

From: John Jacmon [REDACTED]

Sent: Friday, 10 September 2010 8:28 AM

To: NationalBoards

Subject: RESPONSE TO PAPER SEEKING COMMENT ON REVISIONS TO THE GUIDELINES ON AREA OF PRACTICE ENDORSEMENTS

Dear Professor Grayner

Re: Revisions to the Guidelines on Area of Practice Endorsements.

I am writing to advise you of my views on practice endorsements and their impact on the future direction of the psychology profession.

I have been in practice in NSW since 1996 and also in Victoria in the mid 1970s. From the mid 1970s to the mid 1990s I was a public servant in the ACT working on human resource policy development and later in healthcare management. After work hours I was voluntarily counselling individuals mainly within the Greek community, given my bilingual skills.

In Sydney I set up a private practice which attracted initially counselling work but within a few years it included medicolegal assessments and reports. I joined the Australian College of Clinical Psychologists as a full member in 2000 where I met other psychologists in private practice undertaking similar kinds of work to mine.

I wanted to further my skills in the profession by undertaking doctoral studies. I did complete a Master of Education at Monash in 1976 by major thesis on reinforcement theory (my supervisor was Prof. Balson who also became president of the APS). Now my first choice was for a clinical doctorate (DPsych) but I found that the requirements of various universities were inflexible and clearly beyond my capacity to meet as an individual in the workforce with family responsibilities. In particular I could not understand why a psychologist with many years counselling experience would be required to undertake 1000 hours supervision as part of degree requirements. A further barrier was the shortage of places for DPsych and preference being given to those with high levels of academic achievement.

Nonetheless I wanted to upgrade my qualifications. I found I was able to undertake an EdD from New England in clinical research and be supervised by the psychology department. I researched the treatment of depression with CBT using a web-based module which integrated into face-to-face treatment. My thesis was completed and I was conferred the EdD in April 08.

I tried to apply for the APS clinical college but I was deterred by the inflexible requirements that placed virtually insurmountable barriers to applicants that did not have a D or M Psych or closely similar training. I found this requirement to be at odds with reality. I have met many psychologists who do not have a D or M Psych and yet are capable clinicians. Many of these, as in my case, trained at a time when the D or M Psych did not exist. Nonetheless their experience and continuing education have helped them become capable clinicians. For many

of them including me, giving up work for fulltime study was not an option.

On the other hand my training and experience have enabled me to gain membership of the APS counselling college. Having widely defined membership criteria can only strengthen an organisation by enabling a diversity of views and skills guiding its future and expanding its horizons. On this basis the clinical stream is heading more into a rigid conformity and a narrow base. It risks becoming an appendage and the poor cousin of psychiatry. There are conservative forces including from psychiatry driving the clinical stream to this end.

On the other hand the counselling stream of psychology is expanding and exploring new horizons. This expansion has been progressing for a long time. Any distinction between clinical and counselling is becoming increasingly untenable. The PBA's guideline document which omitted the treatment of mental illness by the counselling stream flies in the face of reality. A sound example is provided by APS notices of workshops which almost invariably reveal their endorsement for both clinical and counselling psychologists.

Hence my reason for writing to you. I would be disappointed to see entry into the higher streams of the profession (specialties) i.e. practice endorsements be narrowly defined. I would suggest that, as with membership criteria of the APA in the US, the possession of a doctoral degree in psychology or a related field is sufficient evidence of an individual having achieved the higher status in the profession that endorsement signifies.

Kind regards

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