

**Submission by the
Australian Psychological Society to the
Psychology Board of Australia
on**

**Public Consultation Paper 26
Review of Area of Practice
Endorsements**

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Introduction

The Australian Psychological Society (APS) welcomes the opportunity to comment on the Psychology Board of Australia Consultation Paper 26 Review of Area of Practice Endorsements.

The APS, as the largest national professional association for psychologists with over 22,000 members, has had a longstanding role in setting national standards for psychology education and training and has close relationships with the Schools and Departments of Psychology in Australia's higher education sector and with the Heads of Departments and Schools of Psychology Association (HODSPA). The APS also has established relationships with senior psychologists in the public and private sectors. The APS has also been working collaboratively with the Psychology Board of Australia (PsyBA) and the Australian Health Regulation Agency (AHPRA) since their inception.

This submission will draw on our past submissions on Area of Practice, specifically, Consultation Paper 7 – Exposure Draft – Guidelines on area of practice endorsements (November-December 2010; APS Submission dated 27 January 2011). In preparing this submission, the APS has also carefully considered the feedback provided to Consultation Paper 7 as published on the PsyBA website and recent feedback provided by members and representatives of the nine APS Colleges.

Overall, the APS believes that the AoPE Registration Standard and the Guidelines are appropriate and work reasonably well. The APS therefore agrees with the currently proposed limited scope of revisions. The APS also believes that several reviews in process are likely to affect the AoPE Standards and Guidelines in the future. These include:

1. Review and reform of the psychology education and training model as initiated during the December 4 2015 joint forum by the APS, HoDSPA, the PsyBA and Australian Psychology Accreditation Council (APAC) (cf. paragraph 29)
2. Revision of the APAC accreditation standards, expected to be finalised during 2016 (cf. paragraph 29)
3. Benchmarking Australian psychologists internationally (the International psychology competency project, cf. paragraph. 31-34) and
4. Re-consideration of those areas of psychology that may be better classified as a specialty, rather than an area of practice, and seeking Ministerial Council approval at some point in the future (cf. paragraph 23-28).

The APS therefore recommends conducting a more in-depth review of the AoPE Registration Standard and Guidelines, especially the area-specific competencies, upon completion of these other processes.

However, the APS also agrees that the current Consultation Paper 26 provides an opportunity to make some changes to the current AoPE Registration Standard and Guidelines. The APS' response to the Options Statement is therefore in support of the PsyBA's preferred option.

APS Response to Options Statement

The PsyBA offered two options: Option 1: status quo (no changes to the registration standard) and Option 2: proposed revised standard.

The APS is in support of the PsyBA's preferred option: **Option 2.**

APS Response to *Discussion – review of Area of practice endorsement registration standard*

The APS has carefully reviewed Consultation Paper 26 and comments as follows:

1. Summary (p. 11, paragraphs 49 to 51): The APS agrees that the revised wording of the standard clarifies the requirements for obtaining AoPE and may help consumers' decision making.
2. The approved areas of practice (pp. 11-12, paragraphs 52 to 57): The APS agrees with the Board about the nine approved areas of practice, and is pleased to note that opportunity for new areas of practice does exist, provided degree programs meet APAC's accreditation standards.
3. Eligibility (pp. 12-13, paragraphs 58 to 70): The APS agrees with the points raised in this section. The APS specifically notes paragraphs 69 and 70. The APS considers the PsyBA's proposal to add a new eligibility pathway for endorsement (Part e) an excellent initiative which provides encouragement for previously endorsed practitioners to rejoin an area of practice. This would also have positive effects on the psychology workforce.
4. Definitions (p. 13, paragraph 71): The APS agrees that a section on definitions will be helpful.
5. Review (pp 13-14, paragraphs 72 to 74): The APS agrees that now that standards are established, in principle, a 5-year review cycle will be appropriate and is pleased to note that there is provision to undertake the review earlier if needed. The APS also agrees that currently planned changes to the education and training model, APAC standards and other potential changes may necessitate a review of AoPE standards upon completion of those other initiatives and projects.
6. Expected impact (p. 14, paragraph 77): The APS agrees that the impact of the proposed revisions is likely to be minor.
7. Comment on Eligibility, p. 15, 16 (d), p. 30 (legislation): Part 7 Registration of Health Practitioners: 98 (1) (a) ii

Overseas qualifications assessment framework

The APS applauds the PsyBA for seeking to develop a more streamlined process for assessing overseas qualifications of applicants for registration in Australia. The APS has been concerned for some time about the one-size-fits-all approach to applications that is impacting on industry and the workforce. The APS is particularly concerned about the high number of highly trained overseas senior psychologists who are being recruited as work-ready to assist organisations to provide supervision to provisionally registered psychologists and registrars. These senior psychologists are then themselves required (as part of the Psychology Board Transition Program) to be provisionally registered and supervised for at least three months fulltime before they are allowed to practise in Australia. The Transition Program requirement applies to all applicants irrespective of their length of experience as a psychologist or the quality of course accreditation processes from their country of origin. The APS strongly encourages the PsyBA to consult with key stakeholders during the development of the framework to ensure both the needs of the workforce and the safety of the community are addressed.

Response to paragraphs 90-92 (p. 19) and Draft Guidelines Section 98 (1) (a) ii

Equivalency guidelines

The APS applauds the PsyBA for recognising the need to address 'equivalency' guidelines with respect to psychology qualifications gained overseas when applying for endorsement. It is pleasing to see that the PsyBA has proposed additional circumstances that may be considered when assessing applications. However, the APS has repeatedly conveyed to the PsyBA the complexities that arise as a result of a focus on 'equivalency' of qualifications as opposed to 'comparability' of qualifications. While the proposal is to accept qualifications that are "substantially equivalent to, or based on similar competencies", it is likely that many very highly trained overseas applicants will still find it difficult to gain endorsement in Australia. This is because of the many differences between Australian and overseas psychology training programs and the subsequent difficulty experienced by the PsyBA administrative staff in attempting to determine equivalence. The APS recommends that the term 'equivalent' be replaced with the term 'comparable' in the legislation or that the PsyBA consider pursuing a more flexible interpretation of the word 'equivalent'.

