

29 February 2016

Psychology Board of Australia
AHPRA
psychconsultation@ahpra.gov.au



Dear Chair and Board members,

RE: CONSULTATION ON REVIEW OF AREA OF PRACTICE ENDORSEMENTS REGISTRATION STANDARD AND GUIDELINES.

Thank you for the opportunity to make a submission to the public consultation on the review of Area of Practice Endorsements Registration Standard and Guidelines. The ACP welcomes the review as an opportunity to resolve the concerns we have repeatedly expressed since the introduction of the national registration scheme in 2010, and the associated consultations that resulted in the current guidelines in 2011.

As you are aware, the ACP strongly objects to the current and proposed guidelines on competencies required for counselling psychology endorsement, as outlined in Appendix B of the draft guidelines (pp.24-25). Our primary objections are that the guidelines do not address the issues we have raised since 2010 and they do not accurately reflect the core competencies of Counselling Psychologists:

- i. attained through Masters or doctorate qualifications in counselling psychology;
- ii. achieved through completion of the registrars' program for endorsement as a Counselling Psychologist;
- iii. applied in the treatment of a broad spectrum of mental health issues across the lifespan; or
- iv. practised in the variety of settings in which Counselling Psychologists work.

In particular, the guidelines do not give due recognition to counselling psychology competencies in psychological assessment, case formulation, diagnosis, knowledge of psychopathology and psychopharmacology, evidence-based treatment of mental disorders, and couple therapy.

The guidelines mistakenly include reference to competence in community interventions; thus confusing the role of Counselling Psychologists with that of Community Psychologists.

The ACP considers that the preamble to the eight specialist skills and capabilities that Counselling Psychologists must possess is a narrow and inaccurate depiction of the nature of contemporary counselling psychology practice, suggesting that our focus is 'fulfilment', 'productivity', and 'growth', and downplaying the severity of our clients' presentations and mental health conditions for which they seek treatment.

The ACP believes that the guidelines are important to protect the public, define our professional identity, and distinguish between the nine areas of advanced psychology practice. However, the ACP is concerned that as the current and proposed guidelines stand:

- i. they mislead clients and third-party referrers about the respective competencies of the nine psychology streams. In particular, they imply that Counselling Psychologists are less competent than Clinical Psychologists in assessment, diagnosis and treatment of mental disorders. As a result clients potentially conclude incorrectly that Counselling Psychologists are unqualified to meet their mental health care needs. This is a significant restriction on consumer choice, given that Counselling Psychologists are the second largest group of advanced psychology practitioners in Australia.
- ii. employers will base recruitment decisions on inaccurate descriptions of the expertise of Counselling Psychologists. This will result in restricted public access to the skills of Counselling Psychologists and services offering less diverse mental health teams. It will also disadvantage Counselling Psychologists in their efforts to find work or seek promotion, which in turn could affect students' choices about future courses of study in advanced psychology. We note that two APAC-accredited courses in counselling psychology have closed since the current guidelines were implemented, leaving only one dedicated counselling psychology program in Australia.
- iii. they could adversely affect mobility of Australian Counselling Psychologists because they are out of alignment with internationally recognised competencies of Counselling Psychologists. Likewise, they could deter internationally trained Counselling Psychologists from coming to Australia.

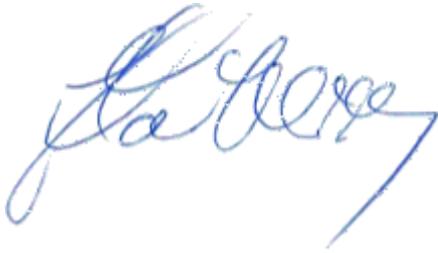
Given the above, the ACP contends that the current and proposed guidelines do not comply with COAG Principles for Best Practice Regulation, specifically principles 1, 2 and 3, relating to protection of the public, restriction of competition among health practitioners, and restriction of consumer choice.

I commend to the Board the attached submission and proposed revisions to the guidelines, which have been agreed by the Association of Counselling Psychologists, the APS College of Counselling Psychologists, and the Curtin University counselling psychology program. I urge the Board to give proper consideration to submitting these to the Ministerial Council for approval.

The ACP looks forward to seeing revised guidelines that accurately portray the expertise of Counselling Psychologists to the public/consumers, the psychology profession, other mental health professionals, and prospective students of counselling psychology.

