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Psychology Board of Australia

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Re: Public consultation paper 26: Area of practice endorsements

Dear Board members,

The opportunity to provide input into the public consultation on Area of practice endorsements is greatly appreciated by members of the Counselling College, including myself. One of the historical issues, is that determinations have been made by governing bodies, notably the Australian Psychological Society, without consultation with senior representatives of the Counselling College. We speak from experience, as one of our number, Dr Geoff Denham was Chair of the Counselling College in 2006-7 and a member of the National Executive of the College from 2001 until 2007. In our opinion this is less than professional behaviour, and can be reasonably construed as an attempt by one or more of the sub-disciplines in Psychology to control or assume a speaking position for another of the sub-disciplines. Many words have been uttered about acknowledging the diversity of our profession; fewer actions have been taken to support these fine sentiments. I again thank the Board for taking this consultation process seriously.

Responses to the Listed Questions**Q1 From your perspective, how are the current guidelines working?**

In essence the current guidelines do not accurately reflect postgraduate training in counselling psychology. The guidelines understate current skills and competencies of counselling psychologists in psychological assessment formulation and diagnosis of mental health disorders, developing ecologically sound treatment plans, and the competencies don't reflect the training received in the assessment, formulation, diagnosis and treatment of mental health disorders, and expertise working with other

modalities, particularly family, systems-inspired approaches, relationship-focused therapy, and group psychotherapy. Unfortunately, editing interference of guidelines by those not informed of current training programs results in a skewed account of counselling psychologists' skills, competencies and practices offered by those within the profession and as a consequence the general public is misinformed. Of course if those within the profession are not able to give a faithful account of the sub-specialties it will render it almost impossible to give a faithful account of the sub-specialties to the general public.

Q2 Do the draft guidelines address issues that you may have previously raised?

No. We note that the College addressed this issue on numerous occasions during the period of Dr Denham holding office on the National Executive (2001-2007) and we understand that representation has been made by the College in recent years under College leadership provided by Ms Elaine Hosie and Mr Michael Di Mattia. We add our voices to those who are asking the Board to listen to senior representatives within the Counselling College who are able to give the most informed information concerning the current training and competencies of counselling psychologists.

Q4 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. The current competencies described for counselling psychology are a serious misrepresentation of the core skills, knowledge and competencies of those trained as counselling psychologists in Australia (see response to Q5).

Q5 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?

The current guidelines are missing core elements of the training and practice of counselling psychologists. We have adopted an approach to addressing this question that includes core elements of our programs that may be repetitive and certainly overlap. We are asking the Board to give careful consideration to this list, noting particularly, those elements of training that appear to be missing from the existing document even though they appear in this list of specified learning outcomes for our programs and are assessed through assignments, case presentations, case studies, oral examinations, presentations in class and group supervision contexts.

Our graduates are required to achieve competence and knowledge in relation to the following learning outcomes as indicated in our coursework subjects forming the compulsory part of the curriculum for all students entering the program, whether at Masters or Doctoral levels:

