

PSYCHOLOGISTS BOARD OF WESTERN AUSTRALIA

**SUPERVISION GUIDELINES FOR
CONDITIONALLY REGISTERED PSYCHOLOGISTS**

CONTENTS

1. Preamble	1
2. Supervised work & Training Recognised for the purposes of the Supervision Program	2
2.1 Psychological practice	2
2.2 Required period of supervision	3
2.3 Required hours of supervision	3
2.4 Frequency of supervision	3
2.5 Commencement of supervised training	4
2.6 Frequency of reporting	4
2.7 Frequency of psychological practice	4
2.8 Period allowed for completion of the supervised practice program	4
2.9 Use of title by conditionally registered psychologists	4
2.10 Credit for overseas applicants	4
2.11 Age of qualifications	5
3. Supervisors and their responsibilities	6
3.1 What Constitutes Supervision?	6
3.2 Eligibility to provide supervision for registration	6
3.3 Supervisors' responsibilities to the Board	7
3.4 Specific responsibilities of supervisors	7
3.5 Supervision tasks and responsibilities	8
3.6 Personal relationships	9
3.7 Impaired Practitioners	9
4. The Supervision Program	10
4.1 Direct supervision	10
4.2 Distance supervision	10
4.3 Methods and scope of supervision	11
4.4 Supervised practice plan	13
5. Competencies for the supervision program	16
5.1 Attainment of competency	17
5.2 Completion of the 2 years (FTE) supervision period	18
6. Grievance Procedures & Dispute Resolution – Between Supervisor & Supervisee	19
6.1 Preamble	19
6.2 Policy	19
6.3 Procedures	20

1. PREAMBLE

To be eligible for registration under Section 28 of the Psychologists Act 2005 an applicant must hold a qualification prescribed by the regulations as a qualification for registration as a psychologist or a qualification that in the opinion of the Board is equivalent to such a qualification and have successfully completed a period of supervised practical experience in the practice of psychology of at least 2 years or hold other practical experience in the practice of psychology that is of a type and for a period prescribed by the regulations. Those applicants who do not have the 2 years practical experience will need to apply for conditional registration and undergo Board approved supervision for 2 years (full time equivalent).

The supervision program is designed to achieve the dual purpose of assisting individuals to gain relevant practical experience towards gaining registration as a psychologist in Western Australia and of maintaining the standards of the profession. The principal objectives of the supervision program are to:

- give conditionally registered psychologists experience in, and instruction about, the practice of the profession;
- help conditionally registered psychologists to develop knowledge about the practice of the profession;
- support the professional development of conditionally registered psychologists in ways that will increase their effectiveness as psychologists;
- create an awareness of the role of continuing professional development and ongoing supervision;
- protect clients, employers and conditionally registered psychologists during the course of supervised training;
- assist conditionally registered psychologists to apply their professional knowledge in current work situations;
- educate and promote ethical and professional standards of conduct;
- maintain high standards of professional practice in order to protect the public by training in:
 - a) ethical, legal and professional matters;
 - b) self-evaluation skills – developing awareness of professional limitations.
 - c) therapeutic interventions, the ability to assess client behaviour, cognitions and affect and identify presenting problems. To determine whether the practitioner has the skills base to apply appropriate therapeutic intervention, or whether to make a referral to a more qualified practitioner;
 - c) professional competencies in professional work settings;
 - d) assessment of conditionally registered psychologist's level of proficiency in the specified competencies.

2. SUPERVISED WORK & TRAINING RECOGNISED FOR THE PURPOSE OF THE SUPERVISION PROGRAM

2.1 Psychological Practice

To be eligible for supervision for the purpose of registration the supervisee must be engaged in work of a psychological nature, including direct client contact.

Psychological practice refers to any work of a psychological nature involving client contact (either with individuals, groups or organisations); applied research and evaluation; ethical, legal and professional issues; communication, and professional development. Psychological practice may take place within a wide range of settings and in various contexts. Some examples of psychological practice include:

- Clinical/therapeutic psychological practice activities such as assessment, diagnosis, counselling, psychotherapy, case consultation, case conferences, resource development, report writing and case notes, evaluation of interventions.
- Organisational/industrial psychological practice activities such as training and development, individual and group counselling, organisational development and change, consultancy, resource development, program evaluation, rehabilitation, career development, outplacement counselling, employee assistance programs, report writing, consultation and liaison.
- Psychological practice activities specific to other branches of psychology, such as sports psychology, educational psychology, health psychology, community psychology.

Direct client contact refers to psychologists' application of their knowledge regarding human cognition, affect and behaviour to the assessment, diagnosis, treatment, management and prevention of psychological problems at the individual, group, organisational and community levels. Specifically:

- Psychological assessment – refers to the administration and interpretation of any recognised test, technique, device or instrument for assessing mental abilities, aptitudes, interests, attitudes, mental health, emotions, and motivation or personality characteristics.
- Diagnosis - refers to the use of a system of diagnostic criteria to classify behaviour, cognitive processes, mental health, personality or adjustment in individuals or groups.
- Interventions - refers to the use of any psychological method or practice calculated to assist individuals or groups with adjustment of cognition or emotional or behavioural problems in the areas of work, family, school, or personal relationships.
- Prevention - refers to the use of any psychological method or practice calculated to prevent or adjust cognitive emotional or behavioural problems.

Direct client contact should provide the supervisee with the range of experiences typically encountered by psychologists in their work settings.

Examples of work involving direct client contact include:

- Counselling or interviewing clients.
- Implementing psychological treatment programs.
- Evaluating the efficacy of psychological treatments or programs.
- Assessment of psychological problems.
- Applied Research.
- Negotiation, mediation and conflict management.
- Application of evidence based therapies.
- Cognitive rehabilitation and behaviour modification.
- Crisis intervention and brief therapy.

Teaching/Tutoring

Teaching or tutoring in psychology does not constitute psychological work for the purpose of these guidelines.

Academics

Those academics who are involved in working with clients and/or are supervising students should be registered with the Board.

2.2 Required Period of Supervision

The supervision program will take place over a period of 2 years (full time equivalent) following completion of an accredited 4 year degree in psychology. Full time hours are 37.5 per week. The required hours may be acquired in a part time mode, but must not be less than 15 hours per week (see 2.7 below).

2.3 Required Hours of Supervision

Supervision meetings will take 2 hours per week (if working full time) but are pro-rated in the event of working part time with a minimum of one hour per week.

2.4 Frequency of Supervision

The Board recognises that circumstances may intervene which prevent strict adherence to the supervision schedule (for example, illness or other unexpected absence of the supervisee or supervisor; or supervisor or supervisee on leave – up to four weeks maximum in one year). Supervisees should schedule regular supervision in accordance with the required frequency and should, where possible, attempt to re-schedule any missed supervision consultations.

If the supervisor is likely to be away or unavailable for more than four weeks in a row, then a new supervisor must be appointed and a new supervision plan must be lodged with the Board within 14 days of the change. If the supervisor is incapacitated for any reason and is unable to assist the supervisee to locate a new supervisor, then the onus falls on the supervisee to make arrangements to engage a new supervisor and to notify the Board immediately of the situation. Where a new supervisor cannot be found within 28 days then the supervision will be deemed to have lapsed and will not then recommence until the supervisee confirms the appointment of a new supervisor.

2.5 Commencement of Supervised Training

Only practical experience gained whilst registered as a conditionally registered psychologist will be recognised by the Board. Accordingly, the Board will only consider and credit hours of psychological practice and hours of formal

supervision accrued by a conditionally registered psychologist *from the date of receipt of all documents for a completed application for registration* and whilst registration is maintained.

2.6 Frequency of Reporting

At the beginning of the supervision program, the supervisor and the supervisee will prepare a 6 month supervision plan on Form 17 for submission to the Board.

At the end of each 6 month supervision period the supervisor and supervisee will be required to submit to the Board a progress report on Form 19, together with a supervision plan (Form 17) for the next 6 month period.

2.7 Frequency of Psychological Practice

The Board requires, prior to commencement of the Supervision Program, that applicants for conditional registration should have arrangements in place for a minimum of two days (or around 15 hours) per week of psychological work for a minimum of six months. Less frequent psychological practice would not provide the conditionally registered psychologist with the depth and continuity of experience necessary to ensure the effectiveness of the Supervision Program.

If an applicant is working less than 15 hours per week, then this work and supervision will not count towards the Supervision Program.

2.8 Period Allowed for Completion of the Supervised Practice Program

Conditionally registered psychologists must complete the required period of 2 years (full time equivalent) supervised practice within five years from the date of registration as a conditionally registered psychologist. A conditionally registered psychologist may apply to the Board for an extension of the period of the supervision program beyond five years. The Board, at its discretion, may grant an extension of time for completion of the program in exceptional circumstances.

