviours:

1. A communication strategy has been put in place to describe and disseminate information regarding boundary issues discussed in supervision. ☐

2. Psychologists receive training and education in event recognition to assist the reporting of boundary crossings and the potential for boundary violations.
3. Clear standards, definitions, and tools have been devised to assist psychologists to know what is expected to be reported and when (Tool 2A).
4. Supervisors are educated regarding boundary issues and coping strategies that should be systematically and anonymously recorded in the boundary maintenance diary and subsequently in the annual survey.
5. Both the annual survey and issues brought up during supervision are presented to psychologists as being designed to capture minor violations (boundary crossings), which are seen as fruitful areas for designing solutions to prevent future serious violations.
6. Both the annual survey and issues brought up during supervision are presented to psychologists as being designed to capture how CSNSW psychologist are successfully dealing with situations involving the maintenance of personal and professional boundaries allowing for dissemination of effective strategies.

Implementation Notes:

Materials available to assist in meeting the criterion

- Tool 2A: Written material (booklet) outlining what is expected to be reported and why and how.
- Document for recording supervision events

Evidence Required for Assessment

- Visual proof of planned educational activities that address event recognition.
- Visual proof of the content of educational programs outlining how the

Criterion 3 — Steps have been taken to remove stigma from communication regarding boundary issues.

Indicator — Required Actions & Behaviours:

1. Annual survey is explicitly anonymous.
2. Education on the discussion of boundary issues in supervision is being provided to CSNSW psychologists. ☐
    a. It is proposed that such education be provided to all CSNSW psychologists during the CSNSW Annual Psychology Conference
    b. It is proposed that such education be provided to senior and chief psychologists
3. Psychologists are made aware that any report regarding boundary crossings and the potential for boundary violations will be recorded in a de-identified manner. ☐
4. Psychologists are made aware that information gathered from such reports will form the basis for formulating continuing education in relation to the development and maintenance of personal and professional boundaries in the correctional setting. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of planned educational activities that address the reporting of boundary issues.
- Explanation of how CSNSW psychologists are made aware of the purpose and de-identified procedure for reporting boundary crossing.

Criterion 4 — Major efforts are made to change culture of silence among psychologists, and thus release information on boundary crossings and the potential for boundary violation, to make major improvement possible.

Indicator Required Actions & Behaviours:

1. Simulation-based reflective learning is used to train psychologist to discuss boundary crossing and the potential for such crossing in a non-judgmental, productive manner. ☐
2. Debriefing post simulation-based education is used to create a culture/atmosphere of openness and trust. ☐
3. Senior and Chief psychologists are educated on the importance of self-disclosure as driver of culture change.

Implementation Notes:

Evidence Required for Assessment

- Visual proof of planned educational activities aimed at achieving cultural change among psychologists.
- Explanation of how these activities create a culture/atmosphere of openness and trust (activity logic).

Criterion 5 Procedures have been set up to protect the confidentiality of the information obtained by any report of a boundary crossing or potential for boundary violation.

Indicator Required Actions & Behaviours:

1. Annual survey of CSNSW psychologists is conducted anonymously. ☐
2. Survey respondents are required not to disclose names of colleagues when reporting events. ☐
3. Psychologists are educated on the limits of confidentiality regarding reporting boundary issues to their supervisor.
4. Survey respondents are instructed to follow existing CSNSW protocol for reporting a third party event, if they wish to report a third party event (PROC 2A). ☐

5. CSNSW psychologists receive formal training on Australian Health Practitioner Regulation Agency (AHPRA) protocol for reporting a third party event in relation to professional boundaries.
    a. This protocol ensures that third party events comply with the guidelines for mandatory notifications by AHPRA. The mandatory notification obligation applies to all practitioners and employers of practitioners in relation to the notifiable conduct of practitioners.

Implementation Notes:

Materials available to assist in meeting the criterion

- Procedure (PROC 2A): Protocol for reporting a third party event.

Evidence Required for Assessment

- Visual proof of annual survey including the instructions for filling out the survey that protect the confidentiality of respondents.
- Visual proof of existence of formal written procedures for reporting a third party event.

Criterion 6 — Effective infrastructure has been developed to ensure the ongoing analysis and synthesis of information collected through the monitoring system.

Indicator — Required Actions & Behaviours:

1. Resources have been allocated for the analysis of information obtained regarding boundary violations. ☐
2. Staff member has been assigned to collate data from the annual survey of psychologists. ☐
3. The allocated staff member identifies hazards and patterns in the data and conducts analyses on types of incidents. ☐
4. A section of the annual survey has been dedicated to supervisors' reports of boundary issues encountered.

Implementation Notes:

Evidence Required for Assessment

- Explanation of how the information from the monitoring system is analysed and synthesised.

Criterion 7 Information obtained from the boundary building and maintenance system and boundary maintenance diary form the basis for further intervention refinement to improve the development and maintenance of effective personal and professional boundaries.

Indicator Required Actions & Behaviours:

1. The right tools, expertise and resources are attached to the information obtained to help maintain good professional and personal conduct in the correctional setting. ☐
2. All information gathered on boundary crossing forms the basis for clinical supervisors to design solutions to prevent serious boundary violations. ☐
3. Clinical supervisors develop strategies, goals, and action plans for achieving substantial improvements in the development and maintenance of personal and professional boundaries among CSNSW psychologists. ☐
    a. It is proposed that as part of the maintenance of knowledge and skills process for clinical supervisors, a workshop be conducted in which problem-based learning is used by clinical supervisors to develop action plans for preventing boundary violations based on the information gathered by the survey.

4. Outcome measures based on information from the survey and from supervision sessions are devised by clinical supervisors. ☐
    a. The use of such measures makes it possible to understand the degree to which performance is consistent with best practices.
5. Relevant CSNSW staff is alerted about problems that have persisted throughout data collection points (PROC 2B). ☐

Implementation Notes:

Materials available to assist in meeting the criterion

- Procedure (PROC 2B): Protocol for alerting relevant staff members of problems that have persisted.

Evidence Required for Assessment

- Explanation of how the information from the monitoring system is being used to design solution for preventing boundary violations.
- Visual proof of the content of refresher workshop containing problem-based learning in relation to the issues identified by the monitoring system.

Criterion 8 Feedback is provided to survey participants to encourage further participation and to create an awareness of issues that have been encountered and an expectation that remedial actions are being taken and that personal and professional boundary setting is important.

Indicator Required Actions & Behaviours:

1. All CSNSW psychologists are kept informed of how information gathered is being used. ☐
    a. It is proposed that at the annual CSNSW Psychology Conference, psychologists are made aware that the information is actually being used appropriately to assure them that the process of responding to the survey is worthwhile.

2. Psychologists are made aware of how survey results have been used to optimise the development and maintenance of professional boundaries in the correctional setting. ☐
3. Results from the annual survey are presented to psychologists at the Annual Psychology Conference together with information on educational programs that arose as a result of the information gathered. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation of how data from the monitoring system is being conveyed to CSNSW psychologist.
- Visual proof of the content of CSNSW psychology conference addressing the use of the monitoring system.

Criterion 9 Supervisors record instances of boundary issues discussed in supervision in a boundary maintenance diary in a de-identified manner

Indicator Required Actions & Behaviours:

- Appropriate policy (POL 2A) and procedure (PROC 2C), including forms, have been devised for reporting boundary crossings and the potential for such crossing disclosed during supervision meeting that conform with privacy and confidentiality requirements. ☐

Implementation Notes:

Materials available to assist in meeting the criterion

- Policy (POL 2A): Policy for reporting boundary crossing and the potential for such crossing disclosed in supervision meeting that conform with privacy and confidentiality requirements.
- Procedure (PROC 2C): De-identified reporting of boundary crossing and the potential for such crossing disclosed in supervision meeting.

Evidence Required for Assessment

- Proof that policy and procedure are being followed.
- Visual proof of the appropriate form and the content of CSNSW database.

Criterion 10 Procedures are in place to alert CSNSW and notify the relevant people within CSNSW of problems or unusual events that may affect professional and personal boundaries (PROC 2D).

Indicator Required Actions & Behaviours:

1. Protocols have been developed for notifying relevant CNSW staff of any serious problem detected by the reporting system. ☐
2. The protocol identifies who should be notified. ☐

Implementation Notes:

Materials available to assist in meeting the criterion

- Procedure (PROC 2D): Protocol for alerting and notifying relevant staff within CSNSW of problems or unusual events that may affect professional and personal boundaries.

Evidence Required for Assessment

- Proof that protocol is being followed.

