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NATIONAL DRUG AND
ALCOHOL RESEARCH CENTRE

Professor Brin S. Grenyer
Chair
Psychology Board of Australia,
G.P.O. Box 9958,
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Dear Professor Grenyer

Re: Exposure Draft: Guidelines on area of practice endorsements - November 2010

1. BACKGROUND TO THIS LETTER

- 1.1 I am endorsed as a clinical psychologist by the PBA. I write to express some deep concerns about the implications of some aspects of the draft guidelines on area of practice endorsements, which were issued in November 2010.
- 1.2 I have carefully read the draft guidelines. The guidelines do good justice to the clinical skills of endorsed clinical psychologists and other areas of specialty. However, I respectfully make the following points and suggestions for amendments.

2. THE POINTS OF CONCERN

- 2.1 I use the numbering system utilised in the Draft to allow easy identification of areas of concern.
- 2.2 **2.4 Maintaining endorsement (page 6).** CPD activities must recognise the relevance of training in cognitive assessment for clinical psychologists, as well as assessments of emotional problem and therapies.
 - 2.2.1 Clinical psychologists can and do undertake CPD specialist hours in the area of cognitive and neuropsychological assessment, and the APS specifically notes that clinical psychologists currently can and do have expertise in neuropsychological assessment (just as neuropsychologists have expertise in diagnosis).
 - 2.2.2 For example, a recent series of workshops earned me 14 hours of specialist CPD learning the WAIS-IV and the WMS-IV, and the training was recognised by the *College of Clinical Psychologists* and the *College of Clinical Neuropsychologists*. I also see patients with drug/alcohol and pain problems.
 - 2.2.3 My request of the PBA. I request expect that the new arrangements under the PBA honour the existing recognition of training in cognitive/neuropsychological assessment as being relevant to endorsed clinical psychologists as well as endorsed neuropsychologists.

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2.3 **Clinical psychologists need to be competent to diagnose and treat a range of problems.** Clinical psychologists specialise in the assessment, diagnosis, formulation and treatment of **cognitive, emotional, behavioural** and **broader** psychological problems and mental illness of **reactive, organic, or traumatic origins**.

2.3.1 Clinical Psychologists need to be able to diagnose and manage patients whose disorders stem from reactive problems (e.g., depressive and adjustment disorders, phobias), organic and physical/medical causes (congenital problems, psychoses, dementias, drug/alcohol dependence, ADHD), or traumatic origins (e.g., caused by pain or traumatic injury, including traumatic brain injury).

2.3.2 Therefore, assessment and management of patients with anxiety/depression, psychotic symptoms in schizophrenia, anger management in traumatic brain injury, etc. needs to be a competency.

2.3.3 My request of the PBA. I request that the practice endorsement recognise a broader range of problems as set out above, and also shown using track changes to indicate the suggestions in the attached file on ***Competencies Required For Clinical Psychological Endorsement***.

2.4 **Competencies part C) Skills in psychological assessment and measurement (page 22).** I think the skills expected of Clinical Psychologists are too narrow. To date, clinical psychologists have had a range of skills taught to them in Masters courses.

2.4.1 The missing components of an adequate skill base relates to cognitive functioning and to assessment of pain.

2.4.2 There is a need for clinical psychologists to be competent to administer, score and interpret a range of measures of cognitive functioning, specifically some of the major neuropsychological measures, as well as measures of emotional well-being. Adequate assessment of ADHD/ADD patients requires such competence, as does the assessment of patients with suspected psychosis or organic problems.

2.4.3 Assessing between depression and dementia also needs these skills, as does the assessment of cognitive functioning of alcohol and drug dependent patients (which is an area of increasing work for clinical psychologists).

2.4.4 Clinical psychologists also need knowledge of psychopharmacology and neurotoxicology.

2.4.5 My request of the PBA. I request that the practice endorsement recognise a broader range of competencies to assess cognitive and pain problems. There should be a reasonable requirement that clinical psychologists have some knowledge and competence in the assessment of cognitive impairment, using the standard neuropsychological assessment approaches. Again, I have used track changes to indicate the changes in the attached file on ***Competencies Required For Clinical Psychological Endorsement***.

3. SUMMARY

- 3.1 The APS College of Clinical Psychologists website currently recognises the range of skills and competencies of clinical psychologists, as follows: *"Clinical psychologists have specialist training in the assessment and diagnosis of the major mental illnesses and psychological problems. Through their specialist training, clinical psychologists are qualified to provide expert opinion in clinical, compensation, educational and legal jurisdictions. Some clinical psychologists also specialize in particular types of assessment such as neuropsychological, forensic and educational assessment"*.
- 3.2 In my Master's degree there was extensive training in neuropsychological assessment, including WAIS, WMS, RAVLT, etc. To respect the skills of existing clinical psychologists and to emphasise the breadth of skills that are required to be a clinical psychologist, the endorsement documents need to recognise that clinical psychologists need to possess sufficient skills to assess patients using psychological measures and measures of cognitive/neuropsychological function.
- 3.3 To do otherwise will lead to under-skilled clinical psychologists, and to continued and unhelpful public demarcation disputes between clinical psychologists and clinical neuropsychologists, and possibly the restriction of trade of clinical psychologists who, and I quote the APS, currently *"provide expert opinion in clinical, compensation, educational and legal jurisdictions. Some clinical psychologists also specialize in particular types of assessment such as neuropsychological, forensic and educational assessment"*.
- 3.4 Finally, one has to applaud the authors of PBA Draft for their careful handling of these important issues. However, while it is most helpful to have practice endorsement which clarifies skills, too narrow a skill base will erode the rights of practice of clinical psychologists and fail to recognise the fact that in psychology, as in many professions (e.g., medicine), the skill sets are somewhat overlapping. This overlapping nature of skill sets can and should be reflected in the practice endorsement document, while still preserving the differentiation required for responsible presentation of psychological skills to the public.

Yours sincerely



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