

DR. GARRY CHILDS

Consulting Psychologist

Assoc Professor Brin Grenyer
Chair, Psychology Board of Australia
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Dear Professor Grenyer

Re: consultation paper on Registration Standards

1. I have received a copy of the PBA proposal from colleagues in the IPPP. I wish to make an independent submission as a private practitioner, and do so now briefly. I have been immersed in prior clinical commitments to schools and parents in rural South Australia (Eyre Peninsula). I would ask for more time to make a more considered response; the lead time offered is far too brief.
2. I write as a full time self employed private practitioner of 25 years standing. My perspective is diverse in that:
 - a. I was a Senior Lecturer in Applied and Educational Psychology in two SA universities until 1996, with various publications in the AJP and BJ Ed Psych inter alia. I was supervisor/examiner of numerous psychology theses from Honours to PhD, and taught applied psychology to trainee teachers, nurses, speech pathologists as well as psychology students for over 20 years.
 - b. My clinical experience has ranged across a variety of public sector and private sector settings, both child and adult. This includes
 - i. 12 years providing a rural Psychology Service to the Eyre Peninsula region funded by Eyre Peninsula Division of General Practice, offering an innovative and unique initiative - being a full psychological service in rural/remote communities. This was federally funded on a per diem basis for up to 12 fly in/fly out week long visits per annum.
 - ii. Long standing practice at Southern Specialist Centre in Adelaide's southern suburbs, with referrals from about 30 GPs, other medical specialists and lawyers in all areas of practice – Mental Health, WorkCover, Motor Vehicle Accidents, Family Court, Magistrates Court and the Court Diversion Programme.
 - iii. Consultant Psychologist
 - Flinders University Counselling Service

- Flinders university Speech and hearing Clinic
- Carers Association of SA
- Streetlink Youth Health Service
- Catholic Education Service
- Flinders Medical Centre and Noarlunga Health Service, re staff and WorkCover

My submission is as follows

1. The development of the PBA is very welcome and long overdue./ I am or have been separately registered in 3 separate state jurisdictions to no advantage (Sa Vic, NSW). I have had clients who were financially disadvantaged because I was not recognised clinically in WA.
2. There are two key areas of contention –
 1. The definition of expertise and the push for specialist classifications by academics and other interest groups within the APS
 2. The need for appropriate training and supervision

Specialist vs. Generalist classifications

This needs to be seen in the context of the basic divide between Academics and Practitioners. This divide was strong and widely recognised in the 1970's when registration of Psychologists was first introduced – we talked of Gown vs Town. The issue was of the implicit deep contrast between them. An academic had to publish, to be seen to be an 'expert' in certain areas of knowledge and to teach/supervise in their areas. A practitioner had to be a problem solver for almost any client who presented or was sent to him/her by another health professional. This practitioner had to be relevant, and able to meet the needs of both the client and/or their referring source. This involved two distinct components – a diagnostic or problem formulation one, and an intervention or problem solving one. To this could be added a third, namely record keeping and notification of involvement by fax, phone, email or whatever means so as to communicate and report to relevant partners.

This Gown/Town dichotomy has not been resolved by the development of more complex training models. If anything it has deepened because academics are now under even more pressure to meet greater publication and work load criteria. Virtually no academics could claim any clinical expertise in the '70s. Today is no different; if they do it is a reflection of their expertise in certain narrow client domains, like Anxiety Disorders, Staff Burnout or Reading Skills. They do not and cannot develop practitioner skills.

The Practitioner has to learn how to think on his/her feet, to develop and use repeatedly a tool kit of instruments that work (history taking, routines, checklists, standardised tests). These require a vital acquired familiarity of possible variability over time. He/she also learns how to create a rapid connection and credibility with the client so that professional influence may be asserted appropriately. The proposed APS specialisations need to be seen as merely a manifestation just of academic special interests – they are certainly meaningless to a general practitioner model of problem solving, diagnosis and intervention. Every practitioner for example, uses Counselling, works in the Community and is concerned with health issues.