Criterion 11 Relevant CSNSW staff periodically assesses whether additional efforts are needed to address gaps in information to build solid personal and professional boundaries in the correctional setting.

Indicator Required Actions & Behaviours:

1. Relevant CSNSW staff has been selected to meet on an annual basis to assess the information obtained through the annual survey. ☐
2. Efforts are made by the relevant CSNSW staff to understand the factors that contribute to boundary crossings and subsequently prevent their recurrence throughout the correctional setting through appropriate strategies. ☐

3. Preventative strategies devised by the appropriate staff members are coordinated with those devised by clinical supervised and CSNSW at an organisational level. ☐
4. Relevant staff members periodically evaluate what worked and what did not work well in the program, and ways to make it more effective.
5. Guidelines for improvement based on data collected through the monitoring system are released to all clinical supervisors. ☐

Implementation Notes:

Materials available to assist in meeting the criterion

- Records of the selection of staff members and minutes of their annual meetings.

Evidence Required for Assessment

- Explanation of how the relevant staff has been assessing the information gathered through the reporting system.

3. Professional development

Standard 3 Clinical supervisors and supervisees receive initial and ongoing training on the development and maintenance of effective personal and professional boundaries

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Criterion 1 Structured curriculum for psychologists has been created addressing both boundary violation prevention and response.

Indicator Required Actions & Behaviours:

1. A workshop for all CSNSW psychologists on the development and maintenance of personal and professional boundaries in the correctional setting has been developed based on findings from the literature review and the annual survey (Tool 3A). ☐
   a. It is proposed that the workshop be offered at the annual psychology conference.
   b. It is proposed that attendance at the workshop be made compulsory to all CSNSW psychologists.
2. Training is provided on the recognition and reporting of violation-prone situations (Tool 3A). ☐
3. Training addresses how to appropriately handle transference and countertransference (Tool 3A).
4. Training addresses the role of inappropriate clinician self-disclosure in facilitating serious boundary violations (Tool 3A).
5. Workshop makes use of case studies based on information from the annual survey involving event recognition and response. ☐
6. Case studies used in the workshop promote self-reflection. ☐
7. Case studies lend themselves to self-evaluation with desired responses fed back to respondents at completion. ☐

8. As discussed in "Standard 2", simulation-based reflective learning is used in the workshop to train psychologist to discuss boundary crossing and the potential for such crossing in a non-judgmental, productive manner, with debriefing provided after the simulation.

Implementation Notes:

Materials available to assist in meeting the criterion

- Tool 3A: Structured curriculum for psychologists for optimising the development and maintenance of personal and professional boundaries in the correctional setting.

Evidence Required for Assessment

- Proof that workshop and other training provided to CSNSW psychologists address topics contained in the structured curriculum.

Criterion 2 — Effective education on the Standards of Clinical Supervision Practice for Optimising Boundaries is offered for all clinical supervisors.

Indicator — Required Actions & Behaviours:

1. Clinical supervisors participate in workshop training on how to promote the development and maintenance of personal and professional boundaries in the correctional setting.
2. This training is offered to all clinical supervisors.
3. Refresher workshop is offered to all clinical supervisors on a yearly basis.
    a. At the workshop training goals for improvement in the development and maintenance of boundaries are established by clinical supervisors based on information from online survey of CSNSW psychologists on and on de-identified reports made to clinical supervisors.
    b. As mentioned in "Standard 2", issues raised by psychologists are presented and discussed at a refresher

workshop and problem-based learning used to provide solutions and action plans.

Implementation Notes:

Materials available to assist in meeting the criterion

- Workshop materials (e.g. slides, case studies, etc.).

Evidence Required for Assessment

- Documentation of workshop attendance.

Criterion 3 Continuing professional development opportunities in relation to the establishment and maintenance of personal and professional boundaries are provided by CSNSW online.

Indicator Required Actions & Behaviours:

1. Online training modules have been developed for practicing psychologists to help to optimise the development of personal and professional boundaries in the correctional setting. ☐
2. CNSW psychologists are required to undergo online training on an annual basis. ☐
    a. The online training module makes use of case studies involving event recognition and response.
    b. Case studies are developed based on information from the annual survey.
    c. Case studies promote self-reflection.
    d. Case studies lend themselves to self-evaluation with desired responses fed back to respondents at completion.
3. The training modules address the appropriate handling of transference and countertransference. ☐
4. The training modules address the role of inappropriate clinician self-disclosure in facilitating serious boundary violations. ☐

5. Infrastructure has been created to ensure the ongoing updating on an annual basis of online training modules aimed at optimising the development and maintenance of effective personal and professional boundaries in the correctional setting. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of online training modules.
- Record of training modules completion by CSNSW psychologists.

Criterion 4 The clinical supervisor devises a training plan for each psychologist he/she supervises, which includes training on the development and maintenance of personal and professional boundaries. This plan should record the training needs in relation to boundaries relevant to the position that each psychologist holds.

Indicator Required Actions & Behaviours:

1. Determine the competencies associated with each position in relation to personal and professional conduct and the training required for achieving the competencies. ☐
2. Develop and maintain an individualised training plan for each staff member. ☐
3. Confirm that each staff member is aware of his or her training plan. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Tool 3B: Training Plan & Record Form

Evidence Required for Assessment

- Visual proof that the clinical supervisor has a training plan for every psychologist he/she supervises.

Criterion 5 All CSNSW psychologists are aware of training opportunities in relation to professional ethics, particularly those that are consistent with their individualised training plans.

Indicator Required Actions & Behaviours:

1. Determine the best way to advertise training opportunities to CSNSW psychologists. ☐
2. Confirm that this process is followed. ☐

Implementation Notes:

Evidence Required for Assessment

- Explain the process for advertising training opportunities to CSNSW psychologists.

Criterion 6 An information booklet has been developed for newly hired psychologists addressing the development and maintenance of effective personal and professional boundary.

Indicator Required Actions & Behaviours:

1. The booklet is based on findings from the literature review and the annual survey. ☐
2. The booklet addresses the appropriate handling of transference and countertransference. ☐
3. The booklet addresses the role of inappropriate clinician self-disclosure in facilitating serious boundary violations. ☐
4. All newly hired psychologists are required to read the booklet as part of their induction. ☐
5. The booklet provides clear guidelines on when to approach clinical supervisors regarding matter related to boundary setting. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Tool 3C: Induction Booklet for Newly Hired CSNSW Psychologists.

Evidence Required for Assessment

- Clinical supervisors document in the Supervision Diary the provision of the Induction Booklet to newly hired CSNSW psychologists.

Criterion 7 The clinical supervisor keeps an up-to-date training record for each psychologist he/she supervises that details all relevant training that they have undertaken, including training on the development and maintenance of personal and professional boundaries.

Indicator Required Actions & Behaviours:

1. Ensure that training records exist. ☐
2. Confirm that training records are up-to-date. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Tool 3B: Training Plan & Record Form.

Evidence Required for Assessment

- The completed training record for each psychologist.

4. Supervisees' needs

Standard 4 Psychologists receive guidance and advice appropriate to their needs that will foster the development and maintenance of effective personal and professional boundaries in their interactions with offenders

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Criterion 1 Clinical supervisors maintain communication and interaction with CSNSW psychologists in relation to the development and maintenance of personal and professional boundaries.

Indicator Required Actions & Behaviours

1. Direct, systematic, face-to-face supervision is provided to CNSW psychologists in relation to the development and maintenance of effective boundary violation in the corrective setting. ☐
2. The development and maintenance of effective personal and professional boundaries must be addressed in direct, systematic supervision involving synchronous contact (live and in real-time) on a monthly basis. ☐
3. The clinical supervisor provides CSNSW psychologists with opportunities to debrief on a regular basis, providing outlets for personal concerns arising from contact with offenders. ☐

Implementation Notes:

Evidence Required for Assessment

- A supervision diary is maintained by the clinical supervisor, which records all supervision sessions.
- Supervisees report in an annual survey that their supervisors have adequately addressed issues related to the development and maintenance of personal and professional boundaries in the correctional setting.

Criterion 2 Clinical supervisors educate supervisees in the complexities of boundary issues in psychological therapy. The more informed that therapists are about such issues, the better prepared they will be to deal with them when they arise.

