



22 April 2016

Thank you for this opportunity to provide feedback on the Area of Practice Endorsement Standards and Guidelines.

Overall, we commend the move to simplify requirements and increase flexibility whilst still maintaining a focus on standards. The increased flexibility related to supervision is particularly welcomed.

We do, however, believe that it is premature to request feedback on the Standards and Guidelines in isolation from the APAC standards. Regardless, we cannot endorse the current competencies for Counselling Psychology as they are not representative of the curricula, training experiences on placements, nature of the client group serviced, or eventual workforce participation. Detailed commentary and recommendations follow.

78. General questions for consideration – Area of practice endorsements registration standard

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

The current registration standard is viewed as generally satisfactory, and the increased flexibility and clarification of requirements will enhance this.

We are particularly supportive of the changes to the five year limit for the registrar programme and the shift to minimum weeks of practice, which will assist those on extended parental leave or those requiring leave due to health or family reasons.

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

Yes, they do ***in name*** for the nine specialised areas but they are an ***inaccurate reflection of competencies for Counselling Psychology*** (despite many years of feedback to this effect by those holding the Area of practice endorsement for Counselling Psychology and by those who train and supervise in Counselling Psychology). Please refer to specific feedback regarding the Area of practice competencies for Counselling Psychology at the end of this submission.

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

Yes, this is an appropriate addition.

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

In part, however there needs to be some revision to ensure clarity and consistency with the guidelines. Specifically noted issues:

Para 67. The “other” pathway (part d) in the proposed revised standard requires clarification to ensure that applicants do not confuse PhDs with doctoral studies involving coursework. As written, this is not clear.

4.2 Psychological practice. The final paragraph of this in the draft endorsement guidelines is not consistent with the proposed changes in the standards. Specifically, in this paragraph it states “It is important to note that registrars are not permitted to do only the minimum supervision required per annum of their supervision program *as that would prevent them from completing the total supervision hours within five years*”

78. General questions for consideration – Guidelines on area of practice endorsements

General comments

Given that there are currently nine Areas of Practice, and whether or not these might be collapsed into a smaller grouping is yet to be determined, we are happy with the retention of the nine. However, there are a number of significant problems within the profession at present, namely multiple closures of Masters programmes other than clinical psychology, the two-tier Medicare issue, and the risk of bringing the profession into disrepute via public displays of acrimony and disharmony.

We think it would be a valuable exercise to explore other options such as collapsing those AOP’s that substantially overlap. It could go some way to resolving the issues raised above, which cannot continue to exist without significant damage to the profession. It would also assist public understanding. Such a grouping also recognises the shift in competencies and training that has occurred since the introduction of the speciality areas.

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

With the exception of the competencies, which are not consistent with current training or practice, the guidelines are working reasonably well. Some sections require further clarification:

Qualifications and supervised practice requirements for endorsement

3 (d) could be interpreted to include non APAC accredited PhD qualification

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

NO.

From our perspective, the main area of concern, other than those listed above, relate to the definition and competencies for the AOP of Counselling Psychology. These in no way reflect the training, knowledge, competencies and practice of Counselling Psychologists and extensive feedback has been given on numerous occasions in the past. In particular, the AOP competencies as defined in the draft guidelines are not consistent with curriculum taught in Counselling Psychology programmes, student placement experiences, or the majority of client practice by graduates across Australia, nor is it consistent with international competencies, in particular those of the United Kingdom, South Africa, and Canada. It is therefore extremely difficult to justify supporting these in their current form.

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

Generally OK

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?

No they are NOT an accurate reflection.

There are significant omissions, specifically related to diagnosis, competence in psychological assessment, formulation, knowledge of psychopathology and psychopharmacology, and couples therapy.

Specifically, clients treated within supervised placements present with complex presentations and diagnosed mental health disorders, requiring up to date training in the treatment of mental health disorders and psychopharmacology. Such training is included (and assessed) across the Master of Psychology (Counselling Psychology) programme.

For example, all psychotherapy units review evidenced based therapies for mental health disorders and current psychopharmacological treatments for each disorder. The lifespan unit covers casework across the lifespan and addresses psychopharmacological issues appropriate to each age period (infancy, childhood, adolescence, adulthood, aged adult). The prevalence of mental health disorders and the widespread use of medication within the community clearly necessitates such knowledge and understanding.

We also question the inclusion of the competency 'community intervention' which has been added without explanation, at the cost of Couples Therapy, which is also a significant part of coursework and placement experiences.

See the proposed statement of competencies at the end of this submission, which is supported by the APS College of Counselling Psychology, The Association for Counselling Psychologists, and all university

Counselling Psychology programmes. This proposed statement is a more accurate representation of current Counselling Psychology competencies.

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?

YES. As outlined in Q4 there are significant omissions, specifically related to diagnosis, competence in psychological assessment, formulation, knowledge of psychopathology and psychopharmacology, and couples therapy.

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

3.2 Multiple endorsements

The issue of multiple endorsements is a difficult one. While we have general support for the recommendation that *further training to obtain another endorsement must complete 75% of the supervised practice hours required for that new endorsement* for those AOP's that represent quite different areas of practice, we would suggest flexibility in the percentage of required supervised practice hours for those AOPs that substantially overlap (at least while we still have 9 AOP's). For example, clinical and counselling can have quite similar if not the same placements and we suggest that some consideration be given at an individual level to assess the nature of previous placements and supervision experiences.

4.2 Psychological practice

The final paragraph under heading 4.2 (pp .11-12) in the draft endorsement guidelines is not consistent with the proposed changes in the standards. Specifically, in this paragraph it states "It is important to note that registrars are not permitted to do only the minimum supervision required per annum of their supervision program *as that would prevent them from completing the total supervision hours within five years*"

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

N/A

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

Much of our feedback on the competencies has already been provided in previous consultations. It is concerning that we, the experts in the area of our own competencies, are still saying that the competencies as described in the guidelines are not representative of our area of practice, and we urge that feedback from Counselling Psychology as a profession be attended to and the recommended changes be actioned.

Thank you for this opportunity to provide feedback.

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