1. Demonstrate knowledge of group dynamics, group process components, group development theories, group member roles, and group therapeutic factors
2. Demonstrate knowledge and understanding of group leadership styles and approaches and co-leadership issues
3. Demonstrate knowledge of theories of group counselling and pertinent research
4. Demonstrate familiarity with appropriate selection criteria and methods of evaluation of effectiveness
5. Understand the difference between task groups, psycho-educational groups, and therapy groups
6. Demonstrate professional preparation standards in leading groups
7. Be familiar with ethical and legal considerations relevant to group work
8. Demonstrate the capacity to engage a client in a counselling/psychotherapy session and form a durable working alliance and assist the client to clarify their presenting issues
9. Demonstrate the capacity to identify basic presenting themes or relational issues in a counselling/psychotherapy session
10. Demonstrate a comprehensive appreciation of the ethical and legal responsibilities in the delivery of mental health services
11. Demonstrate the deployment of effective frameworks for assessing and analysing information in diverse client contexts
12. Demonstrate a knowledge of how knowledge of professional practices impact on professional work
13. Demonstrate a high level of proficiency in presenting and analysing issues that impact on optimum outcomes for clients
14. Be able to crucially review evidence-based research and apply to interventions and case presentations
15. Demonstrate the application of ethical and social responsibility in dealing with diverse client populations
16. Demonstrate an understanding of the theoretical underpinnings of therapeutic work and their applicability to case formulation and case conceptualisation
17. Demonstrate proficiency in conducting (interpersonal) psychotherapy
18. Demonstrate proficiency in collaboratively formulating a plan of therapeutic intervention with the client/patient that involves a negotiation of roles and tasks for both client and therapist
19. Be proficient in producing a treatment plan including a cogent case formulation
20. Demonstrate ability to select appropriate assessment techniques and instruments with an understanding of issues relating to (i) reliability and validity, (ii) development and aging, and (iii) culture
21. Demonstrate proficiency in conducting a preliminary interview and undertaking structured history as the preliminary component of an assessment
22. Demonstrated ability to administer psychological tests taking into account issues of validity and reliability and contextual issues relating to development and aging and cultural diversity
23. Achieve proficiency in writing assessment reports that are well structured, valid and appropriate for different referral agencies or contexts
24. Understanding of how to communicate effectively to the client, family or referral agencies and other psychologists about the psychological assessment and incorporate into treatment planning

25. Demonstrate an understanding of the DSM/ICD systems of diagnosis
26. Demonstrate knowledge of the underlying principles of current nosology
27. Demonstrate an understanding of the Psychobiological Model of assessment and demonstrate the ability to conduct assessments informed by the Psychobiological Model
28. Be able to critique the effectiveness of current diagnostic procedures in contexts of treatment and care and provide justification for such critiques in terms of achieving satisfactory client outcomes
29. Demonstrate the capacity to apply diagnostic thinking in case formulation
30. Demonstrate proficiency in establishing a treatment regime for psychopathological conditions that provide optimal outcomes in the care of individuals
31. Demonstrate an understanding of how knowledge of lifespan developmental issues impact on conceptualising the therapeutic relationship
32. Demonstrate competence in identifying the long term impact of adversity on development
33. Employ effective frameworks for assessing and analysing information in child and family context
34. Demonstrate a high level of proficiency in presenting and analysing case management of child and family issues
35. Critically review research findings relating to developmental psychopathology
36. Demonstrate proficiency in appraising research for evidence based practice and therapeutic interventions in the child and family context and be able to apply this knowledge to case study analyses
37. Demonstrate knowledge of common pharmacological treatments applied in the treatment of psychiatric disorders together with an understanding of their biochemical action, placebo and side effects.
38. Develop a comprehensive appreciation of ethical and legal responsibilities in the delivery of mental health services
39. Demonstrate an understanding of how knowledge of professional practices impact on therapeutic work
40. Demonstrate a high level of proficiency in presenting and analysing issues that impact on optimum outcomes for clients of counselling psychologists
41. Demonstrate proficiency in critically reviewing evidence-based research and applying that knowledge to interventions and case presentations

Q6 Is there any other content that needs to be changed or deleted in the draft revised guidelines?

Community interventions would seem to be appropriately placed elsewhere. It may be in the province of Community Psychology, but we would recommend consultation with representatives of the Community Psychology College to resolve this issue. It is not a focus for Counselling Psychology.

Q7 Is there anything missing that needs to be added to the draft revised guidelines?

It is recommended that a Working Party consisting of representatives of the Counselling Psychology College be set up by the Board to ensure that the evidence

provided in this and similar submissions be carefully considered in the re-drafting of the guidelines for Counselling Psychology.

References

Di Mattia, M.A., & Grant, J. (2016). Counselling Psychology in Australia: history, status and challenges. *Counselling Psychology Quarterly*. doi: 10.1080/09515070.2015.1127208

Grant, J., Mullings, B., & Denham, G. (2008). Counselling psychology in Australia: Past, present and future – part one. *The Australian Journal of Counselling Psychology*, 9, 3-14.

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