Indicator Required Actions & Behaviours:

1. The clinical supervisor ensures that a minimum of education and practical knowledge has been achieved in relation to the development and maintenance of personal and professional boundaries in the correctional setting. ☐
2. Clinical supervisors provide specific and comprehensive information on the setting and maintenance of personal and professional boundaries. ☐
3. The clinical supervisor also encourages supervisees to devise their own strategies to assist in the maintenance of effective boundaries. ☐
4. Clinical supervisors assign activities for supervisees to undertake that will strengthen the development and maintenance of effective personal and professional boundaries in the workplace. ☐
5. At times, the clinical supervisor lists materials on professional ethics that he/she would like supervisee to cover before the next supervision session. ☐

Implementation Notes:

Evidence Required for Assessment

- Clinical supervisor states that Supervision Diary contains recent instances where he/she provided education to supervisees in the complexities of boundary issues in offender management.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors have educated them in the complexities of boundary issues in offender management.

Criterion 3 Clinical supervisor begins supervision session with a working agenda.

Indicator Required Actions & Behaviours:

1. At least once a month the working agenda includes issues related to the development and maintenance of personal and professional boundaries in the correctional setting. ☐
2. All items in the working agenda are addressed in the supervision session. ☐

Implementation Notes:

Evidence Required for Assessment

- The clinical supervisor states that Supervision Diary contains a working agenda for each supervision session.
- The clinical supervisor states that the Supervision Diary documents how the items in the working agenda have been addressed in the supervision session.

Criterion 4 Clinical supervisor acknowledges the universality of the phenomenon of feeling attracted to one's own client (80-85% of American psychologists reported such feelings, Sarkar, 2004).

Indicator Required Actions & Behaviours:

1. Clinical supervisor normalises the occurrence of such feelings to increase supervisee's willingness to discuss the issue and strategies for dealing with such feelings when they do happen. ☐
2. When such feelings are disclosed the clinical supervisor normalises such feelings and reassures the supervisee that he/she is not alone, and reframes it as a workable issue that can be dealt with successfully. ☐

Implementation Notes:

Evidence Required for Assessment

- The clinical supervisor states that Supervision Diary contains instances where such feelings have been normalised and presented as a workable issue.

Criterion 5 Clinical supervisor uses role modelling as a powerful teaching tool for passing on the knowledge, skills, and values required for developing and maintaining effective personal and professional boundaries in the correctional setting.

Indicator Required Actions & Behaviours:

1. The clinical supervisor engages in self-disclosure of how he/she has effectively dealt with situations related to maintenance of personal and professional boundaries in the correctional setting. ☐
2. Clinical supervisor regularly makes use of modelling in relation to the development and maintenance of personal and professional boundaries. ☐
3. Time is made during supervision meetings to engage in role modelling and to facilitate dialogue, reflection, and debriefing in relation to it. ☐
4. The clinical supervisor makes a conscious effort to articulate what he/she is modelling, and to make the implicit explicit. ☐

Implementation Notes:

Evidence Required for Assessment

- Clinical supervisor states that Supervision Diary contains recent instances where he/she engaged in self-disclosure about how to handle situations involving boundary setting and that he/she facilitated dialogue about it with the supervisee.
- Supervisees report in an annual survey of CSNSW psychologists that clinical supervisors use role modelling as a teaching tool for passing on the knowledge, skills, and values required for developing and maintaining effective personal and professional boundaries in the correctional setting.

Criterion 6 — Psychologists are actively encouraged by their clinical supervisors to seek consultation and supervision in relation to the maintenance of personal and professional boundaries in the correctional setting.

Indicator — Required Actions & Behaviours:

1. Clinical supervisor demonstrates to psychologists that he/she is open to discussing issues related to personal and professional boundaries in interactions with offenders. ☐
2. The clinical supervisor actively tells supervisees to consult with her/him in relation to issues related to the development and maintenance of personal and professional boundaries. ☐
3. Reports of boundary crossings are made by psychologists to their supervisors confidentially. ☐
4. Toward the end of the discussion on boundary setting, the clinical supervisor reminds the supervisee about the confidentiality in relation to the reporting of minor boundary crossing and the potential for such crossings. ☐

Implementation Notes:

Evidence Required for Assessment

- The clinical supervisor states that the Supervision Diary contains instances where he/she encouraged the supervisee to seek consultation and supervision in relation to boundary setting and maintenance.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors actively encourage them to seek consultation and supervision in relation to the maintenance of personal and professional boundaries in the correctional setting.

Criterion 7 — The clinical supervisor ensures that all supervisees receive adequate help when facing challenging situations in relation to the development and maintenance of personal and professional boundaries.

Indicator — Required Actions & Behaviours:

1. The clinical supervisor schedules additional supervision sessions, as needed. ☐
2. The clinical supervisor ensures psychologists are provided with formal psychological support when faced with serious boundary challenges by offenders, especially in response to serious boundary challenges of a sexual or violent nature.
3. The clinical supervisor makes the psychologist aware of appropriate means of providing further emotional support for him/her in situations where there is potential for boundary crossing. ☐
   a. Supervisees are encouraged to seek personal therapy when maintaining appropriate treatment boundaries become too difficult.
   b. Referral is made to specialised services, as needed. It is proposed that such services be provided by the Employee Assistance Program (EAP)

Implementation Notes:

Evidence Required for Assessment

- A supervision diary is maintained by the clinical supervisor recording all instances where supervisee was provided with adequate help when needed.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors ensure that they receive adequate help when needed.

Criterion 8 — In supervision meetings, psychologists are encouraged to identify any personal issues that may serve to obscure boundaries when performing clinical work.

Indicator — Required Actions & Behaviours:

1. Issues of transference and countertransference are frequently addressed in supervision. ☐
2. Supervisees are helped to examine their reactions, biases, and concerns while working with offenders. ☐
3. Supervisees are encouraged to perform self-appraisal to become aware of, and maintain awareness of issues that can affect the maintenance of personal and professional boundaries, such as their biases, unresolved childhood issues, and historical mistakes. ☐
4. Supervisors ensure that none of the identified issues are seen as a sign of the psychologist's failure to effectively manage therapy. ☐

Implementation Notes:

Evidence Required for Assessment

- The clinical supervisor states that instances where he/she encouraged supervisees to identify personal issues that may affect boundary have been recorded in the Supervision Diary.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors encourage them to identify any personal issues that may serve to obscure boundaries when performing clinical work.

Criterion 9 — All CSNSW psychologists receive feedback and guidance on their performance in the development and maintenance of personal and professional boundaries in the correctional setting.

Indicator — Required Actions & Behaviours:

1. Feedback from clinical supervisors reinforces positive attainment and provides corrective coaching. ☐
2. Clinical supervisors provide specific and comprehensive coaching on how to maintain personal and professional boundaries in the correctional setting. ☐
3. CSNSW psychologists receive feedback by clinical supervisors on the closeness of their reported performance to predefined behaviours agreed upon in supervision meetings. ☐

4. The clinical supervisor documents the provision of feedback and guidance in the Supervision Dairy to ensure continuity of supervisory guidance. ☐
5. Predefined behaviours are clearly recorded in the Supervision Diary. ☐

Implementation Notes:

Evidence Required for Assessment

- Clinical supervisors state that their Supervision Diary documents instances where senior psychologists received feedback and guidance on their performance in the promotion of effective personal and professional boundaries.
- Psychologists report in an annual survey of CSNSW psychologists that their clinical supervisors have provided feedback and guidance on their performance in relation to the promotion of effective personal and professional boundaries in the corrective setting.

Criterion 10 — The clinical supervisor anticipates supervisees' needs in relation to the development and maintenance of boundaries, rather than simply reacting to events.

Indicator — Required Actions & Behaviours:

1. Clinical supervisors periodically assess whether there are gaps in supervisee's knowledge and skills in relation to the development and maintenance of effective personal and professional boundaries. ☐
2. Goals for improvement in the development and maintenance of boundaries are established by clinical supervisors based on assessment of gaps in knowledge and skills (similar to setting treatment goals). ☐
3. Clinical supervisors provide supervisees with opportunities for education and training related to the development and maintenance of effective personal and professional boundaries based on assessment of gaps in knowledge and skills. ☐

4. The clinical supervisor maintains an up-to-date diary on identified needs and supervisory goals for each psychologist he/she supervises. ☐

Implementation Notes:

Evidence Required for Assessment

- A supervision diary is maintained by the clinical supervisor.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors anticipate their needs in relation to the development and maintenance of boundaries, rather than simply reacting to events.

Criterion 11 Supervisees are assisted to recognise and enhance their personal strengths in relation to boundary setting.

Indicator Required Actions & Behaviours:

1. Clinical supervisors assist supervisees to identify offender populations or issues that hold particular concerns to them and the strategies used for dealing with such concerns, as documented in the Supervision Diary. ☐
2. Clinical supervisors assist supervisees to refine ongoing strategies to address these concerns, as documented in the Supervision Diary. ☐

Implementation Notes:

Evidence Required for Assessment

- Clinical supervisor states that Supervision Diary documents instances where he/she assisted the supervisee to recognise and enhance their personal strength in relation to boundary setting.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors assisted them to recognise and enhance their personal strengths in relation to personal and professional boundary setting.

