



PSYCHOLOGY PRIVATE AUSTRALIA Inc.

THE FEDERATION OF ORGANISATIONS OF PRIVATELY PRACTISING PSYCHOLOGISTS OF AUSTRALIA

CONSTITUENT BODIES

Association of Private Practising Psychologists (NT)
Association of Private Practising Psychologists (QLD)
Australian College of Private Consulting Psychologists (NSW)
Psychology Private Tasmania

Psychologists in Clinical Private Practice (A.C.T.) Inc.
Australian College of Psychologists in Clinical Private Practice (VIC)
Institute of Private Practising Psychologists (SA)

Comments on Revised Exposure Draft: Guidelines on area of practice endorsements

1. PBA Concept of Endorsements – see pp 18-39 of Attachment C

A careful examination of the seven Competencies statements forming part of the draft suggests that the PBA regards the concept 'endorsement' fairly loosely, and not as an indicator of a practitioner electing to limit his/her activities to a particular area but as a 'specialisation'. A comparative table of 'Competencies' is attached for information.

Firstly, in Sections (c) and (d), great pains have been taken to detail differences in the knowledge and skills required for different areas; but no detail has been given for Sections (a), (b) and (e) to (h), the basic and extremely important areas common to all psychologists who strive to gain the status of 'experienced competent practitioner'.

Secondly, for all areas except Sport and Exercise, in report writing, those who seek endorsement are required to be competent only in writing neuropsychological reports!

Thirdly, in Section (c)(1), psychologists in all areas need at least a good working knowledge of the majority of the 33 items encompassed by all competencies.

Fourthly, in Section (c)(2), so many items are common to all areas, that it is pointless to detail them as pertaining to one or other area.

Fifthly, Section (d)(3), is hopelessly out of balance in detail as between the areas; practitioners in all areas need to have a reasonable working knowledge of many, if not most of the interventions detailed.

Finally, the Board needs to spend time and effort in thoroughly revising the seven competencies 'descriptions' in order to make sense of the real and supposed differences and to represent adequately both the substantial commonalities and the differences. In respect of most if not all differences, an experienced, competent psychologist can be expected to acquire the necessary 'know-how', if a need for its use occurs, by appropriate reading and referral to colleagues. How did the first trainers obtain their competence to train?

2. The Purpose of Endorsement – Descriptor Terms? – pp 4 & 5 of the Draft

The Board can make endorsements really useful to the public, but it seems that certain fundamentals in the thinking of its members must change for this to eventuate.

Firstly, the notion that any psychologist can be regarded as a 'specialist' in the same sense as a specialist in medicine, must be abandoned completely.

Secondly, the selection of the term 'registrar' to describe an 'endorsee-in-training' belongs to the notion that psychology as a profession equates medicine. There is no practical down-to-earth reason why the term 'provisional' (e.g. provisional forensic psychologist) is not assigned to this 'type' of trainee as it is to a trainee psychologist for initial registration.

Thirdly, the acquisition of information by way of an academic course does not necessarily result in an increase in a practitioner's competence; knowledge ≠ competence in the applied practitioner world.

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Fourthly, for the safety of the public, endorsement should not be granted to a relative novice practitioner simply because that novice has a higher degree.

Fifthly, again for the safety of and also for the guidance of the public, experience and results are the two criteria on which endorsement of a practitioner in an area of psychological practice should be made. The PBA should find a mechanism for such assessment. Under paragraph 2.1(c) the Board may use qualification to mean anything that the Board chooses.

Given that change is possible, for the benefit of the public the Board should bend its energies in the direction of increasing the contribution of the profession of 'practising psychology' as a whole to the well-being of the Australian community. At present, the Board appears to be focused on copying the medical profession, but it is substituting academic achievements for competent performance.

The draft is flawed in Attachment C and otherwise limited in its coverage. It should be withdrawn and the matter of endorsements thrown open for reconsideration.

Practical Issues in Reconsidering Endorsement

- (1) A means needs to be found to ensure that psychologists work within their area of expertise which always is a mix of knowledge, skill and personal comfort. (The ethical code by which all psychologists must abide, prohibits psychologists from attempting to provide services for which they are not qualified – in other words, in which they are not competent.)
- (2) The Board, having granted endorsement to a number of APS College members who do not have a higher degree has given a meaning to 'another ... qualification' in 2.1(c). Following this departure from a strict academic base for endorsement, the Board should permit a substantial number of older, experienced and competent psychologists to apply for endorsement on the basis of possessing an academic qualification which was available at the time they undertook their academic training and who have continued in practice and possess valuable skills in their particular area.
- (3) To give effect to the issue at (2) above, the Board should produce an additional application form to facilitate registered psychologists in that group seeking endorsement. To do this would be to meet requests, in the past ignored by the Board, for just consideration of their previously-enjoyed public recognition in a particular area, and a proper appreciation of their skills.

S M Wilkie, President
E P Milliken, Secretary

20 December 2010

COMPETENCIES for Endorsement.

