

Consultation – Proposal to retire the 4+2 internship pathway  
Psychology Board of Australia,  
AHPRA,  
G.P.O. Box 9958,  
Melbourne, Australia 3001

Dear Board members,

I am writing in lieu of attendance at the Symposium on 24 May in Sydney. It is a five hour round trip for me, and would follow close upon an interstate trip.

I regret to say another reason for writing, rather than attending, is that I do not expect my views to achieve much traction. The movement towards a five year university pathway seems to be a done-deal, for which the imprimatur of a consultation process is now being sought. I believe it suits an A.P.S. / University agenda well, but may not match the needs of the wider profession and the general public. Since this is a rather skeptical statement on the face of it, I will explain the basis of my skepticism, and my concerns.

Source of problems with 4 + 2 pathway: As a supervisor over many years, and having also at one time presented in an intern workshop program at Rural Health Training and Development Unit (NSW Health, Orange) I have watched increasing Board led governance requirements firstly drive employers away from supporting interns, and more recently create reluctance among experienced psychologists to supervise on the 4+2 pathway. When I did my Supervision Masterclass last year to retain currency, I was disappointed to find that there aren't many of us left who are willing to be involved in the +2 process. Causes are not hard to find - I have found my available time for discussing cases, and for interns to pursue recommended reading, progressively reduced by ever more detailed reporting requirements.

Now we have a major argument for retirement of the 4+2 pathway being the governance impost it places on the Board. This is clearly self inflicted and I doubt that this level of Board oversight is necessary and justified. In my view it under-estimates the responsibility felt, and successfully carried in the past, by individual supervisors. I know under the NSW scheme that signing off the eight / later six certificates carried a deep sense of responsibility, and required qualitative judgements as well as data based judgements. Since it is very hard for documentation based governance to engage with these qualitative issues, reduction in person to person supervision is potentially downgrading a 'gate-keeper' function in the path to registration, one of the safeguards for the public.

University Training: This would not be a problem if University training delivered the necessary experiences and exercised the necessary judgement. I am not convinced that it does. Among other things my doubts arise from:

- the low proportion of actively practicing clinicians in University Psychology Departments.
  - My estimate is that on average perhaps a tenth of faculty are active in broad based practice.

- I base this on studying at two different 'sandstone' universities, in two different states a decade apart, plus what my supervisees and colleagues say about their more recent experiences in other universities.
- I use the term 'broad-based' because e.g. experience solely in tertiary referral settings / 'one-issue' clinics is a poor basis from which to train new practitioners in broad practice.
- There is almost no commitment in academia to practical skills training
  - it is possible to complete fourth year without even participating in a role-played interview; year 5 and 6 seem to rely almost entirely on the placements for the practical aspect;
  - a recent intern only observed one demonstration of a counselling interview in their entire time at University, with the demonstrators manifesting noticeable stage fright, raising the question of how much actual counselling experience they had.
- working alongside psychologists with and without clinical degrees has not convinced me that clinical training is up-skilling.
- The espousing of Evidenced Based Practice has not resulted in any significant level of teaching of evidence based modalities other than CBT in the tertiary sector. I believe this to be due to the fact that:
  - CBT can be (not *should be*) taught primarily as information, with relatively little emphasis on delivery skills,
  - and is ego-syntonic for the learning style and value system of those who are comfortable in academia.
- The fact that universities are tending to leave the teaching of other evidence based modalities to the private sector and individual initiative makes their suitability to lead and shape the profession debatable.

Interpersonal Skills: I realise I am talking here about skills as well as about information and content. It is important to realise that there is a general trend in interpersonal skills across the education sector, and it is not a positive one. When I first attended university the comment was frequently heard that larger class sizes were a problem, tutorials were becoming mini-lectures and this was a bad thing, as the tutorial with the attendant exchange of ideas and arguing of positions was assumed to be the essence of a tertiary education. That ship sailed so long ago that it is almost quaint to recall it as an issue, but this trend means a vital preparation for psychologists' verbal exchange of ideas and perspectives with clients is in decline also.

