Competencies of Australian Counselling Psychologists

Preamble

***Definition*:**

Counselling psychologists use their knowledge and understanding of psychology, psychotherapy, and mental health to treat a wide range of psychological issues, problems, and mental health disorders. They provide assessment, diagnosis and psychotherapy for individuals, couples, families, and groups. They use evidence-based therapies and evidence-based therapy relationships to assist clients to resolve mental health disorders or psychological problems and move toward greater psychological health. They research, evaluate, and develop new methods for improving psychological health and therapeutic interventions for psychological problems and disorders. Counselling psychologists have a distinct philosophical stance, recognising the strengths and resources of people at all levels of psychological functioning, working collaboratively with people in a therapeutic relationship to bring about meaningful change.

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

- Members of the public, couples, families, and carers
- Medical specialists, and health practitioners
- Health departments, hospitals, and community practices
- Community groups
- National, state or local government or non-government organisations
- Welfare agencies, educational institutions, justice services, victims of crime, and community services

Specific services of counselling psychologists include assessment and provision of psychological therapy for a wide range of issues and disorders including (but not limited to) anxiety, depression, post-traumatic stress disorder, grief and loss, relationship difficulties, domestic violence, sexual abuse and trauma, career development, substance-use disorders, eating disorders, and personality disorders.

Purpose:

These following competencies are intended to inform and educate key stakeholders (including the public) of the competencies of Australian counselling psychologists. They are based on:

1. The curricula of Australian university Masters and Doctoral counselling psychology programmes.
2. The history of the discipline of counselling psychology.
3. Australian Psychology Accreditation Council (APAC) Course Approval Guidelines.
4. Globally accepted features of the discipline. For example, see the competencies for counselling psychologists as listed in the British Psychological Society (BPS) Candidate Handbook for the Qualification in Counselling Psychology (see - http://exams.bps.org.uk/exams/counselling-psychology/qcop.cfm). See also documentation on the American Psychological Association Division of Counselling Psychology (Division 17) website.
5. Competencies required for title of Specialist Counselling Psychologist in Western Australia – which was in existence for over 15 years, and established by the previous WA Psychologists Registration Board.

Competencies

Competence C1: Knowledge of the discipline	
Element	**Evidence Benchmarks**
C1.1 Demonstrates advanced knowledge of the assessment and treatment of a wide range of mental health disorders and psychological problems.	→ Demonstrates advanced understanding of evidence-based therapies for mental health disorders such as mood disorders, anxiety disorders, dissociative disorders, eating disorders, sleep disorders, sexual and gender identity disorders, substance-related disorders, somatoform disorders, adjustment disorders, and personality disorders. → Demonstrates advanced understanding of predisposing, precipitating, and perpetuating factors in a range of psychological problems such as grief and loss, bereavement, complex trauma, sexual abuse, domestic violence, attachment issues, redundancy, relationship breakdown, reproductive and fertility issues, perinatal difficulties, parenting/step-parenting difficulties, and sexual assault.

C1.2 Indicates advanced knowledge of the origin, development, and unique characteristics of counselling psychology.	→ Shows awareness of the importance that counselling psychology places on the subjective experience of individuals and the relational milieu within which individuals develop and live.
	→ Demonstrates understanding of, and a commitment to, the diverse theoretical, philosophical, and ethical bases which underpin the practice of counselling psychology including:
	  ➢ The scientist-practitioner model;
	  ➢ The humanistic, existential and phenomenological philosophical origins of counselling psychology;
	  ➢ The critical importance of the therapeutic relationship to psychotherapy process and outcome;
	  ➢ The main schools of psychotherapy, including: existential-humanistic (phenomenological); cognitive-behavioural; psychoanalytic/psychodynamic; constructionist/narrative/systemic; and, integrationist approaches;
	  ➢ The importance of recognising client strengths, resilience, and well-being alongside assessment and diagnosis of psychopathology;
	  ➢ The valuing of social justice and diversity;
	  ➢ The inter-relatedness of intra-psychic and interpersonal experiences.