APS Response to General Questions for Consideration: Area of practice endorsements

1. From your perspective, how is the current registration standard working?

Answer to question 1: Feedback from the nine APS Colleges representing the nine areas of practice currently endorsed suggests that the current registration standard is suitable and working well.

Feedback also included the following:

- The processes that are in place to protect the public against those who breach the registration standards, however, are seen as completely inadequate. It appears that those who are in breach of the standards are not being investigated and appropriately sanctioned by the PsyBA. This is particularly relevant where non-psychologists call themselves psychologists and where psychologists without appropriate practice endorsement claim the protected title.
- There is concern that consumers/non-psychology stakeholders do not understand the differences between the nine areas of practice. Hence, the APS Colleges have been working hard to define their distinctiveness for the marketplace. The question has been raised about the extent to which the PsyBA comprehends the distinctive nature of these areas of practice. Recognition of the distinctions by the PsyBA and reference to universities carrying out research in these areas would benefit consumers and non-psychology stakeholders.
- While the PsyBA clearly sees its function as protecting the public, we would argue that protection of the public is facilitated by ensuring an informed public, and thus the PsyBA has an important function in educating the public. The alternative is for the PsyBA simply to approve general registration, and individuals being able to promote their expertise and specialised knowledge on the basis of being a member or fellow of a particular college, following the model in medicine.
- To align with best practice standards of training and development, it is recommended to use the satisfaction of competencies, rather than hours of practice as the basis of AoPE. We have no evidence at present to the effect that the number of hours required for AoPE is satisfying a requirement that might be

achieved more efficiently in fewer hours. It would also encourage training institutions to develop new and innovative approaches to training that would enable endorsement to be achieved in less time. It would also enable the recognition of prior learning, which is a key component of the Australian Qualifications Framework.

2. Do the nine approved areas of practice accurately reflect the current range of postgraduate degree options and specialised practice areas in Australia?

Answer to question 2: The APS agrees with the PsyBA that no change is needed (cf. par 52) and that the nine areas reflect the current range of degree options. At the present time, higher education providers in Australia offer degree options in all nine areas of practice, reflecting the importance of assuring this range of different postgraduate degree options continues to exist. Although the number of programs has decreased in some areas of practice, such as community, counselling, health, organisational, and sport and exercise psychology, there is nevertheless interest by students in these postgraduate pathways, and there are career opportunities for these specialised workforces. In fact, informal feedback from higher education providers is that graduates of the smaller areas of practice often find it easier to find employment than those of the larger areas of practice.

- The APS agrees with the PsyBA that a training pathway at the Master or Doctor of Psychology level should be available in Australia (cf. paragraph 52, 53).
- The APS agrees with the PsyBA that the current nine areas of practice are sufficiently distinct from one another to retain all nine areas as separate areas of practice (Cf. paragraph 57).

3. Do you support the addition of a pathway to endorsement for previously endorsed applicants?

Answer to question 3:

- The APS supports the addition of a pathway to endorsement for previously endorsed applicants, as currently available pathways are considered too prohibitive. This new pathway for endorsement is an excellent initiative. Availability of this pathway encourages previously endorsed practitioners to rejoin an area of practice and have positive effects on the psychology workforce.
- The APS encourages the PsyBA to use a competency-based process for previously endorsed applicants, since many of the skills that have been acquired previously will have been retained. This would allow for an individualised approach to learning.

4. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

Answer to question 4: Yes, the revised registration standard is clearer and workable, although there remains some concern that the public would better associate the term 'specialist' with higher levels of expertise within a particular specialisation of psychology.

5. Is there any content that needs to be changed or deleted in the revised draft registration standard?

Answer to question 5: No

6. Is there anything missing that needs to be added to the revised draft registration standard?

Answer to question 6: It would be useful if individual cases can be made to the PsyBA where competencies can be demonstrated to have been satisfied, resulting in a concomitant reduction in the number of hours required for AoPE.

7. Do you have any other comments on the revised registration draft standard?

Answer to question 7:

- The revised standard provides more flexibility than was previously the case. More flexibility will have positive effects on the future workforce and address issues such as
 - (a) making psychology an attractive profession to train in
 - (b) addressing costs of the registrar program which discourage many early career psychologists from obtaining AoPE
 - (c) recognising that some registrars will come to the profession with competencies that have already been established. It would be useful if there was a mechanism whereby the satisfaction of these competencies could be demonstrated.
- Difficulties to obtain a role where *all* competencies are necessarily used. For example, in organisational psychology, graduates working in organisational change or human factors are less likely to conduct psychometric assessments. Or clinical psychology graduates working in drug and alcohol settings having fewer opportunities to work with children. The implied expectation is that registrars should take on additional paid or unpaid work outside of their regular job to gain this experience. If this is the case, it can represent a significant health and safety/well-being risk.
- A masters' degree in any of the areas of practice endorsement does not lead directly to endorsement, but only to general registration as a psychologist. Therefore, the burden on higher education providers and supervisors would be reduced if supervision for postgraduate students in one of those courses could also be provided by non-endorsed psychologists. This would free up more supervisor availability for the registrar programs.

Response to General Questions for Consideration: *Guidelines on area of practice endorsements*

1. From your perspective, how are the current guidelines working?

Answer to question 1: The APS considers that the current guidelines generally have provided adequate guidance to psychologists completing the registrar program and are working reasonably well.

The number of hours required for AoPE remains onerous, although we recognise that some flexibility has been provided in the new proposal.

