

Guidelines on area of practice endorsements



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Introduction

These guidelines have been developed by the Psychology Board of Australia ('the Board') under s.39 of the National Law.¹ The guidelines supplement the requirements:

- set out in the Board's area of practice endorsements registration standard
- in the National Law as set out under ss.15, 98 and 99.

These guidelines supersede any previous guidelines issued from the date of Board approval and publication on the Board's website.

The relevant sections of the National Law are set out in Attachment A. The Board's Area of practice endorsements registration standard is published at www.psychologyboard.gov.au.

Who needs to use these guidelines?

These guidelines are developed to provide guidance to psychologists and students. In particular, they provide information to:

- a) applicants for general registration who may be considering an endorsement pathway
- b) registered provisional or general psychologists undertaking a masters or doctorate degree associated with an endorsed area of practice who wish to apply to undertake a registrar program leading to endorsement in an approved area of practice
- c) psychologists undertaking a registrar program, and
- d) Board approved supervisors of psychology registrars undertaking the registrar program.

These guidelines address the qualification and supervision requirements to be completed to become eligible for endorsement.

Summary

Pursuant to s.15 of the National Law, the Australian Health Workforce Ministerial Council (the Ministerial Council) has approved nine areas of practice for endorsement. The endorsement function allows the Board to grant endorsement of registration to a psychologist with additional qualifications and advanced supervised practice in an approved area of practice. Health professionals and members of the public will be able to identify psychologists who are qualified and skilled to practise in the endorsed areas of practice.

The endorsed areas of practice are:

- clinical psychology
- counselling psychology
- forensic psychology
- clinical neuropsychology
- organisational psychology
- sport and exercise psychology
- educational and developmental psychology
- health psychology
- community psychology

¹ The Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory.

Area of practice endorsement

1 Endorsement and use of title

Only psychologists with general registration and with an approved area of practice endorsement may use a title that indicates that they hold an endorsement. For example, a psychologist who has been endorsed as qualified to practise in the area of clinical psychology may refer to himself or herself as a 'clinical psychologist'. A person who does not have an endorsement for clinical psychology must not use the title 'clinical psychologist' or any other title that may lead the public to believe that the person holds such an endorsement. This applies to each of the nine areas of practice approved for endorsement.

Titles associated with the approved areas of practice are:

- Clinical Psychologist
- Counselling Psychologist
- Forensic Psychologist
- Clinical Neuropsychologist
- Organisational Psychologist
- Sport and Exercise Psychologist,
- Educational and Developmental Psychologist
- Health Psychologist
- Community Psychologist

Psychologists should avoid using the word endorsed in their titles (that is, should not use a title such as 'endorsed clinical psychologist').

Psychologists should not use the word 'specialist' in their titles as s.118 of the National Law prohibits the use of the title 'specialist' by any practitioner who is not included on an approved specialist register. There is no approved specialist register for psychology, therefore this section of the National Law prohibits psychologists in Australia from using the title 'specialist' which may constitute behaviour for which health, conduct or performance action may be taken (maximum penalty \$30,000). However the National Law also includes a transition provision at s.281 which, despite s.118, allows psychologists who held specialist registration in Western Australia on the day before participation day (18 October 2010) to use the title 'specialist health practitioner' or another title they were previously entitled to use; that is, 'specialist forensic psychologist' for a transition period of three (3) years. A notation appears on the Register of Practitioners at www.ahpra.gov.au for psychologists affected by this transition provision.

The title 'registrar' is not a protected title under the National Law, but the Board's view is that the title 'registrar' may only be used in relation to the practice of psychology by candidates currently undertaking Board-approved supervised practice (the registrar program) for the purpose of gaining an endorsement in an approved area of practice. Psychologists must ensure they do not use the title in such a way that it may lead a person to believe that they currently hold an endorsement. Examples of acceptable titles are 'registrar in clinical psychology', 'registrar (clinical psychology)' or 'clinical psychology registrar'.

Candidates undertaking Masters or Doctorate degrees who have general registration, but not an endorsement, may only refer to themselves as a 'psychologist' or 'registered psychologist'. Registered general psychologists have unrestricted rights to use the title 'psychologist' and may undertake any work using that title as long as they maintain general registration and practise within the limits of their competence.

A generally registered psychologist may use descriptors in combination with the title 'psychologist' provided that:

1. the title does not knowingly or recklessly claim or induce a belief that the psychologist has an endorsement in an approved area of practice that the psychologist does not hold
2. the title does not knowingly or recklessly claim that the psychologist is a specialist health practitioner; for example, 'specialist clinical psychologist', 'specialist psychologist'.

Titles not specifically associated with an approved area of practice such as school psychologist, consultant psychologist, consumer psychologist, cross-cultural psychologist or other titles that meet the above requirements are acceptable provided that the psychologist does not over-represent their area of expertise or practise outside their scope of competence which would be in breach of the APS Code of Ethics which has been adopted by the Board for the profession.

The Board recognises that in some states and territories public sector industrial awards enable the employment of a psychologist in a position that has a title approved under an industrial award - such as, clinical psychologist - despite the psychologist not meeting the requirements of the Board's registration standard on area of practice endorsements. In such cases, the psychologist must not use the title in a way that may induce a belief that the psychologist holds an endorsement in that approved area of practice. It must be clear to the public that the title relates specifically to the position being held, and the psychologist must not use this title outside the context of their employment; for example, in private practice.

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Psychologists are encouraged to apply for an area of practice endorsement to overcome this difficulty. It is anticipated that industrial awards will in time align with the national endorsement standard.

Pursuant to s.119 of the National Law, claiming to hold an endorsement of registration for an approved area of practice when one does not hold that endorsement may constitute behaviour for which health, conduct or performance action may be taken (maximum penalty \$30,000).

Further information about use of titles by psychologists is included in the Board's *Guidelines for Advertising of Regulated Health Services* published at www.psychologyboard.gov.au.

2 Qualifications for endorsement

2.1 General

To be eligible for endorsement in one of the approved areas of practice, a psychologist must have:

- a) an accredited Doctorate in one of the approved areas of practice and at least one year of approved, supervised, full-time equivalent practice with a Board-approved supervisor; or
- b) an accredited Masters degree in one of the approved areas of practice and a minimum of two years of approved, supervised, full-time equivalent practice with a Board-approved supervisor; or
- c) another qualification that, in the Board's opinion, is substantially equivalent to (a) or (b).

Note on Doctoral degrees:

Only accredited professional doctorates that include both coursework and placement components are approved under 2.1(a) above (that is, DPsyc or PsyD). Combined PhD/Masters programs (or PhD programs with Masters degree equivalent coursework and placements) are recognised as equivalent to 2.1(b). This is because the additional coursework and hours of supervision required in professional doctorates is not included in the requirements for these programs. The Board will provide some concession for practical work undertaken in the PhD (see 3.1.2 of these guidelines). Overseas PhD or DPsyc/PsycD programs with coursework will be assessed under 2.1(c).

2.2 Trans-Tasman Mutual Recognition

Psychologists who are registered and hold a current practising certificate for New Zealand can apply for registration under Trans-Tasman Mutual Recognition (TTMR) for a registration type in Australia that is equivalent to their registration type in New Zealand. There are three

professional scopes of practice in New Zealand that are equivalent to areas of practice endorsement in Australia; therefore, applicants under TTMR registered in a particular scope of practice are qualified for general registration with an area of practice endorsement in Australia under the following equivalency rules:

- The scope of practice for a counselling psychologist in New Zealand is equivalent to general registration with a counselling psychology area of practice endorsement in Australia.
- The scope of practice for a clinical psychologist in New Zealand is equivalent to general registration with a clinical psychology area of practice endorsement in Australia.
- The scope of practice for an educational psychologist in New Zealand is equivalent to general registration with an educational and developmental psychology area of practice endorsement in Australia.

