New Zealand Psychologists Board
PO Box 10-626
Wellington
New Zealand
Tel +64 4 471-4580
Fax +64 4 471-4581
Email: info@nzpb.org.nz
Website: www.psychologistsboard.org.nz

Core Competencies

For the Practice of Psychology in New Zealand

THIS ISSUE FEBRUARY 2011

Originally adopted by the New Zealand Psychologists Board on 13 April 2006 as a guideline document.
Next due for review: 2011.

Core Competencies

For the Practice of Psychology in New Zealand

INDEX

Introduction 2

PART 1: Core Competencies for Psychologists Practising within the "Psychologist" Scope of Practice

- Introduction 3
- Discipline, Knowledge, Scholarship, and Research 4
- Diversity, Culture, and Treaty of Waitangi/Te Tiriti o Waitangi 5
- Professional, Legal, and Ethical Practice 6
- Framing, Measuring, and Planning 7
- Intervention and Service Implementation 8
- Communication 9
- Professional and Community Relations, Consultation, Collaboration 10
- Reflective Practice 11
- Supervision 12

PART 2: Cultural Competencies for Psychologists Registered under the HPCA Act 2003 and for those seeking to become registered

- Preamble 13
- Introduction 14
- Structure of the Competencies 15
- Content: Awareness, Knowledge, and Skill 16

PART 3: Additional Core Competencies for Psychologists Practising within the "Clinical Psychologist" Scope of Practice

- Introduction 18
- Discipline, Knowledge: Scientific Foundations and Research 19
- Diversity, Culture, and the Treaty of Waitangi/Te Tiriti o Waitangi 20
- Framing, Measuring, and Planning: Assessment and Formulation 21
- Intervention 23

PART 4: Additional Core Competencies for Psychologists Practising within the "Educational Psychologist" Scope of Practice

- Introduction 24
- Discipline, Knowledge: Theoretical Foundations and Research 25
- Diversity, Culture, and the Treaty of Waitangi/Te Tiriti o Waitangi 26
- Framing, Measuring, and Planning: Assessment and Formulation 27
- Intervention 28

ACKNOWLEDGEMENTS 29

Core Competencies

For the Practice of Psychology in New Zealand

INTRODUCTION

These Core Competencies have been developed to assist the New Zealand Psychologists Board protect the public, as is their legislated mandate under the Health Practitioners Competence Assurance Act 2003.

Parts 1, 3 and 4 lists those competencies the Board has identified as core to a particular scope of practice - *the minimum requirement* for competent practice at an entry level. Each of these competencies is underpinned by the Board's Cultural Competencies – Part 2 – and should be read in conjunction with them.

Part 1 Core Competencies for Psychologists practising within the "Psychologist" scope of practice.

Part 2 Cultural Competencies for Psychologists registered under the HPCA Act 2003 and those seeking to become registered.

Part 3 Additional Core Competencies for Psychologists practising within the "Clinical Psychologist" scope of practice.

Part 4 Additional Core Competencies for Psychologists practising within the "Educational Psychologist" scope of practice.

*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 referred to by those practitioners who hold a vocational scope.*

The Core Competencies stand alongside the Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002] and any best practice guidelines adopted or endorsed by the Board. This is a living document and the Board welcomes suggestions for improvement. The most current version is available on the Board's website: www.psychologistsboard.org.nz.

The Board is most grateful for the assistance provided by individuals and organisations in drafting these core competencies. Acknowledgements are noted at the end of the document.

PART 1 "Psychologist"

Core Competencies - "Psychologist"

For Psychologists Practising within the "Psychologist" Scope of Practice

INTRODUCTION

These are the foundation competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the "Psychologist" scope of practice.

The Board's *"Cultural Competencies"* [**Part 2**] and the *"Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002]"* underpin these competencies, and should be read in conjunction with them. Additional competencies (or similar competencies developed to a higher level of skill) are required for entry to a vocational scope of practice (see **Parts 3 - 4**).