If you require further information or wish to discuss the matters raised in our submission, please contact me on 0439 549 481 or email counsellingpsychologists@gmail.com

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Fiona Carberry', with a stylized, cursive script.

Fiona Carberry
Chair

BA, BSW, B.Psych. M.Psych. (Counselling Psych.), MA (Public Policy)

Association of Counselling Psychologists'

Submission to the Psychology Board of Australia's public consultation paper (no. 26) on a review of the Area of practice endorsements registration standard and the Guidelines on area of practice endorsements

February 2016

CONSULTATION ON REVIEW OF AREA OF PRACTICE ENDORSEMENTS REGISTRATION STANDARD AND GUIDELINES.

Introduction

The Association of Counselling Psychologists (ACP) is pleased to have an opportunity to make a submission to the public consultation on the review of Area of Practice Endorsements Registration Standard and Guidelines.

The ACP is a Western Australian organisation representing over 120 members. Our members are: (i) registered psychologists with the Australian Health Practitioners' Regulation Agency (AHPRA) who are endorsed to practice in Counselling Psychology; (ii) Counselling Psychology students completing the Masters or Doctorate program; and (iii) those who have completed their post-graduate degree in Counselling Psychology and are undertaking their Registrar program or yet to commence it.

The ACP strongly objects to the current and proposed guidelines on competencies required for Counselling Psychology endorsement, as outlined in Appendix B of the draft guidelines (pp.24-25).

Responses to the Psychology Board's general questions for consideration

In summary, the ACP's responses to the Board's 'general questions for consideration' on the Guidelines (pp.22 of consultation paper 26) are as follows:

Q2. The draft revised guidelines do not address issues that we have previously raised.

The ACP has conveyed the need for accuracy when defining counselling psychology to the public at every point of communication with the Psychology Board of Australia since the inception of our national registration scheme.

In August 2010 the Board published *Consultation Paper 5* which contained the following brief description of counselling psychology:

"Counselling psychologists are specialists in the provision of psychological therapy, and provide psychological assessment and psychotherapy for individuals, couples, families and groups, and treat a wide range of psychological problems."

The wording of the descriptions for the other areas of practice endorsement were either a verbatim match of the first two sentences of each APS College brochure or a slightly enhanced version of the same text. However, in the case of counselling psychology, all words referring to mental health disorders were removed. A total of 20 letters were sent to the Board by members of the profession asking for restoration of those statements relating to mental health care.

In November 2010 the Board published the exposure draft for areas of practice endorsement. The description of counselling psychology was as follows:

“Counselling psychologists specialise in the provision of psychological therapy, and provide psychological assessment and psychotherapy for individuals, couples, families and groups, and treat a wide range of psychological problems and mental health disorders.”

The exposure draft was accepted by the APS College of Counselling Psychologists and the ACP. However, some months after the public consultation closed the Board made significant alterations to the document, publishing the changes without allowing an opportunity for input or feedback, and resulting in the current opening paragraph (below).

“Counselling psychologists use their knowledge of psychology and therapy to help individuals and groups develop positive strengths and well-being, and to assist the resolution of problems and disorders. They research and evaluate processes of growth through psychotherapy and counselling, and use their psychological knowledge to improve methods for helping people live more fulfilling and productive lives. Counselling psychologists treat a wide range of psychological problems and mental health disorders. They also work with families, organisations and communities to promote empowerment and harmonious relationships, overcome problems and manage transitions.”

The ACP has communicated our dissatisfaction with this definition of counselling psychology in five separate submissions, four meetings with the Board, two emails providing detailed information about the advanced competencies of counselling psychologists, and an official complaint to the National Health Practitioner Ombudsman. Our prior efforts to convey the need for change have been largely disregarded by the Board. For five years we have had a national definition for counselling psychology which portrays us in a misleading way and is rejected by our entire practitioner group.

Q4. The area of practice competencies do not accurately reflect the range of core skills and knowledge common to all counselling psychologists.

AND

Q5. There are core areas of skill and knowledge that are specific to counselling psychology practice that are missing from the competencies for counselling psychology.

In particular, the guidelines do not recognise Counselling Psychologists' competencies in couple therapy, knowledge of psychopathology and psychopharmacology, and competence in psychological assessment, case formulation, diagnosis, and evidence-based treatment of mental disorders. Proper recognition of these requires amendments to the guidelines in the sections on knowledge of the discipline, psychological assessment and measurement, and intervention strategies.