A psychologist who wishes to apply for an area of practice endorsement in Australia that does not have an equivalent vocational scope of practice registration in New Zealand can apply for general registration under TTMR and apply for the endorsement separately.

2.3 Multiple endorsements

A psychologist who already has one or more endorsements and is undertaking further training for another endorsement must complete 75% of the supervision hours required for that new endorsement after completing their postgraduate studies. For example, a psychologist seeking a second endorsement that would normally require two years of supervised practice must complete 18 months of further supervised practice. A doctorate applicant who is normally required to undertake 12 months of supervised practice must complete nine months of supervised practice to gain the second endorsement.

A psychologist who is not endorsed, but is simultaneously seeking two endorsements (for example, through a higher degree program associated with two areas of practice or a dual-degree program) is required to undertake 75% of the supervision required for each endorsement. For example, a psychologist who would normally be required to undertake two years of supervised practice in a dual professional doctorate (one year for each area of practice), must undertake nine months in each area (that is, a total minimum of 1.5 years of supervision).

A list of accredited and Board-approved qualifications is available at www.psychologyboard.gov.au.

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2.4 Equivalence guidelines

When considering an application for endorsement under the National Law and the approved registration standard on area of practice endorsement on the basis of a qualification under section 2.1(c) of these guidelines, the Board will use the following guide. Qualifications that are considered to be substantially equivalent to an accredited Doctorate or Masters degree in one of the approved areas of practice are:

- psychology qualifications gained overseas that have been assessed by the Board or an authority authorised by the Board as equivalent to an accredited Doctorate, followed by a minimum of one year of supervised, full-time equivalent practice in the approved area of practice acceptable to the Board
- psychology qualifications gained overseas that have been assessed by the Board or an authority authorised by the Board as equivalent to an accredited Masters degree followed by a minimum of two years of supervised, full-time equivalent practice in the approved area of practice acceptable to the Board and
- postgraduate psychology qualifications gained in Australia before the Australian Psychology Accreditation Council (APAC) began accrediting postgraduate professional degrees, that have been assessed prior to 2003 by the State or Territory Board at the time, or an authority authorised by that State or Territory Board, as being equivalent to an accredited Masters or Doctorate degree, followed by supervised, full-time equivalent practice in the approved area of practice acceptable to the Board.

Psychologists who have an endorsement and want to obtain a second endorsement are advised to apply to educational institutions offering accredited programs. Applicants may wish to request advanced standing or credit for work already undertaken. Under these equivalence guidelines, the Board will consider accredited university postgraduate bridging programs as they become available after consultation with the accreditation authority about the status of such programs. Graduates of such accredited courses must have the depth and breadth of supervised experience and training in the area of practice equivalent to other accredited sequences of study.

2.5 Maintaining endorsement

To maintain endorsement in an approved area of practice, a psychologist must meet the requirements of the Board's registration standard on continuing professional development (CPD) published at www.psychologyboard.gov.au. Requirement 3 of the registration standard states:

'As a general guide, CPD activities should be relevant to the psychologist's area of professional practice, and have

clear learning aims and objectives that meet the individual's requirements'.

This means that psychologists are expected to obtain the majority of their CPD within their endorsed area(s) of practice, therefore:

- a psychologist with one area of practice endorsement must complete a minimum of 16 hours of CPD within that area of practice and the other 14 hours required may be in any area relevant to their practice (that is, 30 hours total)
- a psychologist with two area of practice endorsements must complete a minimum of 15 hours of CPD within each area of practice (that is, 30 hours total) and
- a psychologist with three area of practice endorsements must complete a minimum of 10 hours of CPD within each area of practice (that is, 30 hours total).

Psychologists who gain an endorsement part way through a CPD cycle (1 December to 30 November) must still complete the minimum CPD hours specified in these guidelines for that area of practice endorsement.

The Board does not require endorsed psychologists to obtain additional CPD hours over and above the Board's general CPD standard of 30 hours per year.

3 Approved supervised practice (the registrar program) to gain an endorsement

The total amount of full-time training required to become eligible to apply for an area of practice endorsement is eight years. In addition to holding an approved sixth year qualification for general registration, a candidate must complete a period of supervised practice (the registrar program) to be eligible to apply for an endorsement. The total duration of the registrar program must not exceed five years from the date the Board approves the registrar program to the date the registrar lodges an application for an area of practice endorsement with the Board. The Board will grant endorsement when the candidate has graduated from their accredited higher degree, obtained general registration and successfully completed the Board approved registrar program.

3.1 Entry into the registrar program

1. Masters candidates may apply to enter the registrar program after completion of all higher degree components (coursework, practicum, and thesis) and provide an official academic transcript showing the degree has been completed. The applicant must have general registration. General registration, and entry into the registrar program, may occur before formally graduating (that is, attending the graduation ceremony).

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2. Doctorate candidates (DPSyc, PsycD) may apply to enter the registrar program upon completion of all doctoral coursework and placements (including the extra hours for the doctorate), and sufficient progress on the thesis has been made. The candidate must have general registration. General registration is available upon submission of an official academic transcript and declaration signed by the applicant and the Head of School (or their nominee) on a Psychology Board of Australia form (PDEC-76) that certifies the candidate has completed all coursework and practicum placements at the level of the Masters program and that the thesis has progressed sufficiently as to be equivalent to a Masters thesis and would be eligible as a Masters thesis at that institution.
3. Combined Masters/PhD candidates may apply to enter the registrar program upon completion of all coursework and placement requirements at the level of a Masters, and sufficient progress on the thesis has been made. The candidate must have general registration. General registration is available upon submission of an official academic transcript and declaration signed by the applicant and the Head of School (or their nominee) on a Psychology Board of Australia form (PDEC-76) that certifies the candidate has completed all coursework and practicum placements at the level of in the Masters program and that the thesis has progressed sufficiently as to be equivalent to a Masters thesis and would be eligible as a Masters thesis at that institution.

3.1.1 General requirements of registrars during the registrar program

The Board expects registrars to develop the capacity for continuing self-appraisal and to seek appropriate

supervision and peer consultation over the course of the registrar program. In particular the Board expects registrars to:

1. identify the limit of their competence in any given situation and
 - a) consult with their supervisor regularly with regard to competence of the registrar
 - b) in consultation with their supervisor, arrive at a mutually agreed course of action when competence is limited and
 - c) implement the agreed-upon course of action (which may include seeking other professional opinion) and
2. identify broader areas in which they require CPD and
 - a) formulate a plan to develop these areas, in consultation with their supervisor and
 - b) monitor their progress in these areas and readjust the plan as necessary, in consultation with their supervisor (see Section 3.4 of these guidelines).

3.1.2 Content of the registrar program

The registrar program consists of three components:

- psychological practice
- supervision with a Board approved supervisor and
- active continuing professional development.

The qualification held by the applicant for endorsement determines the level of each component required, as set out in Table 1 *Registrar program requirements for area of practice endorsement*.

Table 1 Registrar program requirements for area of practice endorsement

Qualification	Duration of psychological practice	Total number of hours of psychological practice	Total supervision required during psychological practice	Total active professional development required during psychological practice
DPSych/PsycD degree	One year FTE	1540 hours	40 hours*	40 hours*
Combined MPsych/ PhD degree	1.5 years FTE	2310 hours	60 hours*	60 hours*
Masters degree	Two years FTE	3080 hours	80 hours*	80 hours*

FTE: Full time equivalent

* The continuing professional development (CPD) and supervision hours in this table include the 30 total hours of CPD per year required for the CPD registration standard (10 hours' supervision [peer consultation] and 20 hours' CPD) and are not additional to the hours shown in the table.