2. Do the draft revised guidelines address issues that you may have previously raised?

Answer to question 2:

- The APS is pleased to note section 3, qualifications and supervised practice, states eligibility requirements more clearly and permits (section e) reinstatement of a previously held AoPE.
- The APS also notes that the profession should be moving to a competency-based framework. This would encourage innovation and potentially increase the rate at which provisional psychologists are seeking endorsement.
- With respect to section d, and 3.3 Equivalence guidelines, the APS has expressed concerns in separate submissions that the PsyBA application of “substantially equivalent” appears to be rather narrow and makes it more difficult for overseas graduates to complete a registrar program (see APS Comments to Discussion, p. 3)

3. Is the content and structure of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?

Answer to question 3: Overall yes. The draft revised guidelines are certainly an improvement on previous guidelines. However, as suggested by the PsyBA, further work on the AoPE competencies is required. Please see specific comments by individual APS Colleges on areas that would benefit from further clarification (e.g., 3.2 and 4.1.3).

4. Do you think that the area of practice competencies accurately reflect the range of core skills and knowledge common to all psychologists who work in the area of practice?

Answer to question 4: Please refer to the Appendix and feedback on specific areas of practice. Although the Guidelines broadly recognise the range of skills, they need to be updated to reflect changes within the workforce and the nine areas over the past few years.

5. Are there core areas of skill and knowledge that are specific to a particular area of psychology practice that are missing from the competencies (Appendix B) for that area of practice?

Answer to question 5: Please refer to the Appendix and feedback on specific areas of practice; there is a need to update the competencies as specified.

6. Is there any other content that needs to be changed or deleted in the draft revised guidelines?

Answer to question 6: Please refer to the Appendix and feedback on specific areas of practice.

7. Is there anything missing that needs to be added to the draft revised guidelines?

Answer to question 7: Please refer to the Appendix and feedback on specific areas of practice.

8. Do you have any other comments on the draft revised guidelines?

Answer to question 8:

- P. 5: The APS is pleased that the PsyBA has clarified the use of descriptors endorsed and non-endorsed psychologists may use.
- P. 8: 3.4 Maintaining endorsement: The APS notes the considerable modification of section 3.4 and agrees with the PsyBA's focus on providing services within one's areas of competence and psychologists' responsibility to ensure their competence to practice.
- P. 8: 4.1 Entry into the registrar program:
 - The APS notes that requirements for entry are clearly set out and is pleased that early registration for doctoral candidates and the ability to apply for recognition of prior supervised practice (by overseas-trained applicants) are addressed more specifically.
 - With respect to the National Psychology Examination, it would be helpful to clarify that there is exemption for graduates of APAC-accredited fifth and sixth year qualifications, and that the exam therefore mostly applies to overseas-trained applicants.
- P. 10: Table 4.1.3: The APS agrees with the changes made, i.e., specifying minimum duration of practice in weeks rather than years and with the modification of hours required.
- P. 11: 4.1.4 Core competencies: The APS wonders if the change in wording of Competence 7 from "working within a cross-cultural context" to "working with people from diverse groups" has been discussed with representatives of specific groups, especially with the Australian Indigenous Psychology Association (AIPA). Feedback to the APS about this proposed change noted that "cross-cultural context" holds at its foundations the implication of diverse groups and sub-groups. A move away from the word culture may lead away from a commitment amongst psychologists to understand the importance that culture plays within all levels of our identity, relationships and social determinants. For example, Indigenous and non-Indigenous people may experience many of the same social determinants. However, cultural identity regardless of whether it is strong or weak or in need of support is an important issue that is not fully recognised within the term "diverse".

The section does not identify any specific groups. Consistent with the APS Reconciliation Action Plan, the APS recommends addressing explicitly competence in working with Aboriginal and Torres Strait Islander peoples, thus recognising the unique issues relevant to Indigenous Australians and the importance of psychologists having competencies in this respect. However, the APS has received and agrees with feedback from Indigenous psychologists that, whilst including the sentence "This includes sensitivity and knowledge of working with Aboriginal and

Torres Strait Islander people.” in the wording for competency 7 for all areas of practice is a good idea in principle, the proposed wording comes across as an add-on, not a sincere acknowledgement of the need for culturally responsive practice.

Summary

In summary, the APS agrees with the limited scope of changes to the Area of Practice Registration Standard and Guidelines, in anticipation of major changes in psychology training pathways and APAC standards, as well as reconsideration of classifying these nine fields as “specialisations” rather than “areas of practice” endorsement.

Recommendations

The APS recommends that the PsyBA adopt the following changes:

1. Conducting a more in-depth review of the AoPE Registration Standard and Guidelines, especially the area-specific competencies, upon completion of other review processes
2. Incorporate the recommended changes to the competencies for the following areas of practice: Clinical Psychology, Community Psychology, Counselling Psychology, Educational and Developmental Psychology, Forensic Psychology, Health Psychology and Sport and Exercise Psychology (see Appendix)
3. Note the comments about wording changes for Competence 7 and consult with relevant Aboriginal and Torres Strait Islander psychologists, as well as psychologists representing other diverse cultural groups within Australia, about the wording of Competence 7.

Appendix: Suggested Amendments to Appendix B – Area of practice endorsement competencies

The following changes to the specific competencies are recommended and have been included in track changes format where possible; competencies have been numbered, consistent with new guideline format

- Clinical Psychology
- Community Psychology
- Counselling Psychology
- Educational and Developmental Psychology
- Forensic Psychology
- Health Psychology
- Sport and Exercise Psychology

No specific changes have been identified for Clinical Neuropsychology
Note comments in the section on Organisational Psychology

Competencies required for **clinical psychology** endorsement

1. Specific Services (paragraph three) – these should not be listed in an ad hoc fashion. Framing the examples within the context of DSM 5 and ICD 10 would be clearer. Highlighting Clinical Psychology’s role with complex, unspecified and co-morbid mental health problems and disorders, and those who have not responded to first line therapies is essential.
2. In Knowledge competency – a) “a broad understanding of mental health and *mental illness/disorders*.....including *individualised* assessment, diagnosis and *varied* treatments *based on formulation*” would be more specific. Also, including marital therapy in e).
3. In Intervention competency – b) “a *range* of evidence-based psychological therapies”.
4. In Communication competency – b) “psycho-education about mental health problems and *disorders*”.

Competencies required for community psychology endorsement

Community psychologists use their knowledge of psychology to provide services to the community when it is faced with challenges. They work in partnership with the community to help solve problems and restore individual and collective wellbeing. Community psychologists specialise in understanding and supporting the needs of communities.