Q.6 There is other content that needs to be changed or deleted in the draft revised guidelines.

The intervention strategies in the guidelines mistakenly include reference to competence in community interventions; confusing Counselling Psychologists with Community Psychologists. They also identify knowledge of methods for mediation,

consulting, supervising, care planning, and designing interventions, which is not one of our competencies. Accordingly, these intervention strategies need to be deleted.

Q.7 There is something missing that needs to be added to the draft revised guidelines.

The ACP considers that the preamble to the 8 specialist skills and capabilities that Counselling Psychologists must possess is a narrow and inaccurate depiction of the nature of contemporary counselling psychology practice, suggesting that our focus is clients' fulfilment, productivity, and growth. The preamble needs to be extensively revised to remove these words, to broaden the range of disorders and psychological issues for which Counselling Psychologists provide therapy, and to acknowledge our expertise in assessment, case formulation, diagnosis, and evidence-based treatment of mental disorders across the lifespan.

An inaccurate statement of competencies for Counselling Psychologists misleads the public about our competencies, and serves to justify and perpetuate policy inequities such as a system of Medicare rebates which disadvantage our clients vis-à-vis those who go to Clinical Psychologists. There is extensive evidence that consumer access and choice of mental health care is directly affected by out-of-pocket costs in Australia (Pirkis et al., 2011). Our efforts to correct the guidelines on area of practice endorsements is focused on communicating the right message to the public about the role of Counselling Psychologists in the wider mental health care system.

ACP amendments to competencies required for counselling psychology endorsement

The full text of the ACP's proposed competencies required for counselling psychology endorsement is at [Appendix 1](#).

In January 2016 the ACP consulted with both the *APS College of Counselling Psychologists* and the staff at the Curtin University counselling psychology program. This course now represents the only full-time APAC approved program in Australia dedicated exclusively to counselling psychology. [Appendix 1](#) has been agreed between the three parties as representing an accurate, up-to-date description of counselling psychology in Australia.

The remainder of this submission outlines each area of the competencies required for counselling psychology endorsement that the ACP wishes to see changed and provides the rationale for our proposals.

Preamble to competencies required for counselling psychology endorsement

ACP amendments

The ACP proposes to amend paragraph 1 so that it reads as follows:

Counselling psychologists use their knowledge and understanding of psychology, psychotherapy, and mental health to treat a wide range of psychological issues, problems, and mental health disorders. They provide assessment, formulation, diagnosis and psychotherapy for individuals, couples, families, and groups across the lifespan. They use evidence-based therapies and evidence-based therapy relationships to assist clients to resolve mental health disorders or psychological problems and move toward greater psychological health. They research, evaluate, and develop new methods for improving psychological health and therapeutic interventions for psychological problems and disorders

The ACP proposes to amend paragraph 3 so that it reads as follows:

Specific services of counselling psychologists include assessment and provision of psychological therapy for a wide range of issues and disorders including anxiety, depression, post-traumatic stress disorder, grief and loss, relationship difficulties, domestic violence, sexual abuse and trauma, career development, substance use disorders, eating disorders, and personality disorders.

Rationale for changes

This revised introduction to the competencies more accurately reflects the contemporary training, research, placement, and specialised practice of the profession of counselling psychology. The range and type of cases described above are a more accurate reflection of real world data about counselling psychology practice in Australia (Orrum, 2005), including our own data from practitioner surveys of over 100 counselling psychologists (Mullings, 2012). Our revised description uses more neutral language with regard to theoretical orientation and retains due mention of the actual work of counselling psychologists with people who live with complex, chronic, and severe mental health conditions, as well as including couple therapy. We believe it is important to have more explicit recognition of the breadth of counselling psychology across the lifespan from infancy to old age.