Criterion 12 Clinical supervisors are able to establish good professional relationships with supervisees.

Indicator Required Actions & Behaviours:

1. The clinical supervisor possesses significant interpersonal skills. ☐
2. The clinical supervisor engages supervisees in discussion about the development and maintenance of effective personal and professional boundaries, if needed. ☐
3. The clinical supervisor debriefs supervisees after difficult situations. ☐
4. Boundary crossing is dealt with as an opportunity to examine the event itself and to learn from it. ☐

Implementation Notes:

Evidence Required for Assessment

- Supervisees report in an annual survey of CSNSW psychologists that their supervisors are able to establish good professional relationships with them.

Criterion 13 Psychologists have access to psychological service that can assist them when the reporting of boundary crossing or being in a situation with high risk for boundary crossing causes distress.

Indicator Required Actions & Behaviours:

1. Emotional well-being is one of the goals in supervision, with Psychologists being referred to expert responder as needed. ☐
2. Employee Assistance Program (EAP) has experts who can guide psychologists when they find themselves distressed. ☐
3. Procedure for providing further support to psychologists in high risk situations have been developed. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation of how the expert responders manage cases of distress caused by the reporting of boundary crossings or by being in high risk situation for such crossing.
- Existence of formal guidelines for dealing with such cases.

Criterion 14 The organisation has appropriate systems in place for the provision of long distance supervision to psychologists who do not share the same physical location as their clinical supervisors.

Indicator Required Actions & Behaviours:

1. Both clinical supervisors and supervisees have access to synchronous (live and in real-time) methods of supervision, such as utilisation of streaming video (e.g. Skype or Jebba technology). ☐
    a. Synchronous telecommunication is used to ensure that all psychologists have access to good supervisory relationship, with convenience, flexibility and accessibility.
    b. Synchronous telecommunication technology ensures that the openness, trust building, and enhanced communication that face-to-face contact provides are not compromised.
    c. The synchronous telecommunication systems allows for the detection of non-verbal cues.
2. In addition to synchronous methods of supervision, asynchronous (different or delayed time) methods of providing supervision including email communications, discussion threads, are also used to provide supervision to psychologists who do not share physical location with their clinical supervisors. ☐
3. Confidentiality is ensured in all systems of supervision, asynchronous and synchronous, with its limits clearly articulated by the clinical supervisors. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of records of synchronous communication between clinical supervisors and CSNSW psychologists.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors make use of appropriate systems of communication for providing long distance supervision.

Criterion 15 All CSNSW psychologists are required to on an annual basis complete self-assessment forms especially designed to allow them to collect information about their own development and maintenance of personal and professional boundaries in the correctional setting.

Indicator Required Actions & Behaviours:

1. Self-assessment is conducted with a means to identify issues that supervisees may wish to reflect upon or discuss with clinical supervisor in in relation to the development and maintenance of effective personal and professional boundaries in the correctional setting (Tool 4A). ☐
2. Self-assessment forms are designed to prompt CSNSW psychologists to consider what behaviours assist them to maintain personal and professional boundaries in the correctional setting and what skills or knowledge they would like to develop further. ☐
3. CSNSW psychologists discuss their self-assessment with their clinical supervisors. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

Tool 4A: Self-assessment form.

Evidence Required for Assessment

- Clinical supervisors and supervisees report that they have discussed the self-assessments during supervision.
- Psychologists report in an annual survey that their clinical supervisors have adequately discussed the self-assessment with them.

5. Supervisors' needs

Standard 5 Clinical supervisors receive assistance and guidance appropriate to their role and need that will promote the development and maintenance of effective personal and professional boundaries by psychologist they supervise

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Criterion 1 All psychologists in a role that involves supervision receive initial and ongoing training on the promotion of effective personal and professional boundaries in the correctional setting.

Indicator Required Actions & Behaviours:

1. All supervising psychologists in the CSNSW Programs and Service streams are required to undergo education and training on a yearly basis on the Standards of Clinical Supervision Practice for Optimising the Development and Maintenance of Effective Personal and Professional Boundaries in the Correctional Setting. ☐
2. A 1-day "Introduction to the Standards and their implementation" workshop is offered by the Brush Farm Academy of Corrective Services as part of the training process. ☐
    a. This workshop includes the training of clinical supervisors on the promotion of personal and professional boundaries in the correctional setting.
    b. This workshop also addresses the maintenance of personal and professional boundaries within the supervisory process.
3. A 1-day refresher course on the Standards is offered on a yearly basis by the Brush Farm Academy of Corrective Services. ☐
    a. This workshop includes a refresher segment on the "Standards" including the presentation of case studies, self-

audit, feedback from annual online survey of practicing psychologists on issues related to boundary violation and the subsequent devising of action plans.

b. At the refresher course, clinical supervisors develop strategies for preventing serious personal and professional boundary violations based on information from the annual survey.

Implementation Notes:

Evidence Required for Assessment

- Visual proof of the scheduling of training and refresher workshops offered at Brush Farm Academy of Corrective Services.
- Visual proof of the content of training and refresher workshops.

Criterion 2 Chief psychologists and Statewide Manager (Programs) maintain communication and interaction with senior psychologists (clinical supervisors) in relation to the promotion of effective personal and professional boundaries in the correctional setting.

Indicator Required Actions & Behaviours:

1. Direct, systematic, face-to-face supervision is provided to CNSW clinical supervisors in relation to the promotion of effective personal and professional boundaries in the correctional setting. ☐
2. Direct, systematic supervision provided to senior psychologists must address issues related to the promotion of personal and professional boundaries at least once a month. ☐
3. Chief psychologists and Statewide Manager (Programs) provide CSNSW senior psychologists with opportunities to debrief on a regular basis, providing outlets for personal concerns arising from contact with psychologists they supervise. ☐
4. Chief psychologists demonstrate to senior psychologists that she/he is open to discussing issues related to the promotion of boundaries in the correctional setting. ☐

Implementation Notes:

Evidence Required for Assessment

- A supervision diary is maintained by Chief Psychologists and Statewide Manager (Programs), which records all supervision sessions.
- Senior psychologists report in an annual survey that their supervisors have adequately addressed issues related to the development and maintenance of personal and professional boundaries in the correctional setting.

Criterion 3 The organisation has appropriate procedures and systems in place for the provision of long distance supervision to senior psychologists in regional areas who do not share the same physical location as the chief psychologist.

Indicator Required Actions & Behaviours:

1. Both chief psychologists and clinical supervisors have access to synchronous (live and in real-time) methods of supervision, such as utilisation of streaming video, webcam, or threaded discussions. ☐
    a. Synchronous telecommunication is used to ensure that all senior psychologists have access to good supervisory relationship, with convenience, flexibility and accessibility.
    b. Synchronous telecommunication technology ensures that the openness, trust building, and enhanced communication that face-to-face contact provides are not compromised.
    c. The synchronous telecommunication systems allows for the detection of non-verbal cues.
2. In addition to synchronous methods of supervision, asynchronous (different or delayed time) methods of providing supervision including email communications, discussion threads, are also used. ☐
3. Confidentiality is ensured in all systems of supervision, synchronous and synchronous, with its limits clearly articulated. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of records of synchronous communication between clinical supervisors and CSNSW chief psychologists or statewide mangers.
- Supervisees report in an annual survey of CSNSW psychologists that their supervisors make use of appropriate systems of communication for providing long distance supervision.

Criterion 4 — All senior psychologists receive feedback and guidance on their performance in the promotion of effective personal and professional boundaries.

Indicator — Required Actions & Behaviours:

1. Discussion with chief psychologists and feedback from psychologists from the annual survey provides the basis for further skills acquisition. ☐
2. Clinical supervisors receive feedback by chief psychologists on the closeness of their reported performance to predefined behaviours agreed upon in supervision meetings. ☐
3. Feedback from chief psychologists reinforces positive attainment and provides corrective coaching. ☐
4. Chief psychologists and Statewide Manager (Programs) provide specific and comprehensive information to clinical supervisors on how to promote personal and professional boundaries among CSNSW psychologists. ☐
5. Chief psychologists and Statewide Manager (Programs) set goals for improvement in adherence to the Standards based on information provided by supervisees in the annual survey of psychologists and discussion with senior psychologists. ☐
6. Chief psychologists provide senior psychologists with assignments related to the promotion of effective personal and professional boundaries based on information from annual surveys. ☐
7. Chief psychologists maintain a diary on identified needs and supervisory goals for each senior psychologist. ☐

Implementation Notes:

Evidence Required for Assessment

- Chief psychologists state that their Supervision Diary documents instances where senior psychologists receive feedback and guidance on their performance in the promotion of effective personal and professional boundaries.
- Clinical supervisors report in an annual survey of CSNSW psychologists that their supervisors have provided feedback and guidance on their performance in relation to the promotion of effective personal and professional boundaries in the corrective setting.