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The following forms are available and are required to be lodged to the Board when applicable:

- application for approval of registrar program in an endorsed area of practice as a psychology registrar (AEAP-76)
- progress report for registrar program for endorsement in an approved area of practice (PREA-76)
- application to change supervisor for a psychology registrar program (ACSP-76)
- application to change practice site for a psychology registrar program (ACPS-76) and
- application for an area of practice endorsement for psychologists on completion of approved registrar program (AECR-76).

Before beginning a registrar program, the psychologist must submit an application for approval of a registrar program (Form AEAP-76) to the Board for approval. This includes details of the supervision arrangements for the registrar program. The Board must grant approval before the registrar begins the registrar program and the supervision must begin within 28 days of the date the registrar program is approved by the Board.

Six-monthly progress reports must be submitted (Form PREA-76). Approval must be sought from the Board before any substantial change is made to the registrar program including changes to the work role (Form ACPS-76) or the supervisor (Form ACSP-76).

On completion of the registrar program, the psychologist is required to submit a final progress report (PREA-76), along with the application for endorsement (AECR-76) to the Board.

The registrar program must address the core competencies (Section 3.1.3, and Attachment B) and incorporate the supervision and CPD requirements set out in Table 1 *Registrar program requirements for area of practice endorsement*.

3.1.3 Core competencies

For a registrar seeking area of practice endorsement, the candidate must be able to demonstrate that the core competencies relevant to the area of practice, as described in the following sections, have been met at a level consistent with the depth and expertise expected of an entry-level endorsed practitioner, following a period of postgraduate and applied registrar training. The specific competencies for each of the areas of practice are detailed in Attachment B — Area of practice endorsements competencies.

The core competencies are:

- knowledge of the discipline, including:
 - psychological theories and models
 - the empirical evidence for the theories and models and
 - the major methods of inquiry
- ethical, legal and professional matters, including detailed knowledge and understanding of ethical, legal and professional issues relevant to the area of practice
- psychological assessment and measurement relevant to the area of practice
- intervention strategies relevant to the area of practice
- research and evaluation, including the systematic identification, critical appraisal and application of relevant research evidence
- communication and interpersonal relationships, including the ability to communicate in written and oral form from a psychological perspective in a style appropriate to a variety of different audiences, and to interact professionally with a wide range of client groups and other professionals
- working within a cross-cultural context, including demonstrating core capabilities to adequately practise with clients from cultures and lifestyles different from the psychologist's own (these include issues relevant to Aboriginal and Torres Strait Islander peoples, issues of lifestyle diversity including gender equity, sexual orientation and mixed families, and issues to do with migration, ethnic identity, and cross-generational cultural factors) and
- practice across the lifespan, which involves demonstrating the core competencies with clients in childhood, adolescence, adulthood and late adulthood as relevant to the area of practice in the context in which the psychologist works.

During the course of the registrar program, regular assessment of these competencies must be made and comments included on the six-monthly progress reports (Form PREA-76). At the conclusion of the registrar program a final assessment of competencies must be included in the final progress report. All competencies must be achieved before the registrar is eligible to apply for endorsement of registration.

3.2 Psychological practice

Psychological practice is defined in the registrar program as follows:

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Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a psychologist in their profession. In accordance with the Board's recency of practice registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

To be approved by the Board for the purpose of the registrar program, the psychological practice must:

- be within an area of practice approved for endorsement
- consist of a minimum of 176 hours per annum of direct client contact (client contact means direct client contact performing specific tasks of psychological assessment, intervention, prevention, consultation and management planning)
- be completed and an application for endorsement lodged within five years of the date the Board approves the registrar program and
- include a minimum of 30 hours of CPD per year to meet the Board's registration standard on CPD.

Full-time psychological practice for the purpose of the registrar program is 35 hours per week over a 44-week year (allowing eight weeks of annual and personal leave). Therefore, a two-year, full-time registrar program consists of 3080 hours of practice, a one-year registrar program (1540 hours of practice), and an 18-month program (2310 hours). These total hours can be spread over a maximum of five years. There must be a minimum of 176 direct client contact hours each year; that is, when circumstances require the registrar to take extended leave or cut back to working only a few hours a week, the minimum requirement must still be met. It is strongly recommended that registrars complete more than the minimum direct client contact hours unless special circumstances apply. The total professional development requirement is included in Table 1 *Registrar program requirements for area of practice endorsement*. For a registrar with a Masters qualification, this is a total of 160 hours professional development (80 hours' supervision, 80 hours' active CPD) spread over the course of the registrar program, with a minimum of 30 hours per year (10 hours' supervision and 20 hours' active CPD) to meet the Board's registration standard on CPD. It is important to note that registrars cannot do only the minimum supervision required per annum in every year of their supervision program because that would not allow them to complete the total supervision hours required within five (5) years.

3.3 Supervision

To be approved by the Board for the purpose of the registrar program, the supervision must be:

- provided by the principal supervisor - a Board approved supervisor who is endorsed to practise in the same area of practice as the registrar program – for at least 50 percent and up to 100 percent of the total supervision in the registrar program
- provided by the secondary supervisors/s (if applicable) for no more than 50 percent of the total supervision in the registrar program; a Board-approved supervisor who is endorsed to practise in a different area or is not endorsed may be allowed to supervise for a maximum of 33 percent of the registrar program
- provided at least fortnightly when practising (that is, excludes vacations), regardless of how many hours have been provided previously and regardless of the number of hours per week of psychological practice completed
- at least one hour per session
- on an individual (one-on-one) basis for at least 66 percent of the total supervision; up to 33 percent of the supervision may be completed as small group supervision
- provided at a minimum rate of 40 hours per full-time equivalent year of psychological practice, and must not go below 10 hours a year (that is, for registrars taking a leave of absence for part of the year)
- provided face-to-face or via an alternative delivery (for example, Skype, telephone) and
- relevant to the application of core competencies (a) through (h) as listed in Attachment B – Area of practice endorsements competencies.

Variation on the above may be approved in exceptional circumstances.

The registrar must submit a report from their Board-approved supervisor to the Board every six months using Form PREA-76.

3.4 Continuing professional development

Continuing professional development (CPD) for the purposes of gaining endorsement must meet the requirements of 'active continuing professional development'. This means written or oral activities that engage the psychologist in active training designed to enhance and test learning.

Examples of active CPD include:

- attending seminars where there is a written test
- reading a structured series of professional psychology articles followed by completion of an online assessment

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- giving an oral presentation or tutorial to a group of peers on a new topic in psychology (that is, a topic the registrar has not previously researched and presented)
- attending a workshop that requires role play of skills and
- studying a new technique, then trialling this technique in the workplace, and a review and evaluation of the effectiveness and implementation of that technique.

Where activities are not inherently active, the supervisor must be involved to ensure that the activities become active. For example, if CPD activities are not inherently active, the supervisor must set written work or another activity (for example, an oral report) to meet the active requirement.

In consultation with the supervisor, the registrar should:

- design a CPD program with clear learning aims and objectives that meet the registrar's practise requirements, as well as the requirements of these guidelines and the Board's registration standard on CPD
- ensure any workshops are directly relevant to the area of practice related to the registrar program and
- abide by the recording requirements set out in the Board's template for CPD in the Board's guidelines on continuing professional development published at www.psychologyboard.gov.au.

