



## Developing Core Competencies for the Counselling Psychologist Scope: Initial Consultation and Call for Nominations

### INTRODUCTION:

Since the implementation of the HPCA Act the Psychologists Board has, as part of its mandate to protect the public, prescribed core competencies for psychologists – including *additional core competencies* for those psychologists who are registered in one or more of the vocational scopes of practice.

In 2010 the Board gazetted a new vocational scope of practice: “Counselling Psychologist”. We subsequently asked the New Zealand Psychological Society’s Institute of Counselling Psychology to prepare a draft version of the *additional core competencies* for the new scope. The Management Committee of the Institute have recently submitted an initial draft (see below).<sup>1</sup>

The Board are therefore now in a position to consult the profession on the matter. We have decided to do so via the following process:

1. The initial draft competencies will be published to seek preliminary feedback and to recruit a Working Party.
2. The Working Party will consider the feedback gathered and will prepare a draft consultation document (including a further draft of the competencies).
3. The Institute will consider the draft consultation document and provide comment to the Working Party.
4. The Working Party will finalise the consultation paper and submit it to the Board for approval to publish.
5. The consultation paper will be published and feedback gathered.
6. The Working Party will finalise the proposed core competencies based on the feedback received.
7. The Board will consider the proposed core competencies.
8. The approved additional core competencies will be published.<sup>2</sup>

### CONSULTATION AND NOMINATION:

We invite you to consider and comment on the initial draft core competencies (see below).

#### Key considerations

All psychologists practising in the "Psychologist" scope must be able to demonstrate competence in the knowledge and skills listed under that scope. A psychologist who practices in a vocational scope must also be able to demonstrate competence in the knowledge and skills listed under that vocational scope. We have tried to avoid duplication as much as possible and therefore both scopes/parts should be

<sup>1</sup> The Board wishes to acknowledge and thank the ICounsPsy Professional Affairs working group (chaired by Mark Thorpe and including Elizabeth du Preez, Brent Gardner, and Mark Haxell) for their work in producing the initial draft.

<sup>2</sup> Once the Board has published the core competencies they will announce a time-limited “grandparenting” opportunity for registration in the Counselling Psychologist scope. (Details have yet to be determined, but the criteria are expected to be the same or similar to those used for registration in the new vocational scopes in 2004.)

referred to by those practitioners who hold a vocational scope. **The “additional core competencies” for the Counselling Psychologist scope should therefore ultimately only include those that are *the minimum required for competent practice at an entry level in that scope.*** It should also be noted that all core competencies are underpinned by the Board's prescribed cultural competencies and should be read in conjunction with them.<sup>3</sup>

If you would like to be a member of the Working party that will consider the feedback garnered and that will develop the next draft please contact Anne Goodhead (details below). Please note that, depending on the level of interest we may have to decline some nominations.

**CONTACT:**

To comment on the initial draft core competencies or to volunteer to be on the Working Party that will develop the next draft, please write to;

**Mail:**

Anne Goodhead  
Psychology Advisor  
New Zealand Psychologists Board  
PO Box 10-626  
WELLINGTON 6143

**Email:**

anne.goodhead@nzpb.org.nz

Our sincere thanks for your consideration and feedback.

**[Draft Core Competencies begin next page]**

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<sup>3</sup> The Board's prescribed core competencies (including cultural competencies) can be viewed and downloaded here: <http://www.psychologistsboard.org.nz/competence-matters>

# DRAFT Core Competencies for the "Counselling Psychologist" Scope of Practice

## INTRODUCTION

All practising psychologists must be able to demonstrate the foundation competencies outlined in the "Psychologist" scope of practice. The following are the DRAFT *additional* core competencies a psychologist should be able to demonstrate at the point of entry to the vocational "Counselling Psychologist" scope of practice.

## DISCIPLINE, KNOWLEDGE: SCIENTIFIC FOUNDATIONS AND RESEARCH

This competency covers the integration of science and practice in counselling psychology. It is not solely limited to the application of the scientist-practitioner model, or restricted to a singular view of what constitutes 'evidence'. The practice of counselling psychology links an advanced knowledge of the scientific and theoretical base pertaining to counselling psychology with the ability to apply this knowledge base to counselling psychological practice. Counselling psychology practice is responsive to new 'knowledge' and at all times a practitioner should strive to achieve 'best-practice' in their professional endeavours. Counselling psychology practice is also used to elucidate current best-practice, through either confirmation or challenge. The psychologist will be able to demonstrate:

Knowledge	Skill
Advanced knowledge of theoretical and research literature, including but not limited to: holistic knowledge of psychological well being, resilience and adjustment, mental disorders, psychopathology and psychological problems.	<ul style="list-style-type: none"> <li>Application of two or more psychological theories specific to the area of practice.</li> </ul>
Understanding of the history of the development of counselling psychology, with specific reference to Aotearoa New Zealand and a familiarity with the major paradigms that are used in counselling psychology.	<ul style="list-style-type: none"> <li>Application of relevant Counselling Psychology paradigms in practice.</li> </ul>
Knowledge of the legal frameworks that impact on psychological service delivery such as the Code of Ethics for Psychologists, the Health Information Privacy Code, the Mental Health Act (1992), the Health Practitioners Competence Assurance Act (2003) as well as the Health and Disability Act (2001).	<ul style="list-style-type: none"> <li>Consistent consultation on ethical and legal issues when appropriate, in addition to an ongoing competency development.</li> </ul>
Knowledge of psychological models of theories of change and how these relate to counselling psychology practice.	<ul style="list-style-type: none"> <li>Ability to apply relevant models of change.</li> </ul>
Knowledge of psychopathology, the relationships with diagnostic classification systems as well as critiques of such classification systems.	<ul style="list-style-type: none"> <li>Application in the practice setting.</li> </ul>
Advanced knowledge of theories of mental health, life-span development, family systems, ecological approaches and the applications of these theories of interpersonal behaviour, cognition, emotion and socio-cultural in a counselling and therapeutic setting.	
Awareness of other therapeutic models within a holistic framework.	<ul style="list-style-type: none"> <li>Consider alternative models of mental health.</li> </ul>
Knowledge of models for Continuing Competence in Psychological Practice.	<ul style="list-style-type: none"> <li>Ongoing engagement in further training and supervision.</li> </ul>

## DIVERSITY, CULTURE, AND THE TREATY OF WAITANGI/TE TIRITI O WAITANGI

This set of competencies addresses the knowledge, skills, and attitudes involved in providing culturally safe practice. The practice of psychology in Aotearoa /New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people of different cultural backgrounds. Cultural competence requires awareness of the psychologist's own cultural identities and values, as well as an understanding of subjective realities and how these relate to practice. Cultural mores are not restricted to ethnicity but also include (and are not limited to) those related to gender, spiritual beliefs,

sexual orientation, abilities, lifestyle, beliefs, age, social status or perceived economic worth. (Reference must also be made to the Board's "Cultural Competencies" document). The psychologist will be able to demonstrate:

Knowledge	Skill
Understanding of the cultural foundation and possible limitations of counselling psychology.	<ul style="list-style-type: none"> <li>• Flexible incorporation of Maori models, practices, and protocols into counselling psychology practice.</li> <li>• Recognition of cultural factors which influence health and illness and response to treatment.</li> <li>• Completion of culturally safe clinical assessments.</li> <li>• Integration of the concepts of stigma, discrimination and social exclusion into assessment and treatment processes.</li> <li>• Application of counselling psychological models in a way that</li> <li>• Takes account of cultural diversity.</li> <li>• Development of accurate case conceptualisations (with diagnosis where appropriate that incorporate a cultural dimension).</li> </ul>
Knowledge of the impact of culture and/or individual diversity on processes of assessment and therapy.	
Understanding of the concepts of stigma, discrimination and social exclusion as applied to diverse client groups, including the consequences of these factors in the practice of counselling psychology.	
Knowledge of cultural influences on clients presenting for health services, including knowledge of culture-specific presentations and diagnostic categories, and the limitations of diagnostic systems.	
Particular awareness of the health status and needs of Maori in New Zealand.	

### FRAMING, MEASURING AND PLANNING: ASSESSMENT AND FORMULATION

Assessment is the systematic collection of clinically relevant information for the purpose of understanding the client and all aspects of their presentation. Assessment is a collaborative process derived from the theory and practice of academic and applied counselling psychology. Procedures include the use of formal and informal interviews, collateral information, the application of systematic observation and measurement of behaviour, and the use of psychometric instruments. Results of these assessments are placed firmly within the context of the historical, developmental, and cultural processes that shape an individual, family, group or organization. The summation and integration of the knowledge acquired through the assessment process is presented in a formulation and diagnosis of serious mental illness where appropriate. Assessment and formulation are fundamental for understanding a client's presentation, current needs and devising appropriate interventions. Assessment is also an ongoing process which may lead to revised formulation and/or changes to the intervention. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of current counselling psychology theory and conceptual frameworks relating to assessment practices in general and especially those relating to their clients.	<ul style="list-style-type: none"> <li>• Plan assessment protocols which take into account developmental issues, as well as individual, ecological and cultural diversity.</li> <li>• Collect data necessary for a thorough assessment through effective processes (such as interviews, formal records, psychometric instruments).</li> <li>• Select, administer and interpret psychometric measures relevant to area of practice.</li> <li>• The ability to carry out cognitive assessments where appropriate.</li> <li>• The ability to carry out and complete detailed mental status examinations where appropriate.</li> <li>• Assess risk and resilience and formulate risk- and strength factors in the</li> </ul>
Knowledge of the impact of developmental issues on assessment processes.	
Knowledge of the impact of the wider context and ecology on assessment processes.	
Knowledge of psychometric testing theory/practice, and test construction and of the strengths and limitations of standardized tests.	
Understanding of relevant factors and approaches to the assessment of resilience and well-being.	
Understanding of relevant factors and approaches to the assessment of risk.	