Criterion 5 Chief psychologists anticipate clinical supervisors' needs in relation to the promotion of personal and professional boundaries in the correctional setting, rather than simply reacting to events.

Indicator Required Actions & Behaviours:

1. Chief psychologists periodically assess whether there are gaps in clinical supervisors' knowledge and skills in relation to the promotion of effective personal and professional boundaries in the correctional setting. ☐
2. Goals for improvement in the promotion of effective personal and professional boundaries are established by chief psychologists based on assessment of gaps in knowledge and skills. ☐
3. Chief psychologists provide clinical supervisors with assignments related to the promotion of effective personal and professional boundaries in the correctional setting based on assessment of gaps in knowledge and skills. ☐
4. Chief psychologists maintain an up-to-date diary on identified needs and supervisory goals for each clinical supervisor. ☐

Implementation Notes:

Evidence Required for Assessment

- A supervision diary is maintained by chief psychologists and Statewide Manager (Programs).
- Clinical supervisors report in an annual survey of CSNSW psychologists that their supervisors anticipate their needs in relation to the promotion of effective boundaries in the correctional setting, rather than simply reacting to events.

Criterion 6 Chief psychologists begin supervision session with clinical supervisors with a working agenda.

Indicator Required Actions & Behaviours:

1. At least once a month the working agenda includes issues related to the promotion of personal and professional boundaries in the correctional setting. ☐
2. All items in the working agenda are addressed in the supervision session. ☐

Implementation Notes:

Evidence Required for Assessment

- Chief psychologists state that Supervision Diary contains a working agenda for each supervision session.
- The chief psychologist states that the Supervision Diary documents how the items in the working agenda have been addressed in the supervision session.

Criterion 7 Clear guidelines have been developed for when the clinical supervisor must refer a matter related to personal and professional boundaries to the Statewide Manager.

Indicator Required Actions & Behaviours:

1. Develop and maintain policy for circumstances when a matter related to personal and professional boundary must be referred to the Statewide Manager (POL 5A). ☐

2. Confirm that all clinical supervisors have been trained on the policy. ☐
3. CSNSW psychologists are made aware of the policy.
4. Matters related to personal and professional boundaries that warrant further investigation are referred by clinical supervisors appropriately.

Implementation Notes:

Materials available to assist in meeting the Criterion

- Policy 5A: When to refer a matter related to personal and professional boundaries to the Statewide Manager.

Evidence Required for Assessment

- The Individual Staff Training Records showing that clinical supervisors have been trained on the policy.
- Statewide managers state that matters have been referred to them appropriately conforming to Policy 5A.

Criterion 7 Systems are in place that assist clinical supervisors: to engage psychologists in conversation about personal conduct; to gather appropriate and adequate information from psychologists in relation to personal and professional boundaries; and to analyse the information gathered and determine the most appropriate action to take.

Indicator Required Actions & Behaviours:

1. Develop and maintain a procedure for 'Responding to psychologists' issues related to personal and professional boundaries. Note: This procedure must indicate when the clinical supervisor should refer the matter to the Chief Psychologist or the Statewide Manager (PROC 5A). ☐
2. Confirm that all clinical supervisors have been trained in the procedure. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Procedure (Proc 5 A): Responding to psychologists' disclosure related to the development and maintenance of personal and professional boundaries.

Evidence Required for Assessment

- The Procedure 'Responding to Psychologists' Disclosure Related to Personal and Professional Boundaries.
- The Individual Staff Training Records showing that all clinical supervisors have completed training on Policy 5A.
- Performance of clinical supervisors as reported by CSNSW psychologists in an annual survey.

Criterion 8 Clear guidelines have been developed for when a therapeutic relationship must be terminated.

Indicator Required Actions & Behaviours:

5. Develop and maintain a procedure for circumstances when a therapeutic relationship must be terminated (PROC 5B). ☐
6. Confirm that all clinical supervisors have been trained in using the procedure. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Procedure 5B Circumstances when a therapeutic relationship must be terminated.

Evidence Required for Assessment

- The Individual Staff Training Records showing that clinical supervisors have been trained in the use of this procedure.

Criterion 9 Clear guidelines have been developed to ensure that professional contact with offenders only occurs within the designated area for the delivery of clinical services.

Indicator Required Actions & Behaviours:

1. Confirm that all clinical supervisors have been trained on how to ensure that clinical contact only occurs in designated areas. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Chief psychologists have developed written guidelines to ensure the delivery of psychological services in designated areas only.

Evidence Required for Assessment

- Psychologists report on a yearly survey that the delivery of psychological services in professional areas only has been addressed in supervision.

Criterion 10 Clear limits to confidentiality in relation to the disclosure of boundary crossings and violations have been established based on guidelines for when a matter related to personal and professional boundaries must be referred to the Statewide Manager.

Indicator Required Actions & Behaviours:

1. Limits to confidentiality in relation to the disclosure of boundary crossings and violations are clearly articulated in the Induction Booklet that is given to all CSNSW psychologists. ☐
    a. Criteria for when a matter related to personal and professional boundary must be referred to the Statewide Manager are stated clearly.
2. Confirm that all supervisees have been made aware of the limits of confidentiality. ☐
3. Confirm that all clinical supervisors have been trained on the limits of confidentiality. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Tool 3C Induction Booklet for Newly Hired CSNSW Psychologists.
- Policy 5A When to refer a matter related to personal and professional boundaries to the Statewide Manager.

Evidence Required for Assessment

- The Individual Staff Training Records showing that clinical supervisors have been trained on limits to confidentiality.
- The Clinical Supervisor states that the Supervision Diary documents all supervisees being made aware of the limits of confidentiality.

Criterion 11 A forum for clinical supervisors to discuss supervisory issues has been established by CSNSW to foster professional growth.

Indicator Required Actions & Behaviours:

1. Develop and maintain a forum where clinical supervisor can discuss supervisory issues with colleagues. ☐
2. The Supervisors' Forum is facilitated by chief psychologists or Statewide Manager. ☐
3. The Supervisors' Forum aims to facilitate continuous self-evaluation and learning beyond the training provided by CSNSW. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of records of the operation of the Supervisor's Forum.
- Clinical supervisors report in an annual survey of CSNSW psychologists that they have attended the Supervisors' Forum in the previous six months.

Criterion 12 Clinical supervisors are required to complete on an annual basis self-assessment forms especially designed to allow them to collect

information about their own adherence to the Standards of Clinical Supervision Practice for Optimising the Development of Personal and Professional Boundaries in the Correctional Setting.

Indicator Required Actions & Behaviours:

1. The self-assessment is designed to facilitate continuous self-evaluation and learning beyond initial training provided to clinical supervisors (Tool 5A). ☐
2. Self-assessment makes it clear to the clinical supervisor his/her level of adherence to the Standards of Clinical Supervision Practice for Optimising the Development and Maintenance of Personal and Professional Boundaries in the Correctional Setting. ☐
3. Self-assessment provides clinical supervisors with a means to identify professional development requirements in relation to the promotion of good professional conduct in relation to the development and maintenance of behaviours that will facilitate the development and personal and professional boundaries at work. ☐
4. Self-assessment forms are designed to prompt clinical supervisors to consider what behaviours assist them to promote personal and professional boundaries among psychologists they supervise and what skills or knowledge they would like to develop further. ☐
5. Chief psychologists and Statewide Manager (Programs) discuss self-assessment with clinical supervisors reinforcing positive attainments, providing corrective coaching and setting goals for improvement. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Tool 5A: Self-assessment form for CSNSW clinical supervisors.

Evidence Required for Assessment

- Chief Psychologists and Statewide Manager (Programs) state that the Supervision Diary documents discussion of clinical supervisors' self-assessments.
- Senior psychologists report in an annual survey that their supervisors have adequately discussed the self-assessment with them.

Supervision Practice for Optimising the Development and Maintenance of Personal and Professional Boundaries in the Correctional Setting.