C1.3 Shows advanced knowledge of the science of psychotherapy process and outcome.	→ Translates science of psychotherapy process and outcome into professional practice. → Critically evaluates psychotherapy research. → Demonstrates advanced understanding of content and process in psychotherapy.

C1.4 Demonstrates extensive knowledge of the evidence for Empirically Supported Treatments (specific factors)[1] and Evidence-Based Therapy Relationships (common factors)[2], and their contribution to psychotherapy outcome.	→ Demonstrates understanding of the difference between specific and common factors and their relative importance in terms of therapy outcomes. → Assesses and attends to relational and other common factors within the therapeutic relationship. → Translates theory of specific and common factors into day-to-day practice, including choice of intervention(s).
C1.5 Demonstrates advanced knowledge of interventions for individuals, couples, groups, dyads, families, and organisations.	→ Demonstrates high-level understanding of the range of interventions for individuals drawn from cognitive-behavioural, psychodynamic, and humanistic/existential approaches. → Demonstrates knowledge of a range of couple and family therapy models such as cognitive-behavioural, emotionally focused, systemic, attachment based, and psychodynamic approaches. → Demonstrates understanding of group therapy approaches such as cognitive-behavioural, interpersonal process, schema, and psychoanalytic approaches.
C1.6 Demonstrates knowledge of theories of mental illness and wellbeing, psychopathology, and diagnostic systems.	→ Indicates thorough understanding of major psychiatric taxonomies – currently DSM and ICD. → Understands how to competently diagnose mental health issues using current schemes/systems – such as DSM multi-axial diagnosis, and develop a treatment plan based on diagnosis. → Builds multi-dimensional (bio-psycho-social) formulations of client distress. → Actively considers how to build client strengths and resilience in responding to mental health difficulties. → Critically evaluates models of mental illness, including the dominant medical/biological paradigm. → Regularly considers how individual phenomenological factors such as personal meaning, beliefs, and context can predispose, precipitate and perpetuate client presenting problems. → Routinely considers how relational, familial, and attachment factors contribute to the occurrence and maintenance of client distress and problems.

[1] Empirically Supported Treatments typically focus on what is specific to each therapeutic approach, and thus are chiefly concerned with "specific factors" which affect therapeutic outcome for a given treatment.
[2] Several authors use the term Evidence-Based Therapy Relationships (see: Norcross, 2011; Norcross & Wampold, 2011) to denote common therapeutic factors such as therapeutic relationship/alliance, empathy, congruence, positive regard. These factors are typically referred to as "common factors" (Messer & Wampold, 2002).

C1.7 Demonstrates knowledge of psychopharmacology to a level which assists in the management of complex and chronic client presentations, and effective communication with other health practitioners.	→ Indicates familiarity with the different classes of psychoactive medications and their typical applications to specific mental health disorders, including antidepressants, anxiolytics, mood stabilisers, anti-psychotics. → Shows understanding of the benefits and side-effects of common psychoactive medications, including those which carry a risk of development of dependence.

Competence C2: Legal, ethical and professional frameworks and codes	
Element	**Evidence benchmarks**
C2.1 Complies with industry professional and ethical guidelines.	→ Obtains and documents informed consent with consideration of the client's ability to consent, e.g. age, cognitive maturity, impairment. → Understands and is fully conversant with industry ethical guidelines, codes of practice, relevant state/territory and federal legislation, and contextual requirements such as licensing and permits which apply to the individual's area(s) of practice. → Complies with legislation and regulation in assessment and psychotherapy services provided for clients with mental health disorders or psychological problems. → Competently communicates counselling psychologists' ethical obligations to others (for example, to families, agencies, government departments).
C2.2 Displays a high level of ethical and professional practice.	→ Establishes regular routines for professional supervision. → Articulates professional values, and practices in accordance with those values. → Translates ethical principles into reasoning and decision making. → Manages complexity and ambiguity and proactively addresses ethical and professional issues. → Utilises self-care strategies to support ethical professional practice. → Displays ethical and professional practice when managing client load. → Accurately self-assesses and refers externally where appropriate. → Maintains records and case notes in accordance with the requirements of the professional setting.

