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Comments on the 'Guideline for Approved Training Programs in Psychology Supervision' issued by the Psychology Board of Australia 17 May 2010

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The Psychology Board of Australia (the Board) requires that all registered psychologists who provide supervision for the purposes of provisional registration or area of practice endorsement must have completed an approved training program in psychology supervision. The Guideline provides a rationale for such a requirement and outlines the characteristics of approved programs.

The rationale is based on the objective of the national registration and accreditation scheme and on expert opinion on how best to develop supervisory competence. Approved programs, according to the Guideline, are to be directed at six specified competencies for developing and assessing competence in supervisees, are to be conducted by registered psychologists with at least one endorsed area of practice, comprise 15 hours direct instruction and 15 hours preparatory work, and will need to be followed by a 7 hour revision course within 5 years. Assessment of satisfactory performance in a program is to be multimodal, including multiple choice and written tests and videotaped or equivalent evidence of supervisory performance.

The College of Organisational Psychologists (COP) supports the Board in its initiatives to improve the education and training of psychologists. The training of supervisors in the task of supervision is an initiative well worth supporting in this regard. COP notes however that the initiative is based on the opinion of experts rather than on evidence of effectiveness, although training programs for psychologists who provide supervision have been operating in two States for some years now. Although the Board cites some research in developing the rationale for the training program, none of the studies to date have been specifically directed to psychologists in training nor have they used outcome measures of supervisee competence, much less safe practice, which the Board maintains is its objective. In supporting the Board's initiative, COP would therefore encourage it to move as expeditiously as possible to provide an evidence base for supervisory training, consistent with an evidence based profession.

Recommendation 1*: The Board ensure that within a reasonable period of time (say, five years) outcome data from well-designed trials of supervisory training programs be available on which to base decisions about their effectiveness and hence their continuation or ways in which they need to be modified.*

COP's major concern with the Guideline is the lack of attention paid to ensuring that training programs in supervisory practice are sufficiently broad to meet the needs of a diverse profession. The Board recognises seven areas of endorsed practice, each with its own specialised knowledge and skill base, and its initiatives for improving the preparation of psychologists must take this diversity into account. Supervisory training is a case in point. The Guideline gives some expression to diversity when it proposes that 'supervisors must have demonstrated proficiency in the areas of professional practice in which the supervisee is engaged...' (p. 5) and then goes on to quote the American Psychological Association to the effect that the competence to be developed in supervisees in the course of supervision is 'context-dependent ...(its) execution...depending on the setting' (p. 6). A generic program for supervisory training, however, such as that the Board seems to be proposing in its Guideline, fails to recognise the diversity of professional practice and its context-dependent nature.

In developing the competence of supervisors to supervise, there needs to be an acknowledgement of the practice area in which the supervision is being given. The issues that arise in the course of supervision with respect to the client and the psychologist-client interaction and the ways in which these need to be conceptualised and resolved will vary from one practice area to another. A content-free supervisory experience is no supervisory experience at all. What this means is that the 'trainers' seeking to develop supervisory competence must be attuned to the realities of supervisory practice in a particular area and must be able to use credible examples of that practice. Some areas of practice (e.g., clinical and counselling) may overlap sufficiently for common trainers and materials to be warranted, but in others (e.g., clinical and organisational) the differences are so substantial as to rule this out.

Without some matching of trainer and content of training program to area of practice, supervisors will not be adequately prepared to deliver supervision in ways that genuinely develop supervisee competence. COP appreciates that a requirement for matching may produce some practical problems in the development of programs but considers that the benefits of context specific training in supervision offsets these.
The Guideline needs to address this issue explicitly either by a broadening of requirements under Providers of supervisory training (pp. 7-8) or by elsewhere including a specific statement that ensures that trainers and the programs they develop match the diversity of the profession and the range of settings in which it is practiced.

***Recommendation 2**: The Guideline explicitly acknowledge that supervisory training must recognise the context of professional practice by requiring that trainers and the content of training programs be drawn from more than one endorsed area of practice.*

COP would make two other points: First, the use of the term 'supervision' in the context of professional development (p. 7) implies that registered psychologists cannot be expected to practice with the degree of autonomy traditionally expected of a professional. In its proposals to the Australian Health workforce Ministerial Council in December 2009, the Board used the term 'peer consultation' and not supervision in referring to continuing professional development. This term better captures the distinction between the recognised professional psychologist and the psychologist in training.

***Recommendation 3**: The term 'peer consultation' replace 'supervision' in reference to requirements for continuing professional development.*

Second, reference to 'countertransference' in dot point 4 under Supervisory Competencies (p. 7) unnecessarily limits the scope of the competence being described to the clinical context and to a particular theoretical approach within that context. It is also unclear whether countertransference and self-disclosure are considered to 'effect' the alliance (as written) or 'affect' the alliance (as might be expected).

Recommendation 4: *Dot point 4 under Supervisory Competencies be revised by (a) replacing the term 'countertransference' with a term relevant to non-clinical as well as clinical contexts and (b) by replacing 'effect' with 'affect'*.