	CCN	Clin	Couns	Extend	Foren	Org
(a) Discipline Knowledge 6 points	✓	✓	✓	✓	✓	✓
(b) Ethical, Legal, Professional 4 points	✓	✓	✓	✓	✓	✓
(c) Psychol Asst + Measurement						
1. Comp. admin, interp integrate a range of Asst Devices including	✓	✓	✓	✓	✓	✓
(i) Clin. interviews	✓	✓	Not Clin	Not Clin	see MMSE	Not Clin
(ii) B'vrl Observ'n's + assess'ts	✓	✓	✓	✓	✓	✓
(iii) Intellect asst's	✓	✓	✓			
(iv) Neurobiol asst's	✓				screen	✓
(v) memory	✓					
exec/adapt percep'n	✓					
Spatial b'vrl	✓					
language	✓					
motor/sensory	✓					
atten./concentr'n	✓					
praxis assess't	✓					
appraisals of cog. functioning			✓	✓	✓	✓
personality tests		✓	✓	✓	✓	✓
Mini-Mental State Ex.						✓
Group Assessment						✓
Assess of Deception						✓
Specific Disorders - PTSD, Diss'n, ^{Sex Abuse}						✓
Functional Asst (?)						✓
Criminogenic needs asst						✓
Risk Assess't						✓
Survey techniques						✓
Competey-based asst's						✓
Questionnaires						✓
Focus Groups						✓
Social Functioning	✓	✓	✓			
Aptitudes						✓
Skills						✓
Interests						✓
Motivation						✓
Values						✓
Job Analysis						✓
Job Evaluation						✓
* Appropriate psychometric tests						
2. Demonstrated Comp'ey in following:						
Selection, ^{at} approp asst techniques	✓	✓	✓	✓	✓	✓
consider rehab + validity	✓	✓	✓	✓	✓	✓
Know, comp'ey interview	✓	✓	✓	✓		✓
life-span dvlp't	✓	✓	✓	✓		
Know, comp'ey psychometrics	✓		✓	✓	✓	✓
test construction	✓					✓
B'vrl Observ'n's	✓	✓	✓	✓		✓
functional analysis	✓	✓		✓		✓
Know neuroanat, neurol, neuropathol						
neuroradiol. asst's	✓					
Know neuropsych, psychopathol	✓		✓	✓		
DSM and ICD systems	✓	In Depth	✓	✓		
Know neuropharm, neurotox	✓					

(d) Intervention Strategies

	CCN	Clin	Couns	Ed&D	Forens	Origin
1. Comp. in interven. procedures demonstrated by ability to:					forensic ✓	
Work as a scientist practitioner	✓	✓				✓
Use knowledge of research & eval'n	✓	✓		✓		✓
Review policy & practice relevant to task & setting	✓	✓				
Skills & know. of methods and techniques of rehab. for cognitive & bhvrl disorders	✓					
Individ & fam. couns. neuropsych context	✓					
Skills, know environ & bhvrl learning to modify range of bhvrl dysfunc. assoc. with brain impair.	✓					
Evaluate outcome appropriately	✓	✓			Modifies ✓	✓
Formulate, test hypotheses		✓				
Use know. of range interven predres		✓	✓	✓		
Design select approp. intervention		✓				✓
Dyadic therapy			✓			
Family therapy			✓			
Couples therapy			✓			
Design therapeutic groups for specified probs, & populations			✓			✓
Devlp bhvrl, dvlp'm'l, educ'n'l programmes				✓		✓
Consultative Service: Schools, Other Inst'ns				✓		
Negotiates with clients, service delivery mode				✓		
Problem anal. & interven. selec'n.						✓
Criminological needs assesst						✓
Re-referral decision making						✓
Group interven.s						✓
Individ interven.s						✓
Intervens involving signific others						✓
Systemic interven.s						✓
Indirect interven.s						✓
Bhvrl consult'ns						✓
Psychoeduc'n (includes books)						✓
Ethical approaches to interven.s & confidentiality						✓
Use team building know.						✓
• job redesign						✓
• survey feedback						✓
for interventions						
Design monitoring, feedback mech- anisms within interven processes						✓
Formulate mtrnl & risk manage't strategies for competitive settings						
2. Skillful, approp, applicn of interven		brain imp. ✓	✓		listing ✓	✓
3. +ve working alliance range of clients		✓	✓		✓	✓
Consult. service other profes'n'l		neuropsych ✓	clin psy ✓			✓
Understands interven processes			✓		listing ✓	✓

	CCN	CDN	Couns	Ed & D	Forens	Org'n
Cont 2						
dyadic ther.			listing			
family ther.			✓			
couples ther.			✓			
design special ther. groups			✓			
Individs, childrn, adults, couples,			listing		↓	
families			✓			
Lead, co-lead therapeutic groups			✓			
Individuals and Groups Int'v'n's				✓		
Research design, statist anal.,					listing	
data managet, IT skills,					✓	
demand charac's, validity					✓	
Assessment and screening					✓	
Leadership Skills					✓	
Feedback to participants					✓	
Follow-up					✓	
? Accessing feedback, sup'rvn, support					✓	
Intervene individ grp, org'n					✓	
Policies, legsl'n, Technol (context)						✓
Stakeholders affected by interv'n						✓
High level diagnostic skills						✓
High quality reporting						✓
Time pressures of compet. sport						
Approp. exercise wellbeing ^{range of} persons						
Able implement approp to competitive						
(e) Research and evaluation process same for all but in specific area	✓	✓	✓	✓	✓	✓
(f) E'cation and interpersonal relation, same for all	✓	✓	✓	✓	✓	✓
(g) Cross-cultural core concepts	✓	✓	✓	✓	✓	✓
(h) Life-span core concepts	✓	✓	✓	✓	✓	✓