Consumers of the services of community psychologists include:

- overseas aid and development organisations
- federal, state and local governments
- urban, regional and remote communities
- non-government agencies
- health and education providers, and
- individuals and groups.

Specific services of community psychologists include:

- ~~the~~ assessment of community strengths, needs, and opportunities; ~~the program~~ evaluation ~~of social networks and resources~~
- interventions to address psychosocial needs and strengthen community health and resilience
- providing consultation ~~skills~~ to help communities develop policies and manage conflicts
- education on psychological factors in community change
- advocacy on behalf of groups and individuals seeking inclusion, equity and self-determination, and
- ~~to~~ provide counselling within a social determinants of health framework to individuals and groups to help them define and meet their goals.

Community psychologists have been particularly active in areas such as ~~bushfires,~~ ~~drought~~ disaster preparedness and response, climate change, early years programs, ~~unemployment,~~ violence prevention, disability, poverty and inequality, ~~I~~ndigenous peoples' issues, ~~refugee and immigration issues,~~ multicultural mental health, ~~oppression,~~ and rural and remote community issues.

To assure ~~these~~ consumers that a community psychologist is capable of providing the services required, all endorsed community psychologists must be competent in the eight core competence areas of community psychology, including integrated multi-level (individual, group and organisational) approaches within dynamic systems linked to broad social, economic and political contexts. Additionally, all community 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, community psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
 - a. a broad understanding of psychological theory as it pertains to communities
 - b. understanding the social, political and economic context determining community health and wellbeing and the role of psychological factors:
 - ecological and systems perspectives
 - social and political theories of health and disability
 - constructivist and critical psychology theories
 - organisational and health psychology theories
 - social marketing and community action models
 - cognitive, motivational and attitudinal theories of communities and groups, and
 - c. evidence-based research on behaviour change within communities
2. ethical, legal and professional matters:

- a. understanding ethical issues in various community settings and how to appropriately manage them (for example, balancing ethical responsibilities to government agencies and specific community groups, handling conflicts of interest), and
 - b. competence in communicating a community psychologist's ethical obligations to others (for example, governments, the media)
3. psychological assessment and measurement:
- a. competence in the use of multiple measures of community functioning, including:
 - social impact assessments
 - assets and strengths ~~mapping and~~ analyses ~~and mapping~~
 - family and community functioning measures
 - group and ~~social~~ climate scales
 - single case approaches, and
 - b. competence in the use of individual and group measures of health and wellbeing status, including:
 - validated health and disability assessment scales
 - self-rated scales of subjective distress
 - measures of coping, support and empowerment
 - qualitative measures and approaches
4. intervention strategies:
- competence in community psychological interventions, including the following:
- a. interventions at community level:
 - leadership and advocacy approaches
 - strategic planning and systems changes
 - consultation and policy development
 - b. interventions at individual and group level:
 - group facilitation
 - health and wellbeing counselling ~~and coaching~~
 - mediation and conflict resolution
 - education and prevention
 - program development and
 - supportive interventions
5. research and evaluation:
- competence in:
- a. identification of psychological questions that arise from community needs analyses, and the formulation of appropriate research strategies
 - b. communication of research methods and findings to non-psychologists in community settings, and
 - c. the transformation of research and evaluation findings into strategic policies for communities and decision-makers.
6. communication and interpersonal relationships:
- competence in each of the following:
- a. communicating psychological factors relevant to communities to
 - i. governments
 - ii. communities
 - iii. groups
 - iv. the public

- b. provision of consultancy advice about psychological matters relevant to communities
 - c. communicating the obligations of a community psychologist in various roles and settings (for example, to elders, to government departments), and
 - d. the ability to understand the role of psychologists within communities, and to be able to demonstrate effective interpersonal communication skills, both orally and in writing, to benefit the community
7. working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of community psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
- a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a community psychologist in the context in which the psychologist provides services.

Competencies required for counselling psychology endorsement

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

- e. psychotherapy and counselling, including the role of client and therapist factors, and therapeutic alliance, and specific and non-specific treatment processes and
 - f. understanding of the theory and application of evidence based interventions for mental health problems, including individual psychotherapy, group, family and couples 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.

Competencies required for educational and developmental psychology endorsement

General Comments by the College of Educational and Developmental Psychologists:

We have amended competencies - not least in this we have sought to strengthen the need not simply for knowing what to do, but understanding, and in that understanding the appropriate theory and how this theory is appropriately validated. Our point is that at a specialised level, even more so than at a generalist level, psychologists should be working from an understanding, with a capacity to be adaptable: that is to be open to make paradigm shifts as evidenced-based theory progresses as a result of research. Hence the terms *understanding* is preferred to *knowledge* in the competencies.

The function ie "teeth" of the PsyBA in regard to endorsements appears to principally be to protect the use of title -- it seeks to see the specialist competencies more clearly stated, however they are still largely general/connotative, and there has been little said about how the PsyBA can ensure/response to a complaint of where someone without advanced training in an area is working and how to ascertain that they are doing so without appropriate requisite expertise. Indeed, the insufficiently denotative nature of the PsyBA's definitions of specialism competencies means that there will be little in terms of any substantive criteria against which to assess a complaint or ensure appropriate expertise. Let me illustrate with an example: clinical psychologists will claim, quite appropriately, expertise in psychological assessment. However, educational and developmental psychologists are continually confronted by reports written by clinical psychologists that demonstrate very poor psycho-educational assessments, and yet when they speak with these psychologists they claim to have advanced expertise in assessing intelligence. However, the reports often show great paucity in understanding the relationship between specific abilities and educational and curricular issues etc. This means that, for example in terms of assessments, the particular fine-grained nuances, the denotative factors that form the competency distinctives for an educational and developmental psychologist need to be more clearly and specifically defined if such competencies are to have any validity required to give any "policing" by the PsyBA teeth.

