

COGDOP Response to Proposed IR on Telesupervision

The Council of Graduate Departments of Psychology (COGDOP) supports the development of criteria for the evaluation of all modalities of supervision that are based on scientific evidence and consistent with the values associated with empirically validated treatment.

With respect to this IR on telesupervision in particular, COGDOP endorses

- a) the need to define “telesupervision” in its various forms; and
- b) the requirement that programs develop policies for using telesupervision which include explicit rationales, statements of consistency with training missions and models, and identification of individuals responsible for overseeing telesupervision.

Additionally, COGDOP suggests that future revisions of the IR ensure that

- a) telesupervision is *never* used simply for financial expedience (e.g., as a low-cost substitute for in-vivo supervision, or to back-fill limited resources, or in the absence of a compelling mission match),
- b) interpersonal supervisory relationships are well-established prior to the initiation of telesupervisory relationships,
- c) programs ensure that telesupervision is competency-based in the development of skills appropriate to the training model, and
- d) programs identify in their telesupervision policy appropriate protocols for how to proceed in the event of equipment failure.

We regard some elements of this IR as circular and lacking a scientifically validated rationale. For example, this IR declares that “Programs that utilize telesupervision are expected to address generally accepted best practices,” but then prescribes such best practices:

Telesupervision may not account for more than 50% of the total supervision at a given practicum site, and may not be utilized at all until a student has completed his/her first practicum with substantial intervention experience within the doctoral program.

COGDOP believes the establishment of a 50% rule is arbitrary, and fails to conform to an empirically validated best practice in the implementation of telesupervision in doctoral training. COGDOP further holds that it is beyond the scope of CoA’s mission to define best practices that are at variance with empirical evidence underlying *actual* best practices. Emerging empirical evidence suggests that telesupervision is highly effective.

This IR also could unnecessarily restrict mission-specific training elements for programs with goals of producing rural- or frontier-serving psychologists. This

arbitrarily prescribed limit may create hardships for students whose practicum sites are hundreds of miles distant from the locations of their supervisors, and thus could restrict appropriate in situ training experiences.

COGDOP also believes this IR ignores a) the need to increase training experiences in rural service delivery; b) the shortage of doctoral training supervisors in rural and frontier catchment areas; and c) the emerging importance of telebehavioral health in delivering services to remotely located, and significantly underserved populations.

Finally COGDOP recommends adding language to encourage the use of live observation or audio/video recording of sessions in the delivery of supervision since these techniques of providing feedback have been shown to support learning of clinical skills.