Conditionally registered psychologists must notify the Board within 14 days if they cease to be engaged in an approved supervision arrangement.

Where a conditionally registered psychologist has been off the Register for more than one year, upon restoration to the Register the Board may, at its discretion, determine not to credit supervised practice previously completed.

2.9 Use of Title by Conditionally Registered Psychologists

Conditionally registered psychologists undertaking the supervision program are entitled to use the title "Conditionally Registered Psychologist".

2.10 Credit for Overseas Applicants

Applicants who seek credit for experience gained outside Australia will be required to demonstrate that such experience entailed psychological practice under appropriate supervision and equivalent to that required in Western Australia. The Board will require applicants with overseas experience to undertake at least 6 months supervision in Western Australia. This is to ensure that applicants are able to familiarise themselves with local ethical and cultural issues, Code of Ethics and local Acts of Parliament relevant to their workplace.

2.11 Age of Qualifications

The Board will accept applications for registration from those applicants who are applying for registration within 5 years of graduation of the accredited psychology qualification.

For those applicants where more than 5 years has elapsed since graduation from the accredited psychology qualification, the Board may accept evidence of professional development, otherwise a refresher course will need to be completed before the Board will consider an application for conditional registration.

3. SUPERVISORS AND THEIR RESPONSIBILITIES

The Board recognises the importance of quality supervision and considers that effective supervision involves the supervisor assuming responsibility for the development, enhancement and evaluation of the supervisee's skills, knowledge and behaviour in the practice of psychology. This will necessitate the supervisor assuming both a mentoring and tutorial role in overseeing the professional development and ethical behaviour of conditionally registered psychologists.

3.1 What Constitutes Supervision?

Supervision is an interactive process that consists of a variety of patterns of behaviour, the appropriateness of which depends upon the needs, competencies, expectations, and philosophies of the supervisor and the supervisee and the specifics of the situation (task, client, setting, and other variables). The goals of the supervisory process are the professional growth and development of the supervisee, which it is assumed will result ultimately in optimal service to clients. Supervision is the act of overseeing the application of particular procedures for given tasks and, more specifically, supervision is a process in which the direct application of psychological services is reviewed by the supervisor and supervisee. Supervision also implies the giving of direction and constructive critique.

The supervision relationship should ultimately be a rewarding experience for both parties. It should foster a professionally stimulating environment and provide an opportunity for growth for the supervisee and assist the supervisee to achieve his/her professional objectives.

3.2 Eligibility to Provide Supervision for Registration

The supervisor must be approved by the Board **prior to** the commencement of the supervision. Additionally, the applicant supervisor is required to:

- have been fully registered for 2 years;
- demonstrate to the Board's satisfaction the skill and knowledge requisite of a supervisor of conditionally registered psychologists by :
 - provision of references from registered psychologists, one of whom **MUST** be a recognised supervisor; and
 - completion of a supervision course;

or

- extensive and relevant professional development history with an emphasis on supervision, adult learning principles and on the core competencies as outlined in section 5 of these guidelines.

A supervisor may not:

- be a member of the supervisee's immediate family or household;
- be in an intimate relationship with the supervisee;
- have been, or currently be, in a therapeutic relationship with the supervisee;
- be supervising more than two conditionally registered psychologists without prior approval by the Board; and,

- be subject to suspension of registration under the Act, the repealed Act or a corresponding law; and
- be subject to a condition, limitation, restriction, order or undertaking under the Act, or a corresponding law, prohibiting the registrant from being a supervisor or an assistant supervisor; and

In order to gain the maximum benefit from the supervision period, it is desirable that the supervisor should be experienced in the supervisee's field of work or professional activity and locally accessible to the supervisee in terms of time and travel distance.

3.3 Supervisors' Responsibilities to the Board

When entering into a supervision arrangement with a conditionally registered psychologist, the supervisor is entering into a contract with the Board as well as the supervisee. As a consequence the supervisor has a number of obligations to the Board which include the following.

- Ensure supervision is provided in accordance with the Act, Rules and the guidelines.
- Monitor the progress of the supervisee as they develop the competencies outlined in Section 5 of this document.
- Inform the Board immediately:
 - of any concerns regarding the supervisee's competence to practice, inability to practice due to reasons of ill health or failure to comply with the requirements of the Act, Rules or Guidelines or ethical standards;
 - if, in the supervisor's opinion, the supervision arrangement cannot be continued;
 - if, in the supervisor's opinion, the supervisee cannot perform at a professional level;
 - of any serious reservations regarding any aspect of the supervision arrangement.

3.4 Specific responsibilities of Supervisors

The supervisor is required to undertake the following tasks and responsibilities:

- Provide **accurate and detailed** written assessments of the supervisee's progress in accordance with these guidelines and in the format provided by the Board for this purpose.
- Have some direct exposure to the full range of the supervisee's work, including research, communication, intervention and assessment. Wherever practical the supervisor must read and sign off on all formal written reports. The supervisor must review examples of case notes every six months. The supervisor must also review on a six monthly basis a minimum of two psychological assessments and two intervention sessions.
- At the conclusion of the supervision period:
 - provide final supervision reports and such other information as is required under these guidelines or such additional information as is determined by the Board, and
 - attest to the attainment of core competencies by the supervisee and at the completion of supervision requirements declare that, in the opinion

of the supervisor, the supervisee has the necessary knowledge, skill, and behaviours to engage in competent and ethical independent practice.

- Renew the supervision plan each six months from initial commencement of program.
- Legal Liability – legal opinion obtained by the Board advises that in the event of a complaint regarding a supervisee, the supervisor may be liable. Accordingly, supervisors should ensure that their PI insurance covers this aspect of their work/practice.

The supervisor's reports to the Board must be sufficiently comprehensive and detailed such that the reviewers of the reports can determine the range of competencies demonstrated by the supervisee.

3.5 Supervision Tasks and Responsibilities

Supervision includes but is not limited to the following:

Knowledge and Skill Development

- Assessing the knowledge and skills of the supervisee.
- Monitoring and evaluating performance, together with the provision of appropriate feedback to the supervisee.
- Identifying the objectives to be achieved in successive six-monthly periods.
- Identifying a range of opportunities and experiences relevant to the development of a competent and professional psychologist.
- Provision of guidance in administrative issues in practice settings.
- Intervention in problematic situations by applying or imparting knowledge or skills not yet mastered by the supervisee.

Supervisor Behaviour

Modelling behaviour which is appropriate, responsible and ethical behaviour for a professional psychologist.

Supervisor Responsibilities

- Ensuring that each client or patient knows that the supervisee is practising psychology under supervision.
- Contributing to the supervisee's development by commenting on and evaluating progress, assist in the preparation of the supervision plans and prepare supervision reports.
- Ensuring that his/her knowledge and skills are maintained and updated on a regular basis in order to keep abreast of current developments in the field.
- Recognising the limits of his/her own competence.
- To sign off on all reports prepared by the supervisee.
- Accepting legal responsibility for areas of work where the supervisee is not yet competent or responsible.

The Board recognises that supervisors may need to make use of the expertise of other registered psychologists where this may enhance the training of the supervisee.

3.6 Personal Relationships

Supervisors must maintain strictly professional relationships with the supervisee at all times. Supervisors should avoid entering into any personal relationships, particularly those of an intimate nature, with the supervisee. The Board will not approve supervision agreements where there is potential for a conflict of interest including, but not restricted to, supervision by a member of the supervisee's family, having a personal relationship with the supervisor, being supervised by a business partner. If such a relationship should develop the supervisor should discontinue supervision immediately, refer the supervisee to another psychologist for supervision and inform the Board of the situation.

Supervisors should therefore:

- avoid entering into any potentially harmful dual relationship with supervisees;
- not exploit or engage in sexual relationships with supervisees;
- attempt to resolve any unforeseen interference which may be potentially harmful to the supervisory relationship, with due regard for the best interests of the supervisee and after appropriate consultation.

3.7 Impaired Practitioners

A supervisor must not allow an impaired supervisee to continue to practice at the risk of present or future clients.

Supervisors should immediately inform the Board of any concerns regarding the supervisee's competence to practice, inability to practice due to reasons of physical or mental ill health or any other condition which renders the supervisee incapable of competent supervised practice.

A supervisee must be referred to another treating practitioner in the event that personal counselling or other therapy is required. Personal counselling or therapy is inappropriate within the supervisory relationship.

4. THE SUPERVISION PROGRAM

Supervision should focus upon the competencies; the areas of practice, knowledge and expertise within the profession in which the supervisee must attain proficiency at the conclusion of the program. Supervision should be guided by, but not limited to, the supervised practice plan (Form 17).