DISCIPLINE, KNOWLEDGE, SCHOLARSHIP, AND RESEARCH

This set of competencies is concerned with the knowledge base in the discipline of psychology required for adequately investigating, describing, explaining, predicting and modifying behaviour, cognition and affect. They cover the possession of knowledge of psychological theories and models, empirical evidence relating to them and methods of psychological enquiry, as well as an understanding of the interplay between the discipline and practice. They are concerned with basic understanding of, and respect for the scientific underpinnings of the discipline (i.e. knowledge gained and/or tested by the scientific method). They cover knowledge of research principles and methods, to ensure psychologists are good consumers of the products of research. They are the foundation upon which the other competencies depend. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge about the theories, knowledge and methods of inquiry which relate to the bases of behaviour, cognition and emotion.	• Use of scientific evidence to inform and guide the practice of psychology. • Critical analysis of the available scientific research so as to identify, apply and communicate the best evidence supporting application of psychological knowledge. • Evaluation of the applicability of research for the New Zealand context. • Work conducted in a way that is open to new ideas/innovation (while careful to judge the risks and benefits of new methods, tools and therapy). • Application of psychological knowledge in a manner consistent with the best evidence available. • Evaluation of the efficacy, safety and validity of new approaches, therapies, or techniques in keeping with expectations of doing good/doing no harm. • Rational decision-making. • Selection of appropriate research methods to examine particular questions specified. • Conduct of research and practice in accordance with current (scope-specific psychology knowledge.
Advanced knowledge of psychological theories and models of change relevant to areas or practice.	
Knowledge of the methods of psychological investigation and techniques of measurement.	
Knowledge of evidence-based decision making.	
Knowledge of scientific principles and methods.	
Knowledge of current research paradigms (principles and methods), literature and practice as they apply to the area(s) of practice.	
Knowledge of research/audit and evaluation techniques.	

DIVERSITY, CULTURE, AND 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
Awareness and knowledge of their own cultural identity, values, and practices.	• Exploration of their own and others' assumptions with respect to cultural differences (e.g. beliefs, practices and behaviours). • Respect for cultures and languages (e.g. culturally appropriate behaviour in Maori settings and taking care with pronunciation of names and other common words in Te Reo Maori). • Work from a non-prejudicial and affirming stance. • Alleviation of distress associated with stigma, discrimination and social exclusion (based upon ethnicity, gender, sexual orientation, disability, or religious beliefs). • Sensitivity to diversity.
Awareness and knowledge of the cultural identity, values and practices of clients, and particularly: • The cultural beliefs and values situated within tikanga Maori. • Pasifika and other cultural practices relevant to practice. • Understanding of Maori models of health (e.g. Te Whare Tapa Wha).	
Knowledge and awareness of the cultural bases of psychological theories, models, instruments, and therapies.	• Active inclusion of others' understandings in practice, including data collection, analysis and intervention design. • Recognition and application of the differing requirements for cultures in approaches to assessment, intervention, consultation and other areas of psychological practice. • Consultation with culturally knowledgeable people.
Knowledge of diversity, individual differences and abilities.	
Knowledge of the importance of different cultural approaches to assessment, intervention and other areas of psychological practice.	
Understanding of the place of the Treaty of Waitangi/te Tiriti o Waitangi as the founding document of New Zealand.	• Application of the Treaty principles of partnership, participation and protection.
Understanding of the principles of the Treaty of Waitangi/te Tiriti o Waitangi - partnership, participation and protection - and the impact of these principles on the practice of psychology.	
Recognition of the significance of the Treaty of Waitangi/te Tiriti o Waitangi for health care in New Zealand.	
Knowledge of the proper use of interpreters.	• Effective use of interpreters.

PROFESSIONAL, LEGAL, AND ETHICAL PRACTICE

This set of competencies is concerned with the legal and ethical aspects of psychological practice, as well as the ability to apply informed judgment and current scientific principles in the workplace. It also addresses the knowledge and skills required for professional development and continued education through contact with advances in the discipline and practice of psychology. The requisite values and responsibilities are codified in legislation, standards, practice guidelines and the Code of Ethics. It is the duty of all psychologists to be familiar with the relevant documents as well as cultivating reflective practice supported by on-going professional development and supervision. Attainment of competency in professional and ethical practice comes from supervised practice that allows the identification of ethical and professional practice issues and support in generating solutions for identified problems. The psychologist will be able to demonstrate:

Knowledge	Skill
Working knowledge of all legislation (e.g. HPCA Act 2003) relevant to area of practice.	• Access and accurate reference to legislation, standards and guidelines, explanation of the essential principles therein, and application of the principles in practice.
Knowledge of codes of practice and conduct relevant to the community and to the work place.	
Knowledge of the most recent version of the "Code of Ethics for Psychologists Working in Aotearoa/New Zealand", and ethical decision making processes.	• Practice in accordance with relevant ethical codes. • Recognition and reconciliation of conflicts among relevant codes and laws (seeks advice where appropriate). • Recognition of the ethical features, values and conflicts that may exist in work with clients. • Application of explicit ethical decision-making processes to ethically complex situations.
Knowledge of best practice guidelines in area of practice.	• Practice based on best practice guidelines and individual data collected from the client within a scientific practice framework.
Knowledge of all applicable work setting policy and sector standards.	
Awareness of the range of 'clients' and types of clients a psychologist may have.	
Knowledge of rights and interests of clients.	• Advocacy for the needs of the client (in balance with consideration of safety issues and the needs of the wider community).
Knowledge of the boundaries of their personal competence.	• Practice that creates and maintains safe, supportive and effective environments.

