

Submission to Psychology Board of Australia
from the APS College of Community Psychologists

Consultation Paper 5
Proposed revisions to the Guidelines on Area of Practice Endorsements

The College welcomes these Guidelines and we believe that our members would have no difficulty in meeting the criteria for endorsement. The proposed revisions to the original Guidelines make sense. We therefore look forward to seeing Community Psychology and health Psychology added to the list of endorsed areas of practice as soon as possible.

One concern relates to the extensive administrative requirements that will accompany the Registrar program, which seems to transfer to the post-6th year level all of the problems involved in the soon-to-be-discarded '4+2' supervised practice route to general registration. We are also concerned about the cost to new graduates of undertaking supervision and CPD at the rate of approximately 1.5 hours per week on average for two years (in the case of Masters graduates). We strongly believe that a component of group supervision should be permitted, as was formerly in the case in Victoria, where up to 25% of supervision hours could be in group mode. Not only is this likely to be more affordable, it promotes the concept of peer support that should become a lifelong (or career-long) habit.

The core competencies listed include a welcome focus on cultural competence, although some distinction could be made between work with Aboriginal and Torres Strait Islander people and communities and work with culturally and linguistically diverse groups (CALD, e.g. migrant and refugee communities). The issue is not merely whether the client (however defined) is from a different background or culture from the psychologist's own, but whether psychologists can demonstrate awareness of culture-fair, culture-free and culturally-safe practices, including awareness of their own biases and social position.

It is difficult to envisage how psychologists practicing in each endorsed area could cover all of these competencies. For example, with respect to 3.1.3.h, how might every organisational psychologist demonstrate competence in psychological practice with children?

It is ironic that the list of descriptors in 3.1.3 for each endorsed area of practice appears to have been drawn directly from the APS website, which is listed as the reference point for further details. Yet there are no descriptors for two of the nine APS Colleges, owing to their erroneous omission from the list of endorsed areas. Here are the descriptors that might appear for these two areas once that error has been rectified:

Community psychologists have specific training and experience in understanding and supporting communities of people, and individuals within communities, as they face various challenges to their physical and mental wellbeing. They work to identify and facilitate the strengths and competencies of community members and groups.

Health psychologists are specialists in health behaviour change. Health psychology investigates the links between psychological and social factors, and physical health in order to improve health and prevent illness. Health psychologists practise in two main areas - health promotion and clinical health psychology.

The major concern we have with the endorsement guidelines, is that they are written with individual, mostly clinical, intervention in mind. Given that our mental health needs will never be met by 1:1 therapeutic interventions (we are already not fulfilling service needs in 80% of those with mental health issues in the Australian population), we will have to respond with systemic interventions, which only Community and, to some extent Health and Organizational Psychology have the training to respond to. This approach is especially important for

psychological practice with Aboriginal and Torres Strait Islander people, which the endorsement guidelines take no account of whatsoever. The same is true of CALD practice, which typically encompasses a collectivist systemic intervention. The net effect of the guidelines as they stand is to assume that psychology is a profession that values primarily (if not, only) 1:1 traditional Western psychological intervention.

The definition of psychological practice 3.2 acknowledges a range of activities in which psychologists might use 'their skills and knowledge ... in their profession'. But this is contradicted by the assertion that all these activities or roles are subservient to 'the safe, effective delivery of services'. This definition does not specifically state that it accepts systemic intervention as a mode of practice. In fact, it does not even identify group therapy as a means of valid practice.

Furthermore, an exclusively individual, direct service model of psychological practice is assumed in the newly inserted line which refers to 176 hours of per annum of direct client contact, which is defined as direct client contact performing specific tasks of psychological assessment, intervention and prevention. Depending on the definition of client,

Will the PBA accept the APS Code of Ethics definition of a client?

Client means a party or parties to a psychological service involving teaching, supervision, research, and professional practice in psychology. Clients may be individuals, couples, dyads, families, groups of people, organisations, communities, third party payers, facilitators, sponsors, or those commissioning the professional activity.

As it currently stands, the diversity of the psychology profession is under serious threat – the logical end-point of one mode of practice taking hold to the exclusion of all others is that we might as well not have any specialisations.

We believe that we should continue to promote the rich diversity of psychological practice in Australia. This can be achieved by implementing two more areas of practice; those of health psychology and community psychology, in line with the nine established and operating Australian Psychological Society (APS) colleges. It is difficult to imagine that the two excluded areas of practice cannot be relevant in our Australia context (particularly so in the rural and regional areas).

In summary, we recommend that the Consultation Paper 5 be amended in the following areas:

Sect 1

Para 1: strike the word ~~seven~~ and insert the word nine.

Para 2: insert: "health and community psychology"

Sect 3.1.3

Include Health Psychologist definition here (see APS)

Include Community Psychologist (definition (see APS)

Attachment B

Include: (h) Health psychology
 (i) Community Psychology