Understanding of assessment practices used by other disciplines. Understands relevant findings and information from other health professionals that impact on the assessment processes.	development of risk mitigation management plans. <ul style="list-style-type: none"> <li>Identify need for further or ongoing risk assessment and appropriate follow up.</li> </ul>
Knowledge of appropriate interpretation and reporting of assessment findings.	<ul style="list-style-type: none"> <li>Integrate assessment data from different sources and modalities to develop a working model of the origins and maintenance of current psychological functioning.</li> <li>Complete written reports that are coherent, that accurately reflect assessment data, and that integrate and synthesise assessment findings in light of relevant research literature.</li> </ul>
Knowledge of how to develop formulations using psychological theory and assessment data.	<ul style="list-style-type: none"> <li>Develop a formulation, diagnosis (where appropriate) and provisional hypotheses (with ongoing evaluation), based on counselling psychology theory.</li> <li>Relevant and appropriate use of psychiatric nosologies taking into account the social constructionist perspective on diagnosis.</li> </ul>
Knowledge of how to integrate theories of change to develop therapeutic interventions.	<ul style="list-style-type: none"> <li>Use of assessment and formulation to develop effective treatment plans. Incorporation of complex presentation variables and use of theories of change to derive intervention strategies that address presenting needs.</li> <li>Integration of relevant contextual issues into the assessment and intervention plan.</li> <li>Incorporation of presenting variables such as cognitive deficit, personality, trauma, and/or substance abuse into intervention planning.</li> <li>Modification of formulations and intervention plans as new information arises and/or changes occur or through engagement in a supervisory process.</li> </ul>
Advanced knowledge of counselling psychology models of intervention and treatment.	
Advanced knowledge of factors that may influence treatment (such as cognitive ability and personality factors and the knowledge of how to incorporate these factors into treatment planning).	

## THERAPEUTIC RELATIONSHIP, WORKING ALLIANCE, AND INTERVENTION

Counselling Psychology emphasizes the importance of the therapeutic relationship. Therapeutic relationship and intervention is based on the ability to provide services of psychological counselling and consultancy appropriate to the level and breadth of the counselling psychologist's experience and includes a comprehensive assessment and psychological formulation. It also involves at least in part the application of a specific psychological therapy (e.g., Cognitive Behavioural Therapy, Narrative Therapy, Family Therapy, Psychodynamic Therapy). Intervention strategies can be individual, group, or system-family based. The Practitioner-Scientist-Scholar model of Counselling Psychology requires that the model of therapy/intervention is based on well-founded theory and is informed by relevant research. The ability to develop interventions for people with complex problems is a key competency for counselling psychologists. Underpinning all intervention activities are attitudes of respect and flexibility, and a broadminded approach that shows a willingness to learn and to share knowledge. The establishment and maintenance of clinical supervision is regarded as part of this competency. The psychologist will be able to demonstrate:

<b>Knowledge</b>	<b>Skill</b>
Knowledge of at least two specific psychological theories related to the therapeutic relationship and a collaborative working alliance.	<ul style="list-style-type: none"> <li>The ability to initiate, develop, maintain and end a purposeful therapeutic alliance.</li> <li>Demonstrate an understanding of explicit and implicit communications in a therapeutic relationship.</li> </ul>
Knowledge of own contribution to the changing nature of the therapeutic relationship and working alliance.	<ul style="list-style-type: none"> <li>Demonstrate a high level of self awareness through the capacity for a</li> </ul>

	<p>personal, coherent and ethical practice.</p> <ul style="list-style-type: none"> <li>• The ability to reflect critically on practice experiences and to consider alternative ways of working.</li> <li>• The ability to respond appropriately to the complex demands of clients.</li> <li>• Establishment and maintenance of regular and appropriate clinical supervision with an approved supervisor who has recognized expertise in relevant areas of practice.</li> </ul>
Knowledge of how to integrate and respond to emergent and relevant presenting variables in the development of therapeutic interventions.	<ul style="list-style-type: none"> <li>• Demonstrate the ability to form and execute interventions derived from well-developed formulations, based on psychological theory, models of change and client feedback.</li> </ul>
Knowledge of contextual and ecological variables that influence any therapeutic intervention (cultural, social, political, etc.).	<ul style="list-style-type: none"> <li>• The ability to identify and respond to contextual variables that may influence intervention and consider and include these in intervention strategies.</li> </ul>
Acknowledgement and understanding of the role that the therapeutic alliance plays in change and how it impacts on intervention.	<ul style="list-style-type: none"> <li>• The ability to identify and manage the therapeutic process through the regular use of reflective processes such as supervision.</li> </ul>
Knowledge of how to critically evaluate interventions and modify them when change is required.	<ul style="list-style-type: none"> <li>• Demonstrate the ability to critically evaluate strengths, weaknesses and limitations during interventions.</li> <li>• The ability to review outcomes of treatment and modify practice (as necessary) in response.</li> </ul>

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