FRAMING, MEASURING, AND PLANNING

This set of competencies is concerned with the organisation and planning involved in systematic psychological assessment, evaluation and problem solving with individuals, groups, organisations and the community. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of interviewing skills, techniques and styles, and their relevance to information collection.	• Problem definition. • Application of theoretical and empirical professional knowledge to the selection of assessment methods and the analysis of data. • Collection and analysis of data relevant to the problem; Consider and include participants' interpretations of situations. • Identification of positive and supportive aspects of the environment during assessment. • Administration and interpretation of standardised and/or criterion referenced tests where appropriate. • Recognition of the subjective nature of interpretation of all data collected. • Interpretation of data within a relevant conceptual framework. • Development of solutions derived from the context. • Identification of key contextual factors that offer opportunities for positive change. • Determination of strategies supported by the best available evidence. • Implementation of on-going evaluation.
Knowledge of various approaches to data collection.	
Understanding of the applicability of approaches to assessment for specific contexts.	
Understanding of the relative strengths and limitations of methods of assessment and analysis.	

INTERVENTION AND SERVICE IMPLEMENTATION

This set of competencies covers the steps involved in the planning, design, provision and evaluation of psychological services to individual, group or organisational clients and other interested parties. For those psychologists who undertake intervention or treatment, such intervention is based upon analysis of the information gathered, understanding of psychological knowledge and theory relevant to that analysis, the specific needs of the client and the context in which the intervention is provided. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of evidenced-based interventions.	• Skilful application of intervention(s) or investigation(s) based upon analysis of the assessment data and supported by the best evidence available. • Building of new solutions on the positive supports existing in the environment. • Promotion of shared understandings and development participant capability in order to support meaningful and sustainable change. • Provision of information to clients about alternative psychological services when necessary. • Evaluation of the impact of services provide.
Knowledge of contextual variables that influence interventions (e.g. multiple contexts, wider social / political / cultural variables).	

COMMUNICATION

This set of competencies deals with communication by psychologists with their individual or organisational or community clients, other psychologists, other professionals and the public. It recognises the importance of clearly conveying psychological ideas derived from discipline, knowledge, research and practice, and includes the response of psychologists to feed back and information from others. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of communication skills.	• Communication of information about relevant psychological services to potential clients. • A high standard of interviewing (establishes and maintains rapport, gathers relevant information, etc.). • Effective and appropriate communication, including communication of outcomes.
Knowledge of techniques and processes for dissemination of findings.	

PROFESSIONAL AND COMMUNITY RELATIONS, CONSULTATION, COLLABORATION

This set of competencies addresses the knowledge, skills and attitudes involved in establishing and maintaining effective relationships with clients, other psychologists, and with members of other professional and non-professional groups. It recognises the central role of working with people in the practice of psychology. It includes clarifying roles and responsibilities, and conveying possible contributions of psychological expertise to other professionals and the community at large.

Psychological consultation involves applying psychological theory and research to work with others to identify, formulate and solve specific problems or undertake specific tasks. Consultation is usually focussed on meeting the needs of a third party (e.g. a client, team, organisation). Consultation involves an essentially voluntary and egalitarian relationship between the parties (consultant and consultee) and may have a formal or informal basis. It differs from supervision in that it is usually short-term, focussed on a particular issue, and does not monitor professional practice. Attitudes that underpin psychological consultation are a respectful approach to other disciplines and the contribution they can make and openness to considering other perspectives.

Psychologists work collaboratively and respectfully with a wide range of people. They listen actively to understand other's perspectives and (as appropriate and within ethical bounds) adapt their approaches to practice and communication in response to the audience and the circumstances. Psychologists may at times take on advocacy roles. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of the systems (including families, communities and organisational) being worked with and how to work with them.	• Engagement of the client or clients' clarification of roles, responsibilities, and the nature of service required in consultation with other relevant individuals. • Establishment of professional relationships. • Articulation of the role of the psychologist and the role of others in systems they are working with. • Identification and explanation of psychological models and how they guide intervention. • Description of the input that the psychologist might have in particular situations. • Negotiation and clarification of the parameters of the psychologists' involvement. • Active promotion of a psychological perspective in team settings. • Application of a broad range of relevant psychological knowledge when providing consultation. • Adoption of an individual or team approach as appropriate. • Collaboration with others in planning and decision-making at the individual, group and systems level. • Development of strategies for promoting maintenance, development and change in systems. • Consultation delivered in a way that others can use. • Consultation sought from others in ways that are effective. • Contracting for provision of service. • Ethical consultation about clients. • Effective advocacy. • Appropriate referral to other professions.
Knowledge of the skills and strengths of other health professionals.	
Knowledge of methods for establishing effective working relationships.	
Understanding of the role of the psychologist in relation to other stakeholders.	
Knowledge of application of relevant psychological theory when providing consultation.	
Knowledge of how to consult effectively in a range of settings.	

