

Submission of Dr Gregory Dear, registered psychologist with endorsement to practice in clinical psychology and in forensic psychology.

### **Response to paragraph 87 of the Psychology Board of Australia's Public Consultation Paper 26.**

I question the need for the Board to specify the number of years of university training required to attain the competencies to practice in an area of endorsement. What is the problem with simply specifying the need for a 2-year masters degree?

If a 2-year Masters degree in clinical psychology (or any other area of endorsement) is offered to students after completing a 3-year undergraduate degree, why should that be of less value than the same masters degree undertaken after a 4-year (3 years + honours) undergraduate degree? The honours year at most Australian universities covers next to nothing of relevance to professional practice and contributes little, if anything, to developing general psychology competencies. Why create a six-year requirement when the required competencies can be attained in five years?

There is no rational, let alone factual, basis to the view that six years of university study that includes only two years of training in professional psychology practice will produce more competent practitioners than five years of study that includes two years of training in professional psychology practice

### **Response to paragraph 103 of the Psychology Board of Australia's Public Consultation Paper 26.**

Paragraph 103 invites feedback on the Area of Endorsement competencies, "including suggestions and rationale for any changes" required.

I suggest the following four minor changes to the competencies listed in the "clinical" area of endorsement:

#### **First Minor Change:**

In the preamble to the section outlining the unique competencies of Clinical Psychologists, a dot-point list of consumers of clinical psychologists' consumers is provided. The 7<sup>th</sup> dot-point refers to "tribunals, courts, and medico-legal officers and bodies". This dot-point should be removed from the list for four reasons. First, it refers to specifically "forensic" contexts and can be taken to imply that clinical psychologists are competent to undertake forensic examinations and prepare forensic reports for use in legal proceedings. For that implication to be valid, all competencies listed in the Forensic area of endorsement would need to be demonstrated by all

clinical psychologists and all approved qualifications leading to endorsement in clinical psychology would need to properly cover all of the unique competencies covered in forensic psychology courses. Satisfying that standard would be impossible for clinical psychology courses, and therefore it would be impossible for all clinical psychologists to demonstrate the forensic competencies implied by that 7<sup>th</sup> dot-point.

Second, the 7<sup>th</sup> dot-point is likely to create a false and misleading perception in the minds of members of the public, in particular those who are involved in legal proceedings or are vulnerable to becoming involved in legal proceedings, and the lawyers who those members of the public engage. To the extent that the impression created by that 7<sup>th</sup> dot-point is false, then members of the public would not be protected.

Third, the 7<sup>th</sup> dot-point could create false assumptions of forensic competence in the minds of those clinical psychologists who are poorly informed about the nature and uniqueness of forensic work.

Fourth, the inclusion of the 7<sup>th</sup> dot-point implies that clinical psychologists are competent to provide services in forensic (legal) settings beyond the competence of general psychologists. That implication is false. All psychologists need to be competent in preparing treatment reports (or service reports generally) to courts and other tribunals when requested, so long as those service reports are limited to reporting on the services that the psychologist provided and do not stray into areas that would require a specific forensic examination. For example, all psychologists who provide therapeutic services will on occasion be asked to provide a report to a tribunal or lawyer about the therapeutic services provided to a particular individual, couple, or family. All psychologists should be competent in preparing such reports and articulating the nature of the services they provided, opinions about the client and his or her progress in therapy (opinions that were formulated in the course of offering the services being reported), the basis for those opinions, and the psychologist's reasoning and decision-making in the course of providing the services being reported. Similarly, all psychologists should understand the critical differences between such reporting and the undertaking of forensic examinations. This is not something unique to clinical psychology practice, but something that all psychologists should be competent to do.

Further to the four reasons outlined above, the wording of the 7<sup>th</sup> dot-point indicates a poor understanding of the legal/forensic domain: courts are one category of tribunal, so it makes no sense to refer to tribunals and courts as if they were different things; what is meant by the term "medico-legal officers and bodies"?

In summary, the 7<sup>th</sup> dot-point implies that clinical psychologists are competent in forensic work, and that implication cannot possibly improve the Board's efforts to protect the public, but it is highly likely to endanger the public through false and misleading claims about the domain of clinical psychology. The 7<sup>th</sup> dot point cannot be fixed; it must be removed.

### **Second Minor Change:**

Part 6 (a) of the Clinical Psychology competencies states that clinical psychologists are competent in “provision of expert oral and written reports ... for medico-legal and forensic purposes”. This is absolutely false and must be removed from the text in the Board’s competencies document. That single entry on the list of clinical psychology competencies constitutes an explicit claim that clinical psychologists are competent in everything that falls within the forensic area of endorsement. Apart from being false (to a degree that goes beyond unethical), it is insulting to forensic psychologists and possibly in breach of competition law (it does seem to be an anti-competitive false and misleading claim).

There are undoubtedly a minority of clinical psychologists who are competent in forensic psychology, but those psychologists should stake a claim to their forensic competence by applying for endorsement to practice in the forensic domain. It is beyond simply untrue to claim that all clinical psychologists are competent in forensic psychology; it is ludicrous. The same four reasons listed above in relation to why the 7<sup>th</sup> dot-point should be removed from the preamble also apply here. Furthermore, this false and misleading claim about clinical psychology exposes the majority of clinical psychologists to be de-registered or at least to have their endorsement revoked: most clinical psychologists would not be able to demonstrate forensic competencies if required to do so and would therefore fail to meet the required competence listed in 6(a) under the current wording.

### **Third Minor Change:**

Part 6(d) states that all clinical psychologists should be able to demonstrate “the ability to distinguish between the sceptical (sic) and investigative mindset required when ~~undertaking forensic assessments~~ ~~undertaking forensic assessments~~ 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”. Apart from needing to correct the spelling error, this required competence is not feasible for clinical psychologists due to clinical psychology training programs in Australia not actually teaching the various skills and knowledge that underlie this competence. The competence listed in 6(d) comprises two main parts. The first is the ability to distinguish between the investigative mindset required for forensic examinations and the therapeutic mindset that is appropriate for clinical psychology practice (and which is taught in clinical psychology courses). That ability is critical to understanding the boundaries between clinical practice and forensic practice, but it is not a ability that is unique to clinical psychology: all psychologists should have that ability as part of being competent to prepare treatment reports and to know what legal questions require a forensic examination and cannot be properly addressed through a treatment report.

The second part of 6(d) implies that clinical psychologists should not only be able to distinguish between the therapeutic (clinical) task and the forensic task, but should be competent to “adopt” either mindset in order to “develop appropriate relationships” for whichever task (clinical or forensic) is to be provided. This implies that clinical psychologists are competent to stray into the forensic domain and undertake forensic

examinations. This false and misleading claim has all of the problems outlined above in relation to the other sections of text that must be removed if the Board is to accurately depict the true areas of competence within the clinical area of practice.

**Fourth Minor Change:**

The paragraph in 6(d) within the clinical area of endorsement is also included in some of the other areas of endorsement. It should be removed from all areas of endorsement because the first aspect (distinguishing between investigative, or forensic, strategies and therapeutic strategies) should be required of all psychologists and is therefore not unique to any area of endorsement, and the second aspect (able to conduct forensic examinations) is unique to the forensic area of endorsement.

Thank you for this opportunity to provide feedback to the Board.