The supervisor should offer the following to the supervisee:

- instruction in professional ethics, techniques, methods and approaches to adequate psychological practice; and
- instruction in matters of professional conduct with the public and other professionals; and
- introduction to community resources available and relevant to the needs of clients seeking psychological services; and
- introduction to evidence based practice in psychology.

Wherever possible, the supervisor should demonstrate skills to the supervisee in the delivery of psychological services to clients. The supervisor should regularly read and comment upon the supervisee's case notes, reports etc.

The Board considers that it would be good practice to maintain the record of practice and record of supervision. It is not necessary to provide these to the Board, unless specifically requested by the Board.

4.1 Direct Supervision

Supervision should include direct observation by the supervisor of the supervisee's psychological practice. The requirement for 'direct observation' could also be met via audio or video recordings.

Direct workplace supervision is preferred unless other acceptable off site arrangement(s) have been made which the Board finds acceptable. (Any such arrangements will be considered on a case-by-case basis when the Board reviews the supervision plans for conditionally registered applicants.) Effective or adequate supervision does not necessarily mean constant interaction with or micro-management by the supervisor. Direct observation of the supervisee's practice by the supervisor should occur at various stages during the supervision process. Given the supervisor's duty to assess the supervisee's competency on a broad range of matters at the conclusion of the supervision periods, the supervisor should have some exposure to the full breadth of the supervisee's work.

4.2 Distance Supervision

In exceptional circumstances where supervision cannot be arranged within a supervisee's employment, the Board may approve "distance supervision" by a registered psychologist subject to:-

- the supervisor and supervisee demonstrating that adequate supervision is viable and accepted by the employer;
- the supervisor demonstrating to the Board acceptance of responsibility for supervision.

However, the Board will expect that the supervisee will be in face-to-face contact with his/her supervisor for 2 sessions per year. (NB face to face contact can include video conferencing and webcam.)

4.3 Methods and Scope of Supervision

4.3.1 Standard supervision

The standard method of supervision proposed is individual supervision – defined as a one on one, face-to-face meeting between the supervisee and the recognised supervisor.

4.3.2 Alternate methods of supervision

The Board has the discretion to approve, on an individual basis, alternate methods of supervision where special circumstances exist. Alternate methods include the use of group supervision*, videoconferencing, telephone, electronic mail, facsimile or another form of electronic communication between the supervisee and the supervisor where the supervisee and supervisor have access to appropriate facilities for reliable and secure electronic communication.

The Board may approve the use of an alternative method if the Board is satisfied that:

- the alternative method will provide a level of supervision equivalent to that provided by the standard method; and
- the supervisee cannot practicably undergo supervision by the standard method for a particular reason, (for example, the supervisee is located in a rural or remote area; the supervisee or the supervisor cannot, temporarily, undertake supervision by the standard method).

A supervisee must apply to the Board, in writing, for approval to use an alternative method of supervision. The application must state the reason for the request, the alternative method(s) proposed and the number of hours of supervision proposed to be undertaken by the alternative method(s). The supervisee's supervisor must attach a written statement to this request stating that the supervisor is able and willing to use the proposed alternative method(s).

Supervisors have an ethical and legal responsibility to monitor the quality of care that is being delivered to the supervisee's clients. In order to enhance the professional functioning of the supervisee and assure quality of care, the supervisor should constantly monitor and provide feedback regarding the supervisee's performance. Evaluation is central to the demonstration of competence. As important as evaluation is to supervision, both supervisors and supervisees may find it stressful. Supervisors are charged to balance an understanding of individual differences in conducting psychological services with the notion of competent practice as ascribed by the profession.

Formative evaluation is the process of facilitating professional development through direct feedback, and is part of the foundation of supervision. The supervisor should constantly monitor and provide

feedback regarding the supervisee's performance. Choices of supervision interventions, questions asked to facilitate discussion, comments regarding the appropriateness of a supervisee's case conceptualisation, expression of the ineffectiveness of a supervisee's use of a skill – can all be described as formative evaluation.

The evaluation process should be:

Clear: Supervisor needs to be clear about the message being delivered.

Regular: Feedback should be given regularly and in a timely fashion.

Balanced: A balance of negative and positive feedback should be created over time.

Specific: Generalised feedback is difficult to learn from. Positive and negative evaluations should be accompanied by specific examples.

- * Group supervision would be limited to a maximum of 2 supervisors and a maximum of 2 supervisees per supervisor, eg a maximum of 4 conditionally registered psychologists in the group.

4.4 Supervised Practice Plan

4.4.1 Preamble

All conditionally registered psychologists must conduct their supervised practice in accordance with a personalised supervision plan. Conditionally registered psychologists must have a supervision plan in place at all times whilst undertaking supervised psychological work. The plan should be prepared in accordance with the Board's requirements and must be signed by the supervisor and the conditional registrant (refer 4.4.2 below). The plan must identify the competencies that will be covered in terms of the supervisee's current employment. Accordingly, in addition to lodging the plan, the supervisee must also forward for the Board's consideration a copy of his/her job description.

The proportion of actual psychology based practice involved in an applicant's position will determine the number of hours that the Board will recognise as psychological practice for the purpose of the supervision program and which will count towards the overall period of supervised psychological work.

4.4.2 Content of the Supervised Practice Plan (Form 17)

Under each of the Competencies below, provide information on how you intend to address the Competency through your professional psychological practice, formal supervision consultations and participation in professional development activities. Refer to the Competency Forms and Section 5 of these guidelines which provide details on the specific tasks to be undertaken by the supervisee during the supervision period, the skills and knowledge required to have 'sufficient competence' in the Competency and the assessments to be completed by the supervisee in order to demonstrate competence.

Knowledge of the Discipline
Psychological Assessment
Intervention Strategies
Evidence-Based Practice
Communication
Ethical, Legal and Professional Matters

4.4.3 Completion of the Supervised Practice Progress Report (Form 19)

With your supervisor you should review your progress on the competencies at least every six months during the supervision period (at the time of review of the Supervision Practice Plan (Form 17)) and prior to the completion of the Supervised Practice Progress Report (Form 19). You should amend this section of your Plan at these times noting under each Competency the areas in which assessments have been completed and competence achieved and outlining plans for the further development of competence over the next six months. A copy of the completed Forms 19 and 17 should be forwarded to the Board for approval within 14 days of the commencement of the new supervision period. You should retain a copy of these forms for your own reference.

4.4.4 Responsibilities of the Conditionally Registered Psychologist

A conditionally registered psychologist must:

- secure work of a psychological nature which addresses the competencies defined in section 5 of these guidelines;
- be engaged in psychological duties that satisfy a minimum of 40% of the required competencies (refer section 5);
- ultimately satisfy all of the competencies defined under section 5 of the guidelines.

Conditionally registered psychologists are precluded from working in their own private practice.

The conditionally registered psychologist will enter into a supervision arrangement with a recognised supervisor and will, in conjunction with the supervisor:

- prepare a supervision plan in accordance with these guidelines;
- decide upon the objectives to be accomplished in each six-monthly supervision period;
- amend the supervision plan if necessary and lodge the revised plan with the Board within 14 days of any changes being made;
- submit a Supervised Practice Progress Report to the Board (Form 19) every six months within 14 days of the end of the supervision period, together with a supervision plan (Form 17) for the next 6 month period.

Consult with the supervisor about grievances, which arise about supervision and co-operate with attempts to resolve them.

4.4.5 Transfer of Supervision

Should it become necessary for supervision to be transferred, the supervisee should advise the Board in writing within 28 days of the change. A new supervision plan must be prepared by the new supervisor in consultation with the supervisee and forwarded to the Board *within 28 days* of commencement of the new supervisory arrangement.

The former supervisor must prepare a transitional progress report, on Form 19 which must be lodged with the Board within 28 days of cessation of the previous supervision arrangement. The supervisee should provide the new supervisor with a copy of all previous supervision reports.

If the above process is satisfactorily completed, supervision will be regarded as continuous. In the event of the new supervision arrangement not being approved by the Board, the applicant will be informed of the reasons and what remedial action if any can be taken to resolve the situation.

If a conditionally registered psychologist is having difficulty finding a new supervisor he/she must notify the Board in writing immediately and cease using the title “Conditionally Registered Psychologist”. Any practical experience acquired 28 days after the expiration of the previous supervision arrangement while the applicant was working without a supervisor will not be counted towards the required period of supervised psychological work.

4.4.6 Cessation of Supervision

If a conditionally registered psychologist ceases to practice psychology and, therefore, ceases to be supervised he/she must notify the Board immediately of the cessation of practice.