Specific Edits:

Educational and developmental psychologists use their knowledge of [the psychology of learning and development](#), to assist children, young persons, adults and older adults regarding their learning, academic performance, behavioural, social and emotional development [and for making positive transitions across the ages and stages of life](#). They research and evaluate intellectual, social, and emotional strengths ~~and~~, problems, [and development](#), and use ~~their such~~ psychological and scientific knowledge to [improve implement and innovate methodseffective methods](#) for helping [all](#) people live more fulfilling and productive lives.

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

- [Infants, young children, adolescents, school students](#) and their families
- [Adults throughout the lifespan including older age](#)
- teachers and principals of schools and [all types of](#) educational institutions
- medical and health practitioners and specialists
- national, state or local government or non-government organisations, and
- welfare agencies, juvenile justice, community and aged care services.

Specific services of educational and developmental psychologists include working with learning or conduct problems in childhood, peer and family relationships during schooling, career guidance and adolescent transitions, parenting skills, relationships and career transitions in adults, [adjustment, grief and loss](#) and healthy aging, [grief and loss for older adults](#).

To assure consumers that an educational and developmental psychologist is capable of providing the services required all endorsed educational and developmental psychologists must be competent in the eight core competence areas of educational and developmental psychologists in this document. Additionally, all educational and developmental 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, educational and developmental psychologists must have the following specialist skills and possess the following specialist capabilities [at an advanced level](#):

1. knowledge of the discipline:
 - a. a [broad](#) understanding of psychological theory as it pertains to how people learn and develop across the lifespan
 - b. knowledge of relevant components of paediatrics, child psychiatry, neuropsychology, psychopharmacology, physiology, gerontology, [geropsychology, dispositional psychology \(abilities and personality\)](#), and the behavioural and brain sciences
 - c. understanding theories of social, emotional and cognitive development, including [individual differences](#), developmental delay and disability, giftedness and special needs
 - d. understanding the theory and application of [quantitative and qualitative assessment](#), and [individual and group](#) interventions for learning, development and lifespan psychopathology
 - e. knowledge of theories of teaching, learning and education,
 - f. knowledge of core educational curricula and psychological issues associated with effective learning, in particular in relation to basic literacy and numeracy
 - g. understanding of individual differences associated with occupational choice and preferences, and work related adjustment, and
 - h. understanding of the psychology of family and social systems
2. ethical, legal and professional matters:
 - a. understanding ethical issues in various educational and community settings and how to appropriately manage them (for example, balancing ethical responsibilities to families and schools, handling conflicts of interest, [boundaries and confidentiality with children and adolescents](#)), and
 - b. competence in communicating an educational and developmental psychologist's ethical obligations to others (for example, to families, welfare agencies)
3. psychological assessment and measurement:
 - a. knowledge of assessment and measurement theory and research [and what constitutes well validated theory as a fundamental basis for evidence based practice](#)
 - b. [capacity to evaluate the of reliability and validity and reliability of individual psycho-educational instruments and component scales](#), ~~and including~~ handling scale score outliers and non-typical profiles
 - c. competence in applying multiple methods for assessing learning and developmental problems across the lifespan, and
 - d. competence in specific types of assessment, including:
 - general [and specific developmental](#) measures
 - [tests of educational attainment/achievement](#)
 - [comprehensive range of measures of abilities, including verbal and non-verbal](#)
 - [diagnostic tests of instruments for](#) specific learning difficulties including reading and communication disorders
 - cognitive assessments[verbal and non-verbal measures of intelligence](#)

- behavioural scales and ratings, and functional analysis ~~measures~~
 - ~~tests-instruments for of~~ assessing personality, emotional and family functioning
 - ~~tests-instruments of~~ ascertaining career and work preferences and abilities
 - formal psychopathology ~~inventories-instruments and-including~~ structured diagnostic instruments
4. intervention strategies:
- competence in delivering evidence-based psychological interventions for learning and developmental problems, including:
- a. interventions at individual level:
- psychological learning and educational training programs
 - counselling and psychotherapy
 - life skills coaching and guidance services
 - individualized learning programs
 - supportive and behavioural interventions
- b. interventions at group level:
- family and group interventions
 - program development
 - school, welfare and community programs
 - consultation and policy development
 - education, prevention, and professional development
5. research and evaluation:
- competence in each of the following:
- a. identification of questions that arise from educational and developmental psychology practice, and the formulation of appropriate research strategies
- b. communication of research methods and findings to non-psychologists in educational and developmental settings, and
- c. the transformation of research and evaluation findings into policies and programs
6. communication and interpersonal relationships:
- competence in each of the following:
- a. provision of oral and written reports to various stakeholders, including clients, families and carers, schools and educational institutions, government departments, welfare agencies and for medico-legal purposes
- b. provision of consultancy advice and education about learning and developmental problems and attainments
- c. communicating the obligations of an educational and developmental psychologist in various roles and settings (for example, to schools, aged care administrators)
- d. the ability to distinguish between the sceptical and investigative mindset required when undertaking formal assessment, and the therapeutic mindset which is more suited to clinical interventions, and the ability to determine which approach to adopt in order to develop appropriate relationships with the persons to whom the psychological services are being provided, and
- e. the capacity for communicating with peers and associated professionals
7. working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of educational and developmental psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race,

colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people

8. practice across the lifespan:
 - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of an educational and developmental psychologist in the context in which the psychologist provides services.

Competencies required for forensic psychology endorsement

Forensic Psychology is a distinct, specialised field of practice defined by investigative forensic methodologies, which are applied in the civil, administrative, and criminal justice systems. Forensic psychology encompasses issues such as the causes, prevention and treatment of criminal behaviour, family disputes, personal injuries, police psychology, the courts, the correctional system and the provision of psychological evidence to legal proceedings. Forensic psychologists are competent in the underlying theoretical models, administration and interpretation of risk assessments, which inform forensic evaluation and treatment. This is a basic competency for achieving registration as a forensic psychologist in Australia. One of the key things that set Forensic Psychologists apart from other colleagues is the ability and skill related to actuarial and clinically structured assessment of criminogenic risks and needs, particularly related to predicting recidivism and risk of harm to the community. Forensic psychologists use their knowledge of psychology and legal systems to understand, evaluate and treat persons with mental health concerns and behavioural problems who experience difficulties within the legal system and provide services to those who:

- administer law and justice;
- make legally relevant decisions about people in other contexts; or
- are involved in situations that have legal and justice implications.