4 Board-approved supervisors

4.1 General

The Board will approve a psychologist to provide primary supervision as the principal supervisor for the purposes of endorsement in an approved area of practice, when the supervisor:

- has held general registration as a psychologist for at least three years (note: transitional provisions apply to this requirement until 30 June 2013); and
- is a Board-approved supervisor; and
- holds endorsement in the approved area of practice for at least two years before commencing supervision and continues to be endorsed throughout the period of supervision (note: transitional provisions apply to this requirement until 30 June 2013); and
- has completed a Board-approved training program in psychology supervision and is currently approved (note: transitional provisions to enable supervisors to complete an approved training program apply until 30 June 2013); and
- is not a member of the supervisee's immediate family or household; and

- has not previously been or be currently engaged in a therapeutic relationship with the supervisee.

If an application for approval of participation in the registrar program proposes a secondary supervisor/s, the Board will approve the secondary supervisor/s if they meet the same conditions as for the principal supervisor above with the following variations:

- the secondary supervisor must have held general registration as a psychologist for at least two years (instead of three) and
- the secondary supervisor does not have to hold an endorsement in the approved area of practice of the registrar program; however, they should have advanced knowledge and experience that is relevant to the registrar program.

4.2 Maintaining approved supervisor status

A Board-approved supervisor will be required to renew their Board-approved supervisor status every five years. When applying for renewal, the supervisor will be required to provide a declaration about the number of psychologists he or she has supervised in the preceding five-year period, how the supervised practice and professional development have been maintained, and evidence of completion of a Board-approved supervisor training course.

4.3 General requirements of supervisors during the registrar program

1. It is the supervisor's responsibility to:
2. ensure the registrar has adequate knowledge of relevant research, theory and policy before intervention
3. ensure the registrar has access to appropriate intervention models, so there is no undue intervention bias as a consequence of the supervisory relationship
4. bring to the registrar's attention any limitations of competence, ethical difficulty, personal bias or aspect of personal development in the registrar that the supervisor perceives to be affecting the registrar's professional development and/or professional application
5. offer sufficient supervision opportunities to enable evaluation of applications of the core competencies on a regular basis - supervisors are expected to keep monthly documentation
6. directly observe registrar's work as part of the supervision process; this may include observation via video or audio recording and
7. view active client files of the registrar intermittently as part of the supervision process.

5 Examination

The Board may require the psychologist to pass an examination after completing the registrar program, before accepting a final endorsement application.

6 Application for endorsement

On completion of the registrar program, the candidate must submit a final progress report (PREA-76) and final assessment of competence, that have been completed and signed by his or her supervisor and lodge an application for endorsement (AECR-76) with the Board. The Board will only grant endorsement to psychologists with general registration who have graduated with the relevant qualifications and have completed the registrar program. The application for endorsement must be lodged with the Board within five years of the date of approval of the registrar program, or the approval of the registrar program will lapse.

Definitions

Accredited qualification means a qualification that has been accredited by the Australian Psychology Accreditation Council (APAC) as meeting the national standards for the education and training of psychologists. The accreditation process ensures that standards of education and training in psychology offered by higher education providers are high and are rigorously maintained.

Active continuing professional development means professional learning activities in the endorsed area of practice that engage the participant in active training through written or oral activities designed to enhance and test learning.

Area of Practice Endorsement is a mechanism provided for by section 98 of the National Law through which additional qualifications and advanced supervised practice recognised by a Board can be identified to the public, employers and other users of the public online Register of Practitioners. Practitioners with an area of practice endorsement have that area of practice notated on the public register, and can use the title associated with that area of practice.

The Board means the Psychology Board of Australia.

Client contact means direct client contact performing specific tasks of psychological assessment, intervention, prevention, consultation and management planning.

National Law means the *Health Practitioner Regulation National Law Act*, as in force in each state and territory of Australia.

Ministerial Council means the Australian Health Workforce Ministerial Council comprising Ministers of the governments of the participating jurisdictions and the Australian Government with portfolio responsibility for health.

Registrar means a generally registered psychologist who has completed a Masters or equivalent qualification in an approved area of practice, who is currently undertaking a Board-approved supervised practice program (a registrar program) for the purpose of gaining an endorsement in an approved area of practice.

Registrar program means a Board-approved supervised practice program for the purpose of gaining an area of practice endorsement with a Board-approved supervisor.

Standard means a registration standard approved by the Ministerial Council. In this guideline, the standard is for area of practice endorsements.

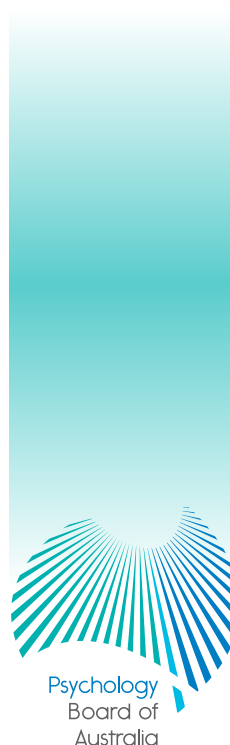
References

Psychology Board of Australia (2011). *Area of practice endorsements registration standard*, Psychology Board of Australia, Melbourne.

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed: 29 July 2011



Attachment A

Extract of relevant sections from the National Law²

General provisions

Part 5, Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- a) to provide guidance to the health practitioners it registers; and
- b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website —
 - a) a registration standard developed by the Board and approved by the Ministerial Council;
 - b) a code or guideline approved by the National Board.
4. An approved registration standard or a code or guideline takes effect —
 - a) on the day it is published on the National Board's website; or
 - b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is

² The National Law is contained in the schedule to the *Health Practitioner Regulation National Law Act* as in force in each state and territory.

admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

15 Approval of areas of practice for purposes of endorsement

The Ministerial Council may, on the recommendation of a National Board, approve an area of practice in the health profession for which the Board is established as being an area of practice for which the registration of a health practitioner registered in the profession may be endorsed.

Note: See section 98 which provides for the endorsement of health practitioners' registration in relation to approved areas of practice.

98 Endorsements in relation to approved areas of practice

1. A National Board established for a health profession may, in accordance with an approval given by the Ministerial Council under section 15, endorse the registration of a registered health practitioner registered by the Board as being qualified to practise in an approved area of practice for the health profession if the practitioner —
 - a) holds either of the following qualifications relevant to the endorsement —
 - a) an approved qualification;
 - b) another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification; and
 - b) complies with an approved registration standard relevant to the endorsement.
2. An endorsement under subsection (1) must state —
 - a) the approved area of practice to which the endorsement relates; and
 - b) any conditions applicable to the practice by the registered health practitioner in an approved area of practice.

99 Application for endorsement

1. An individual may apply to a National Board for endorsement of the individual's registration.
2. The application must —
 - a) be in the form approved by the National Board; and

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- b) be accompanied by the relevant fee; and
 - c) be accompanied by any other information reasonably required by the Board.
3. For the purposes of subsection (2)(c), the information a National Board may require an applicant to provide includes —
- a) evidence of the qualifications in the health profession the applicant believes qualifies the applicant for endorsement; and
 - b) evidence of successful completion of any period or supervised practice required by an approved registration standard; and
 - c) if the applicant is required to complete an examination or assessment set by or on behalf of the Board, evidence of the successful completion of the examination or assessment.

Attachment B

Area of practice endorsement competencies

Competencies required for clinical neuropsychology endorsement

Clinical neuropsychologists use their knowledge of psychology and the brain, to research and diagnostically assess brain dysfunction in individuals. They also consult and design clinical interventions to assist persons with neuropsychological disability and impairment. Clinical neuropsychologists generate psychological data that enable them to provide services to a variety of groups, including:

- members of the public and their families affected by brain dysfunction
- medical specialists and general practitioners
- teachers, educators and counsellors involved in assisting with learning problems
- allied health professionals, disability and welfare workers and
- practitioners in medico-legal, health insurance and compensation areas.

