Language: ASPPB offers a French form of the EPPP (the FEPPP) where a licensing authority legally requires one; the integrated EPPP is offered in French from Fall 2027, and the March and April 2027 beta is in English only. Canadian candidates may take the English form, and some licensing authorities do not accept scores from non-English versions. ASPPB has published the competency statements in French (Future EPPP Content Areas (Français)); our questions and cards are in English for now.

EPPP STUDY SHEET · DOMAIN 4

Consultation and Supervision

Examination for Professional Practice in Psychology (EPPP)

10% of the exam · 13 competency statements · ASPPB integrated EPPP

This competency domain requires knowledge of consultation and supervision and application of this knowledge to work effectively and ethically both (a) within organizations and systems, and (b) in providing supervision to students, trainees, and other professionals.

Every competency statement and its key concepts

4.A.1 Consultation models: who the client is and what the consultee needs

Caplan's four types: Client-centered case consultation advises on a particular client; consultee-centered case consultation strengthens the consultee's handling of such cases; program-centered administrative consultation advises on a program; consultee-centered administrative consultation builds the administrators' own skills.

The consultee's difficulty: In consultee-centered work, Caplan asks what keeps a capable professional from managing the case: a lack of knowledge, of skill, of self-confidence or of professional objectivity. Each calls for a different response, from information to support.

4.A.2 Supervision models and what the evidence shows

Integrated Developmental Model: Stoltenberg's model follows supervisees through levels, tracking self and other awareness, motivation and autonomy. Early supervisees need structure and support; later ones, more autonomy and challenge, with the supervisor adjusting the environment to the level.

Discrimination model: Bernard's model crosses three supervisor roles (teacher, counselor, consultant) with three foci (intervention skills, conceptualization, personalization), so the supervisor picks the role that fits the need at hand rather than a single fixed stance.

4.A.3 Evaluating consultation and supervision: needs, formative and summative

Needs assessment: A systematic look at the gap between current and desired conditions, and its causes, before a program or consultation is planned. It uses existing data, surveys, interviews or forums, and it shapes what the service should be.

Formative and summative: Scriven's distinction: formative evaluation informs improvement during the work, such as midpoint feedback to a trainee; summative evaluation reaches a judgment at the end, such as a final rating or a renewal decision.

4.B.1 Organizations and systems: changing the setting, not only the people

Systems thinking: An organization is a set of interacting parts, so a problem seen in one unit often comes from workflow, policy or incentives elsewhere, and a change in one part ripples through others.

Climate and culture: Organizational climate is how staff experience their work environment; culture is the shared norms and expectations. In a randomized trial, an intervention that improved organizational social context improved youth outcomes in community mental health programs.

4.B.2 Consulting from the consultee's world: profession, culture and context

Professional viewpoints: Each profession works under its own mission, pace and rules. APA's competencies for primary care psychology include systems and relationships domains, since the psychologist works inside medical teams and their routines; useful input fits the consultee's workflow and language.

Ecological view of identity: APA's Multicultural Guidelines place people within layered contexts and intersecting identities, including language, religion, social class, immigration status and experiences of marginalization, and apply explicitly to consultation.

4.B.3 Evidence-based consulting and better group decisions

Evidence-based practice: APA's policy integrates the best available research with clinical expertise in the context of patient characteristics, culture and preferences. In consultation it means checking that a requested intervention has support before endorsing it.

Practices that do not help: A Cochrane review found that single-session individual debriefing after trauma did not prevent PTSD, with one trial showing higher risk at a year, and concluded that compulsory debriefing should cease. Evidence can argue against what a consultee requests.

4.C.1 Running an evaluation: plan, monitor and adapt

Framework steps: CDC's 2024 framework sets six steps: assess context, describe the program, focus the evaluation questions and design, gather credible evidence, generate and support conclusions, and act on findings. It treats them as iterative rather than strictly sequential.

Logic model: A picture of how a program's inputs and activities are expected to lead to short-term, intermediate and long-term outcomes. It shows what to measure and where an expected link may fail.

4.C.2 Reporting evaluation results people can understand and use

Relevance and utility: CDC's 2024 standards call for findings that are actionable, available in time for use and presented in ways that are understandable and culturally responsive, in formats such as briefs, dashboards and discussions of results.

Absolute over relative: In a Cochrane review, relative risk reductions were perceived as larger and more persuasive than absolute reductions, and natural frequencies (such as 5 in 100) were understood better than probabilities.

4.D.1 The supervision plan: a written agreement for the work ahead

Goals and methods: The plan names the competencies to develop, the supervisee's caseload and services, and how the supervisor will see the work, such as recordings or live observation, at a stated frequency.

Evaluation and due process: APA Standard 7.06 requires a timely and specific process for feedback, described at the beginning of supervision, with evaluation based on actual performance. The plan says when ratings occur, who receives them and what happens if concerns arise.

4.D.2 Supervisees' responsibilities to clients: consent, status and privacy

Supervisory status: APA Standard 10.01(c): when the therapist is a trainee and legal responsibility rests with the supervisor, the client is told, as part of informed consent, that the therapist is in training and supervised, and is given the supervisor's name.

Recording and observation: Standard 4.03 requires permission from all persons before their voices or images are recorded. Clients should know who will review recordings or observe sessions, for what purpose and how recordings are stored and destroyed.

4.D.3 Monitoring compliance and responding when standards are not met

Direct monitoring: Recordings, live observation, chart review and client outcome data show what actually happens in sessions. Trainees often withhold information in supervision, so self-report alone is not enough.

Client safety first: When a lapse could affect clients, the supervisor first checks that clients are safe and that any required action, such as a mandated report, is taken, then turns to the supervisee's learning.

4.E.1 Behaviorally anchored feedback on strengths and growth

Behavioral anchoring: Name what the supervisee did, when, and what followed, as observed on a recording, in a report or live. Ende stressed focusing on observable behavior rather than on the trainee as a person.

Feedback and evaluation: Feedback is ongoing information meant to guide future performance; evaluation is a summary judgment. Ende distinguished the two, and regular feedback means a final evaluation brings no surprises.

4.E.2 Keeping supervisees within their competence and the supervisor's

Delegation: APA Standard 2.05 allows delegating only responsibilities a person can be expected to perform competently given their education, training or experience, either independently or with the supervision being provided, and requires steps to see that they do.

Boundaries of competence: Standard 2.01 limits services to areas of education, training, supervised experience or study, and allows new areas when the psychologist undertakes relevant training, supervised experience or consultation. This applies to the supervisor as much as the supervisee.

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