



ACCP  
ASSOCIATION OF  
Counselling  
Psychologists

Response to the Psychology  
Board of Australia consultation  
paper on registration standards  
and related matters

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Association Of Counselling Psychologists (Western Australia)

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## About the ACP and Counselling Psychology

The Association of Counselling Psychologists (ACP) represents registered Counselling Psychologists in the state of Western Australia. Many other representative groups in psychology have a broad mix of membership comprised of various groups that have competing sectional interests. The ACP is the only representative body in Australia that provides independent representation that focuses purely on Counselling Psychologists and the people they serve.

In most cases people, including other psychologists, are either unfamiliar with Counselling Psychologists or hold misconceptions about their expertise. This partly arises from the fact that specialty titles are not protected outside of WA. For the sake of clarity, the ACP defines 'Counselling Psychologists' in the same way that the Psychologists Registration Board of WA does. That is, a Counselling Psychologist must have completed an approved Masters degree in Counselling Psychology and to have completed a minimum of two years supervised practice (8 years). Counselling Psychologists provide psychological counselling and psychotherapy to individuals, couples, families and groups. They engage in psychological assessment and diagnosis, and are trained to work with a wide range of psychological difficulties and disorders. Identification and treatment of psychopathology is a significant aspect of the training and professional work. In short, a Counselling Psychologist is a psychologist who specialises in the application of psychological therapy, inclusive of all people who live in society.

The ACP is aware of responses to the PBA proposal that other parties are making that align with the interests of Counselling Psychologists and the clients they serve. For this reason, we have restricted the focus of our response to the matter of the proposed arrangements for specialist registration. Due to our unique situation in WA, the ACP believes it is in an ideal position to provide independent representation that best reflects the perspective of Counselling Psychology as it will operate under the new scheme. We thank you for the opportunity to contribute and look forward to being involved in future consultations with the PBA about matters of interest to our specialty.

## EXECUTIVE SUMMARY

The Association of Counselling Psychology (ACP) agrees with the general basis for the proposals on specialist registration outlined by the Psychology Board of Australia (PBA). When national registration comes into effect, we take the view that consumers should have a similar quality of protection to that which is presently available in Western Australia. Similarly, the ACP agrees on the need for a single system to identify specialists and that the PBA should assume the responsibility of identifying which psychologists are suitably qualified for specialist roles in health-related schemes. However, we query the proposed mechanism to identify which specialists are suitable for health-related schemes. The ACP proposes two possible alternative models that identify the full range of mental health specialists available in psychology with the aim of expanding consumer choice.

In the recent past, Counselling Psychologists have been excluded from specialist roles in the health sector on the basis of the name of their qualification. The ACP looks forward to registration being handled by an impartial national body and we are hopeful that the PBA will manage entry criteria for health related schemes in a fair and transparent manner. At the same time, the ACP has some concerns about the proposal to link specialist title to the name of qualifications, given that policies of this kind have been to the detriment of the distressed and vulnerable people who have sought out Counselling Psychologists as their preferred mental health specialist, particularly over the last decade.

In short, the ACP offers two possible models for your consideration. The first model we propose identifies specialist cluster categories that identify a number of qualifying courses suitable for specialist mental health work in the health sector. The second model proposes that courses could be assessed by the PBA as qualifying their graduates for specialist status in the health system. In both cases, the emphasis is on the *scope of practice* that is afforded by training and supervision, rather than the *name of the course*. The ACP takes the position that these models provide a more substantive basis for identifying specialists and ensure that the broadest range of specialists in mental health are made available to the general public.

If the PBA does not wish to consider expanding the range of specialists aligned with mental health, we ask that you consider merging Clinical and Counselling Psychology as either interchangeable or equivalent specialist titles. In the USA, the Association of State and Provincial Psychology Boards (ASPPB) has overseen the standards used by licensing boards across North America since 1961. A series of practice analyses that the ASPPB have conducted over the last decade show no differences between Clinical and Counselling Psychologists in terms of the work they do, the settings they work in, or the clients seen. The ACP takes the position that, particularly in WA, there is very little to distinguish Clinical and Counselling Psychology aside from philosophical emphases. The current exclusion of Counselling Psychologists from specialist roles in the public health system is both unwarranted and discriminatory to both expert practitioners and consumers who choose them as their preferred mental health specialist. The ACP sees the transition of regulatory roles to the PBA as an opportunity to address these equity and access issues in the interests of the public.