The conditionally registered psychologist must advise the Board of the anticipated period in which he/she will not be practising psychology or working under supervision. If this anticipated period is likely to be in excess of two months, the conditionally registered psychologist will be required to withdraw from the Register. If a conditionally registered psychologist has a break in supervision of more than one year the Board may, at its discretion, decide not to recognise supervised practice previously completed, unless the conditional registrant can provide evidence of:

- Continuing professional development
- Reading
- Relevant work experience
- Further relevant study/qualifications
- Participation in relevant workshops

5. COMPETENCIES FOR THE SUPERVISION PROGRAM

By the end of the supervision period, the conditionally registered psychologist must demonstrate competence to the supervisor in the following areas:-

Competency 1 - Knowledge of the Discipline

This competency is concerned with the knowledge base in the discipline of psychology required for adequately investigating, describing, explaining, predicting and modifying human behaviour, cognition and affect. The competency includes:

- professional knowledge - knowledge of: psychological theories and models; empirical evidence of the theories and models; and the major methods of psychological inquiry;
- application of professional knowledge - understanding of the interplay between the discipline and practice of psychology across a range of settings.

Competency 2 - Psychological Assessment

The competency of psychological assessment involves demonstrating knowledge of the organisation and planning involved in systematic psychological assessment, evaluation and problem solving. The competency includes the capacity to define a psychological problem, gather and evaluate data about the problem and implement ongoing evaluation of the problem.

Competency 3 - Intervention Strategies

This competency involves the planning, design, provision and evaluation of psychological services. It includes the capacity to:

- establish professional relationships;
- investigate identified issues relevant to the delivery of the services;
- develop or plan preventative, developmental or remedial services;
- implement preventative, developmental or remedial services;
- evaluate the impact of the services.

Competency 4 - Evidence-Based Practice

This competency involves working effectively as a scientist practitioner. It includes the capacity to:

- identify and define research problems;
- evaluate research findings and apply to practice;
- evaluate the effectiveness of individual or group interventions.

Competency 5 – Communication

This competency involves communications by the supervisee with individual and organisational clients, other registrants, other professionals and the public. The competency recognises the importance of clearly conveying psychological ideas derived from knowledge of the discipline, research and practice.

The competency of communication includes the capacity to:

- communicate effectively and appropriately to a range of audiences;
- communicate information about relevant psychological services to clients and potential clients.

Competency 6 - Ethical, Legal and Professional Matters

This competency involves the ethical and legal aspects of professional psychological practice and an ability to apply informed judgement and current scientific principles in the workplace. The competency includes the capacity to:

- recognise the boundaries of service provision;
- behave in accordance with relevant ethical and legal requirements;
- behave in a responsible and autonomous way;
- undertake professional development and continued education in the profession.

5.1 Attainment of Competency

The attainment of competency will be a progressive exercise which the Board anticipates will be completed over the whole of the 2 years (full time equivalent) supervision period.

The Board will not grant full registration if there is an area of competency where the supervisor has not certified that the supervisee has attained competency.

At the conclusion of the supervision program a supervisee's eligibility for full registration without conditional conditions will be determined by assessment of their competence in defined core areas of practice, knowledge and expertise within the profession of psychology, the core professional competencies. For a conditionally registered psychologist to be eligible to apply to the Board for a transfer to full registration, the supervisor and the Board must be satisfied that the supervisee has 'sufficient competence' in the defined competencies.

'Sufficient competence' in a competency is defined as *understanding and proficiency in the competency to an extent that qualifies a supervisee to independently offer opinion and to practice in the competency.*

The Board has defined six competencies (see above). For each competency, guidelines are provided on the areas to be addressed by the supervisee during the 2 year (full time equivalent) supervision period, the skills and knowledge required to have 'sufficient competence' in the competency and the tasks to be undertaken by the supervisee in order to demonstrate competence.

The competency requirements should be able to be met within any setting where a supervisee engages in approved practice of the profession (eg clinical, forensic, educational, counselling, organisational, community, health, sports etc). However, if a supervisee cannot meet all the assessment tasks of a particular competency within their main area of practice, they are encouraged to consider the following options to gain this experience:

- arrange a 'placement' on a temporary/voluntary basis in an area of psychological practice where this experience can be gained; or

- attend workshops or other professional development activities.

Undertaking such an option adds to the breadth and depth of the supervisee's experience of the profession during the supervision period.

5.2 Completion of the 2 year (FTE) Supervision Period

During the supervision period:

- supervisees are expected to undertake specific tasks and demonstrate specific skills under each competency. The guidelines for the required assessment tasks are provided on each of the six *Assessment of Competence* Forms (Forms 1-6);
- supervisees should undertake the required assessment tasks for each of the 6 competencies progressively over the 2 year (full time equivalent) supervision period;
- as an assessment task is completed, the supervisee should document the task on the relevant *Assessment of Competence* Form. Tasks should be signed off by the supervisor as they are completed. The date of the supervisor's signature should reflect the progressive completion of tasks over the entire supervision period;
- the supervisor and supervisee should review the supervisee's progress on the Competencies at least every six months during the supervision period (at the time of review of the supervision plan) and prior to the completion of a Supervised Practice Progress Report.

At the end of the 2 year (FTE) supervision period the supervisor will be required to:

- complete the Supervised Practice Progress Report (Form 19) and forward to the Board;
- complete the Supervisor's Declaration (Form 20) and forward to the Board;
- forward the completed Assessment of Competency declarations for each of the 6 specified areas.

6.0 GRIEVANCE PROCEDURES AND DISPUTE RESOLUTION (Between Supervisor and Supervisee)

6.1 PREAMBLE

- 6.1.1 The policy and procedures which follow provide for the resolution of grievances or disputes arising between conditionally registered psychologists and supervisors. For the purposes of this policy, a grievance is a form of behaviour or action which has a significant negative impact on the ability of a conditionally registered psychologist or supervisor to undertake their respective roles. Such behaviour or action may include, but is not limited to, inappropriate assignment of responsibilities, a breach of a professional code of conduct, bullying or harassment, a dispute over the delivery of appropriate psychological services or patient management, failure to adhere to the requirements of the guidelines for supervision or the approved practice plan or sustained interpersonal conflict.
- 6.1.2 The following policy and procedures are intended to resolve grievances or disputes emanating from the supervision process and are not intended to replace or supersede the policy and procedures of employers or other tribunals or agencies concerned with industrial relations issues, sexual harassment, workplace bullying/harassment, discrimination or racial vilification. However, the following policy and procedures may be applied where other legislative powers, administrative law or jurisdictional boundaries do not specifically prohibit the conduct of a separate or disparate review of a grievance or dispute.

6.2 POLICY

- 6.2.1 All conditionally registered psychologists and supervisors are expected to conduct themselves in a professional manner respecting the rights and welfare of both colleagues and clients and to show competence, care, good faith and compliance with Psychologists Act 2005 the guidelines for supervision, professional codes of conduct, contracts of employment and any other legislative requirements or policies and procedures in the performance of their duties.
- 6.2.2 Grievances should be resolved wherever possible by informal means including discussion, mediation and/or conciliation.
- 6.2.3 Formal procedures for the resolution of grievances will normally only be invoked when a matter cannot be resolved by informal means.
- 6.2.4 Grievances will be resolved promptly and as close as possible to the source of the problem as long as equity and due process in that resolution can be assured.
- 6.2.5 Information about a grievance will only be communicated to those persons who have a right to be given the information.
- 6.2.6 Grievances will be resolved in accordance with the procedures outlined in 6.3
- 6.2.7 Resolutions reached through the grievance process will not constitute precedent.
- 6.2.8 Nothing in this policy interferes with the rights and responsibilities of supervisors to discharge their responsibilities in a fair and equitable

manner based on legislative requirements and the Guidelines for Supervision.

6.3 PROCEDURES

- 6.3.1 Wherever possible the complainant should discuss his or her grievance with the other party. While this may not always be appropriate, it is often the easiest way of resolving the issue. The complainant should explain how and why the behaviour or action is unfair, inappropriate or offensive. The party causing the concern may be unaware of the effect of their behaviour or conduct on the complainant. By taking this direct approach the complainant provides the other party with an opportunity to redress the situation.
- 6.3.2 It is strongly recommended that the complainant speak to his/her employer, a representative of his/her professional association, a colleague or a representative from some other relevant peer group about their grievance if they do not wish to speak directly to the other party. This approach should be employed in order to seek advice about the relevant concern or to engage a third party to approach the person complained about and talk with them informally about the grievance.
- 6.3.3 If a grievance or dispute cannot be resolved internally through the processes outlined in sections 6.3.1 and 6.3.2 then the aggrieved party may contact the Board. The purpose of this approach may be to seek clarification or a ruling on a specific legislative, policy or procedural provision, which may address, answer or respond adequately to the concerns raised by the aggrieved party.
- 6.3.4 If the complainant is unable to resolve his/her concerns through any other means then he/she may make a formal complaint. This must be in writing and be addressed to the Board's Registrar. The written complaint should contain a description of the incident(s), decision or behaviour in question, the time and date of the incident(s), and the names of any witnesses. The written complaint must be signed by the complainant and dated.
- 6.3.5 Once a formal written complaint has been lodged the Registrar will refer the complaint to the Board's Complaints Sub-Committee, which will investigate the matter. Upon receiving a notification of a grievance, the Sub-Committee will determine whether the subject matter prima facie constitutes a grievance that should be investigated further. Where it is determined that the grievance should be investigated further, the Sub-Committee will:
- gather such other information as required to assist with the resolution of the grievance; and/or,
 - interview such persons it deems appropriate either separately or individually; and
 - attempt to resolve the grievance by discussion, informal mediation or by recommending formal mediation or conciliation.