Indicator

Required Actions & Behaviours:

1. Resources have been allocated for auditing the Standards on a yearly basis. ☐
2. Staff member has been assigned to collate data on adherence to the Standards. ☐
3. Clinical supervisors receive feedback and guidance on their level of adherence to the Standards. ☐

Implementation Notes:

Evidence Required for Assessment

- Records are made available of yearly audit of the Standards of Clinical Supervision Practice for Optimising the Development and Maintenance of Personal and Professional Boundaries in the Correctional Setting.

6. Rights and needs of supervisees

Standard 6 Clinical supervisors respect the rights and needs of the psychologists they supervise

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Criterion 1 Clinical supervisors:

- Will provide respectful supervision at all times and under all circumstances,
- Will handle information provided by supervisees in a way that recognises the privacy needs of the individual psychologist and protects the confidentiality of information on minor boundary crossing, and
- Will handle a supervisee's report of boundary transgressions by colleagues in a confidential way that protects the identity of reporting supervisee.
- Are aware that the supervisees have the right to seek further options in dealing with issues related to personal and professional boundaries, such as peer consultation and specialised counselling.

Indicator Required Actions & Behaviours:

1. Develop and maintain a written policy on the 'Rights and Needs of Supervisees" (POL 6A). ☐
2. Confirm that all clinical supervisors are aware of, and have access to, this policy. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Policy (Pol 6A): Rights and Needs of Supervisees.

Evidence Required for Assessment

- The policy document 'Rights and Needs of Supervisees'.

Criterion 2 Issues related to personal and professional conduct pertaining to an individual psychologist are discussed in private.

Indicator Required Actions & Behaviours:

1. Discussions about personal and professional conduct are conducted in areas where private conversations cannot be overheard. ☐
2. Confirm that all clinical supervisors are aware of the requirements for conducting conversations about a supervisee's personal and professional conduct in the correctional setting. ☐

Implementation Notes:

Materials available to assist in meeting the Criterion

- Policy (Pol 6A): Rights and Needs of Supervisees.

Evidence Required for Assessment

- The policy document 'Rights and Needs of Supervisees'.

7. Organisational efforts

Standard 7 Psychological services are delivered by a system that has been carefully and consciously designed to promote the development and maintenance of personal and professional boundaries

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Criterion 1 Processes have been designed from an organisational level to optimise responsiveness to psychologists' needs in relation to the development and maintenance of personal and professional boundaries.

Indicator Required Actions & Behaviours:

1. Measures are devised to optimise responsiveness to psychologists' development needs. ☐
2. Efforts to optimise responsiveness to psychologists' needs in relation to the development and maintenance of personal and professional boundaries are documented. ☐

Implementation Notes:

Evidence Required for Assessment

- Documentation is maintained by CSNSW on the implementation of efforts to optimise responsiveness to psychologists' professional development needs.

Criterion 2 Ongoing efforts are made by CSNSW to update best practices in the delivery of psychological services.

Indicator Required Actions & Behaviours:

1. Infrastructure has been created to ensure the ongoing updating of best practice in the delivery of psychological services. ☐
2. CSNSW documents the ongoing updating of best practice. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation and documentation on the ongoing updating of best practice.

Criterion 3 CSNSW engages in enhanced dissemination efforts to communicate evidence and guidelines to psychologists, regulatory bodies, and the public. ☐

Indicator Required Actions & Behaviours:

1. CSNSW regularly reviews and updates methods for disseminating and applying knowledge to the practice of psychology. ☐
2. CSNSW regularly reviews and updates methods for disseminating guidelines to regulatory bodies and the public. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation and documentation on how dissemination efforts are being enhanced.

Criterion 4 CSNSW identifies priority areas for strengthening personal and professional boundaries in the correctional setting.

Indicator Required Actions & Behaviours:

1. CSNSW maintains documentation clearly articulating priority areas for strengthening personal and professional boundaries in the correctional setting. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of the identified priority areas.
- Documentation is maintained on how priority areas are being identified.

Criterion 5 CSNSW establishes goals for improvement in processes related to the delivery of psychological services and outcomes in relation to the development and maintenance of personal and professional boundaries by psychologists.

Indicator Required Actions & Behaviours:

1. CSNSW implements strategies for achieving goals for improvement. ☐
    a. Goals for improvement are set based on priority areas.
    b. Goals for improvement are set based on assessment of needs.
    c. Organisational goals for improvement take into account findings for surveys and reports from clinical supervisors.
    d. A timeframe is set for achieving goals for improvement.

Implementation Notes:

Evidence Required for Assessment

- Visual proof of documentation stating goals for improvement.
- Explanation of how goals for improvement are being pursued.

Criterion 6 — CSNSW develops strategies, including the goals set by the organisation, and action plans for achieving substantial improvements in quality in the next 5 years for each of the priority areas.

Indicator — Required Actions & Behaviours:

1. CSNSW implements action plans for achieving improvements. ☐

Implementation Notes:

Evidence Required for Assessment

- Visual proof of documentation stating strategies, goals, and action plans for achieving improvements.
- Explanation and documentation on how action plans are being implemented.

Criterion 7 — CSNSW rewards improvement in performance in relation to the development and maintenance of personal and professional boundaries in the correctional setting.

Indicator — Required Actions & Behaviours:

1. Systems are in place to measure, recognise, and reward improvement in performance. ☐
2. Performance indicators have been developed at an organisational level. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation of how improvement in performance is being recognised and rewarded.
- Visual proof of documentation stating how improvement in performance is being rewarded.

Criterion 8 — Efforts are frequently made at an organisational level to evaluate and enhance educational programs aimed at strengthening personal and professional boundaries in the correctional setting.

Indicator — Required Actions & Behaviours:

1. CSNSW evaluates and devise and implement strategies for enhancing educational programs aimed at strengthening personal and professional boundaries in the correctional setting. ☐

Implementation Notes:

Evidence Required for Assessment

- Explanation of how CSNSW are being evaluated and strategies for enhancement being implemented.
- Visual proof of evaluation of educational programs.
- Visual proof of documentation outlining strategies for enhancement.

Tool 2A. Written material (booklet) outlining what is expected to be addressed in supervision, why and how

A thorough literature review suggested that the maintenance of effective personal and professional boundaries is a challenge faced by many professions where any power imbalance is present. The review clarified the sorts of behaviours, emotions and cognitions that are likely to precede boundary violations, as well as the particular challenges that are faced by psychologists in corrections settings.

The types of challenges identified in the literature—that warrant reporting—fall into three distinct categories: 1) therapist initiated behaviours that cross acceptable boundaries; 2) offender manipulation challenges; and 3) personal issues that increase the risk of boundary violation. Regardless of category, instances that are detailed below are all expected to be discussed with your supervisor.

Some therapist-offender behaviours that precede boundary violations include:

1. Self-disclosure with offenders
2. Bending the rules for certain offenders
3. Discussions about other staff or offenders that is not therapeutically relevant
4. Being overly eager or overly anxious to please a client

Personal issues that increase the risk of boundary violations include personal (especially relationship) issues, stress and burnout, feelings (both positive and negative) towards an offender. Any of the issues that fall into this category should be discussed with the clinical supervisor. Psychologists need to recognise that even the most experienced of us, find it difficult to cope with our own issues at times. Thus, bringing them to the attention of a supervising psychologist is a good approach.

The literatures on boundary issues and offender manipulation are mostly separate, but their relevance to each other is undeniable. Working with offenders presents specific challenges for boundary issues as offender populations tend to be higher on traits associated with manipulation. Some of the tactics that offender manipulators will use are:

1. We/They Syndrome – the cultivation of a sense of camaraderie with staff members. This tactic can be instigated in many ways such as gift giving, favour doing, offers of help
2. The offer of protection – especially prevalent with new staff, offenders may offer to help staff with some of their duties and to look out for them in terms of how other prisoners treat them
3. References to sex – particularly prevalent when offender and staff member are of opposite gender. Sexual comments may begin subtly, but then escalate depending on the staff member's reaction.
4. The touch game – similarly to the tactic above, offenders may touch a staff member to gauge their reaction to this behaviour. This may start simply by flicking a piece of dirt of a staff members clothes, and may escalate…
5. Rumour spreading – this tactic usually aims to create division between staff members. By spreading false rumours, offenders hope to isolate a staff member from their peers making them an easier target for further manipulation.

In summary, there are varying risks that may influence boundary issues between offenders and psychologist. These risk are well known and have been described above. During the annual survey, chief psychologists were asked whether such issues should be discussed with supervisors. There was an overwhelming agreement that every type of issue should be discussed with the supervisor.

To be further developed by chief psychologists

Procedure 2A. Protocol for reporting a third party event

A. Purpose

To ensure that third party event reporting complies with the guidelines for mandatory notifications by the Australian Health Practitioner Regulation Agency.

