SUBMISSION TO PSYCHOLOGY BOARD OF AUSTRALIA

## Public consultation on revised area of practice endorsement registration standard

I wish to contribute to the public consultation process being undertaken by the Psychology of Board of Australia around Area of Practice Endorsement (AoPE).

My understanding of applying areas of practice endorsement to the profession of psychology is that it will ensure that psychologists formally recognized as having specific competencies are only able to provide service to individuals, couples, groups or organisations with needs and goals that relate to that area of competency. So for instance, an individual seeking out an assessment specifically regarding criminal behaviour and then presented in a criminal court might only access a forensic psychologist. This may be relevant in some cases. However, there is the presumption held by a small number of psychologists that the current endorsement pathway leads to greater competency in specific areas of practice. I wish to provide a summary of my own psychological practice to show how this presumption is deeply flawed.

I completed a Bachelor of Arts in 1990 and a Graduate Diploma of Applied Psychology in 1991. At the time I completed my Arts degree in Queensland, it was still possible to register as a psychologist under the 3+3 program; however, I moved to Victoria after competing my Arts Degree and and opted for the 4+2 model. I registered with the Victorian Psychological Council as a provisional psychologist in February 1992 and achieved full registration in December 1994. I have worked as a psychologist in either a part-time or full time capacity ever since.

My area of interest in psychology has always been working with children. Every job position I have undertaken since 1992 has been child focused, with 20 years (the majority of my career) as a psychologist in Early Childhood Intervention settings and school-based psychology services. Over the last 25 years, I have completed more than 300 hours training *specific* to understanding Autism Spectrum Disorders (ASD) and other neurodevelopmental disorders in children. This included highly specialised training in World Health Organisation gold-standard ASD assessment and diagnostic procedures. Throughout my career, I have maintained ongoing supervision with senior practitioners who were experienced in childhood neurodevelopmental disorders. I have worked in ASD-specific services, and most recently, an Autism Research Centre. I was trained in 2008 in the Early Start Denver Model by visiting Professor Sally Rogers of the UC: Davis MIND Institute. Over the last two decades, I have attended dozens of Autism-specific conferences and workshops in Australia and overseas, hearing from eminent international speakers and researchers from the field on wide-ranging topics of effective identification and intervention. I have twice undergone training on evidence-based Family Centred practice and the Keyworker Model, which underpins the entire philosophy for early childhood intervention. I now regularly run ASD-specific workshops for carers, educators and other allied health practitioners. These sessions are highly sought out and are always at full capacity.

I highlight these elements of my training and service delivery over the years in order to make a critical point: nowhere within a Clinical Psychology masters program in Australia would I have received this kind of training. Not even within the more child-focused Educational and Developmental Psychology masters program would I have received the depth and breadth of training regarding Autism Spectrum Disorders that I have undertaken by my own initiative. And I believe I am far from being the exception in this case. Psychologists all over Australia supplement their basic university-acquired knowledge with training on evolving evidence-based assessments and interventions. I strongly believe, based on my supervision and mentoring of masters students over the last two decades, that it is the combination of both ongoing self-driven professional learning and actual clinical experience that drives increased competency, **not academic learning alone**.

This is the basis of the program of Continuing Professional Development. Failure to consider the importance of this program as extending the knowledge and ability of psychologists makes a mockery of the system and undervalues its existence. I believe that it is only the *application* of theory learned in classrooms to daily face-to-face practice that leads to increasing competency.

Currently, I split my working time across two universities, private practice and regular speaking engagements for a local Autism-peak body. The demand for clinical services is nothing short of astonishing, particularly the need for ongoing therapy addressing the functional impact of ASD in the lives of children. An assurance to the public that endorsement supposedly brings greater levels of professional competency is completely inaccurate in the case of the specific client group I see. Neither the clinical nor education-developmental psychology masters programs provide adequate training with my current client group. And this is a growing area of demand. Over the last 12 months in private practice, I have seen 94 children and their families, in many cases with multiple siblings. Already, around 85% of all my available sessions for 2019 are booked with clients wanting ongoing sessions. Had the recent Australian Psychological Society 3-tier system proposal to Medicare been introduced by the federal government, I would have been deemed “incompetent” to see children with ASD. I would then have been unable to offer psychology services to 94 families.

This year I have returned to the academic sphere as a teaching associate at a university. My experiences in this environment only reinforce to me that reliance on “book work” produces over-confident practitioners who believe they have adequate skills. I have mentored newer staff across private practice and non-government organization settings and they consistently comment on their own lack of knowledge when it comes to actually working with a child and their family week in, week out. I have watched many of these newly registered psychologists within the first few months and years of practice become overwhelmed by the realities that could never be taught in the classroom.

One of the significant differences between my training and current 6-year academic pathway is that I began my first psychology placements during my undergraduate training, where all I was expected to do was observe and reflect. Two 6-month placements during my 4th year were also critical: not only helping direct my interests within psychology, but equally to help me identify what I was not ready for or what I might never have the skills to achieve. I believe it is remiss that placement for present-day psychology students begins so late, when they are already highly invested in their studies, with few experiences that help them understand if they are indeed suited to such a demanding profession. It concerns me greatly that without careful consideration of the academic pathway of psychology students, soon to embark on a 6-year study course, we will see not only high knock-out rate of students as they progress, but also psychologists whose competency is measured only through their ability to complete lab reports, conduct research and answer exam questions. This is surely not enough.

Lastly, I am appalled by the position of the Australian Psychological Society in its blatant disregard for the majority of Australian Psychologists in discriminating against pathways in psychology that are alternative to Clinical Psychology. The fact that it is difficult for psychologists, let alone the public, to easily and accurately define what differentiates a clinical psychologist from anyone else is testimony to the degree of overlap that exists for many types of psychology and indeed other professions. The hubris certain psychology groups never ceases to astound me. We constantly hear the message that somehow we are “dangerous” to the public, creating a completely false sense of power and influence that is as absurd as it is unrealistic. I believe this needs to be addressed as part of the PBS consideration of how we define “expertise” within the profession.