Where it is determined that the grievance should not be investigated further, the Sub-Committee will advise the complainant accordingly and give reasons, for example, because in their view the grievance is ill-advised, misguided, frivolous, malicious or vexatious.

After the conclusion of the resolution process, the Registrar will write to both the complainant and respondent indicating the outcome of the process and specifying any action that has been agreed by the parties as part of that process.

If resolution of the grievance has not been achieved, or where in the Sub-Committee's view, the alleged conduct is of a serious nature, the grievance may be referred to the Board for further consideration and action. In referring the matter to the Board the Sub-Committee may make a recommendation as to any further action it considers appropriate. When considering the matter the Board will have access to the Sub-Committee's findings and to any pertinent evidence.

6.3.6 Where a grievance is referred to the Board for a decision the Board will:

- determine whether the grievance is justified; and
- recommend action in respect of the grievance. Such action may include, but is not limited to, counselling either or both parties, arranging for conciliation of the grievance, referring the matter for preliminary investigation under Section 47 of the Act or that no further action to be taken.

On receipt of the Board's decision, the Registrar will:

- take appropriate action; and
- notify in writing both the complainant and respondent of the outcome of the process and specify the action to be taken.

The decision of the Board is final unless any determination by the Board (eg a determination made at a formal hearing), includes an existing right of appeal under the Psychologists Act 2005 or another State or Commonwealth Statute.

Competence 1: Knowledge of the Discipline

The **supervisee** must present a brief analysis of **at least six target problems** to their supervisor. The supervisee should outline the key points of each analysis in the first three columns of the table overleaf:

1. **Target Problem.** Brief description.
2. **Relevant Core Subject Areas.** List the core subject area(s) below that are relevant to the target problem:
 - Social and organisational psychology;
 - Lifespan and developmental psychology;
 - Basic psychological processes (cognitive; perceptual; psychophysical and/or neuropsychological processes);
 - Intercultural and indigenous psychology;
 - History of psychology and its theories;
 - Abnormal psychology.
3. **Theories and Models.** Briefly list the theories and models relevant to understanding and treating the target problem and/or relevant to developing a formulation of the target problem.

The **supervisor** should complete the last three columns for each assessment task as described below:

4. **Satisfactory Intervention plan?** Supervisor to rate 'Yes or No'. Supervisee must plan an appropriate intervention for the target problem, supported by demonstrated knowledge of relevant theories and models.
5. **Method of Assessment Used.** eg case study, literature review, oral presentation, case discussion.
6. **Supervisor's Signature & Date.** Supervisor to sign and date the assessment task when he or she considers that the supervisee has satisfactorily completed all aspects of the task. In each assessment task the supervisee should demonstrate a sufficiently broad knowledge of theories and models from the core subject areas, relevant to the target problem, with reference to how these theories and models assist with investigating, describing, explaining, predicting and modifying the target problem.

EXAMPLE

Target Problem	Relevant Core Subject Areas	Theories and Models relevant to the Target Problem	Satisfactory Intervention plan? Yes/No	Method of Assessment Used	Supervisor's signature & date
Major Depressive Disorder in a 25 yr old male which has occurred in the context of a recent AIDS diagnosis with possible CNS involvement.	1 Social psychology 2 Lifespan & developmental psychology 3 Basic psychological processes (neuropsychological processes) 4 Abnormal psychology	1 Stress & coping theory (Lazarus&Folkamn 1984). 2 Erikson's (1980) adult developmental theory. 3 Heston &White's (1991) model for distinguishing depression from dementia. 4 Beck et al's (1979) cognitive theory of depression.	Yes. Although requires more attention to tailoring existing interventions to the specific needs of the client.	Initial oral case presentation. Regular oral update of progress with client. Observed one treatment session.	

Form 1: Assessment of Competence - Knowledge of the Discipline

Name of supervisee: _____

Reg No.: _____

Name of supervisor: _____

Reg No.: _____

Target Problem	Relevant Core Subject Areas	Theories and Models relevant to the Target Problem	Satisfactory Intervention plan? Yes/No	Method of Assessment Used	Supervisor's signature & date

If insufficient space, please attach further pages as required.

Supervisor's Declaration:

Competence 1 - Knowledge of the Discipline

Through satisfactory completion of the assessment tasks detailed in the Table overleaf,

_____ (name of supervisee), has demonstrated to me:

1. satisfactory knowledge of: psychological theories and models; empirical evidence of the theories and models; and the major methods of psychological inquiry; and
2. the capacity to design and implement psychological interventions of a satisfactory standard; and
3. sufficient competence in 'knowledge of the discipline' as defined in the Supervision Guidelines.

Signature: _____ **Date:** _____

Supervisor

Competence 2: Psychological Assessment

In completing the table the supervisor and supervisee should refer to Section 5 of the Supervision Guidelines.

Assessment Tool/Diagnostic System/Semi-structured Interview: Name of assessment tool used. Note that the supervisee **must** demonstrate competence in the areas of psychological assessment labelled **A, together with B or C** below and **in at least two** of the remaining areas of psychological assessment labelled **D, E, F and G** below:

- A. Conducting at least **one semi structured interview** for the purposes of psychological assessment (eg selection interview, clinical interview, survey interview, mental status examination etc).
- B. Administration and interpretation of at least **one test of intelligence individually administered to an adult** (eg WAIS - current version)
- C. Administration and interpretation of at least **one test of intelligence individually administered to a child** (eg WISC, WPPSI, Binet, Kaufmann Tests etc – current versions).
- D. Administration and interpretation of at least **one standardised group test of intelligence** (eg ACER, AL and AQ, Ravens Progressive Matrices, OLSAT, Watson-Glaser Critical Thinking Appraisal; Adult Basic Learning Examination etc- current versions).
- E. Administration and interpretation of current versions of at **least two tests of specific functioning** other than intelligence or personality (eg Wechsler Memory Scale, Beck Depression Inventory, Neale Analysis of Reading Ability, PPVT and other tests of a specific cognitive function, vocational skill or ability, or vocational preference).
- F. Administration of the current version of at least **one major diagnostic system** used by the profession (eg DSM, ICD etc).
- G. Administration and interpretation of at least **one major standardised non-projective test of personality** (eg MMPI, 16PF, CPI etc- current versions).

Assessment Category: Please list the category, **A to G** above, for the assessment tool used.

Supervisor's Assessment: In order for a supervisor to certify that the supervisee has sufficient competence in an assessment tool (test/diagnostic system/structured interview), the supervisor must indicate by ticking that he or she is satisfied that the supervisee has demonstrated competence in the following:

Selection. Selection of the appropriate assessment tool. Demonstrated understanding of the applications and limitations of the test and its psychometric and normative basis.

Administration. Correct administration of the assessment tool.

Interpretation. Satisfactory interpretation of the assessment results.

Interviewing skills. Satisfactory interviewing and history taking skills in the assessment process..

Problem definition and hypotheses generation. Satisfactory definition and specification of the problem of interest from available data and generation of appropriate hypotheses.

Report writing. Production of an informed, succinct, valid and well organized report.

Supervisor's Signature and Date: The supervisor who supervised the supervisee's training, administration, interpretation and reporting on this assessment tool should sign and date the appropriate columns in the Table overleaf when he or she is satisfied that the supervisee has demonstrated sufficient competence in the assessment tool.

Supervisor's Declaration
Competence 2. – Psychological Assessment

Through satisfactory selection, administration, interpretation and reporting of the assessment tools listed in the Table,

_____ (name of supervisee), has demonstrated to me **sufficient competence in 'Psychological Assessment'** as defined in Section 5 of the Supervision Guidelines, including sufficient competence in:

- selection of appropriate assessment tool(s);
- administration of the assessment tool(s);
- interpreting assessment results;
- interviewing skills;
- defining and specifying a problem from available data;
- generating appropriate hypotheses from available data;
- writing informed, succinct, valid and well organised reports.