Consumers of the services of forensic psychologists are persons and organisations such as those:

- that adjudicate legal and quasi-legal disputes;
- that provide child protection, compensation, corrective, guardianship, legal or police services; and/or
- who are engaged in, or vulnerable to be engaged in, the legal and justice system.

To assure the consumers of such services, all endorsed forensic psychologists must be competent in the eight core competence areas of forensic psychology in this document and have knowledge of the intervention competencies detailed in section d *Intervention strategies*. Additionally, all forensic 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, forensic psychologists must have the following specialist skills and possess the following specialist capabilities:

1. Knowledge of the discipline:
 - a. a broad understanding of the legal and judicial system and the roles of psychologists within legal processes, tribunals (including courts) and other forensic contexts
 - b. understanding of relevant legislation about the law of procedure and evidence, specifically exclusionary rules and case law regarding the admissibility of evidence
 - c. understanding of the rules pertaining to the collection and reporting of evidence, including practice directions of various jurisdictions

- d. a broad knowledge of psychological and legal theory relevant to other schools of thought in law and justice, such as alternative dispute resolution, restorative justice and therapeutic jurisprudence
 - e. knowledge of the psychological theories and research relevant to at least one of the following domains:
 - family law and child protection
 - criminal law
 - civil and administrative law, and
 - legal processes and procedures
 - f. knowledge of psychological theory and research relevant to evidence-based interventions with one or more of the following clients groups:
 - family members during and after the disintegration of a relationship
 - offenders in order to prevent or address criminal behaviour
 - people whose competency to make legally relevant decision may be compromised
 - severely dysfunctional families in order to prevent or address child maltreatment and/or family violence
 - substance users in order to prevent, or address, criminal and other antisocial behaviour, and/or
 - victims of trauma caused by civil or criminal wrongs
2. Ethical, legal and professional matters, including:
- a. understanding of ethical issues in various forensic settings and how to appropriately manage them (for example, balancing their legal-ethical responsibilities to tribunals with their legal-ethical responsibilities to examinees), and
 - b. competence in communicating forensic psychologists' ethical obligations to others (for example, judicial officers, lawyers, prison administrators, tribunal members, child-protection workers, police officers, community correction officers, mental health nurses in forensic mental health facilities, treating psychologists, insurance investigators)
3. Psychological assessment and measurement:
- a. knowledge of psychological theory and research relevant to risk-assessment in forensic practice, including the use of actuarial and structured-professional-judgement methods, and case conceptualisation informed by them, with respect to:
 - offenders, specifically, but not exclusively, sexual and violent offenders (including child maltreatment and intimate partner violence and other forms of family violence), and
 - risk of suicide and other self-harm in prisons and other institutions
 - b. competence in using multiple methods of evaluating:
 - malingering, dissimulation and impression-management strategies within forensic contexts, and
 - competence and capacity in legal proceedings

- c. knowledge of psychological theory and research, legislation and case law relevant to investigative interviewing of adults, children and vulnerable populations in civil, criminal, and administrative law arenas
- d. competence in the use of investigative interviewing methods, incorporating mental status examination and diagnosis, to produce probative rather than prejudicial evidence, ability to distinguish these from clinical interviewing methods and ability to articulate how clinical methods may lead to prejudicial evidence, and
- e. competence in a variety of forensic assessment methods of mental illness, impairment and psychological functioning in at least one of the following areas:
 - family law proceedings (including child protection)
 - criminal law proceedings
 - civil law proceedings (for example, psychological injury), and/or
 - administrative law proceedings (for example, guardianship proceedings)

4. Intervention strategies:

Competence in (a) psychological intervention, plus competence in the application of psychological intervention in at least one of: (b) alternative dispute resolution strategies, or (c) psychological interventions with vulnerable populations.

- a. psychological intervention with at least three of the following:
 - children in the care of child protection agencies or who are, or have been, the subjects of care and protection investigations
 - parents who are being, or have been, investigated for child maltreatment
 - persons accused, or are at risk of being accused, or who have been convicted, of criminal offences, including those who have been detained in forensic mental health facilities
 - victims of crime
 - litigants in a family court and the affected children
 - parties in civil litigation or in administrative law proceedings involving substantiated or alleged psychological injuries from a wrongful act or other compensable event, and/or
 - persons about whom civil or administrative applications are made (for example, applications for guardianship, persons for whom mental health supervision or civil commitment orders are being sought)
- b. alternative dispute resolution strategies in a variety of legal contexts (family law, civil law, victim mediation and restorative justice), and
- c. competence in developing, implementing and evaluating community-based psychological interventions with populations vulnerable to becoming involved in legal proceedings (crime prevention strategies targeting at-risk youth, public education programs on family and domestic violence, harm-minimisation programs for substance users, court-diversion programs)

5. Research and evaluation:

Competence in each of the following:

- a. identification of psychological questions that arise from legislation, legal theory, public policy or forensic psychological practice and the design of appropriate research strategies

- b. communication of research methods and findings to non-psychologists in forensic settings, and
 - c. the transformation of research and evaluation findings into policy
6. Communication and interpersonal relationships:
- Competence in each of the following:
- a. provision of expert evidence both orally (testimony) and in writing (for example, court reports) to meet the needs of a tribunal
 - b. competence in the preparation of medico-legal examinations and comprehensive medico-legal reports involving an opinion about the extent a mental health condition has contributed to legal difficulties
 - c. provision of consultancy advice about psychological matters relevant to the administration of law and justice
 - d. communicating the obligations of a forensic psychologist in various roles and settings (for example, their obligation as Servants of the Court, their overriding obligation to the security and good order of a prison), and
 - e. the ability to distinguish between the sceptical and investigative mindset required when undertaking forensic evaluations, and the therapeutic mindset which is more suited to forensic interventions, and the ability to determine which approach to adopt in order to develop appropriate relationships with the persons to whom the psychological services are being provided
7. Working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of forensic psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. Practice across the lifespan:
- a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a forensic psychologist in the context in which the psychologist is employed.