REFLECTIVE PRACTICE

This set of competencies covers the steps involved in the attainment and integration of information regarding one's practice. It includes critical and constructive self-reflection and seeking external review of one's practice (including supervision). Reflective practice and professional development in psychology is viewed as a continuous process of accurate self-assessment, understanding the skills necessary to be a psychologist and undertaking activities for professional development. This is often done in consultation with a supervisor. The psychologist will be able to demonstrate:

Knowledge	Skill
Understanding of their personal strengths and weaknesses, patterns of behaviour, emotional and cognitive biases, motivation, beliefs and values and how these may impact on clients and professional functioning.	• Accurate reflection on and evaluation of their own practice (skills, knowledge, and bias). • Management of the impact of personal characteristics on professional activities. • Recognition of and practice only within the limits of their professional competence. • Planning for, establishment, prioritisation, implementation, and evaluation of professional development plans based on critical self-evaluation and critical feedback. • Articulation of clear learning objectives. • Effective use of supervision and constructive use of feedback. • Integration of learning. • Effective self-care.
Understanding of the limitations and boundaries of their competence.	
Knowledge of the need for professional development and how to identify areas for their own professional development.	
Knowledge of potential occupational risk factors.	

SUPERVISION

The following competencies are not necessarily expected of an entry-level psychologist, but would be expected of any psychologist providing supervision.

Supervision is a contractual process involving a supervisor and supervisee meeting on a regular basis to enhance psychology work and/or professional functioning. The purpose of the supervision relationship may vary and can be peer, mentoring, training and/or evaluative. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of supervision models, theories, modalities and current research.	• Accurate reflection on and evaluation of their own practice (skills, knowledge, and bias). • Performance of multiple roles, balanced in the supervisory context. • Creating and maintenance of a supervisory relationship which is open and safe. • Establishment and modelling of boundaries. • Maintenance of a respectful and empowering attitude towards the supervisee. • Selection of supervision styles and practices with regard to the interpersonal contexts in which they are used. • Consideration of the socio-cultural context in which the supervision is embedded. • Access and provision of cultural supervision when required. • Promotion of growth, development and self-assessment in the supervisee. • Translation of scientific findings into practice for the supervisee. • Use of consultation on supervisory issues which cannot be resolved or are outside the domain of supervisory competence.
Knowledge of the various functions of supervision.	
Knowledge of how to manage the process of supervision.	
Knowledge of the roles and responsibilities of supervisory participants.	
Knowledge and awareness of diversity within supervisor - supervisee pairings and with clients.	
Knowledge of the influence of cultural perspectives on supervision.	
Knowledge of ways of accessing cultural supervision applicable to particular circumstances.	
Knowledge of area being supervised (e.g. cognitive behavioural therapy, other psychotherapies, research, assessments and client-related components.	
Knowledge of stages and processes of professional development in supervision.	

PART 2 "Cultural Competencies"

Standards of Cultural Competence[1]

For Psychologists Registered under the Health Practitioners Competence Assurance Act (2003) and those seeking to become registered

PREAMBLE

The Health Practitioners Competence Assurance Act 2003 ("the Act") came into force on 18 September 2004. The principal purpose of the Act is to *"protect the health and safety of members of the public by providing for mechanisms to ensure that health professionals are competent and fit to practise their profession".* Section 118(i) of the Act requires that the Board, *"set standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession".* The Board is required to set and monitor standards of competence for registration and practice, which ensures safe and competent care for the public of New Zealand.

In carrying out these obligations, the Board acknowledges that the training and practice of psychologists in Aotearoa /New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. The Board has developed a framework that reflects cultural safety, the Treaty of Waitangi/te Tiriti o Waitangi, and international cultural competence standards and to evolve standards that are more specific if these prove necessary. It is also the Board's intention to systematically evaluate the processes and outcomes of competency training and professional development as a means of informing future protocols and informing the profession itself. Above all else, the Board wants to develop a workable system of cultural competence that promotes openness, transparency, and good faith.

Acquiring cultural competence is a cumulative process that occurs over many years, and many contexts. Practitioners are not expected to be competent in all the areas contained below. However, practitioners should take all reasonable steps to meet the diverse needs of their client population and these competencies are proposed to set standards and enhance the practice of psychology with diverse groups.

[1] In developing this document the Psychologists Board acknowledges the Nursing Council of New Zealand for making available related documentation regarding cultural safety training and practice.

1. INTRODUCTION

1.1 The Treaty of Waitangi/te Tiriti o Waitangi

The Government affirms that Māori as tangata whenua hold a unique place in our country, and that the Treaty of Waitangi/te Tiriti o Waitangi is the nation's founding document. To secure the Treaty's place within the health sector is fundamental to the improvement of Māori health.

This priority is also affirmed in the introduction of the New Zealand Public Health and Disability Act 2000, which is the basis of the current health system in Aotearoa/New Zealand.