Competence C3: Psychological assessment and measurement	
Element	**Evidence benchmarks**

C3.1 Performs assessments for psychological problems and diagnosis of mental health disorders.	→ Independently provides assessment in the following areas:
	  ➢ Personality
	  ➢ Psychopathology (including suicidality and mental status)
	  ➢ Relationship difficulties

Competence C3: Psychological assessment and measurement	
Element	**Evidence benchmarks**
	➢ Intelligence (including cognitive and emotional functioning) ➢ Coping and adjustment ➢ Social functioning ➢ Educational capabilities ➢ Vocational aptitudes ➢ Health and wellbeing → Selects, administers, scores, interprets, and provides appropriate feedback on psychological assessments. → Takes account of diversity issues and cultural appropriateness when providing assessment. → Conducts comprehensive bio-psycho-social interviews and evaluates findings in terms of treatment planning for mental health disorders and psychological problems.
C3.2 Provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, and for medico-legal purposes.	→ Establishes assessment/diagnostic questions and nature of report. → Selects appropriate assessment tools and interview methods. → Writes precise, concise, and accurate psychological reports for a range of audiences including for medico-legal purposes.
C3.3 Assesses the nature and quality of the therapeutic relationship and group dynamics.	→ Understands and utilises process and outcome measures such as the Session Rating Scale/Outcome Rating Scale (Duncan et al., 2003) and the Outcome Questionnaire 45 (Lambert et al., 1996). → Tracks and assesses psychotherapy process and outcome within and between sessions. → Uses qualitative assessment approaches such as observation and interviews.

Competence C4: Evidence-based interventions	
Element	**Evidence benchmarks**
C4.1 Identifies, designs, implements, and monitors evidence-based psychological therapies for mental health disorders including high prevalence and chronic, complex and enduring issues.	→ Selects and implements empirically based interventions appropriate for the specific mental health disorder(s) being treated such as mood disorders, anxiety disorders, dissociative disorders, eating disorders, sleep disorders, sexual and gender identity disorders, substance-related disorders, somatoform disorders, adjustment disorders, and personality disorders. → Sequences interventions, with co-morbid conditions, according to evidence or best practice standards. → Evaluates client response to interventions. → Uses an evidence-based practice that integrates research with clinical expertise giving appropriate consideration of contextual factors such as client characteristics, preferences, co-morbidity, iatrogenic

	→ Implements interventions with fidelity to empirical models, but where appropriate, also adapts psychological therapy in ways which enhance treatment success.
C4.2 Identifies, designs, implements, and monitors evidence-based psychotherapies for psychological problems that arise in the course of adverse circumstances and normal life events.	→ Effectively distinguishes between psychological disorders and distress experienced in the course of developmental stages and life transitions. → Selects and tailors appropriate psychological interventions for clients with adverse life events such as grief and loss, bereavement, complex trauma, sexual abuse, domestic violence, attachment issues, redundancy, relationship breakdown, reproductive and fertility issues, perinatal difficulties, parenting/step-parenting difficulties, and sexual assault. → Identifies and implements appropriate interventions from a broad range of psychotherapy approaches such as Cognitive-Behavioural, Existential-Humanistic, Psychodynamic, Systemic, and Integrative. → Critically evaluates choice and implementation of models of psychotherapy in terms of empirical evidence, best practice guidelines, and client choice. → Implements interventions for mediation, consulting, supervising, and care planning.
C4.3 Develops Evidence-Based Therapy Relationships with a wide variety of clients and demonstrates advanced expertise in attending to ruptures and repairs of these relationships.	→ Considers Evidence-Based Therapy Relationships in client formulations, treatment planning, and delivery of psychological interventions. → Expertly establishes, maintains, and repairs ruptures in the therapeutic alliance. → Critically reflects on, monitors, and evaluates psychotherapy practice of self and others. → Productively intervenes on the basis of critical self-reflection in working with interpersonal dynamics in therapeutic dyadic, family, or group relationships.
C4.4 Selects, designs, implements, and assesses evidence-based interventions for couple, family, and group therapies.	→ Provides evidence-based interventions for couples based on a thorough assessment of couple/marital distress and relational history. → Provides evidence-based or best practice family therapy interventions based on thorough assessment of family or parental-child dysfunction. → Designs, facilitates, and co-facilitates group psychotherapy programs appropriate for the specific disorders or client population. → Analyses and intervenes effectively with group dynamics. → Evaluates couple, family, and group interventions.