Problems for which neuropsychologists typically provide services include difficulties with learning, memory, attention, reading, language, problem-solving, decision-making, personality changes and impulse and behavioural control. Problems in these areas can arise from single or multiple factors, such as genetic defects, neurodevelopmental factors, infectious diseases, vascular injury, degenerative disorders, drug and alcohol neurotoxicity, psychiatric disorders, and physical traumas such as car accidents affecting the brain. To assure consumers that a clinical neuropsychologist is capable of providing the services required all endorsed practitioners must be competent in areas a-h in this document. All clinical neuropsychologists 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, clinical neuropsychologists must have the following specialist skills and possess the following specialist capabilities:

- a) knowledge of the discipline:
 - i) a broad understanding of all branches of neuroscience, neurodevelopment, the structure

and functioning of the nervous system, neuroanatomy, and in particular cognitive neuroscience

- ii) knowledge of neurology, neuropathology, neurosurgery, neurobiology, psychopharmacology and neurogenetics, including diseases of the central, peripheral, and autonomic nervous systems
 - iii) a detailed knowledge of clinical neuropsychology, including attention and information processing, perception and object recognition, learning and memory, language and communication, controlled and directed movement processes, reasoning and problem solving, executive functioning, and social and affective responses and
 - iv) knowledge of clinical psychology, including the etiology, assessment and treatment of psychopathology
- b) ethical, legal and professional matters:
 - i) understanding of ethical issues in various clinical neuropsychology settings and how to appropriately manage them (for example, balancing medico-legal responsibilities with ethical responsibilities to patients) and
 - ii) competence in communicating clinical neuropsychologists' ethical obligations to others (for example, family members, insurance investigators, medical specialists)
 - c) psychological assessment and measurement:
 - i) knowledge of assessment and measurement theory and research including considerations of reliability and validity
 - ii) competence in using multiple methods of evaluating brain injury or dysfunction, including attention to severity, functional impairment, and the possible role of malingering and impression-management strategies
 - iii) knowledge of test theory, including test construction and test interpretation
 - iv) competence in a range of core tests covering all major areas of neuropsychological functioning and
 - v) knowledge of the assessment of mental disorders using structured clinical approaches
 - d) intervention strategies: competence in:
 - i) interventions designed at cognitive and behavioural rehabilitation from brain dysfunction across multiple domains

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- ii) broad-spectrum management planning across a range of areas, including neuropsychiatric and personality dysfunction, and knowledge of different strategies appropriate to age and type of disorder or impairment and
 - iii) counselling and psychotherapy for individuals and groups to promote coping, adjustment, symptom reduction and psychological well-being
- e) research and evaluation:
competence in each of the following:
- i) identification of psychological questions that arise from clinical neuropsychology practice and the design of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in neuropsychological settings and
 - iii) the transformation of research and evaluation findings into policy, test development, and applied knowledge
- f) communication and interpersonal relationships:
competence in each of the following:
- i) provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, teachers, and for medico-legal and forensic purposes
 - ii) provision of consultancy advice about psychological matters relevant to neuropsychology and brain dysfunction
 - iii) communicating the obligations of a clinical neuropsychologist in various roles and settings (for example, to courts, medical practitioners) and
 - iv) the ability to distinguish between the sceptical and investigative mindset required when undertaking formal neuropsychological 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
- g) working within a cross-cultural context:
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 people from non-English speaking backgrounds, particularly as they relate to clinical neuropsychological contexts and

- h) practice across the lifespan:
competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a clinical neuropsychologist in the context in which the psychologist is employed.

Competencies required for clinical psychology endorsement

Clinical psychologists use their knowledge of psychology and mental health for the assessment, diagnosis, formulation, treatment, and prevention of psychological problems and mental illness across the lifespan. They research psychological problems, and use their psychological knowledge to develop scientifically based approaches to improve mental health and well-being.

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

- members of the public, families and carers
- community groups
- medical and health practitioners and specialists
- health departments, hospitals and community practices
- national, state or local government or non-government organisations
- welfare agencies, educational institutions, defence, justice and community services and
- tribunals, courts and medico-legal officers and bodies.

Specific services of clinical psychologists include the assessment and treatment of a range of mental health problems, such as anxiety, depression, substance dependence, pain and somatic symptoms, schizophrenia, bipolar disorder, bulimia, anorexia, binge eating, conduct disorder, separation anxiety, attention deficit and hyperactivity disorder, autism spectrum disorders, borderline, antisocial and other personality disorders. Clinical psychologists also consult more broadly with the community on mental health programs, policies, and practices related to children, adolescents, adults and older adults.

To assure consumers that a clinical psychologist is capable of providing the services required, all endorsed practitioners must be competent in areas a-h in this document. All clinical 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, clinical psychologists

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must have the following specialist skills and possess the following specialist capabilities:

- a) knowledge of the discipline:
 - i) a broad understanding of mental health and the role of clinical psychologists in providing evidence-based psychological services, including assessment, diagnosis, treatment, prevention, research and consultancy services within the community across diverse settings
 - ii) knowledge of psychopathology, psychological medicine and psychopharmacology, neurotoxicity, neurobiology and neuropsychology relevant to mental health conditions, diagnostic systems and criteria for mental disorders, and health psychology and behavioural medicine
 - iii) knowledge of theories of mental health and well-being, and the capacity to critically evaluate the strengths and limitations of those models
 - iv) understanding of scientific approaches to studying mental health problems, including qualitative and quantitative statistics, self-report, interview and observational methods, and genetic, biological and neuroimaging technologies and
 - v) understanding of the theory and application of evidence based interventions for mental health problems, including psychotherapy, group and family therapy, counselling and behaviour therapy
- b) ethical, legal and professional matters:
 - i) understanding of ethical issues in various clinical psychology settings and how to appropriately manage them (for example, managing patient confidentiality with the need to communicate to multi-disciplinary professionals) and
 - ii) competence in communicating clinical psychologists' ethical obligations to others (for example, families, clinical managers, insurance and legal practitioners)
- c) psychological assessment and measurement:
 - i) knowledge of assessment and measurement theory and research including considerations of reliability and validity, and the possible role of malingering and impression-management strategies
 - ii) competence in applying multiple methods for assessing the severity and types of mental health conditions
 - iii) competence in the diagnosis of mental disorders using structured clinical approaches
 - iv) competence in applying measures to assess progress with psychological and ancillary treatments and
 - v) competence in the use of valid and reliable tests of psychological functioning, including learning, intelligence, emotion, cognition, memory and personality
- d) intervention strategies:
 - i) knowledge of theory and a critical approach to appraising the scientific evidence base for treatment of mental health disorders
 - ii) competence in the delivery of evidence-based psychological therapies for mental health disorders
 - iii) competence in psychotherapy and behaviour change methods and
 - iv) knowledge of methods for consulting, supervising, care planning, and designing interventions for mental health problems
- e) research and evaluation:
 - competence in each of the following:
 - i) identification of psychological questions that arise from clinical psychology practice and the design of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in clinical and other settings and
 - iii) the transformation of research and evaluation findings into policy, applied knowledge, and improved treatments
- f) communication and interpersonal relationships:
 - competence in each of the following:
 - i) provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, and for medico-legal and forensic purposes
 - ii) provision of consultancy advice and psycho-education about mental health problems and issues
 - iii) communicating the obligations of a clinical psychologist in various roles and settings (for example, to courts, medical practitioners)
 - iv) 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

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in order to develop appropriate relationships with the persons to whom the psychological services are being provided and

- v) the capacity for reflective practice, including consideration of the personality and preferences of others and the self, and how these influence communication and interpersonal relationships
- g) working within a cross-cultural context:

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 clinical psychology contexts and
- h) practice across the lifespan:

competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a clinical psychologist in the context in which the psychologist is employed.