B. Scope

The mandatory notification obligation applies to all practitioners and employers of practitioners in relation to the notifiable conduct of practitioners.

This procedure should be carried out every time a practitioner forms a **reasonable belief** that another practitioner has engaged in **notifiable conduct.**

C. Definitions

Reasonable belief

For practitioners reporting notifiable conduct, a 'reasonable belief' must be formed in the course of practising the profession. The following principles are drawn from legal cases which have considered the meaning of reasonable belief.

1. A belief is a state of mind.
2. A reasonable belief is a belief based on reasonable grounds.
3. A belief is based on reasonable grounds when:
    i. all known considerations relevant to the formation of a belief are taken into account including matters of opinion, and
    ii. those known considerations are objectively assessed.
4. A just and fair judgement that reasonable grounds exist in support of a belief can be made when all known considerations are taken into account and objectively assessed.

Notifiable conduct

Section 140 of the National Law defines 'notifiable conduct' as when a practitioner has:

a) practised the practitioner's profession while intoxicated by alcohol or drugs; or
b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or

c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

D. Actions & responsibilities

When the reasonable belief regarding notifiable conduct is present, a practitioner must make a report to his/her superior (supervisor) as soon as practicable who will notify the chief psychologist. CSNSW will then notify AHPRA in due course.

Notes:

In ALL instances where the Clinical Supervisor has any doubt about his/her ability to correctly assess and respond to the disclosure of boundary crossing, they will consult with their Chief Psychologist. The identity of the disclosing psychologist must be protected in matters involving minor boundary crossings.

To be further developed by chief psychologists

Procedure 2B. Protocols for alerting relevant staff members of problems that have persisted

Purpose

To ensure that data collected during the annual survey is used to further develop training, education and practices in accordance with the issues identified.

The annual survey will be the main tool used to identify particular problems regarding the maintenance of personal and professional boundaries that persist.

Analysis of survey data will be able to identify boundary issues that persist after the deployment of the standards.

To be further developed by chief psychologists

Policy 2A. Policy for reporting boundary crossing and the potential for such crossing disclosed in supervision meeting

A. Purpose

To ensure that discussions regarding boundary issues in a supervision setting are noted for future training and educational use, but are confidential.

B. Scope

Any boundary issue discussed in a supervision setting that does not fall under Procedure 2A (**reasonable belief** that another practitioner has engaged in **notifiable conduct).**

C. Actions & responsibilities

Physical attraction toward one's client per se does not constitute reportable conduct, as long as it is not acted upon. Psychologists who feel physically attracted to a client are encouraged to discuss the matter with their supervisors in a confidential basis.

In contrast, instances where the psychologist has conducted him/herself in a way that constitutes a significant departure from accepted professional standards in response to the physical attraction represent notifiable conduct, with the matter being referred to the chief psychologist, by the clinical supervisor.

Boundary matters that do not constitute notifiable conduct, as specified in Procedure 2A, is to be treated confidentially. In instances where the Clinical Supervisor has any doubt about his/her ability to correctly assess and respond to the disclosure of the boundary issue, he/she will consult with his/her Chief Psychologist. The identity of the disclosing psychologist must be protected by the clinical supervisor and the chief psychologist in matters that do not constitute notifiable conduct, as specified in Procedure 2A.

Notes:

Instances where attraction to one's own client is reported to a clinical supervisor, he/she will then assist the psychologist to devise a boundary maintenance plan and also an exit plan in case the situation becomes too difficult to handle.

To be further developed by chief psychologists

Procedure 2C. Protocol for reporting boundary crossing and the potential for such crossing disclosed during supervision meeting

1. Any boundary issue that is discussed during a supervision meeting is noted in the supervision diary for the particular psychologist.
2. Details of issues raised and the way it was handled are also noted in the diary.
3. The supervision diary is a confidential document and must be kept as such.
    a. Supervision diaries are stored in a locked filing cabinet.
4. The information from the supervision diary is transferred to the Boundary Maintenance Diary in a de-identified manner.
    a. The Boundary Maintenance Diary consists of a table with the following columns: boundary issue reported, coping strategy used, further action required (Yes/No) ANY OTHERS?
    b. For the boundary issue reported column there will be a key of categories that will represent the commonly reported boundary issues.
5. Boundary issues that have not been previously reported are entered into the annual survey by each supervisor.
6. Clinical supervisor must make use of his/her own judgement on deciding whether or not the issues raised by the supervisee warrant further discussion with his/her chief psychologists.

To be further developed by chief psychologists

Procedure 2D. Protocol for alerting and notifying relevant staff within CSNSW of problems or unusual events that may affect professional and personal boundaries

A. Purpose

Using their best clinical judgements, supervisors will detect particularly salient events that warrant further discussion with chief psychologist for that region.

To be further developed by chief psychologists

Tool 3A. Structured curriculum for psychologists addressing both the prevention of boundary violations and response

- What are boundary crossings and violations in the corrective setting?
  - Examples of boundary crossings and violations.
- Role of boundaries in correctional rehabilitation.
- Prevalence of boundary violations.
- Attraction to one's own client: a universal phenomenon.
- Contributing factors.
  - Proximal and distal factors.
- Psychological mechanisms implicated in boundary violations.
- Handling transference and countertransference in the practice of psychotherapy.
  - Assisting psychologists to examine their reactions, biases, and concerns while working with offenders.
- Inappropriate self-disclosure: a precursor to boundary violations.
- The unfolding of serious boundary violations.
- How to proceed after a boundary crossing.
  - Discussing boundary crossings with clients.
  - The reporting of boundary crossings.
  - Optimising the reporting of boundary crossings.
  - When to seek consultation.
  - When termination of therapy is appropriate.
  - Policy on when to refer a matter related to personal and professional boundaries to the Statewide Manager.
- How to proceed in situations with high risk of boundary crossings and violations.
  - The conjoint development of a "Boundary Maintenance Plan" by supervisor and supervisee.
  - The inclusion of a clearly defined "exit strategy" in the "Boundary Maintenance Plan".
- Monitoring systems.
- Recognising and reporting violation-prone situations.

- Commonly experienced situations by CSNSW psychologists involving the maintenance of personal and professional boundaries based on survey of CSNSW psychologists.
    - Strategies for dealing with such situations: what works and what doesn't work.
- Problem-based learning: remedying situations experienced by CSNSW psychologists.
- Dealing with dual relationships.
    - Maintenance of boundaries in the supervisory process
- Clients with history of sexual abuse and idealisation of therapist with sexual component.
    - Being alert for the seductiveness and neediness of such clients.
    - Therapist's preparedness to handle such clients.
- Client's inability to consent in psychotherapy.
- Gifts and Services.
- Types of manipulatory behaviour inmates typically engage in and appropriate ways of responding to these behaviours.
- Third party event reporting in accordance with the guidelines for mandatory notifications by the Australian Health Practitioner Regulation Agency.
- The building of strong professional boundaries in supervision.

Tool 3B. Training plan & record form

Use this document to:

- PLAN training sessions that psychologists should attend / complete and
- RECORD attendance at training sessions.

Ensure that:

- training on areas identified in Tool 3A (Structured curriculum for psychologists addressing both the prevention of boundary violations and response) are provided to CSNSW psychologists.
- the record of training completed is complete and current.
- for each training experience attended a Self-Reflection Training Summary Sheet is completed by the attending psychologists for his/her own records.
- the staff member has access to this document.
- the PLAN is reviewed regularly, at least annually, and that all information is as up to date as possible.

Review:

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Name of attendee: ____ Date:__/__/__

Self-reflection Training Summary Sheet

Name: ______________________ Course name: ________________________ Course date: __/__/__

The five key points I learned from this training session were:

1. ____
2. ____
3. ____
4. ____
5. ____

Five things I will do in my day-to-day work as a psychologists as a result of this training:

1. ____
2. ____
3. ____
4. ____
5. ____

Tool 3C. Induction booklet for newly hired CSNSW psychologists

To be developed by chief psychologists.

Tool 4A. Self-assessment form for CSNSW psychologists

Boundary Violations Index

Reference: Swiggart, W., Feurer, I. D., Samenow, C., Delmonico, D. L., & Spickard Jr, W. A. (2008). Sexual boundary violation index: a validation study. *Sexual Addiction & Compulsivity*, *15*(2), 176-190.