So it is arguably even more important for university psychology training to attend to this possible impediment to quality service delivery to the public. This must be considered when weighing university based training against more in-vivo options. There is ample precedent for skills delivery in university settings – for example my father was centrally involved in introducing a 'micro-teaching' lab into the Education Dept at University of Queensland, for prospective secondary teachers, in the early 1970s.

I have found that supervisees typically see the University staff as mostly theoretical psychologists with a very few practitioners, just as I did in the 1970s. Microskills is a concept interns have heard of but typically have little or no training in. There is also very limited exposure to psychometric instruments and I have seen eyes light up when I hand a supervisee e.g. a Wechsler to study. Universities would need to allocate more time and money to this skill area as well, if taking over the +2 function.

Another way: I have a significant contrasting experience of practitioner development, via a training I took outside of the psychological mainstream. This was the Feldenkrais Method

Professional Training, run by Cumberland College of Health Sciences, University of Sydney - my personal choice of an alternative to a clinical degree. I'm not pushing it as something psychologists should necessarily do, rather I'm contrasting the delivery mode to usual university practice. Across four years we :

- directly observed at least 180 hours of practice by qualified practitioners,
- discussed problem formulation as a daily routine event, and this included discussion of the characteristics of various assessment and intervention paradigms,
- Practiced upon each other, and were practiced upon by qualified practitioners.
- Had a very high proportion of experiential learning, with much discussion and analysis of what goes into productive experiential learning.

Presenters were active practitioners with a culture of frank disclosure of the trials and rewards of the work. This training gave me an understanding of personal change and of problem formulation far beyond anything I encountered in University, and a corresponding increase in confidence. Nor was this training incompatible with a scientific ethos e.g. participants were invited to be subjects in a controlled trial conducted at UNSW, partially funded from our course fees.

The evidence that more theoretical training produces better practitioners is not strong, and there are major lessons about this in e.g. the fields of nursing and medicine, (the best HSC does not lead to the best G.P. etc.) which deserve attention. When I participate in webinar in-services the presenters and participants typically speak of engagement skills and the therapeutic alliance much more than the technical issues of the particular diagnosis.

I don't see, at least among those members of the public that I service, a great concern about where and how we are trained. Typically they place a basic trust in the fact of registration, and beyond that they seek experience, approachability and pragmatism and I would be very surprised if these qualities correlate with extra time at university.

If we are to be evidence-based, I would like to see countervailing evidence to the observations listed above – or even a direct comparison of the efficacy of PhD trained psychologists such as the USA's with ours. I know Bruce Wampold et. al. have done a lot of this sort of work and the findings are, as far as I can see, based on sound methodology and are compatible with my observations above.

Cui Bono: It would be entirely fair for the retention of the 4+2 pathway to be voted down if that vote was one free of self interest. However I believe that Psychology has some ethical issues around this whole question of professional direction. These issues relate to two major areas of ethical practice, namely awareness of power imbalance, and acknowledgement and appropriate behaviour when in a dual-role situation.

Unacknowledged power imbalance:

- Discontentment with the way their university courses are run, and the poor preparation they provide for actual practice, is the rule and not the exception with all recent graduates I have spoken with. This is not voiced at University because of the power imbalance that applies there.

Dual roles:

- anyone who derives more than a small percentage – let's say 20% - of their income from the training of the next generation of practitioners has a financial interest in the form of the

registration process. This applies to most psychologists in academia and also those psychologists for whom +2 and +1 supervision is more than a minor part of their practice.

As I have never made more than about 5% of my income from supervision, and my interns have always been free to go elsewhere, I regard my views as disinterested, but wonder how many of those leading this debate could say the same.

Other disciplines: Psychologists are only one of several Allied Health professions and while competition may be a distasteful subject to some it is clear that e.g. counselling associations actively seek to be on the Medicare Schedule, Occupational and Speech Therapies are expanding rapidly into the NDIS, many NGO community based services employ non-psychologists to work with psychological issues. We need to face the fact that many of these workers bring equal or better skills to their work than are displayed by some general and clinical psychologists. Skills of engagement, explication and collaboration are what clients remember and value, and if universities do not get better at teaching these skills they create a possible future of expensive irrelevance for psychology.

I would appreciate these views being tabled in the consultation process and would be glad to discuss them further if that is helpful.

Yours faithfully,

David Cowie  
15 May 2018