Competencies required for counselling psychology endorsement

Counselling psychologists use their knowledge of psychology and therapy to help individuals and groups develop positive strengths and well-being, and to assist the resolution of problems and disorders. They research and evaluate processes of growth through psychotherapy and counselling, and use their psychological knowledge to improve methods for helping people live more fulfilling and productive lives. Counselling psychologists treat a wide range of psychological problems and mental health disorders. They also work with families, organisations and communities to promote empowerment and harmonious relationships, overcome problems and manage transitions.

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

- members of the public, families and carers
- community groups
- medical and health practitioners
- health departments, hospitals and community practices
- 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 therapy for a wide range of issues and disorders including anxiety and depression, the provision of psychotherapy for trauma and assault, domestic violence, grief and loss, relationship difficulties and interpersonal conflicts; and mediation, employee assistance, career development and assessment services.

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:

- a) knowledge of the discipline:
 - i) a broad understanding of the role of counselling psychologists in providing psychological services, including assessment, treatment, prevention, research and consultancy services within the community across diverse settings
 - ii) knowledge of personality, interpersonal processes, individual differences, gender and identity, emotions and experience, and the cognitions and contexts in which meaning and beliefs arise
 - iii) knowledge of theories of mental health and well-being
 - iv) understanding scientific approaches to studying psychotherapy and counselling, including the role of client and therapist factors, and therapeutic alliance, and specific and non-specific treatment processes and
 - v) understanding of the theory and application of evidence based interventions for mental health problems, including psychotherapy, group and family therapy, counselling and behaviour therapy
- b) ethical, legal and professional matters:
 - i) 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
 - ii) competence in communicating counselling psychologists' ethical obligations to others (for example, to families, government departments)

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- c) psychological assessment and measurement:
- i) knowledge of psychological assessment theory and research
 - ii) knowledge of the assessment and diagnosis of mental disorders using structured clinical approaches
 - iii) competence in applying measures to assess progress with psychological therapies and
 - iv) competence in the use of valid and reliable tests of psychological functioning, including learning, intelligence, cognition, memory and personality
- d) intervention strategies:
- i) knowledge of theory and the scientific evidence base for psychotherapy and counselling
 - ii) competence in the delivery of evidence-based psychological therapies for mental health disorders and problems
 - iii) competence in group, family and community interventions and
 - iv) knowledge of methods for mediation, consulting, supervising, care planning, and designing interventions
- e) research and evaluation:
competence in each of the following:
- i) identification of psychological questions that arise from counselling psychology practice and the design of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in counselling settings and
 - iii) the transformation of research and evaluation findings into policy, applied knowledge, and improved treatments
- f) communication and interpersonal relationships:
competence in each of the following:
- i) provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, and for medico-legal purposes
 - ii) provision of consultancy advice and psycho-education about mental health problems and issues
 - iii) communicating the obligations of a counselling psychologist in various roles and settings (for example, to schools, medical practitioners) and
 - iv) 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
- g) working within a cross-cultural context:
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
- h) practice across the lifespan:
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

Educational and developmental psychologists use their knowledge of psychology, learning and development, to assist children, young persons, adults and older adults regarding their learning, academic performance, behavioural, social and emotional development. They research and evaluate intellectual, social, and emotional strengths and problems, and use their psychological and scientific knowledge to improve methods for helping people live more fulfilling and productive lives.

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

- school students and their families
- teachers and principals of schools and 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, 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 practitioners must be

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competent in areas a-h in this document. 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:

- a) knowledge of the discipline:
 - i) a broad understanding of psychological theory as it pertains to how people learn and develop across the lifespan
 - ii) knowledge of relevant components of paediatrics, child psychiatry, neuropsychology, psychopharmacology, physiology, gerontology, and the behavioural and brain sciences
 - iii) understanding theories of social, emotional and cognitive development, including developmental delay and disability, giftedness and special needs
 - iv) understanding the theory and application of assessment and interventions for learning, development and lifespan psychopathology
 - v) knowledge of theories of teaching, learning and education and
 - vi) understanding of the psychology of family and social systems
- b) ethical, legal and professional matters:
 - i) 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) and
 - ii) competence in communicating an educational and developmental psychologist's ethical obligations to others (for example, to families, welfare agencies)
- c) psychological assessment and measurement:
 - i) knowledge of assessment and measurement theory and research including considerations of reliability and validity, and handling scale score outliers and non-typical profiles
 - ii) competence in applying multiple methods for assessing learning and developmental problems across the lifespan
 - iii) competence in specific types of assessment, including:
 - general development measures
 - tests of educational attainment
 - tests of specific learning difficulties including reading and communication disorders
 - neuropsychological assessments
 - verbal and non-verbal measures of intelligence
 - behavioural scales and ratings, and functional analysis measures
 - tests of personality, emotional and family functioning
 - tests of career and work preferences and abilities and
 - psychopathology inventories and structured diagnostic instruments
- d) intervention strategies:

competence in delivering evidence-based psychological interventions for learning and developmental problems, including:

 - i) interventions at individual level:
 - psychological learning and educational training programs
 - counselling and psychotherapy
 - life skills coaching and guidance services and
 - supportive and behavioural interventions and
 - ii) interventions at group level:
 - family and group interventions
 - program development
 - school, welfare and community programs
 - consultation and policy development and
 - education, prevention, and professional development
- e) research and evaluation:

competence in each of the following:

 - i) identification of questions that arise from educational and developmental psychology practice, and the formulation of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in educational and developmental settings and

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- iii) the transformation of research and evaluation findings into policies and programs
- f) communication and interpersonal relationships: competence in each of the following:
 - i) 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
 - ii) provision of consultancy advice and education about learning and developmental problems and attainments
 - iii) communicating the obligations of an educational and developmental psychologist in various roles and settings (for example, to schools, aged care administrators)
 - iv) 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
 - v) the capacity for communicating with peers and associated professionals
- g) working within a cross-cultural context:

competence to adequately practise with clients and families 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 learning and developmental psychology contexts and
- h) practice across the lifespan:

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 psychologists use their knowledge of psychology and the law, and have the forensic skills, to understand legal and justice issues and to generate legally relevant and useful psychological data that enable them to provide services to those who:

- administer law and justice; or
- make legally relevant decision 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 these consumers that a forensic psychologist is capable of providing the services required, all forensic psychologists must be competent in sections a-h in this document and have knowledge of the intervention competencies detailed in section *d Intervention strategies*. 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:

- a) knowledge of the discipline:
 - i) a broad understanding of the legal and judicial system and the roles of psychologists within legal processes, tribunals (including courts) and other forensic contexts
 - ii) understanding of relevant legislation about the law of procedure and evidence, specifically exclusionary rules and case law regarding the admissibility of evidence
 - iii) understanding of the rules pertaining to the collection and reporting of evidence, including practice directions of various jurisdictions
 - iv) 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
 - v) knowledge of the psychological theories and research relevant to at least one of the following domains:
 - family law and child protection
 - criminal law