Signature: _____ **Date:** _____
Supervisor

Competence 3: Intervention Strategies

This competency involves the planning, design, provision and evaluation of psychological services. It includes the capacity to:

- establish professional relationships;
- investigate identified issues relevant to the delivery of the services;
- develop or plan preventative, developmental or remedial services;
- implement preventative, developmental or remedial services;
- evaluate the impact of the services.

Over the period of the supervised practice program the supervisee should receive training in and become familiar with a range of intervention techniques and strategies for both individuals and groups, including the theoretical bases of these techniques and strategies and the implementation of interventions. The range of intervention approaches may include, but is not limited to, behaviour modification; cognitive behavioural approaches; psychodynamically oriented formulations; family systems approaches; counselling; educational and organisational intervention.

Training can occur during supervision through: the discussion of case material; observation (directly or by videotape or audiotape) by the supervisee of the supervisor planning and delivering interventions, interviewing and counselling clients; observation by the supervisor of the supervisee planning and delivering interventions; discussions of set reading etc. The supervisee should also broaden their knowledge of intervention strategies and techniques, particularly those not encountered in the supervisee's or supervisor's regular psychological practice, by undertaking professional development activities such as workshops and seminars or independent study.

Demonstration of Competence

To demonstrate competency in intervention strategies, a supervisee must have sufficient competence in:

- negotiating a treatment or service contract;
- designing, implementing and evaluating psychological interventions to achieve the best possible outcomes;
- a range of intervention skills;
- micro counselling skills.

Assessment of Competence

Over the period of the supervised practice program the supervisee should present the supervisor with a brief report of at least 6 problem situations in which they have intervened, using a range of different intervention techniques. This report may vary from a two page summary up to a maximum 12 page report.

A. For each problem situation chosen, the supervisee must provide the following:

1. Brief description of the problem situation and/or target behaviour.
2. List of stakeholders in the intervention.
3. Psychological assessment used.
4. Intervention plan or individualised treatment plan or negotiation of service contract.
5. Technique /methodology/therapeutic intervention used.
6. Evidence to support the assessment and intervention used.
7. Nature of involvement (therapeutic/consultant/trainer etc).
8. Brief description of strategies used to manage relationships with the client, other professionals and other stakeholders.
9. Brief description of the outcome of the intervention including the changes implemented and the method of evaluation used.

In working in a consultative sense the supervisee should demonstrate competence in clarifying concerns, sensitively negotiating responsibilities for action and, in general, working collaboratively with others to develop strategies for change. The supervisee should demonstrate recognition of problems outside their range of experience and skills and arrange referral as appropriate.

- B. In order for the supervisor to assess the supervisee's micro-counselling skills in implementing interventions, the supervisor should observe (directly or by videotape or audiotape) the supervisee's intervention with clients in at least three of the Problem Situations presented.

For each problem situation, **the supervisee** should complete columns 1 to 6 of the table as follows:

1. **Problem Situation** and/or target behaviour. Brief description of key points.
2. **Psychological assessment(s) used.** To specify and define the problem situation or target behaviour.
3. **Intervention technique/methodology/therapeutic intervention used.** Brief description of key points.
4. **Evidence** informing the choice of assessment and intervention.
5. **Nature of involvement** of the supervisee. Role of the registrant in the intervention (as a therapist/consultant/trainer etc).
6. **Outcome of the intervention.** Brief description of the outcome of the intervention including the changes implemented and the method of evaluation used.

Supervisor's Assessment: In order for a supervisor to certify that the supervisee has demonstrated sufficient competence in an intervention presented in the table overleaf, the supervisor must tick in columns 6 to 9 that he or she is satisfied that the registrant has demonstrated competence in the following:

7. **Intervention Plan.** Supervisee has developed a satisfactory intervention plan or individualised treatment plan or has negotiated a satisfactory service contract for the problem situation or target behaviour.
8. **Identification of Stakeholders.** Supervisee has identified the key stakeholders in the intervention and included these stakeholders at appropriate stages of the intervention.
9. **Management of relationships.** Supervisee has satisfactorily managed relationships with the client and stakeholders and has demonstrated competence in clarifying concerns, sensitively negotiating responsibilities for action and working collaboratively with others to develop strategies for change.
10. **Micro counselling skills.** Supervisee has demonstrated satisfactory interviewing and micro counselling skills. In order for the supervisor to assess the supervisee's micro-counselling skills in implementing interventions, the supervisor should observe (directly or by videotape or audiotape) the supervisee's intervention with clients in **at least three** of the problem situations presented.
11. **Method of Assessment, Signature and Date.** Brief description of the method(s) of assessment used by the supervisor to assess the supervisee's intervention strategies and skills for each problem situation presented, (eg brief summary of an intervention, case study, project report, evaluation report, direct observation of aspects of the intervention, discussions with project clients or stakeholders). The supervisor should sign and date this column when satisfied that the supervisee has demonstrated competence in the intervention.

Supervisor's Declaration
Competence 3 – Intervention Strategies

Through satisfactory completion of the assessment tasks detailed in the Table overleaf,
_____ (name of supervisee), has demonstrated to me **sufficient competence in 'Intervention Strategies'** as defined in Section 5 of the Supervision Guidelines including sufficient competence in:

- negotiating a treatment or service contract;
- designing, implementing and evaluating psychological interventions to achieve the best possible outcomes;
- a range of intervention skills;
- micro counselling skills.

Signature: _____ **Date:** _____

Supervisor

Competence 4: Evidence-Based Practice

In completing the table overleaf the supervisor and supervisee should refer to Section 5 of the supervision guidelines. The supervisor must be able to confirm that the supervisee is competent in the following:

- Delivering assessment and intervention procedures in accordance with protocols.
 - Accessing and integrating scientific findings to inform intervention/treatment approaches and decisions.
 - Framing and testing hypotheses that inform intervention/treatment decisions.
 - Building and maintaining effective teamwork with other healthcare professions that supports the delivery of evidence-based practice.
 - Contributing to practice-based research and development to improve the quality and effectiveness of psychological practice.
1. This should be demonstrated through **at least 2 case studies which include literature search and outcome report of a treatment/intervention** undertaken by the supervisee.
- A.** The literature search should specify the data base(s) used and include an evaluative summary.
- B.** The case study:
- (a) should demonstrate how the literature search informed the intervention; and
 - (b) include a written report on the effectiveness of the intervention as measured as far as possible by objective relevant and reliable data.
- C.** Where feasible the case studies should be presented to an appropriate audience for discussion and feedback.

Supervisor's Assessment: The supervisor will need to be satisfied that the supervisee has demonstrated sufficient competence in the following before signing the Supervisor's Declaration:

2. **Problem definition.** Problem researched and/or evaluated is clearly and accurately defined. Psychological parameters of the problem are clearly defined.
3. **Literature search.** Appropriate literature searches conducted using relevant search terms, data base(s) and other resources (eg review articles, catalogues).
4. **Data Collection.** Systematic data collection. Appropriate selection and use of relevant methods and procedures for obtaining the data required to evaluate the intervention outcome.
5. **Data interpretation.** Data and/or results are interpreted with consideration of the limitations of the methodology employed.
6. **Report.** The report addressing the above mentioned areas (2 to 5) is written in an organised and coherent manner.
7. **Oral communication of findings.** Clear, succinct, well organised oral summary of case study presented to an appropriate audience.

Form 4: Assessment of Competence Research and Evaluation

Name of conditional registrant: _____

Reg No.: _____

Name of supervisor: _____

Reg No.: _____

1	2	3	4	5	6	7	8
Case Study	Problem definition	Literature search	Data collection	Data interpretation	Report	Oral communication of findings	Supervisor's signature & date
(Identify each case study such that it will be easily recognisable by supervisor and supervisee)	Supervisor – please tick if satisfactory						

Please see guidelines on completing Assessment of Competence Form 4

Supervisor's Declaration

Competence 4 – Evidence-Based Practice

Through satisfactory completion of the assessment tasks detailed overleaf,
_____ (name of supervisee), has demonstrated to me **sufficient competence in 'Evidence-Based Practice'** as defined in Section 5 of the Supervision Guidelines, including sufficient competence in:

- problem definition;
- literature search;
- data collection;
- data interpretation;
- report;
- oral communication of findings.

Signature: _____ **Date:** _____

Supervisor

Competence 5: Communication

This competency involves communications by registrants with individual and organisational clients, other registrants, other professionals and the public. The competency recognises the importance of clearly conveying psychological ideas derived from knowledge of the discipline, research and practice.

The competency of communication includes the capacity to:

- communicate effectively and appropriately to a range of audiences;
- appraise research and communicate information about it to a range of audiences;
- communicate information about relevant psychological services to clients and potential clients.