While the Treaty is not an integral part of the HPCA Act, section 118(i) provides a mechanism for requiring cultural competence in relation to Māori and diverse cultures. Therefore, a working knowledge of the Treaty is recognized as a fundamental basis of cultural competent practice.[2] In the health sector, key Treaty principles for involving Māori include partnership, participation and protection. The Board is committed to ensuring these principles are acknowledged and actioned.

The articles of the **Treaty of Waitangi**/ te **Tiriti o Waitangi** outline the duties and obligations of the Crown and psychologists and training providers, as their agents, to:

- form partnerships with Māori.
- recognise and provide for Māori interests.
- be responsive to the needs of Māori.
- ensure there are equal opportunities for Māori including recognition and active support of kaupapa[3] initiatives.

1.2 The Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002]

The Code, in its preamble and guiding principles, refers to the dual paradigms and world views for psychologists practising in Aotearoa /New Zealand to reflect both partners to te Tiriti; the centrality of te Tiriti o Waitangi/the Treaty of Waitangi, and the importance of respecting the “dignity of people and peoples”.

The Code of Ethics thus explicitly recognises factors relating to the Treaty relationship between Māori and the Crown and its agents, and between ethnically and culturally distinct peoples in New Zealand, as central to safe and competent psychological education and practice.

1.3 Competence

Competence is variously defined, and in this context, it involves the possession and demonstration of knowledge, skills, and attitudes necessary for the level of performance expected by a Registered Psychologist working within their specified scope(s) of practice. Competency is a developmental process and evolving process beginning with the novice, leading to the advanced and expert stages.

[2] Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002].
[3] Kaupapa Māori is defined here as psychological education, training, theories and models of practice grounded in a Māori worldview.

2. STRUCTURE OF THE COMPETENCIES

2.1 Cultural Safety Guidelines

The Nursing Council pioneered the cultural safety guidelines by health professionals. Cultural safety relates to the experience of the recipient of psychological services and extends beyond cultural awareness and cultural sensitivity. It provides consumers of psychological services with the power to comment on practices and contribute to the achievement of positive outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service.

2.2 Definition of Cultural Safety[4]

The effective psychological education and practice as applied to a person, family or group from another culture, and as determined by that person, family or group. Culture includes, but is not restricted to, age or generation, iwi, hapu and tribal links; gender; sexual orientation; occupation and socioeconomic status; cultural and epistemological frame of reference; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The psychologist delivering the psychological service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. In addition the psychologist delivering the psychological service will understand and recognise the cultural origins, assumptions and limitations of certain forms of psychological practice within some cultural contexts. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual, family or group.

2.3 Cultural Competence

Cultural competence is defined as a having the awareness, knowledge, and skill, necessary to perform a myriad of psychological tasks that recognises the diverse worldviews and practices of oneself and of clients from different ethnic/cultural backgrounds. Competence is focused on the understanding of self as a culture bearer; the historical, social and political influences on health, in particular psychological health and wellbeing whether pertaining to individuals, peoples, organizations or communities and the development of relationships that engender trust and respect. Cultural competence includes an informed appreciation of the cultural basis of psychological theories, models and practices and a commitment to modify practice accordingly.

[4] Modelled on that produced by the New Zealand Nursing Council.

3. CONTENT: AWARENESS, KNOWLEDGE, AND SKILL

3.1 Awareness

(a) Awareness of how one's own and the client's cultural heritage, gender, class, ethnic-racial identity, sexual orientation, institutional or organisational affiliation, practice orientation, disability, and age-cohort help shape personal values, assumptions, judgments, and biases related to identified groups.

3.2 Knowledge[5 6 7 8]

(b) Knowledge of how psychological theory, methods of inquiry, research paradigms, and professional practices are historically and culturally embedded and how they have changed over time as society values and political priorities shift.

(c) Knowledge of the history and manifestation of oppression, prejudice, and discrimination in home country, and that of the client and their psychological sequelae.

(d) Knowledge of socio-political influences (e.g., poverty, stereotyping, stigmatisation, land and language loss, and marginalisation) that impinge on the lives of identified groups (e.g., identity formation, developmental outcomes, and manifestations of mental illness).

(e) Knowledge of culture-specific diagnostic categories, and the dangers of using psychometric tests on populations that differ from the normative group

(f) Knowledge of such issues as normative values about illness, help-seeking behaviour, interactional styles, community orientation, and worldview of the main groups that the psychologist is likely to encounter professionally.

(g) Knowledge of culture-specific assessment procedures tools and their empirical (or lack of) background.

(h) Knowledge of family structures, iwi, hapu and other inter-tribal relations, gender roles, values, educational systems (kura kaupapa, kohanga reo), beliefs and worldviews and how they differ across identified groups along with their impact on identity formation, developmental outcomes, and manifestations of mental illness).