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- civil and administrative law and
- legal processes and procedures and
- vi) 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
- b) ethical, legal and professional matters:
 - i) 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
 - ii) 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)
- c) psychological assessment and measurement:
 - i) 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:
 - a offenders, specifically, but not exclusively, sexual and violent offenders (including child maltreatment and intimate partner violence and other forms of family violence) and
 - b risk of suicide and other self-harm in prisons and other institutions
- ii) competence in using multiple methods of evaluating malingering, dissimulation and impression-management strategies within forensic contexts
- iii) 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
- iv) 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
- v) 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)
- d) intervention strategies:

competence in (i) *Psychological intervention* plus at least one of (ii) *Alternative dispute resolution strategies* or (iii) *Competence in psychological interventions with vulnerable populations*:

 - i) psychological intervention with at least three of the following populations:
 - 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 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

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- 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)
- ii) alternative dispute resolution strategies in a variety of legal contexts (family law, civil law, victim mediation and restorative justice) and
- iii) 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)
- e) research and evaluation:
competence in each of the following:
- i) identification of psychological questions that arise from legislation, legal theory, public policy or forensic psychological practice and the design of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in forensic settings and
 - iii) the transformation of research and evaluation findings into policy
- f) communication and interpersonal relationships:
competence in each of the following:
- i) provision of expert evidence both orally (testimony) and in writing (for example, court reports) to meet the needs of a tribunal
 - ii) provision of consultancy advice about psychological matters relevant to the administration of law and justice
 - iii) 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
 - iv) 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

- g) working within a cross-cultural context:
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 people from non-English speaking backgrounds, particularly as they relate to forensic contexts and
- h) practice across the lifespan:
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 organisational psychology endorsement

Organisational psychologists use their knowledge of psychology and organisations to promote organisational effectiveness and employee well-being. They research how people think, feel and act at work, and use their psychological knowledge to develop scientifically-based approaches to improve an employee's effectiveness and productivity. They also provide services to organisations to recruit, motivate and grow an organisation's human resources, and to assist organisations to develop and change to be more effective.

Consumers of the services of organisational psychologists are persons and organisations including:

- large multi-national corporations
- publicly-listed companies
- owner-operated small to medium businesses
- not-for-profit organisations and
- government departments and statutory authorities.

Specific areas relevant to organisational psychology work include recruitment and selection of employees; workforce analysis, leadership and succession planning; coaching, career development and stress management interventions; workplace advocacy including industrial relations and occupational health and safety; development of change management programs for staff to improve business processes and systems; and using psychological principles to study consumer behaviours and preferences relevant to market development and organisational branding and communications.

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To assure these consumers that an organisational psychologist is capable of providing the services required, all endorsed practitioners must be competent in integrated multi-level (individual, group and organisational) analysis of human behaviour and related action, and must demonstrate knowledge of how organisations function within dynamic systems linked to broad social, economic and political contexts. All organisational 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, organisational psychologists must have the following specialist skills and possess the following specialist capabilities:

- a) knowledge of the discipline:
 - i) a broad understanding of psychological theory as it pertains to the successful functioning of organisations
 - ii) understanding the role of behavioural factors in organisational effectiveness and employee satisfaction, productivity, safety and well-being
 - iii) understanding the social, political and economic context determining organisational workplace design and the role of psychological factors and
 - iv) knowledge of the discipline, including:
 - industrial, organisational and occupational psychology
 - personnel and vocational psychology
 - human resource management and development
 - human factors including ergonomics
 - coaching psychology and
 - consumer psychology
- b) ethical, legal and professional matters:
 - i) understanding of ethical issues in various organisational settings and how to appropriately manage them (for example, balancing ethical responsibilities to employees with obligations to employers, handling conflicts of interest)
 - ii) competence in communicating an organisational psychologist's ethical obligations to others (for example, senior executives, employees) and
 - iii) ethical and professional use of psychological tests, with careful regard to reliability and validity, user qualifications, test security, and effectively managing such risks within on-line and multi-national testing environments
- c) psychological assessment and measurement:
 - i) competence in the use of multi-source and multi-rater assessments (for 360 degree) relevant to determining organisational effectiveness
 - ii) competence in the use of targeted validated measures, including in the following areas:
 - job analysis
 - recruitment and selection
 - worker motivation
 - work performance
 - health and well-being and
 - career development and
 - iii) 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) intervention strategies:
 - i) competence in individual psychological interventions, including the following:
 - coaching to assist set personal goals, improve effectiveness and health and well-being, and career development and
 - counselling to help manage transitions, deal with loss or personal difficulties, and assist with work attitudes
 - ii) competence in group interventions, including
 - group team facilitation
 - leadership
 - change management
 - strategic planning and
 - conflict resolution and
 - iii) competence in interventions related to whole systems, including:
 - employee incentive and motivation strategies
 - performance management systems and
 - organisational policy and training programs
- e) research and evaluation:

competence in each of the following:

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- i) identification of psychological questions that arise from organisational design and needs analyses, and the formulation of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in organisational settings and
 - iii) the transformation of research and evaluation findings into strategic policies for managers and leaders
- f) communication and interpersonal relationships: competence in each of the following:
- i) (i) communicating psychological factors relevant to organisations to
 - a senior executives
 - b leaders and managers
 - c employees and
 - d the public
 - ii) provision of consultancy advice about psychological matters relevant to organisations
 - iii) communicating the obligations of an organisational psychologist in various roles and settings (for example, to senior executives, to trainees) and
 - iv) the ability to understand the role of psychologists within business and organisational systems, and the ability to demonstrate effective interpersonal communication skills, both orally and in writing, to benefit the clients of organisations through the provision of effective testing and workplace programs
- g) working within a cross-cultural context:
- competence to adequately practise with clients from cultures and lifestyles different from the psychologist's own, including specific knowledge and skills in appropriately providing services to multi-national organisations and understanding lifestyle diversity within employees
- h) practice across the lifespan:
- competence in considering the needs of individuals and groups across different generations, including such issues as childcare, carer leave and designing family-friendly workplaces, the interaction styles of different generations, and the needs of people from different ages within the organisational context in which the psychologist is employed.

Competencies required for sport and exercise psychology endorsement

Sport and exercise psychologists use their knowledge of psychology to provide services to the community to enhance personal development and well-being from participation in sport and exercise.

Consumers of the services of sport and exercise psychologists include:

- elite and professional athletes
- 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.

Specific services of sport and exercise psychologists include the assessment of obstacles to optimal performance and design of individual mental skill and concentration strategies; athlete counselling to overcome stress, 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 sport and exercise psychologists must be competent in both sports psychology and exercise psychology, although they may specialise in one or the other. 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:

- a) knowledge of the discipline:
 - i) 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

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- exercise facilities and initiatives, and the fitness industry
- ii) 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
- iii) knowledge of sports medicine and science, including exercise physiology, biomechanics, human kinetics, motor learning and control, nutrition and eating behaviour, and sports injuries
- iv) knowledge of evidence-based psychological techniques for assessment including standardised measures, interview methods and video analysis and
- v) knowledge of evidence-based psychological interventions applied to sport and exercise, including coaching, counselling, and group and team interventions
- b) ethical, legal and professional matters:
- i) 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
- ii) competence in communicating a sport and exercise psychologist's ethical obligations to others (for example, coaches, teams, families)
- c) psychological assessment and measurement:
- i) competence in the use of survey, interviewing and structured questionnaire methods relevant to the psychology of sport and exercise
- ii) 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 and
- iii) competence in using multiple methods of evaluating sport and exercise psychology status, including video analysis, psychophysiology, behavioural assessments, collateral reports, single case designs, group ratings, and measures of mental flow and mental control
- d) intervention strategies:
- i) individual approaches, including
- cognitive and behavioural interventions, including mental skills training
 - coaching psychology, including for motivation and goal setting and
 - counselling, including for stress, interpersonal and lifestyle issues
- ii) group approaches, including
- team building techniques, including facilitating group cohesion and
 - coaching psychology, including for performance enhancement and
- iii) community approaches, including
- education about the psychology of exercise
 - advocacy for health and well-being and
 - social marketing promoting health and well-being from exercise and sport
- e) research and evaluation: competence in each of the following:
- i) identification of psychological questions that arise from sport and exercise psychology practice and the design of appropriate research strategies
- ii) communication of research methods and findings to non-psychologists in sports, health and community settings and
- iii) the transformation of research and evaluation findings into policy and program development
- f) communication and interpersonal relationships: competence in each of the following:
- i) communicating psychological factors relevant to sport and exercise to:
- a athletes
 - b coaches
 - c administrators
 - d community groups and
 - e the public