### **Comment on the rationale for the PBA proposal**

The ACP agrees with the basis for the proposals on specialist registration outlined by the PBA. We understand the rationale to be as follows:

- (1) There are a number of mechanisms in place currently both in legislation and within the profession itself to identify specialists, each with their own criteria.
- (2) This results in confusion for the public, health professions, universities, government, employers and other stakeholders.
- (3) Unqualified practitioners may increase the risk of harm to consumers.
- (4) At present, the APS College system does not provide protection for consumers because there are no offences for unauthorised persons to use specialist titles.
- (5) One of the roles of the PBA is to allow the public to make informed decisions about the selection of appropriately trained specialists in psychology.

Being situated in WA where the specialist title ‘Counselling Psychologist’ has been protected for some time now, the ACP is of the view that a similar quality of protection should be available to consumers when national registration comes into effect.

### **Comment on the main conclusions of the PBA rationale**

The ACP understands the following to be the main conclusions reached in the PBA proposal:

- (1) The PBA wants a single mechanism in place that will allow the public to accurately identify appropriately trained specialists in psychology.
- (2) The PBA is of the view that it is within its role to protect the public, by identifying which registered psychologists are suitably qualified as clinical psychologists under Medicare and other current or future health related schemes; and to determine the standards of training required for such recognition.
- (3) The PBA intends to use the mechanism of specialist registration to achieve that function.

In the recent past, Counselling Psychologists have been adversely affected by misinformation and the omission of important details about their specialty when other bodies have attempted to represent psychology to the public. If the PBA assumes the role of informing the public about specialists, then the PBA also needs to accept the responsibility for the accuracy of information provided. This responsibility extends to practitioners, who are directly affected by the quality of information provided to consumers. In particular, the advanced mental health competencies of Counselling Psychologists must be recognised by the PBA.

Further to this, the ACP is greatly concerned by the implications of the proposed mechanism for the identification of specialists for health-related schemes. That is, if the PBA assumes the responsibility for identifying specialists under Medicare and the mechanism for this is the *name* of the practitioner’s doctorate-level qualification, then Counselling Psychologists may be excluded from specialist roles in the health system regardless of the competencies they possess. At entry level to the workforce, Counselling Psychologists possess advanced mental health competencies, particularly focused in the areas of assessment, complex case-formulation and evidence-based treatment.

The central issue of concern for the ACP is that it does not appear that the proposed new scheme will identify the full range of mental health specialists that contribute to health related schemes. Rather, from what we gather, the proposed new scheme appears to identify Clinical Psychologists alone at the exclusion of all other practitioners with advanced mental health competencies purely on the basis of the *name* of their post-graduate degree. Put simply, the ACP is concerned that the new scheme as it is presently modelled will exclude our specialty, as it would not allow the public to make an informed choice from the existing pool of mental health specialists available. If Clinical Psychologists are the only specialists approved by the PBA for Medicare, then patients will have no choice of type of specialist practitioner they consult. We note that this limitation also applies to employers, as has occurred with the Better Access system. The ACP is of the view that Australia needs to expand the current pool of mental health specialists accessible to the public, rather than reducing it.

### **Comment on proposed options for specialist registration in the new scheme**

#### *OPTION 1: Adoption of the WA specialist registration standard.*

The ACP is in agreement with this option with regard to the qualifying criteria of specialist titles, namely an approved masters-level course plus two years of supervision. However, in relation to the proposed role of the PBA to manage criteria for specialists in health related schemes, we propose a separate mechanism. That is, to achieve this function there should be either a separate qualifying system that applies to multiple specialty areas, or otherwise a list of equivalent specialty titles that share advanced mental health skills. The goal of this is to retain diversity in the field of psychology and to facilitate consumer choice.

#### *OPTION 2: Adopt the APS College requirements*

The ACP does not support this option. While there are merits to retaining a system that presently functions for a large number of psychologists nationally, our experience is that sectional interests have prevented Counselling Psychologists from achieving clear representation and fair treatment in the current health-related schemes. The ACP looks forward to registration being handled by an impartial national body and we are hopeful that the PBA will manage entry criteria for health related schemes in a fair and transparent manner. The ACP is of the view that this will assist the APS to put greater focus on the interests of all of their members, rather than a sectional majority. We feel that this objective is important to unify the field of psychology as a whole.

#### *OPTION 3: Specialist status defined by doctorate-level equivalence*

The ACP is in qualified agreement with this option. As with option 1, the ACP agrees in principle with having a set level of qualifying criteria for the use of specialist titles. However, in relation to the proposed function of the PBA to identify specialists for health related schemes, the system must not discriminate in a manner that favours one class of mental health specialist in psychology.