(i) Knowledge of the New Zealand/Aotearoa Code of Ethics (2002), knowledge of the Treaty of Waitangi/te Tiriti o Waitangi and its application to psychological practice and knowledge of legislation governing psychologists in New Zealand.

3.3 Skill

(j) Ability to accurately evaluate emic (culture-specific) and etic (universal) hypotheses related to clients from identified groups and to develop accurate research findings and/or clinical conceptualisations, including awareness of when issues involve cultural dimensions and when theoretical orientation needs to be adapted for more effective work with members of identified groups.

---

[5] Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). "Examining multicultural counseling competencies of graduate students in psychology." Professional Psychology: Research and Practice **26**(3): 322-329.

[6] Sue, D. W., Arredondo, P., & McDavis, R. (1992). "Multicultural counselling competencies and standards: A call to the profession." Journal of Counseling and Development **70**: 477-486.

[7] Hansen, N., F. Pepitone-Arreola-Rockwell, & Greene, A. (2000). Multicultural competence: Criteria and case examples. Professional Psychology: Research and Practice **31**, 652-660.

[8] Additional information can be found in the Board's publication: *"Guidelines for Cultural Safety: Incorporating the Te Tiriti o Waitangi/Treaty of Waitangi and Maori health and wellbeing in psychological education and practice". (October 2005)*

(k) Ability to accurately assess one's own cultural competence, including knowing when circumstances (e.g., personal biases; stage of ethnicity identity; lack of requisite knowledge, skills, or language fluency; socio-political influences) are negatively influencing professional activities and adapting accordingly (e.g., professional development, supervision, obtaining required information, or referring to a more qualified provider – emphasis here is on professional development).

(l) Ability to modify (where appropriate) assessment tools; or to forego assessment tools and qualify conclusions appropriately (including empirical support where available) for use with identified groups (culture-specific models)

(m) Ability to design and implement nonbiased, effective treatment plans and interventions for clients from identified groups, including the following:

i. Ability to assess such issues as clients' level of acculturation, ethnic-identity status, acculturative stress, gay and lesbian issues, (see point 1) (whanau groups);

ii. Ability to ascertain effects of therapist-client language difference (including use of translators or cultural advisors) on psychological assessment and intervention;

iii. Ability to establish rapport and convey empathy in culturally sensitive ways (e.g., taking into account culture-bound interpretations of verbal and nonverbal cues, personal space, eye-contact, communication style);

iv. Ability to initiate and explore issues of difference between the psychologist and the client, when appropriate and to incorporate these issues into effective treatment planning.

(n) Ability to conduct supervision in a culturally competent manner (for the benefit of the client and the supervisee, and supervisor), taking into account the factors above.

PART 3 "Clinical Psychologist"

Additional Core Competencies - "Clinical Psychologist"

For Psychologists Practising within the "Clinical 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 **additional** core competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the vocational "Clinical Psychologist" scope of practice.

DISCIPLINE, KNOWLEDGE: SCIENTIFIC FOUNDATIONS AND RESEARCH

This competency covers the integration of science and practice in clinical 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 clinical psychology links an advanced knowledge of the scientific and theoretical base pertaining to clinical psychology with the ability to apply this knowledge base to clinical psychological practice. Clinical practice is responsive to new 'knowledge' and at all times a practitioner should strive to achieve 'best-practice' in their professional endeavours. Clinical 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 empirical literature, including but not limited to: knowledge of mental disorders, serious mental illness, psychopathology and psychological problems.	• Application of one or more therapy models specific to the area of practice.
Familiarity with the history of the development of clinical psychology, including the major paradigms.	
Knowledge of brain-behaviour relationships; advanced understanding of applied behaviour analysis; comprehensive knowledge of psychological models of theories of change.	
Knowledge of psychopathology, serious mental illness and the relationships with diagnostic classification systems.	
Advanced knowledge of theories of mental health, life-span development, family systems and the clinical applications of theories of behaviour, cognition, emotion and biology.	
Working knowledge of a range of psychological theories and models of change specific to the area of clinical psychological practice.	
Awareness of applicability of other therapeutic models.	

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 clinical psychology models and techniques from the western world tradition. Knowledge of the impact of culture and/or individual diversity on assessment processes. Understanding of the concepts of stigma, discrimination and social exclusion as applied to diverse client groups, including the consequences of these factors in the practise of psychology.	• Flexible incorporation of Maori models, practices, and protocols into clinical practice. • Recognition of cultural factors which influence health and illness and response to treatment. • Completion of culturally safe clinical assessments. • Integration of the concepts of stigma, discrimination and social exclusion into assessment and treatment processes.
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.	• Application of clinical psychological models in a way that takes account of cultural diversity.
Particular awareness of the health status and needs of Maori in New Zealand.	• Development of accurate clinical conceptualisations (with diagnosis where appropriate that incorporate a cultural dimension.