Competence C5: Research and evaluation	
Element	**Evidence benchmarks**
C5.1 Designs, conducts, and critically evaluates research for counselling and psychotherapy.	→ Identifies research questions arising from psychotherapy practice and designs appropriate research to deliver research outputs which further the field of psychology and psychotherapy. → Confidently designs and implements research in areas relevant to assessment, treatment, and

Competence C5: Research and evaluation	
Element	**Evidence benchmarks**
	psychotherapy practice.
	→ Effectively communicates research findings to stakeholders in other allied health professions.
	→ Translates research and evaluation findings into policy, applied knowledge, and improved treatments.
C5.2 Applies diverse research methodologies to address issues arising in assessment, diagnosis and treatment of psychological problems and disorders.	→ Competently uses quantitative, qualitative, and mixed-methods approaches. → Selects, applies, and interprets analytic strategies best suited to diverse questions in counselling psychology.

Competence C6: Communication, collaboration and interpersonal relationships	
Element	**Evidence benchmarks**

C6.1 Facilitates understanding of the role and services of counselling psychologists in various contexts.	→ Facilitates understanding of the services provided by counselling psychologists in various contexts including:
	  ➢ Community mental health settings
	  ➢ Government departments such as child protection, education, justice, police
	  ➢ University counselling services
	  ➢ Hospitals and GP Divisions
	  ➢ Community counselling services
	  ➢ Schools

C6.2 Develops and maintains collaborative relationships in multiple and varied settings and contexts.	→ Demonstrates collaborative practices with a range of relevant stakeholders particularly clients, and medical, allied health, educational, community, and social services professionals. → Communicates effectively with a wide range of stakeholders including where the relationship may be conflicted. → Educates the public about the training, skills, competencies, and applied practice of psychologists and counselling psychologists. → Provides consultancy advice and psycho-education about mental health problems, psychological distress and other psychological issues. → Seeks to resolve incongruities with other professionals in assessment of clients and issues.

Competence C7: Working in a cross-cultural context	
Element	**Evidence benchmarks**
C7.1 Demonstrates advanced skills in working with diversity including ethnicity, culture, gender, sexual orientation, disability, and religious orientation.	→ Selects appropriate assessment tools and interventions taking diversity issues into account. → Shows thorough understanding and commitment to anti-discriminatory practice. → Uses evidence-based practice or best practice standards in working with Indigenous clients. → Demonstrates cultural sensitivity, and culturally competent best-practices.

Competence C8: Practice across the lifespan	
Element	**Evidence benchmarks**
C8.1 Works effectively with a variety of client groups across the lifespan.	→ Selects appropriate assessment and therapeutic interventions for children, adolescents, adults and senior adults. → Uses developmental theories to inform effective intervention.
C8.2 Adjusts practices to accommodate age differences in the provision of counselling psychology services.	→ Identifies when it is appropriate to involve the client's family or carer(s) in the consultation and provision of services.

Competence C9: Consultation and mentoring	
Element	**Evidence benchmarks**
C9.1 Provides professional assistance and expert guidance to supervisees, other professionals, and less experienced colleagues for both routine and complex cases.	→ Recognises and differentiates between situations which require consultation, mentoring or supervision. → Provides appropriate supervision, mentoring and consultation → Draws upon advanced assessment and diagnostic competencies together with knowledge of best-practice to respond to routine and complex consultation cases. → Establishes, maintains, and repairs the supervisory alliance. → Uses research, supervision models, and critical self-reflection to structure educationally and interpersonally sound supervision. → Applies high-level ethical, legal, and professional standards.

Competence C10: Business and organisational skills	
Element	**Evidence benchmarks**
C10.1 Demonstrates intermediate to advanced level of business, organisational and management skills in the practice of counselling psychology	→ See core capabilities of Masters/Doctoral trained psychologists.

References

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