Knowledge of the discipline

ACP amendments

The ACP proposes to amend specialist capability 1 so that it reads as follows:

1. knowledge of the discipline:
 - a. a broad understanding of the role of counselling psychologists in providing psychological services, including assessment, diagnosis, treatment, prevention, research and consultancy services within the community across diverse settings
 - b. knowledge of personality, interpersonal processes, individual differences, gender and identity, emotions and experience, and the cognitions and contexts in which meaning and beliefs arise
 - c. knowledge of psychopathology and psychopharmacology
 - d. understanding scientific approaches to studying psychotherapy and counselling, including the role of client and therapist factors, and therapeutic alliance, and specific and non-specific treatment processes and
 - e. understanding of the theory and application of evidence based interventions for mental health problems, including individual psychotherapy, group, family and couple therapy

Rationale for changes

The Rose Committee report (1971) marked the first documented appearance of counselling psychology in Australia, stating that counselling psychologists must “make diagnostic decisions” (p.1). Shortly after the arrival of counselling psychology in Australia, Williams (1977) described the focus of counselling psychology as being “strongly developed” in the area of psychotherapy to remedy mental health problems. Surveys of the profession dating back to 1989 indicate that counselling psychologists in Australia frequently write formal diagnostic reports and provide therapy for cases in the severe range of psychopathology (Schoen, 1989).

The focus of counselling psychology on working with relationships, in all of their varied forms, highlights the importance of couple therapy to our practitioner group. There is an extensive history of counselling psychology research focused on the processes and outcomes of couple therapy.

Counselling psychologists’ knowledge of psychopathology and psychopharmacology is an important omission from the draft guidelines, and ignores the emphasis on this in post-graduate studies in counselling psychology. At Curtin University, for example, the attainment of this knowledge is integrated into several units through the teaching and readings, with students expected to demonstrate their knowledge in assignments incorporating psychopharmacology treatments for various mental health disorders. Student placements for counselling psychology trainees put them in direct contact with complex issues related to medication and other treatments associated with mental

disorders. Given the widespread use of psychotropic medications by the Australian population, knowledge of psychopharmacology is essential. The realities of counselling psychology practice involves working with many clients who use medication for mental health conditions at the same time as participating in psychotherapy for a wide range of psychopathology.

In our 2012 survey of Counselling Psychologists in WA, a quarter had full registration as a 'clinical psychologist' with a further 10% still completing their bridging plan. Respondents who addressed the question of the necessity in practical terms for such a bridging program, to conduct the required work with complex, chronic and severe mental health disorders, stated that this process was unnecessary. Feedback received in this survey was that the psychopharmacology units were of interest but did not significantly build on participants' knowledge or competence (Mullings, 2012). In other words, these Counselling Psychologists considered that they were already sufficiently well-equipped in relation to psychopathology and psychopharmacology.

Psychological assessment and measurement

ACP amendments

The ACP proposes to amend specialist capability 3 so that it reads as follows:

3. psychological assessment and measurement:
 - a. knowledge of psychological assessment, with a critical approach to theory, practice, and research
 - b. competence in psychological assessment and diagnosis of mental disorders using structured clinical approaches
 - c. competence in the assessment of symptom severity using empirically valid and reliable measures
 - d. competence in applying measures to evaluate the effectiveness of psychological interventions and
 - e. competence in the use of valid and reliable tests of psychological functioning, including learning, intelligence, cognition, emotion, memory and personality

Rationale for changes

The exposure draft in *consultation paper 7* in November 2010 correctly recognised Counselling Psychologists' additional training and specialised skills in mental health care. The exposure draft stated that counselling psychologists have "demonstrated competency in" a range of areas including the "use of diagnostic classification systems" and "psychometric and psychodiagnostic assessment" (p.26). The list of competencies under the heading of psychological assessment also included demonstrated ability in case formulation and treatment planning.

All of the relevant competency statements relating to mental health were subsequently diluted to "knowledge of" statements (e.g., "knowledge of the assessment and diagnosis of mental disorders"). The ACP points out that merely having a "knowledge of" such domains implies that we know how to assess and diagnose mental disorders but we are

not competent to actually do it. It also makes Counselling Psychologists indistinguishable from non-psychologists who do counselling and psychotherapy, such as Master of Counselling and Psychotherapy graduates who purportedly have the knowledge to “assess and integrate major mental health diagnostic categories and plan evidence based treatment for a broad spectrum of mental health issues” (Australian College of Applied Psychology, 2016).

The ACP’s proposed amendments to strengthen the references to our capabilities by referring to our competence rather than knowledge, reflect the fact that psychological assessment, diagnosis, and complex case formulation is a well-established standard dating back to the origins of counselling psychology as well as reflecting the present reality in Australia as standards have evolved across the decades.