During the supervised practice program the supervisee should gain experience and skills in effective professional communication with clients, other professionals, employers and other stakeholders (such as relatives of clients, other support persons and members of the public), on an individual basis, with small groups and with larger audiences.

Training can occur during supervision through observation by the supervisee (directly or by videotape or audiotape) of the supervisor interviewing clients and conducting individual and group interventions and observation by the supervisor or the supervisee interviewing and counselling clients and conducting individual and group interventions. The supervisee should undertake professional development activities to develop communication skills and should take advantage of any opportunities for delivering professional presentations to small groups or larger audiences.

The supervisee should gain experience and skills in report writing for a variety of contexts such as: GP referrals; specialist referrals; forensic context, including court and pre-sentence reports; medico-legal context; work-related or organisational context. The supervisee should present reports written for a variety of contexts to the supervisor for feedback.

Demonstration of Competence

To demonstrate competency in communication, a supervisee must have sufficient competence in:

- establishing rapport with clients;
- oral communication skills;
- writing informed, succinct, accurate and well organised reports and other documents;
- communicating information gained from an assessment, intervention or evaluation to all relevant persons.

Assessment of Competence

A. In order to determine competence in oral communication the supervisor should assess the supervisee's communication skills with each of the following:

1. client(s);
2. other professionals involved in interventions with the supervisee;
3. an employer/organisation/agency;
4. an audience or group.

In determining the supervisee's competence in oral communication in these situations, the supervisor must be satisfied that the supervisee demonstrates competence in:

- rapport building skills;
- personal presentation;
- clarity, accuracy, coherence and succinctness of communication;
- style of communication (appropriateness for audience).

To assess communication skills with clients, the supervisor should observe (directly or by videotape or audiotape) the supervisee's intervention with a client(s) on at least one occasion. For situations 2 to 4 above the supervisor may judge whether the supervisee is competent in oral communication skills either through direct observation of the supervisee's communication skills and/or, with the consent of the supervisee, through discussions with the supervisee's line manager, employer or agency.

- B. In order for a supervisee to have sufficient competence in written communication skills, the supervisor must be satisfied that the supervisee is capable of independently writing reports for a variety of contexts to an acceptable standard. The supervisor should view at least 12 examples of reports or other documents (eg reports of psychological assessments, interventions, research or evaluation, case notes, correspondence, intervention plans), written by the supervisee for a variety of contexts (eg GP referrals, specialist referrals, forensic context, medico-legal context, work-related or organisational context).

These 12 examples of written communication could include letters, reports and other documentation presented to the supervisor for assessment under competencies 3 and 4 above (refer Section 5). In order for the supervisee's reports to be considered by the supervisor to be of an acceptable standard, reports and other documents must be: accurate; succinct; coherent; well organised; and written in a style appropriate for the intended audience.

The columns in the table overleaf should be completed as follows:

1. **Assessment Situation or Task.** The **supervisee** should complete column 1 providing brief details of the situation for oral communication skills, (eg intervention with individual client; assessment interview of family members; case presentation at team meeting; conducting a parenting course; focus group for an evaluation; progress update of an intervention to an employer or steering committee; presentation at a seminar etc.). For written communication skills, the supervisee should state the nature of the task (eg report of a psychological assessment, intervention, research or evaluation; case notes; correspondence; intervention plan), and the context of the task (eg GP referral, forensic context, medico-legal context, work-related or organisational context).

Supervisor's Assessment. In order for a supervisor to certify that the supervisee has demonstrated sufficient competence in communication in the situation or task presented in the table overleaf, the supervisor must indicate in columns 2 to 9 for oral communication situations and columns 4 to 9 for written communication tasks that he or she is satisfied that the registrant has demonstrated:

2. appropriate and professional personal presentation – (oral communication situations only);
3. competent rapport building skills – (oral communication situations only);

4. clear communication;
5. accurate communication;
6. coherent communication;
7. succinct communication;
8. appropriate style of communication for the intended audience;
9. well organised communication;

10. **Method(s) of Assessment Used.** Oral communication situations only, (eg direct observation of supervisee's communication with client(s); discussions with supervisee's line manager, employer or agency etc).

11. **Signature and Date.** The supervisor should sign and date this column when he or she is satisfied that the supervisee has demonstrated competence in the communication situation or task presented.

Supervisor's Declaration
Competence 5 – Communication

Through satisfactory completion of the assessment tasks detailed in the Table overleaf,
_____ (name of supervisee), has
demonstrated to me: **sufficient competence in 'Communication'** as defined in Section 5
of the Supervision Guidelines, including sufficient competence in:

- establishing rapport with clients;
- oral communication skills;
- writing informed, succinct, accurate and well organised reports and other documents;
- communicating information gained from an assessment, intervention or evaluation to all relevant persons.

Signature: _____ **Date:** _____
Supervisor

Form 5: Assessment of Competence – Communication

Name of supervisee: _____

Reg No.: _____

Name of supervisor: _____

Reg No.: _____

1	2	3	4	5	6	7	8	9	10	11
Situation or Task	Personal presentation	Rapport building	Clarity	Accuracy	Coherence	Succinctness	Appropriate Style	Well organised	Method(s) of Assessment Used	Supervisor's signature and date
A. Oral Communication Skills	Supervisor – please tick if satisfactory									
Client (individual)										
Client/s (two or more)										
Other professionals										
Organisation/Agency/Employer										
Audience or small group										
B. Written Communication Skills										
Report of assessment to professional										
Report of assessment to client										
Report of intervention to professional										
Report of intervention to client										
Research or evaluation										
Case notes										
Correspondence										
Intervention plan										

Form 6: Assessment of Competence - Ethical, Legal and Professional Matters

Name of supervisee: _____ **Reg No.:** _____

Name of supervisor: _____ **Reg No.:** _____

In completing this form the supervisor and supervisee should refer to Section 5 of the supervision guidelines.

The supervisor should complete the ratings for each of points 1 to 6 below, sign and date each rating and complete the declaration of competence overleaf.

1. Ethical and professional behaviour.

The supervisee adequately demonstrates an understanding of and competence in managing the ethical dilemmas of a practising psychologist, specifically with regard to the following:

Philosophical basis of professional responsibility		Role and cultural issues	
Confidentiality and privacy issues & duty of care		Advertising and public statements	
Consent issues		Gender and sexuality issues	
Boundary issues		Service needs of vulnerable groups in society	
Sexual propriety		Registration issues	
Limits of professional competence		The ethical and legal implications of administrative and record keeping procedures	
Psycho legal issues			
The propriety of relationships amongst psychologists and between psychologists and other professionals, employers and clients		Mechanisms for the resolution of conflict between psychologists and professional colleagues, employers or clients.	

Supervisor – please tick each issue above if the supervisee’s understanding of and competence in managing ethical dilemmas with regard to the issue are satisfactory.

The supervisee demonstrates a sound knowledge of the Board’s *Code of Practice*, (the APS *Code of Ethics* and *Ethical Guidelines* are endorsed by the Board).

Yes **No** *Please tick*

Supervisor’s signature _____ Date _____

2. Knowledge of the legal requirements of the practice of the profession in Western Australia.

The supervisee can summarise the main provisions of the *Psychologists Act 2005*, and other legislation relevant to the registrant's area of practice (eg Mental Health Act, Privacy Legislation, Freedom of Information, Disability, Discrimination, Guardianship Legislation etc).

Yes No Please tick

Supervisor's signature _____ Date _____

3. Independently managing professional affairs.

The supervisee independently and effectively manages their professional affairs, including working effectively in a responsible and autonomous way with minimal direction and instruction.

Yes No Please tick

Supervisor's signature _____ Date _____

4. Clarifying and negotiating the role and responsibilities of a Psychologist.

The supervisee is competent in clarifying and negotiating their role and responsibilities, in consultation with other members of a team.

Yes No Please tick

Supervisor's signature _____ Date _____

5. Record keeping.

The supervisee demonstrates knowledge of the ethical and legal implications of administrative and record keeping procedures, including the ethical basis of confidentiality of records and the rights of clients to information about themselves. The supervisee understands administrative procedures in the context of the protection of the interests of clients, professionals, agencies and the community.

Yes No Please tick

Supervisor's signature _____ Date _____

6. Professional development and continuing education in the profession.

The supervisee demonstrates knowledge of resources for the development and maintenance of psychological skills including test libraries, professional bodies and post graduate training facilities. The supervisee has developed strategies for ongoing professional development and continuing education in the profession following completion of the supervised practice program.