On this point, the ACP queries the assumption that doctorate-level training necessarily equates to professional competence. To our knowledge, this assumption is without evidentiary basis. Although standards for training in the US are set to the doctoral-level it does need to be acknowledged that Australian psychology courses are characterised by having a more applied focus earlier on in training. Reducing the supply of specialist-level graduates by extending the training required is also likely to drive up overall costs to consumers. Given the above, the ACP questions whether the adoption of a

doctorate-level standard for specialists is really in the interests of consumers. The basic concern here is that psychology may be pricing itself out of the market.

### **Comment on transition issues:**

In addition to representing fully fledged Counselling Psychologists in WA, the ACP also represents trainees in our specialty. Therefore we must express some reservations about how the proposed scheme might affect their future. Although grand-parenting clauses have been suggested for experienced practitioners and those currently in the process of meeting the requirements for specialist title, it is unclear whether students who are currently studying at the masters-level will be adversely affected by the transition. It would penalise psychologists currently undertaking masters-level training to enter our specialty area if they were to be excluded from grand-parent clauses in the new scheme. The ACP is of the opinion that students currently engaged in masters-level training in Counselling Psychology and other specialty areas must be included.

### **Additional concerns:**

We noted that the PBA proposal makes repeated reference to Clinical Psychologists being specialists in mental health, without the identification of other *equivalent* specialists in this domain of practice. This concerns us, because historically speaking both Clinical and Counselling Psychology have provided psychological therapy to people in society for just as long as each other. In fact, the very reason why Counselling Psychology emerged in the US as a specialty area was to provide mental health care to people living in society, rather than exclusively to those who were in psychiatric institutions (Grant, Mullings & Denham, 2008). We note that the PBA has been established in the context of sweeping reforms to our public health care system and that these reforms are driven by principles that emphasise the expansion of public access to quality health care in the community. The ACP asks that the PBA keep these principles in mind and appreciate the rightful place of all appropriately trained mental health specialists in psychology under the new scheme.

The ACP would also like to correct the mistaken view expressed in the PBA proposal that “after 15 years of specialist registration in Western Australia, there exists no evidence of unreasonable negative impact on workforce or workforce flexibility” (p. 20). This is false. In the Department of Health WA, senior levels of career progression for psychologists are only available to Clinical Psychologists. For some time, Disabilities Service Commission has only advertised for Clinical Psychologists. HBF insurance, the largest private health insurance company in WA, only gives provider numbers to Clinical Psychologists. The ACP has been actively involved in campaigning against such discrimination affecting Counselling Psychologists and the clients they see for 20 years now. Again, we ask the PBA to keep these problems with professional discrimination in mind when developing the new scheme.