Competencies required for health psychology endorsement

Health psychologists use their knowledge of psychology and health, ~~with health being seen to be on a particularly across the~~ spectrum from wellbeing to illness, to foster health promotion, public health, and clinical assessment and interventions relevant to health ~~and illness~~.

Health psychologists provide psychological services that aim to prevent or treat acute and chronic illnesses. ~~They also provide psychological services that aim to prevent or treat dysfunctional psychosocial reactions to acute and chronic illnesses. Health psychologists work within a biopsychosocial model to promote good health.~~ They use their ~~psychological~~ knowledge of ~~psychosocial determinants of disease and health to prevent the onset of poor health and to promote the improvement of health and health promotion methods to support in~~ communities and individuals, both in multidisciplinary teams and through individual consultations.

Consumers of the services of health psychologists include:

- populations
- specific community groups, and
- individuals.

~~where psychological determinants play a role in health and wellbeing.~~

Examples of ~~specific~~ areas relevant to health psychological work include ~~improving coping with poor health (lifestyle change such as stress management or treating comorbid depression and anxiety), improving health behaviours (e.g. promotion of exercise and healthy eating behaviours), managing grief or other psychological issues associated with diseases or death and dying, implementing,~~ behavioural strategies relevant to disease prevention ~~or management~~ such as addiction treatments; and assessment and treatment of chronic or acute health problems such as pain or sleep disorders where there are relevant psychological factors.

To assure consumers that a health psychologist is capable of providing the services required, all endorsed health psychologists must be competent in the eight core competence areas of health psychology in this document. A health psychologist may specialise in either health promotion or clinical health psychology, but must have adequate knowledge and skills of both areas of the discipline. Additionally, all health 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, health psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
 - a. a broad understanding of the [Australian health system \(including relevant Federal and state agencies\)](#) and the roles of psychologists within the health system
 - b. understanding the role of ~~psychological~~ ~~social~~ factors in the origin, course and outcome of physical illnesses, including psychosomatic and psychophysiological principles
 - c. understanding the health of the community, including the domains of behavioural epidemiology and public health
 - d. knowledge of psychological theories and research relevant to health promotion, including community assessments and needs analyses, and community intervention strategies including social marketing and behavioural change strategies
 - e. knowledge of psychological theories and research relevant to clinical health psychology, including assessments and interventions relevant to behavioural medicine ~~that include~~ ~~ing~~ psychological counselling and psychotherapies, ~~and~~
 - f. knowledge of ~~psychological~~ ~~social~~ factors associated with the major disease groups, including cardiovascular disease, cancer, infectious diseases (for

example, HIV), [arthritis](#) and metabolic disorders (for example, diabetes and obesity)

- g. [knowledge of the biopsychosocial model of health and illness including an understanding of the bidirectional relationships between biological, psychological and social determinants](#)

2. ethical, legal and professional matters:

- a. understanding ethical issues in various health settings and how to appropriately manage them (for example, issues of informed consent, handling sensitive information within a multi-disciplinary team), and
- b. competence in communicating a health psychologist's ethical obligations to others (for example, medical practitioners, health administrators)

3. psychological assessment and measurement:

a. [competence in the use of interviewing and survey methods relevant to understanding the 1\) biological impact upon psychological and social functioning, 2\) the psychological impact upon biological and social functioning, and 3\) the social impact upon biological and psychological functioning. Common areas of psychological functioning to assess would include determining health attitudes, health and behaviours, coping strategies, and emotional wellbeing \(including positive and negative emotional states\). Common areas of social functioning to assess would include the structure, function and perception of social support; peer or family influences upon health behaviours, the impact of relevant social or cultural norms upon health behaviours, other social determinants of health attitudes, behaviours or emotional states relevant to health \(e.g. socio-economic status\). These assessments can be conducted on individual, group and population levels.](#)

~~within populations and social networks~~

~~competence in the use of assessments relevant to determining psychosocial, behavioural and psychological health status within health settings,~~

b. [Key areas to show competence in include assessing including in the following areas:](#)

- [non-adherence to medical and lifestyle treatments](#)
- addiction
- pain
- [physical functioning](#) (for example, sleep, ~~eating and diet~~)
- [health behaviours](#) (e.g. exercise and physical mobility, ~~diet and eating~~)~~and~~
- [Psychological wellbeing](#) (e.g. stress, ~~including~~ anxiety and depression)
- [Social relationships and their impact upon health status](#)
- [Problematic communication with health professionals](#)

c. competence in using multiple methods of evaluating health status, including diagnostic classification systems, validated health and disability assessment scales, and self-rated scales of subjective distress

d. competence in developing a biopsychosocial formulation of a presenting problem in order to guide treatment planning

4. intervention strategies:

a. competence in psychological interventions with at least two of the following populations:

- hospitalised patients, including those with serious illnesses (for example, cancer)
- chronically ill patients in the community, including those with long-term problems (for example, chronic pain, diabetes, heart disease)
- community clients identified at high risk for disease or disability (for example, obesity, nicotine dependence), and
- community clients identified as appropriate for health promotion interventions~~positive wellbeing and empowerment strategies~~

b. competence in patient centred strategies for health behaviour change

- knowledge of community and public health promotion intervention strategies, including the application of at least two of the following:
 - primary, secondary and tertiary illness prevention
 - advocacy
 - policy development
 - social marketing/engineering, and/or
 - ~~disaster response~~

c. as applied to populations vulnerable to developing health conditions (for example, those exposed to asbestos, those with genetic vulnerability markers, those from disadvantaged backgrounds) or, those who have developed health conditions (e.g. ~~affected by natural disasters~~ chronic diseases and conditions or infectious disease outbreaks)

~~b.d.~~ an ability to work in multidisciplinary teams to deliver interventions either at an individual, group or population level.