Questions on the **"Boundary Violations Index" (BVI)** are based on typical categories of behaviours which comprise boundary violations between professional health care workers and patients:

Please chose the response that best characterizes your behaviours.
N = never (0) R = rarely (1) S = sometimes (2) O = often (3)

1. I have told patients personal things about myself in order to impress them.
2. I have accepted social invitations from particular patients outside of scheduled clinic visits.
3. I have used language other than clinical language to discuss my patient's physical appearance or behaviours I may consider seductive.
4. I have found myself comparing the gratifying qualities I observe in a patient with the less gratifying qualities in my significant other.
5. I have thought that my patient's problem would be helped if he/she had a romantic involvement with me.
6. I have found myself trying to influence other employees in my workplace over whom I have supervisory influence, to support political causes, or positions in which I have personal interest.
7. I have felt a sense of excitement or longing when I think of a patient or anticipate his/her visit.
8. I have found myself talking about my personal life or problems with a patient and expected sympathy.
9. When a patient has acted in a manner I consider seductive, I have experienced this as a gratifying sign of my own sex appeal.
10. I have engaged in a personal relationship with a patient either while I was treating him/her, or after treatment was terminated.
11. I think about what it would be like to be sexually involved with a patient.
12. I have initiated or engaged in a personal relationship with an employee that I supervise.
13. I take great pride in the fact that such an attractive, wealthy, powerful, or important patient is seeking my help.
14. I have found myself talking about my personal life or problems with patients.
15. I have resisted or refused consultation with appropriate professionals, when others have told me I have problems that cause difficulty in my work or personal relationships.
16. I have initiated or engaged in a personal relationship with a person over whom I have power, authority, or decision-making ability.
17. I have asked one or more patients to do personal favours for me.
18. I have found myself trying to influence my patients to support causes, business deals, or positions in which I have personal interest.
19. I have initiated business deals with patients.

20. I have solicited gifts, bequests, or favours from patients for personal benefit or to benefit a business with which I am or plan to be involved.
21. I have recommended treatment procedures or referrals that I did not believe to be necessarily in my patient's best interests.
22. I have found myself fantasizing or daydreaming about a patient.
23. I have made exceptions for patients, e.g., scheduling, benefits, and/or fees, because I found the patient attractive, appealing or impressive.
24. I have made exceptions for some patients because I was afraid he/she will otherwise become extremely angry or self - destructive.
25. I have sought social contact with patients outside of scheduled clinic visits.

Inventory of Countertransference Behaviour (ICB)

Reference: Friedman, S. M., & Gelso, C. J. (2000). The development of the inventory of countertransference behavior. *Journal of clinical psychology*, *56*(9), 1221-1235.

Scale: 1 to little or no extent and 5 to a great extent

1	Colluded with the client in the session
2	Rejected the client in the session
3	Over supported the client in the session
4	Befriended the client in the session
6	Was apathetic toward the client in the session
7	Behaved as if she or he were "somewhere else" during the session
9	Talked too much in the session
10	Frequently changed the topic during the session
12	Was critical of the client during the session
13	Spent time complaining during the session
14	Treated the client in a punitive manner in the session
16	Inappropriately apologized to the client during the session
17	Acted in a submissive way with the client during the session
18	Acted in a dependent manner during the session
19	Seemed to agree too often with the client during the session
20	Inappropriately took on an advising tone with the client during the session
22	Distanced him/herself from the client in the session
23	Engaged in too much self-disclosure during the session
24	Behaved as if she or he were absent during the session
26	Inappropriately questioned the client's motives during the session
31	Provided too much structure in the session

Policy 5A. When to refer a matter related to personal and professional boundaries to the Statewide Manager

Using their judgement of a particular situation involving issues related to the maintenance of personal and professional boundaries that have not been resolved in one-to-one supervision between the psychologist and his/her clinical supervisor, chief psychologists will identify whether or not further discussion with the Statewide Manager is warranted.

To be further developed by chief psychologists

Procedure 5A. Responding to a supervisee's disclosure of a boundary crossing or the potential for boundary violation

A. Purpose

To ensure that supervisees who disclose a boundary crossing or the potential for such crossing receive care, assistance, and advice appropriate to their presentation and need.

B. Scope

This procedure will be carried out every time a supervisee either discloses a boundary crossing or the potential for such crossing:

- Requests advice on how to behave in such circumstance OR
- Simply mentions the boundary crossing or the potential for such crossing or violation

C. Actions & responsibilities

In response to such a request, the clinical supervisor will:

1.1 **Engage** the supervisee in conversation.

- Use open-ended questions to engage the supervisee in an informative two-way conversation. Example:
    - Tell me exactly what happened.
    - Tell me about the circumstances that led to it.

1.2 **Gather** appropriate and adequate information about the event or the potential for boundary crossing.

- Interact with the supervisee applying the Standard Protocol for Responding to Supervisee's Needs in Relation to the Development and Maintenance of Effective Personal and Professional Boundaries in the Correctional Setting.
- The supervisor will assure him/herself that the information he/she obtained is complete, current and accurate. E.g.:
    - Who was involved?
    - What were the circumstances that led to the boundary crossing?
    - Has it persisted? For how long?

    - What actions have already been taken by the psychologist?
- Information is obtained in the context of a conversation between the clinical supervisor and the psychologist to minimise feelings of being interrogated.

1.3 **Analyse** the information gathered during the assessment and determine the most appropriate action to take. E.g.:

- Has the psychologist dealt with the boundary crossing effectively?
- Do I have enough information to effectively negotiate a course of action with the supervisee?
- Am I confident the psychologist has received enough training in the area?
- Is there any reason to refer the matter on to the Chief Psychologist or Statewide Manager?
    - Do all issues discussed fall within the limits of confidentiality?

1.4 **Respond** to the disclosure by taking the appropriate action. They will either:

- Discuss and agree on a course of action.
    - Supervisee is involved in designing corrective action.
    - Clinical supervisor to provide information on what worked for him/herself or other psychologists in similar situation.
    - Appropriate guidance should always include "follow-on information", ie, information on what to do next (e.g. If the situation does not improve ..…, If you need more guidance or assistance ..…).
- Schedule additional supervision session to assist the supervisee in achieving agreed course of action.
- Referral is made to specialised services, if the clinical supervisor identifies the supervisee as needing further counselling.
    - The supervisee is informed of the reasons for making the referral and further counselling negotiated with the clinical supervisor.
    - Where appropriate, provide the supervisee with a referral note, file a copy of the referral note, and record any other details as are needed for the provision of continuing supervision.

- where appropriate, follow-up to determine whether the supervisee has acted upon the referral to another health care professional or has made a positive decision not to act.

Notes:

In ALL instances where the Clinical Supervisor has any doubt about his/her ability to correctly assess and respond to the disclosure of boundary crossing, they will consult with their Chief Psychologist or Statewide Manager. The identity of the disclosing psychologist must be protected in matters involving minor boundary crossings.

Procedure 5B. Circumstances when a therapeutic relationship must be terminated

- In circumstances reported by the supervisee involving attraction to one's own client, supervisors are advised to devise a "Boundary Maintenance Plan" together with the reporting supervisee. The Boundary Maintenance Plan must include an exit strategy clearly specifying criteria for determining when personal and professional boundaries have become too hard to maintain, in which case the client must be referred to another clinician.
- In circumstances where a client has persistently made sexual advances towards a clinician after attempts by the clinical team to correct the client's boundaries, supervisors are advised to consider referring the client to another clinician of the opposite sex of the treating clinician.

To be further developed by chief psychologists

Tool 5A. Self-assessment form for CSNSW clinical supervisors

- My supervisees and I discuss boundary issues on a monthly basis.
- I have had conversations with my supervisees about the importance of self-disclosure of boundary issues.
- I have self-disclosed to my supervisees regarding boundary issues that I have faced in the past.
- I keep a supervision diary for each of my supervisees.
- I record boundary issues brought up in supervision meetings in the supervision diary.
- I transfer de-identified information to my boundary maintenance diary.
- I have conversations with my chief psychologist regarding my supervision regarding boundary violations.
- I keep a training record for each one of my supervisees.
- I actively encourage my supervisees to get extra training and education regarding boundary issues.

Policy 6A. Rights and needs of supervisees

General Statements of the Policy

Respectful care

Clinical supervisors respect the right for all CSNSW psychologists to receive respectful supervision.

Privacy and confidentiality

Information provided to a clinical supervisor by a supervisee about an issue related to personal and professional boundaries will be treated as confidential, and will not be disclosed to persons who are not involved in providing guidance and professional care to the supervisee. In addition, in instances where supervisees report boundary transgressions by colleagues the identity of the reporting supervisee is to be protected. That is, who reported the transgression must remain confidential.

Supervisors will not speak or act towards any supervisee in a way that will demean or embarrass them.

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