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 derived from the theory and practice of academic and applied clinical psychology. It is ideally a collaborative process. 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 on-going 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 clinical psychological theory and conceptual frameworks relating to assessment practices in general and especially those relating to their clients.	• Planning of an assessment protocol which takes into account developmental issues, as well as individual and cultural diversity. • Collection of data necessary for a thorough assessment through effective processes (such as interviews, formal records, psychometric instruments). • Selection, administration and interpretation of psychometric measures relevant to area of practice. • Completion of cognitive intellectual assessment and neuropsychological screening. • Completion of detailed mental status examinations. • Behavioural analysis. • Detailed risk assessment, including formulation of risk and the development of risk mitigation management plans. • Identification of need for further or on-going risk assessment and appropriate follow up.
Knowledge of the impact of developmental issues on assessment processes.	
Knowledge of the impact of the wider context on assessment processes.	
Knowledge of psychometric testing theory/practice, and test construction and of the strengths and limitations of standardised tests.	
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.	
Knowledge of appropriate interpretation and reporting of assessment findings.	• Integration of assessment data from different sources and modalities to develop a working model of the origins and maintenance of current psychological functioning. • Completion of written reports that are coherent, that accurately reflect assessment data, and that integrate and synthesise assessment findings.
Knowledge of how to develop formulations using clinical psychological theory and assessment data.	• Development of a clinical psychological formulation, diagnosis (where appropriate) and provisional hypotheses (with on-going evaluation). • Effective and safe use of psychiatric nosologies.
Knowledge of how to integrate theories of change to develop therapeutic interventions.	• 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. • Integration of relevant contextual issues into the assessment and intervention plan. • Incorporation of presenting variables such as cognitive deficit, personality, trauma, and/or
Advanced knowledge of 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).	

	substance abuse into intervention planning.
	• Modification of formulations and intervention plans as new information arises and/or changes occur.

INTERVENTION

Intervention is based on a comprehensive assessment and psychological formulation. Intervention involves at least in part the application of a specific psychological therapy (e.g., Cognitive Behavioural Therapy, Interpersonal Psychotherapy, Family Therapy, Psychodynamic Therapy). Intervention strategies can be individual, group, or system-family based. The Scientist-Practitioner model of Clinical 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 clinical psychologists. Underpinning all intervention activities are attitudes of respect and flexibility, and a broad-minded approach that shows a willingness to learn and to share knowledge. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of how to integrate clinically relevant presenting variables in the development of therapeutic interventions.	• Intervention derived from well-developed formulations, based on psychological theory and models of change.
Knowledge of contextual variables that influence any therapeutic intervention (cultural, social, political, etc.)	• Identification of the breadth of contextual variables that may influence intervention and consideration and inclusion of these in intervention strategies.
Understanding the "process" in the therapeutic relationship and its effect on intervention.	• Identification and management of process issues.
Knowledge of how to critically evaluate interventions and modify them when change is required.	• Critical evaluation of strengths, weaknesses and limitations during interventions. • Review of efficacy of treatment and modification of practice (as necessary) in response.

PART 4 "Educational Psychologist"

Additional Core Competencies - "Educational Psychologist"

For Psychologists Practising within the "Educational 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 **additional** core competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the vocational "Educational Psychologist" scope of practice.

DISCIPLINE, KNOWLEDGE: THEORETICAL FOUNDATIONS AND RESEARCH

This competency concerns the knowledge and understanding of educational psychology and its application in research and practice. Research and practice reflect educational psychologists' understanding of and respect for the scientific underpinnings of the discipline. Educational psychologists require knowledge of research principles and methods to: (a) conduct research that contributes to knowledge within (but not exclusive to) educational psychology; and (b) to ensure evidence-based practice. Evidence-based practice is defined as the integration of the research evidence, practitioner expertise and the lived experience of learners and members of teams developed to support learners (Law, 2002). NB. The terms "learner" and "client" refer to the children, young people and adults with whom educational psychologists work. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of and respect for the scientific underpinnings of education and educational psychology.	• Practice within systematic problem-solving/solution- building frameworks.
Familiarity with the history of the development of educational psychology, including the major paradigms.	
Knowledge of educational, developmental, learning and teaching theories (including their strengths and limitations).	
Knowledge of conceptual frameworks for casework (e.g. situational analysis, functional behaviour assessment).	
Knowledge of eco-systemic approaches to practice.	
Knowledge of educational settings and other settings as systems.	
Knowledge of general and special education and related services.	
Knowledge of current educational policies and systems relevant to work in New Zealand.	
Knowledge of Te Whariki and the New Zealand Curriculum Framework.	

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 educational psychology models and techniques from the western world tradition.	• Completion of culturally safe assessments.
Knowledge of the impact of culture, individual diversity on assessment processes.	