Our proposed amendments emphasise that a critical and reflective stance to assessment and case formulation is part of the underlying philosophy for counselling psychology which sets it apart from other mental health care practitioners.

Intervention strategies

ACP amendments

The ACP proposes to amend specialist capability 4 so that it reads as follows:

4. intervention strategies:
 - a. knowledge of theory and the scientific evidence base for counselling psychology
 - b. competence in the delivery of evidence-based psychological therapies for mental health disorders and problems
 - c. Competence in individual, couple, family and group interventions.

Rationale for changes

Our corrections to competencies listed under ‘intervention strategies’ offer a more accurate picture of contemporary counselling psychology practice in Australia. Advanced training in couple therapy has long been a requirement for counselling psychologists in Australia. On the other hand, community interventions are the domain of community psychology, so reference to these in the counselling psychology competencies is misplaced.

Our review of all APAC accredited courses for counselling psychology across Australia in 2012 confirmed that couple therapy was part of the training at every accredited course. Practitioner surveys conducted by the ACP indicate that couple therapy is practiced by counselling psychologists working in community agencies, private practice, hospitals, services for defence personnel, GP clinics, universities, and specialised outreach organisations (Mullings, 2012). Advanced skill in couple therapy was tested and individually assessed as a core competency for all counselling psychologist registrars in the WA specialist registration scheme for several decades prior to the implementation of our national registration and accreditation scheme.

Closing Comments

One of the stated objectives of the *Health Practitioner Regulation National Law* is to regulate health professions and to register students undertaking programs such as counselling psychology. Likewise, a key objective of the national registration and accreditation scheme is to ensure that counselling psychologists are suitably trained and qualified to practise in a competent and ethical manner and to facilitate the provision of high quality education and training in counselling psychology. The National Law specifies that guidelines and restrictions for the profession should ensure that psychological services of an appropriate quality can be provided to the public. For any of those objectives to be met we must have an accurate definition and set of competency statements for counselling psychology which is based on evidence and is accepted by the counselling psychology profession. Our corrected definition ([Appendix 1](#)) will make that possible. [Appendix 2](#) summarises some international approaches in counselling psychology, making clear that the corrections we are seeking to our competencies as expressed in the guidelines, are consistent with international standards for counselling psychology.

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Appendix 1

Corrected description and competency statements for counselling psychology

Counselling psychologists use their knowledge and understanding of psychology, psychotherapy, and mental health to treat a wide range of psychological issues, problems, and mental health disorders. They provide assessment, formulation, diagnosis and psychotherapy for individuals, couples, families, and groups across the lifespan. They use evidence-based therapies and evidence based therapy relationships to assist clients to resolve mental health disorders or psychological problems and move toward greater psychological health. They research, evaluate, and develop new methods for improving psychological health and therapeutic interventions for psychological problems and disorders.

Consumers of the services of counselling psychologists are persons, groups, and organisations, including:

- Members of the public, couples, families, and carers
- Medical, specialists and health practitioners
- Health departments, hospitals and community practices
- Community groups
- National, state or local government or non-government organisations and
- Welfare agencies, educational institutions, justice services, victims of crime, and community services

Specific services of counselling psychologists include assessment and provision of psychological therapy for a wide range of issues and disorders including anxiety, depression, post-traumatic stress disorder, grief and loss, relationship difficulties, domestic violence, sexual abuse and trauma, career development, substance use disorders, eating disorders, and personality disorders.

To assure consumers that a counselling psychologist is capable of providing the services required all endorsed practitioners must be competent in areas a-h in this document. All counselling psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, counselling psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:

- a. a broad understanding of the role of counselling psychologists in providing psychological services, including assessment, diagnosis, treatment, prevention, research and consultancy services within the community across diverse settings

- b. knowledge of personality, interpersonal processes, individual differences, gender and identity, emotions and experience, and the cognitions and contexts in which meaning and beliefs arise
- c. knowledge of psychopathology and psychopharmacology
- d. understanding scientific approaches to studying psychotherapy and counselling, including the role of client and therapist factors, and therapeutic alliance, and specific and non-specific treatment processes and
- e. understanding of the theory and application of evidence based interventions for mental health problems, including individual psychotherapy, group, family and couple therapy

2. ethical, legal and professional matters:

- a. understanding of ethical issues in various counselling psychology settings and how to appropriately manage them (for example, confidentiality and record keeping, managing professional boundaries) and
- b. competence in communicating counselling psychologists' ethical obligations to others (for example, to families, government departments)

3. psychological assessment and measurement:

- a. knowledge of psychological assessment, with a critical approach to theory, practice, and research
- b. competence in psychological assessment and diagnosis of mental disorders using structured clinical approaches
- c. competence in the assessment of symptom severity using empirically valid and reliable measures
- d. competence in applying measures to evaluate the effectiveness of psychological interventions and
- e. competence in the use of valid and reliable tests of psychological functioning, including learning, intelligence, cognition, emotion, memory and personality

4. intervention strategies:

- a. knowledge of theory and the scientific evidence base for counselling psychology
- b. competence in the delivery of evidence-based psychological therapies for mental health disorders and problems
- c. Competence in individual, couple, family and group interventions

5. research and evaluation:

competence in each of the following:

- a. identification of psychological questions that arise from counselling psychology practice and the design of appropriate research strategies
- b. communication of research methods and findings to non-psychologists in clinical practice settings and
- c. the transformation of research and evaluation findings into policy, applied knowledge, and improved treatments

6. communication and interpersonal relationships:
competence in each of the following:

- a. provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, and for medico-legal purposes
- b. provision of consultancy advice and psychoeducation about mental health problems and issues
- c. communicating the obligations of a counselling psychologist in various roles and settings (for example, to schools, medical practitioners, criminal justice systems) and
- d. awareness of personal factors as they influence communications between individuals and groups, and the ability to reflect upon interpersonal processes through supervision and peer consultation

7. working within a cross-cultural context:

- a. competence to adequately practise with clients from cultures different from the psychologist's own, including specific knowledge and skills in assessment and intervention with Aboriginal and Torres Strait Islander peoples, and understanding and showing sensitivity to lifestyle diversity and issues of gender equality, particularly as they relate to counselling psychology contexts and

8. practice across the lifespan:

- a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a counselling psychologist in the context in which the psychologist is employed

Appendix 2

International Perspective of Counselling Psychology

Counselling psychology is one of the four traditional areas of specialisation in the discipline of psychology which formed in the post-war period between 1946 and 1950. In that period there was an unprecedented demand for mental health care in the community with returning veterans needing psychological support to adjust to civilian life. Counselling psychology was formed “to help emotionally disturbed veterans” outside of the hospital setting (p.10, Whitely, 1984). The original purpose of the designation of counselling psychology in 1949 was “to promote high standards of practice in the psychometric, diagnostic, and therapeutic phases of counselling” (p.11). The client group served by counselling psychology was described by the American Psychological Association as “all people on the adjustment continuum from those who function at tolerable levels of adequacy to those suffering from more severe psychological disturbances.” (American Psychological Association, 1952).

Assessment

The text ‘*Specialty Competencies in Counselling Psychology*’ provides a comprehensive overview of our established advanced standards of training, research, and practice in the domain of counselling psychology (Fuentes et al., 2013). In the area of psychological assessment, Fuentes et al. highlight that counselling psychologists make assessments for strengths and resources in addition to the assessment and diagnosis of psychopathology. For counselling psychologists, the inclusion of strengths-based assessment holds even for those who experience more complex, chronic, and severe mental health issues:

“...when treating severely disturbed persons, counseling psychologists will assess and account for assets and strength, and promote positive coping, adjustment, psychological growth, and meaningful work.” (p.6)

The recent shift towards ‘positive psychology’ in clinical psychology represents a partial convergence with counselling psychology around the need to emphasise human strengths and abilities. Growing convergence between clinical and counselling psychology “has been a two-way phenomenon” (p.9, Fuentes et al., 2013) closely tied with growing areas of overlap in the populations and settings where each practitioner group now works. This overlap is associated with a greater public demand for community-based mental health care services over the last few decades and the evolution of the psychology profession as a whole towards briefer interventions and positive psychological factors.

The *Council of Counseling Psychology Training Programs (CCPTP)* represents the training objectives of counselling psychology in the US. Their description of core competencies applying to “readiness for entry to practice” reinforce the corrections we recommend in the area of psychological assessment (2016):

- *Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis/assessment and treatment/intervention planning*

- *Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice*
- *Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity*
- *Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment*
- *Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner*

All of our prior standards of training for psychological assessment align with our international counterparts. As is the case in the US, counselling psychologists in Australia can be expected to be competent both in diagnostic classification and in the assessment of assets and strengths (Gelso & Fretz, 2001).