There is only one obvious specialisation spent in everyday practice, and it is not even featured (nor should feature) – the distinction between expertise in working with children versus working with adults. Very few psychologists feel comfortable in working with children, and even fewer have the tools or the expertise to engage in psycho-educational diagnosis. There is in fact a dire national shortage of Educational/ Child psychologists that has developed over time. There are some who have purchased a WISC IV, but this is obsolete and typically creates more problems than it solves. This lack of effective diagnosis probably underscores our national preoccupation with ADHD and its treatment by medication.

I thus fully concur with the IPPP Executive that there is no logical, empirical nor pragmatic justification for the proposed specialisations. The existing 'Clinical Psychologist' classification under Medicare is so clearly an illegal and unethical misrepresentation of the competencies that it does not warrant further examination. It is highly divisive and stupid and needs to be killed off as quickly as possible.

Models of Preparation and Supervision

- a. It is to my mind self evident that a research thesis even on a 'clinical' topic' is about research skills of literature review, research methodology, data collection, detailed analysis of patterns etc. It does not and cannot be called a preparation for being a practitioner.
- b. One learns practitioner skills by seeing clients – by learning how to engage in history taking, establishing rapport, asking the right questions, utilising the right instruments, and connecting the appropriate 'dots'. There is no substitute for experience in figuring out what the real issues are and how to tackle them. I believe at present we are too focused on alternative counselling styles or strategies, and not enough on the problem formulation or diagnostic component of psychological practice that precedes intervention.
- c. My experience in both 'camps' as an academic and as a practitioner leads me to question the validity of the dominant research focus when it clearly constitutes so little to practitioner skills. There is certainly abundant evidence, as noted elsewhere, that people with higher research qualifications do not demonstrate improved practitioner skills.
 - i. There needs to be rather a fundamental rethink of the entire training programme for psychology practitioner, with less content on discrete traditional content areas, and more 'hands on'.

1. Practically with

- Write up/group presentation etc.
- Design and use of rating scales
- Use of checklists, tests with within small groups
- Interviewing and establishing rapport with different kinds of people:
 - a. Younger children
 - b. Children
 - c. Adolescents
 - d. Parents
 - e. Adults
 - f. Older people

- Field visits including to schools, worksites, institutions etc.
2. Graded micro skills practice in:
 - a. Interviewing
 - b. Observing
 - c. Rating
 - d. Using standardised tests (e.g. reading, number skills, motor skills)
 - e. Report writing
 - f. Examination of reliability and validity issues in measurement
 - g. Understanding of standardized scores, percentiles, design of instruments
 3. This needs to lead into:
 - a. Supervised observation in clinics of experienced practitioners – child, adolescent and adult clients, and mentoring
 - b. In the 'live' problem solving and formulation processes
 4. Supervised practice of independent work with diverse clients in a clinic setting
 1. Developing the relationship
 2. Conducting an initial session
 3. Referral/history taking/assessment/diagnosis
 4. Formulating a plan
 5. Implementing an intervention
 6. Evaluation strategies

I have no strong views on the nature of Supervision other than to emphasise the need for content with a variety of experienced practitioners and the need for a good share of work that starts with a 'blank slate' as well as reflective activities and feedback on competencies.

This model of training will be more intensive – and more expensive – than that currently offered – and will have more in common with training models previously used in teacher training and speech pathology. Emerging models now being tried for some medical students and nursing students may well also be a guide.

Given the increasing role of Medicare funding for much psychological practice it would be an obvious step to make supervision a necessity for experienced practitioners rather than a voluntary or paid duty, such that access to a provider number incurred certain unpaid training obligations per annum. I dislike the idea of paid supervision; it has inherent flaws and ethical problems of accountability.

5. Conclusion

Competent, experienced Psychologist practitioners have become a key part of the health System and are now widely valued and referred to willingly by GPs, other medical specialists, lawyers and the courts. Their potential contribution is enormous. This new change must consolidate and strengthen the practice of practitioners, not

continue the ossification, hypocrisy and internal contradictions that have arisen from a profession that is presently dominated and led by a professional body that is only concerned to maintain the status quo of the university education and research model.

Yours sincerely

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Consulting Psychologist