FRAMING, MEASURING, AND PLANNING: ASSESSMENT AND FORMULATION

This competency is concerned with the organisation and planning involved in systematic and collaborative assessment of situations, conducted with individuals, groups, organisations and the community. It considers the knowledge and skills required to collaboratively assess interactive learning environments and interpret data collected. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of current educational psychological theory and conceptual frameworks relating to assessment practices in general and especially those relating to their clients.	• Planning of an assessment protocol which takes into account developmental issues, as well as individual and cultural diversity. • Collection of data necessary for a thorough assessment through effective processes (such as interviews, formal records, psychometric instruments). • Functional behavioural analysis. • Selection, administration and interpretation of psychometric measures relevant to area of practice. • Maintenance of a broad, eco-systemic view of the environment. • Use of assessment and formulation to develop effective intervention plan. • Integration of relevant contextual issues into the assessment and intervention plan. • Completion of written reports that are coherent, that accurately reflect assessment date, and that integrate and synthesise assessment findings. • Development of a psychological formulation, and provisional hypotheses (with on-going evaluation), modification of formulations and intervention plans as new information arises and/or changes occur.
Knowledge of the models of analysis and the strengths and limitations of these.	
Knowledge of the impact of developmental issues on assessment processes.	
Knowledge of the impact of the wider context on assessment processes.	
Knowledge of observational techniques.	
Knowledge of psychometric testing theory/practice, and test construction and of the strengths and limitations of standardised tests.	
Knowledge of the development, administration and interpretation of standardised and criterion-referenced tests.	
Understanding of assessment practices used by other disciplines.	
Understanding of relevant findings and information from other health professionals that impact on the assessment process.	
Knowledge of appropriate interpretation and reporting of assessment findings.	

INTERVENTION

Intervention is based on shared participant understandings of interactions within and between the multiple layers of the environment of which learners are part. Interventions build upon the strengths within the environment, reducing the mismatch between learners and their environments. Interventions are not viewed in isolation; instead, they begin with service negotiation and continue throughout educational psychology practice. The intervention process is often cyclical as it continues to be informed by on-going interactions, reflection and decision-making. One aspect of intervention is programme planning and implementation. The psychologist will be able to demonstrate:

Knowledge	Skill
Advanced knowledge of models of intervention and treatment.	• Identification of the breadth of contextual variables that may influence intervention and consideration and inclusion of these in intervention strategies. • Application of an appropriate intervention model for a presenting problem, based on formulation. • Critical evaluation of strengths, weaknesses and limitations during interventions. • Review of efficacy and modification of practice (as necessary) in response.
Knowledge of how to integrate relevant presenting variables in the development of interventions.	
Knowledge of how to critically evaluate interventions and modify them when change is required.	

ACKNOWLEDGEMENTS

Core Competencies for the Practice of Psychology in New Zealand

Final version prepared by the New Zealand Psychologists Board's Registration Committee.

Cultural Competencies for Psychologists registered under the HPCA Act 2003 and those seeking to become registered

Final version prepared by the New Zealand Psychologists Board's Bicultural and Treaty of Waitangi Committee. The Board would like to express thanks and appreciation to the NZ Psychological Society, the NZ College of Clinical Psychologists, individual contributors, and the Medical Council of NZ.

Additional Core Competencies for Psychologists practising within the "Clinical Psychologist" scope of practice

The original draft of this document was prepared for the New Zealand Psychologists Board by the Clinical Scope Core Competencies Working Party (Ann Connell; Barbara Chisholm; Lynley Stenhouse; Clive Banks; Janet Leathem; Fiona-Ann Malcolm; Karen Ramsay; John Fitzgerald; Joanne Thakker; Bob Knight; Malcolm Stewart; John Thorburn; Tina Earl; Wendy Tuck; Jim Vess; David Wales; Tony Ward). Final version prepared by NZ Psychologists Board's Registration Committee and adopted by the Board on April 13, 2006 as a guideline document.

Additional Core Competencies for Psychologists practising within the "Educational Psychologist" scope of practice

Initial drafts of this document were prepared by the Educational Scope Core Competencies Working Party (Anna Priestley, Brian Pearl, Joanne Cunningham, Shelley Dean, Wendy Holley), acknowledging the contributions of the Northern Region GSE psychologist Lead Practitioners, GSE Northern Region Psychologists Group, Clinical Scope Core Competencies Working Party, Greater Wellington Psychologists Group, Jean Annan and Annan, Ryba, Mentis, Bowler & Edwards (2004). Final version prepared by NZ Psychologists Board's Registration Committee and adopted by the Board on April 13, 2006 as a guideline document.

REFERENCES

Annan, J., Ryba, K., Mentis, M., Bowler, J. & Edwards, T. (2004). A blueprint for training educational psychologists in Aotearoa New Zealand, The Bulletin, 103, 43 -47.

The New Zealand Psychological Society (2002). Code of Ethics for psychologists working in Aotearoa/New Zealand (2002). Wellington: New Zealand Psychological Society.