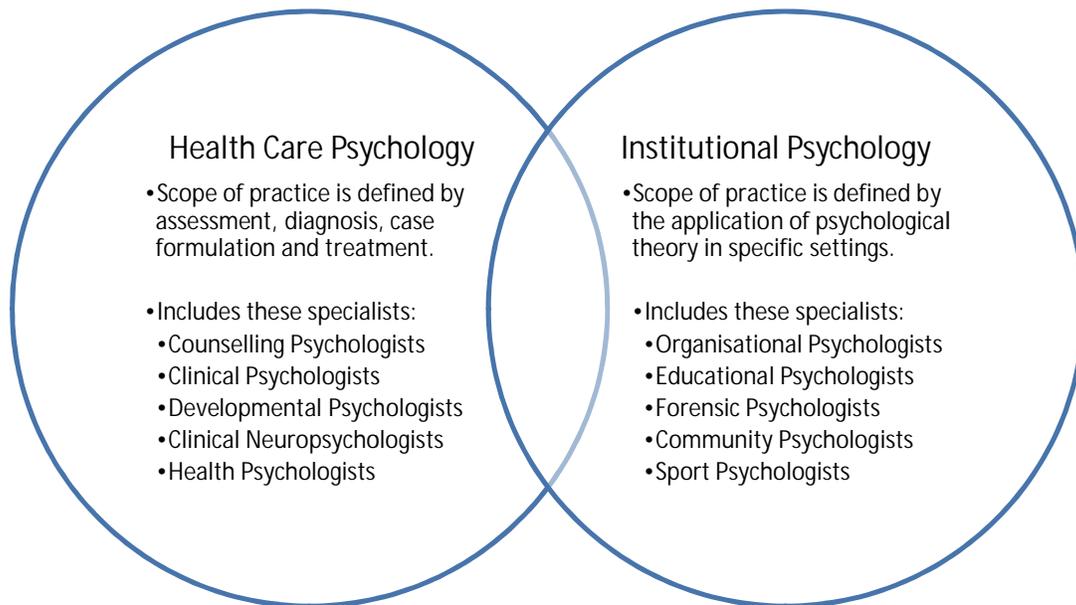
### **Alternative Models**

The ACP requests that the PBA considers a separate mechanism to perform the function of identifying appropriately qualified specialists in psychology for health-related schemes. We believe that this system will provide an inclusive model that allows the public (and other parties) to readily identify suitably qualified practitioners from a diverse pool of experienced mental health specialists in psychology. After some discussion with ACP members, we have formulated several possible ways that the PBA might achieve this outcome.

To the view of the ACP, the main flaw in the system that the PBA has proposed is that it emphasises the *name* of the qualification a practitioner possesses rather than the *content* of their training. This approach, while parsimonious from the perspective of consumers, only has face validity with regard to identifying the pool of health specialists that are available. To exclude appropriately qualified specialists on the basis of the name of their post-graduate degree alone would be a poor outcome for all parties, especially consumers. For this reason the ACP proposes a separate system to identify mental health specialists from the full range of specialist title holders. As we see it, there are two possible systems that could be used.

*Model A: Specialist cluster categories*

An alternative model would be to identify a cluster of post-graduate qualifications that focus on the development of advanced mental health competencies using a collective name. Due to the similarity between Clinical and Counselling Psychology, any scheme with the goal of identifying mental health specialists should not discriminate between these two areas. This is consistent with repeated calls for these two specialty areas to merge (e.g., Brems and Johnson, 1997) as well as international standards in both the UK and the US that show no preference for either specialist group in community mental health work (Grant, Mullings, & Denham, 2008). In short, we recommend a system that focuses on the *scope of practice* afforded by specific training. The following Venn diagram offers one classification system that could be used in this manner:



*Model B: Individual course accreditation*

As it presently stands, APAC approves courses using the existing specialist categories that correspond to the APS Colleges. Although this system helps to achieve some basic standards, in practice there are differences in the course structure and quality of placements between post-graduate courses that bear the same title of qualification. With respect to health-related specialties like Counselling Psychology, Developmental Psychology, Health Psychology and Clinical Neuropsychology, there are some courses that put significant emphasis on building mental health competencies. One way to identify

suitably qualified specialists for work in the mental health sector is to approve courses, such that graduates of those courses are permitted to use multiple specialist titles where there is significant overlap in the course content. For example, if a particular Counselling Psychology course covered a significant amount of mental health training content, then graduates of that course could be approved by the PBA to use two titles: either 'Counselling Psychologist' or 'Clinical Psychologist'. We believe that a system like this will find the right balance between recognising all suitably qualified specialists, reducing administration costs, and supporting the informed decisions of the public and other parties.

The ACP believes there is the potential for the PBA to adapt either of these two models in such a way that will provide sufficient protection for consumers while making the system realistic and focused on actual mental health skills rather than merely the name of a psychologist's qualifying course. If the PBA does not wish to consider such a broad range of specialties being aligned with mental health, we ask that you consider merging Clinical and Counselling Psychology as either interchangeable or equivalent specialist titles. In the USA, the Association of State and Provincial Psychology Boards (ASPPB) have overseen the standards used by licensing boards across North America since 1961. A series of practice analyses they conducted over the last decade show no differences between Clinical and Counselling Psychologists in terms of the work they do, the settings they work in, or the clients seen. The ACP takes the position that there is very little to distinguish Clinical and Counselling Psychology aside from philosophical emphases, particularly in WA. The current exclusion of Counselling Psychologists from specialist roles in the public health system is both unwarranted and discriminatory. The ACP sees the transition of regulatory roles to the PBA as an opportunity to address these equity and access issues in the interests of the public.

### **Concluding remarks**

Although post-graduate training in Counselling Psychology is a lesser known qualification, Counselling Psychologists make significant contributions to mental health care across Australian society in both the public and private sector. The ACP is hopeful that the new scheme will provide an equitable basis for Counselling Psychologists to make their contribution without the implication that they deliver anything less than 'psychological therapy'. Since the inception of the Better Access initiative our specialists have persisted in the health system at a disadvantage, with around 50% working in private practice. Our experience has been that GPs are not concerned whether a specialist bears one title or another, but rather, whether they can do complex mental health work – Counselling Psychologists can. The ACP looks forward to a new scheme that supports the specialised mental health services that Counselling Psychologists provide to the Australian community.