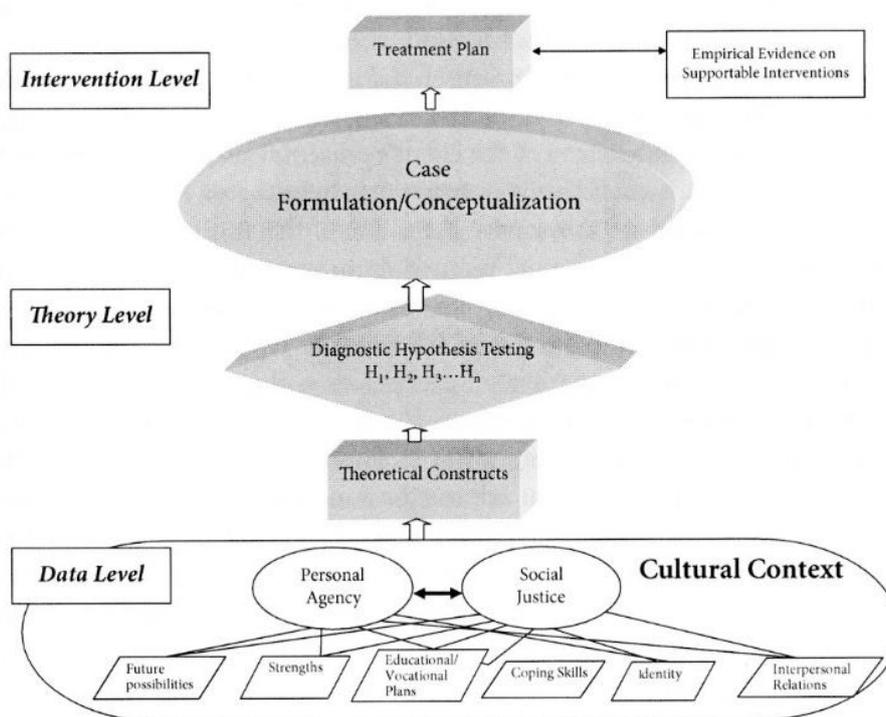
Case Formulation

In addition to the standards mentioned above, the CCPTP also has benchmarks for “readiness for entry to practice” under the heading of ‘intervention planning’ which speak directly to the advanced competencies of counselling psychology in case formulation (2016):

- *Effectively plans interventions; case conceptualizations and intervention plans are specific to case and context; effectively integrates knowledge of evidence-based practice, including empirical bases of assessment and intervention, clinical expertise, and client preferences*
- *Displays clinical/therapeutic/psychoeducational skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations*
- *Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate*

The flow-chart displayed below shows how counselling psychologists bring diagnostic factors into consideration alongside socio-cultural, environmental, personal, and contextual variables using an integrated case-formulation system (p.99, Fuertes et al., 2013)

FIGURE 5.3 **General framework of case conceptualization.**



In the UK the Health & Care Professions Council (HCPC, 2015) lists standards of proficiency relevant to case-formulation which are specific, and in most cases unique, to counselling psychology:

- 14.43 be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
- 14.46 be able to adapt practice to take account of the nature of relationships throughout the lifespan
- 14.47 be able to formulate service users' concerns within the chosen therapeutic models
- 14.48 be able to critically evaluate psychopharmacology and its effects from research and practice
- 14.49 be able to critically evaluate theories of psychopathology and change
- 14.50 be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user
- 14.51 be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy

We draw your attention in particular to the consistent theme of “critical evaluation” which is notably absent from the description of all other areas of specialisation in the UK.

Couple Therapy

In North America, Fuertes et al. (2013) point out that competency in couple therapy is an essential foundational element of counselling psychology practice which has been incorporated into the *Examination of Professional Practice in Psychology*.

In the UK, proficiencies in couple therapy are explicitly noted as essential components of the training and practice of counselling psychologists. Course accreditation guidelines for counselling psychology training programs state that trainees must be able to demonstrate their ability to provide psychological therapy for couples (section 4.4(i), p. 21, British Psychological Society, 2015). Our own standards in Australia mirror those of the UK and US in this respect.