Yes No *Please tick*

Supervisor's signature _____ Date _____

Supervisor's Declaration

Competence 6 - Ethical, Legal & Professional Matters

_____ (name of supervisee), has demonstrated to me: **sufficient competence in 'Ethical, Legal and Professional Matters'** as defined in Section 5 of the Supervision Guidelines, including sufficient competence in:

- ethical and professional behaviour and knowledge of the Code of Ethics;
- knowledge of the legal requirements of the practice of the profession in Western Australia;
- independently managing their professional affairs;
- clarifying and negotiating the role and responsibilities of a psychologist in consultation with other members of a team;
- record keeping, including demonstrated knowledge of the ethical and legal implications of administrative and record keeping procedures;
- developing and implementing strategies for professional development and continuing education in the profession.

Signature: _____ **Date:** _____

Supervisor

Supervised Practice Plan – Form 17

1. Name of supervisee: _____

Address of supervisee: _____

2. Name of supervisor: _____

Address of supervisor: _____

3. Period to which Supervised Practice Plan relates: From ____/____/____

To ____/____/____

4. Anticipated hours of professional practice to be undertaken this supervision period: _____

No of hours of work of a psychological nature included in hours at (4) above: _____

5. No of hours of Supervision to be undertaken per week: _____

Are the supervisor and the supervisee employed in the same agency/practice?

OR does the supervisor employ the supervisee in the same agency/practice?

YES/NO

If not, distance (external) supervision is necessary.*

Please attach a **DUTY STATEMENT** for the new position or initial application for conditional registration. The duty statement should be on your employer's letterhead and signed by your employer. Please also ensure that the duty statement shows a percentage breakdown of the duties undertaken.

Where supervisee has no duty statement, please provide a **WRITTEN DESCRIPTION OF ALL DUTIES UNDERTAKEN IN THE WORKPLACE.**

* Please also submit Form 18, together with an explanation for the exceptional circumstances necessitating external supervision.

Submit the **original** of this Supervised Practice Plan to the Board
and keep a copy for your records.

6. Progress towards the Competencies for the Supervised Practice Program

Under each of the Competencies below, provide information on how you intend to address the competency over the period covered by this Supervision Plan through your professional psychological practice, formal supervision consultations and participation in professional development activities. (Refer to Section 5.0 of the "Supervision Guidelines" when completing this section).

6.1 Knowledge of the Discipline

(activities to be undertaken; skills and knowledge to be gained)

6.2 Psychological Assessment

(activities to be undertaken; skills and knowledge to be gained)

6.3 Intervention Strategies

(activities to be undertaken; skills and knowledge to be gained)

6.4 Evidence-Based Practice

(activities to be undertaken; skills and knowledge to be gained)

6.5 Communication

(activities to be undertaken; skills and knowledge to be gained)

6.6 Ethical, Legal and Professional Matters

(activities to be undertaken; skills and knowledge to be gained)

Signature _____
Supervisor

Signature _____
Supervisee

Date: _____

Date: _____

Contact Phone Number: _____

Contact Phone Number: _____

Submit the **original** of this Supervised Practice Plan to the Board
and keep a copy for your records.

Supervised Practice Progress Report – Form 19

1. Name of supervisee: _____

Address of supervisee: _____

2. Name of supervisor: _____

Address of supervisor: _____

3. Period to which Supervised Progress Report relates: From ___/___/___ To ___/___/___

Purpose of report: Progress Changing Supervisor Final

4. **Professional Practice.** (Summary of Record of Practice for this supervision period.)

Venue(s) for professional practice. (Include address & usual hours of practice at each venue, eg 16 hrs per week).

Nature of practice. (Brief summary of type of practice undertaken at each venue.)

No of hours of professional practice undertaken per week: _____

5. **Supervision.** (Summary of Record of Supervision for this supervision period.)

Supervision Hours (Include total consultation hours with supervisor)

Alternate methods of supervision.
(only if approved by Board)

Individual supervision, in person:

--

Individual, via videoconference:

--

Direct observation of supervisee's practice:

--

Group, via videoconference:

--

Group supervision, in person:

--

Other, (please specify):

--

Total hours of supervision consultations completed this supervision period: _____

Total hours professional development activities completed this supervision period: _____

Please photocopy this form as required and attach additional pages if you wish to add more information.

6. Progress towards the Competencies for the Supervised Practice Program

Under each of the competencies below, provide information on how you have addressed the competency over the period covered by this Progress Report through your professional psychological practice, formal supervision consultations and participation in professional development activities. (Refer to Section 5.0 of the "Supervision Guidelines" when completing this section).

6.1 Knowledge of the Discipline

6.1.1 Training (activities undertaken; skills and knowledge gained)

6.1.2 Assessment of competence (assessment tasks and activities undertaken)

6.1.3 Plans for further development of competence

6.2 Psychological Assessment

6.2.1 Training (*activities undertaken; skills and knowledge gained*)

6.2.2 Assessment of competence (*assessment tasks and activities undertaken*)

6.2.3 Plans for further development of competence

6.3 Intervention Strategies

6.3.1 Training (*activities undertaken; skills and knowledge gained*)

6.3.2 Assessment of competence (*assessment tasks and activities undertaken*)

6.3.3 Plans for further development of competence

6.4 Evidence-Based Practice

6.4.1 Training (*activities undertaken; skills and knowledge gained*)

6.4.2 Assessment of competence (*assessment tasks and activities undertaken*)

6.4.3 Plans for further development of competence

6.5 Communication

6.5.1 Training (*activities undertaken; skills and knowledge gained*)

6.5.2 Assessment of competence (*assessment tasks and activities undertaken*)

6.5.3 Plans for further development of competence

6.6 Ethical, Legal and Professional Matters

6.6.1 Training (*activities undertaken; skills and knowledge gained*)

6.6.2 Assessment of competence (*assessment tasks and activities undertaken*)

6.6.3 Plans for further development of competence

7. Supervisee's comments on progress on the Supervised Practice Program:
(Include comments on progress towards the goals outlined in your Supervised Practice Plan)

8. Deviations from and/or amendments to your Supervised Practice Plan
(and any other relevant matters which should be brought to the attention of the Board).

9. Supervisor's Comments (General comments on the supervisee's progress on the supervised practice program; attitude to supervision and training; compliance with the record keeping requirements, outstanding achievements; limitations identified; problematic areas in supervision etc)

DECLARATION:

I _____ (Supervisor) agree that the supervisee has completed the hours detailed above.

I consider that the progress made by the supervisee during this period of supervision has been:
Satisfactory / Unsatisfactory

Please delete as appropriate (If 'unsatisfactory' please attach a separate page giving reasons.)

Signature _____ Signature _____
Supervisor **Supervisee**

Date: _____ Date: _____

Contact Phone Number: _____ Contact Phone Number: _____

Submit **original** of this Supervised Practice Progress Report to the Board
and keep a copy for your records.

The model used is a skills training model which is based on specific tasks graded in difficulty as the supervisee progresses towards satisfactory attainment of the skill.

Record of Practice

(Suggested format and examples of entries)

DATE	DETAILS OF PSYCHOLOGICAL PRACTICE	DURATION (Hours)	LOCATION
EXAMPLE 1 Week beginning:	Face-to-face counselling of individual clients. Group counselling - (Self-esteem group and anxiety management group). Report writing and case notes. Clinic Case Conference. Preparation for group work. Liaison regarding clients (discussions with other professionals, referrals etc). Weekly total		
EXAMPLE 2 Week beginning:	Interviews with management for evaluation of organisational change at Company A. Design of staff survey for Company A. Report writing and analysis of interview data. Meeting with evaluation Working Party. Organisational tasks for evaluation (phone calls etc). Preparation of staff training manual. Conducting staff training and development. Weekly total		
EXAMPLE 3 Week beginning:	Telephone counselling Kids Help Line. Reports and case notes Kids Help Line. Psychological assessments (2 children). Interviews with parents. Report writing and case notes. Background reading regarding clients. Liaison with other professionals. School visit – interview with teacher. Weekly total		

Please note: Supervisees should maintain a Record of Practice for the duration of their Supervised Practice Program. This Record of Practice should be sighted and signed by the supervisor at least monthly and at the time of reviewing the Supervised Practice Plan and preparing a Supervised Practice Progress Report. The Board may from time to time request that the supervisee submit the Record of Practice to the Board.

The format provided above is an example format only. At the commencement of the Supervised Practice Program, the supervisee should discuss the Record of Practice with their supervisor and agree on the format and level of detail required.

Record of Supervision (Model Format)

Session No: _____ Date: _____ Duration (hours): _____ Supervisor: _____

Format of Session:

Individual face-to-face: Group supervision: Other (*Only as approved by the Board*):

Please specify _____

Brief record of supervision session including Competencies addressed:

Issues for further discussion / plan for further development of skills:

Agenda for next session:

Supervisee's comments:

Supervisor's comments:

Signature _____ Signature _____
Supervisee *Supervisor*