5. research and evaluation:

competence in each of the following:

- a. identification of psychosocial~~logical~~ questions that arise from health disorders, public health statistics, health policies, or health psychology practice and the design of appropriate research strategies
- b. communication of research methods and findings to non-psychologists in health and community settings, and
- c. the transformation of research and evaluation findings into policy and program development

6. communication and interpersonal relationships:

competence in each of the following:

- a. communicating psychosocial~~logical~~ factors relevant to health conditions to:
 - other health practitioners
 - health administrators
 - community groups, and

- [the public](#)
 - [family](#)
 - [the patient/individual](#)
- b. provision of consultancy advice about psychological matters relevant to health and illness
 - c. communicating the obligations of a health psychologist in various roles and settings (for example, to health insurers, to the legal and court systems), and
 - d. the ability to understand the role of psychologists within a multi-disciplinary health system, and to be able to demonstrate effective interpersonal communication skills, both orally and in writing, to benefit the clients of health services through the provision of effective multi-disciplinary care.
7. working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of health psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
- a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a health psychologist in the context in which the psychologist is employed.

Competencies required for organisational psychology endorsement

The College notes that

- Draft Guidelines broadly recognise the range of skills in organisational psychology
- More detail is needed for the competencies as specified in the Draft Guidelines
- It is recommended to include provision for individual cases where competencies can be demonstrated.

The College of Organisational Psychologists has developed a different approach to specifying and outlining competencies that addresses the above points.

Competencies required for sport and exercise psychology endorsement

Sport and exercise psychologists use their knowledge of psychology and an understanding of sporting environments to provide services to the community to enhance performance, personal development and wellbeing from participation in sport, and exercise, and performing arts.

Consumers of the services of sport and exercise psychologists include:

- elite and professional athletes (of all ages)
- amateur and professional sporting teams
- coaches and sports managers
- umpires and referees
- personal trainers and exercisers
- performance artists including dancers and musicians
- community groups, and
- individuals and organisations interested in optimal performance (of all ages).

Specific services of sport and exercise psychologists include:

- specific interventions to enhance performance in competitive or performance settings
- the assessment of obstacles to optimal performance ~~and~~
- design of individual mental skill and concentration strategies, including to overcome identified obstacles
- athlete counselling to overcome stress, performance and generalized anxiety and interpersonal conflict
- the implementation of team selection and enhancement programs
- and specific interventions to manage overtraining, injury rehabilitation and managing work-sport balance, transitions and retirement from elite levels.

To assure consumers that a sport and exercise psychologist is capable of providing the services required, all endorsed sport and exercise psychologists must be competent in the eight core competence areas of both sports psychology and exercise psychology in this document, although they may specialise in one or the other. Additionally, all sport and exercise 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, sport and exercise psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
 - a. a broad understanding of sports administration and the roles of psychologists, including in professional and amateur sports, organisations and committees administering sport, government-supported institutes, commercial sports bodies and clubs, state and local government sports and exercise facilities and initiatives, and the fitness industry
 - b. understanding the role of psychological factors in sport and exercise, including mental skill development, concentration and mental preparation, motivation, emotion and cognition science applied to exercise participation and sporting excellence
 - c. knowledge of sports medicine and science, including exercise physiology, biomechanics, human kinetics, motor learning and control, nutrition and eating behaviour, and sports injuries
 - d. knowledge of evidence-based psychological techniques for assessment including standardised measures, interview methods and video analysis, and
 - e. knowledge of evidence-based psychological interventions applied to sport and exercise, including coaching, counselling, and group and team interventions
2. ethical, legal and professional matters:

- a. understanding ethical issues in various sport and exercise settings and how to appropriately manage them (for example, issues of working with minors, informed consent, managing confidentiality within teams), and
 - b. competence in communicating a sport and exercise psychologist's ethical obligations to others (for example, coaches, teams, families)
3. psychological assessment and measurement:
- a. competence in the use of survey, interviewing and structured questionnaire methods relevant to the psychology of sport and exercise
 - b. competence in the use of assessments relevant to determining factors sometimes associated with participation in sport and exercise, including:
 - stress, including anxiety and depression
 - pain and injury profiles
 - eating and dietary issues
 - drug abuse or dependence
 - interpersonal conflict, and
 - sexual harassment
 - c. competence in using multiple methods of evaluating sport and exercise psychology status, including video analysis, psycho-physiology, behavioural assessments, collateral reports, single case designs, group ratings, and measures of mental flow and mental control
4. intervention strategies:
- a. individual approaches, including:
 - cognitive and behavioural interventions, including mental skills training
 - acceptance and commitment interventions (including mindfulness)
 - coaching psychology, including for motivation and goal setting, and
 - counselling, including for stress, interpersonal and lifestyle issues
 - b. group approaches, including:
 - team building techniques, including facilitating group cohesion, and
 - coaching psychology, including for performance enhancement
 - c. community approaches, including:
 - education about the psychology of exercise
 - advocacy for health and wellbeing, and
 - social marketing promoting health and wellbeing from exercise and sport
5. research and evaluation:
- competence in each of the following:
- a. identification of psychological questions that arise from sport and exercise psychology practice and the design of appropriate research strategies
 - b. communication of research methods and findings to non-psychologists in sports, health and community settings, and
 - c. the transformation of research and evaluation findings into policy and program development
6. communication and interpersonal relationships:
- competence in each of the following:
- a. communicating psychological factors relevant to sport and exercise to:
 - i. athletes
 - ii. coaches
 - iii. administrators
 - iv. community groups, and
 - v. the public

- b. provision of consultancy advice about psychological matters relevant to sport and exercise participation
 - c. communicating the obligations of a sport and exercise psychologist in various roles and settings (for example, to umpires, the media and press), and
 - d. understanding the role of psychologists within the multi-disciplinary administration of sports and exercise, and to be able to demonstrate effective interpersonal communication skills, both orally and in writing, within multi-disciplinary teams of coaches, physiotherapists, dieticians, exercise scientists, sports physicians and other health and exercise professionals
7. working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of sport and exercise psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
- a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a sport and exercise psychologist in the context in which the psychologist is employed.