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- ii) provision of consultancy advice about psychological matters relevant to sport and exercise participation
 - iii) communicating the obligations of a sport and exercise psychologist in various roles and settings (for example, to umpires, the media and press) and
 - iv) the ability to understand 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
- g) working within a cross-cultural context:
- competence to adequately practise with clients from cultures different from the psychologist's own, including specific knowledge and skills working with people from cultural backgrounds including Aboriginal and Torres Strait Islander peoples, and understanding and showing sensitivity to lifestyle diversity and issues of gender equality, particularly as they relate to attitudes to sport and exercise
- h) practice across the lifespan:
- 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.

Competencies required for health psychology endorsement

Health psychologists use their knowledge of psychology and health, particularly across the spectrum from well-being 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 use their psychological knowledge of disease prevention and health promotion methods to support 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 well-being. Specific areas relevant to health psychological work include lifestyle change such as stress management, promotion of exercise and healthy eating behaviours, managing diseases or death and dying; behavioural strategies relevant to disease prevention 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 health psychologists must be competent in either health promotion or clinical health psychology, but, in addition, must have adequate knowledge and skills of both areas of the discipline. 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:

- a) knowledge of the discipline:
 - i) a broad understanding of the health system and the roles of psychologists within the health system
 - ii) understanding the role of psychological factors in the origin, course and outcome of physical illnesses, including psychosomatic and psychophysiological principles
 - iii) understanding the health of the community, including the domains of behavioural epidemiology and public health
 - iv) 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
 - v) knowledge of psychological theories and research relevant to clinical health psychology, including assessments and interventions relevant to behavioural medicine including psychological counselling and psychotherapies and
 - vi) knowledge of psychological factors associated with the major disease groups, including cardiovascular disease, cancer, infectious diseases (for example, HIV), and metabolic disorders (for example, diabetes and obesity)
- b) ethical, legal and professional matters:
 - i) understanding ethical issues in various health settings and how to appropriately manage them

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- (for example, issues of informed consent, handling sensitive information within a multi-disciplinary team) and
- ii) competence in communicating a health psychologist's ethical obligations to others (for example, medical practitioners, health administrators)
- c) psychological assessment and measurement:
- i) competence in the use of interviewing and survey methods relevant to determining health attitudes and behaviours within populations and social networks
 - ii) competence in the use of assessments relevant to determining psychosocial, behavioural and psychological health status within health settings, including in the following areas:
 - addiction
 - pain
 - functioning (for example, sleep, eating and diet)
 - exercise and physical mobility and
 - stress, including anxiety and depression and
 - iii) 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) intervention strategies:
- i) competence in psychological intervention 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)
 - community clients identified at high risk for disease or disability (for example, obesity, nicotine dependence) and
 - community clients identified as appropriate for positive well-being and empowerment strategies and
 - ii) knowledge of community and public health intervention strategies, including the application of at least two of the following:
 - advocacy
 - policy development
- social marketing and/or
 - disaster response
- as applied to populations vulnerable to developing health conditions (for example, those exposed to asbestos, those with genetic vulnerability markers, those from disadvantaged backgrounds, those affected by natural disasters or infectious disease outbreaks)
- e) research and evaluation: competence in each of the following:
- i) identification of psychological questions that arise from health disorders, public health statistics, health policies, or health psychology practice and the design of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in health and community settings and
 - iii) the transformation of research and evaluation findings into policy and program development
- f) communication and interpersonal relationships: competence in each of the following:
- i) communicating psychological factors relevant to health conditions to:
 - a other health practitioners
 - b health administrators
 - c community groups and
 - d the public
 - ii) provision of consultancy advice about psychological matters relevant to health and illness
 - iii) communicating the obligations of a health psychologist in various roles and settings (for example, to health insurers, to the legal and court system) and
 - iv) 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.
- g) working within a cross-cultural context: 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

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sensitivity to lifestyle diversity and issues of gender equality, particularly as they relate to attitudes within health contexts and

h) practice across the lifespan:

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 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 well-being. 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 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; advocacy on behalf of groups and individuals seeking inclusion, equity and self-determination; and to provide counselling to individuals and groups to help them define and meet their goals. Community psychologists have been particularly active in areas such as bushfires, drought, climate change, unemployment, violence, disability, poverty, indigenous peoples' issues, refugee and immigration issues, oppression, and rural and remote community issues.

To assure these consumers that a community psychologist is capable of providing the services required, all endorsed practitioners must be competent in integrated multi-level (individual, group and organisational) approaches within dynamic systems linked to broad social, economic and political contexts. 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:

- a) knowledge of the discipline:
 - i) a broad understanding of psychological theory as it pertains to communities
 - ii) understanding the social, political and economic context determining community health and well-being 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 and
 - cognitive, motivational and attitudinal theories of communities and groups and
 - iii) evidence-based research on behaviour change within communities
- b) ethical, legal and professional matters:
 - i) 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
 - ii) (competence in communicating a community psychologist's ethical obligations to others (for example, governments, the media)
- c) psychological assessment and measurement:
 - i) competence in the use of multiple measures of community functioning, including:
 - social impact assessments
 - assets and strengths analyses and mapping
 - family and community functioning measures
 - group and climate scales and
 - single case approaches and
 - ii) competence in the use of individual and group measures of health and well-being status, including:

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- validated health and disability assessment scales
 - self-rated scales of subjective distress
 - measures of coping, support, empowerment and
 - qualitative measures and approaches
- d) intervention strategies:
- competence in community psychological interventions, including the following:
- i) interventions at community level:
 - leadership and advocacy approaches
 - strategic planning and systems changes and
 - consultation and policy development and
 - ii) interventions at individual and group level:
 - group facilitation
 - health and well-being counselling and coaching
 - mediation and conflict resolution
 - education and prevention
 - program development and
 - supportive interventions
- e) research and evaluation:
- competence in each of the following:
- i) identification of psychological questions that arise from community needs analyses, and the formulation of appropriate research strategies
 - ii) communication of research methods and findings to non-psychologists in community settings and
 - iii) the transformation of research and evaluation findings into strategic policies for communities and decision makers
- f) communication and interpersonal relationships:
- competence in each of the following:
- i) communicating psychological factors relevant to communities to
 - a governments
 - b communities
 - c groups and
 - d the public
 - ii) provision of consultancy advice about psychological matters relevant to communities
 - iii) communicating the obligations of a community psychologist in various roles and settings (for example, to elders, to government departments) and
 - iv) 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
- g) working within a cross-cultural context:
- competence to adequately practise with people from cultures different from the psychologist's own, including specific knowledge and skills working with people from cultural backgrounds including Aboriginal and Torres Strait Islander peoples, refugees, migrants, and understanding and showing sensitivity to lifestyle diversity and issues of gender equality and sexual orientation, particularly as they relate to the health of community groups and
- h) practice across the lifespan:
- 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.

