Psychology for the Public: Let's Talk Scopes

Overview

This Overview is a briefer version of the full discussion document.

Statement of Intent

Aotearoa has a growing mental health crisis and a mental health workforce grossly inadequate for the need. Mental health services have been chronically underfunded and unsurprisingly are not working well. Both the pandemic and subsequent cost of living increases have fuelled the pre-existing shortfalls in mental health provision and service access. Mental health workers across professions and services are doing the best they can to meet needs. As a profession, Psychology needs to be in the best shape possible to contribute.

During its recent Roadshow, the New Zealand Psychologist Board indicated it was beginning the process of collecting information in order to review the Scopes under which Psychologists practice in Aotearoa New Zealand and that subsequently it would consult the profession. Across a career, most psychologists will develop expertise in a few broadly related types of clients work and will get to know about the work of psychologists whose expertise intersects with their own. Realistically however, few psychologists have the opportunity to develop an in-depth understanding of the enormous diversity of our profession. But in order to be in a good position to contribute to shaping how Scopes of practice might best operate for psychology – and more importantly for our clients – we need to really know our whole profession in all its breadth and nuances. After all, in order to work with a client, a psychologist takes care to fully understand the situation before formulation and intervention; even if those three processes are languaged differently across fields of practice.

The intent of this document is to stimulate informed korero, discussion, dialogue. It seeks to provide a little history and summarise complex issues. It makes no claim to have identified or addressed all the issues, nor represented all possible perspectives; indeed given psychologist workloads, perhaps if multiple interest groups produce and circulate their key ideas, as a profession we could develop a much richer perspective of what psychologists actually do day to day and therefore how that can best be governed. The intent of this paper is to inform practicing psychologists, to enable their active engagement in the forthcoming review of scopes of practice for psychology in Aotearoa New Zealand. This document expressly neither represents nor seeks to represent the viewpoint of any individuals or groups, but rather the aim is whakamārama, elucidation, to inform kōrero.

Acknowledgements

There are no authors named; this decision was made in acknowledgement the interest and input of a large number of psychologists from all Scopes. Those involved acknowledge all of the Professional Associations that serve Psychologists in Aotearoa: He Paiaka Tōtara, Pasifikology, the New Zealand Special Interest Group in Neuropsychology (NZSIGN), the Society of Behaviour Analysis – Aotearoa New Zealand (SBA-ANZ), The New Zealand Psychological Society (NZPsS) and its Institutes and Special Interest Groups, and The New Zealand College of Clinical Psychologists (NZCCP). The New Zealand Psychologists Board is also acknowledged for its role in governance of the profession, and for scheduling the review of the fitness for purpose of Scopes.

The most important acknowledgements however are of the practitioners, students and those who have aspired to gain a place in professional training, and centrally, the profession's clients who have broadened our vision of what is possible and what is asked of the profession of psychology in Aotearoa.

13/10/2023

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Overview

This overview seeks to summarise the source document (of the same name) which provides essential context, background, additional information, two proposals and citations.

Naku te rourou nau te rourou ka ora ai te iwi
With your food basket and my food basket the people will thrive.

Right now, many in Aotearoa New Zealand are not thriving: economically, physically, socially, mentally, emotionally or spiritually. The core business of practicing psychologists is to apply psychological knowledge to assist the people to thrive. At the heart of that mahi, our profession's priority is to address, indirectly or directly, mental health and wellbeing need. Although psychology theory and research provide for a multiplicity of ways in which we do, or might come to serve that need, and regardless of the emergence of the biopsychosocial model some 4 decades ago, a significant sector of the profession has continued implicitly to accord highest authority to the biomedical model. It is important also to recognise that many funding models also remain rooted in the medical model. Increasingly however, the psychosocial model of mental health and disability is accruing research evidence, is attracting public demand, and some funding models are moving away from the biomedical framing of mental health and disability. Now more than ever before, we need to come together in shaping the future of our profession and how it can best serve Aotearoa New Zealand.

The Health Practitioner's Competence Act (HPCA, 2003) allowed for the bodies responsible for each profession (e.g. the Psychologists Board) to describe the profession as

it sees fit under one or more scopes of practice. This was unchanged in the 2019 amendments. The HPCA provides parameters and process that must be followed to so describe the profession. After extensive consultation in 2003/4, the Psychologists Board arrived at the two training scopes of Intern and Trainee, the Psychologist scope, and two vocational scopes, Clinical and Educational. Since then, though several fields have sought recognition as a scope, only Counselling and Neuropsychology have been added. The Board also set out a competency framework in which all psychologists are required to demonstrate the core competencies regardless of their field of work, and additional competencies are specified respectively for each vocational scope as public certification that a practitioner holding that scope has completed specialist preparation (i.e. specialised postgraduate diploma/internship) for those additional competencies. The Psychologist scope was described in all-encompassing language and linked to the Core Competencies. It was very deliberately worded inclusively to cover any type of psychological practice.

The Board took care for many years to articulate in its Newsletter and on its website, that Scope does not delimit what a psychologist may do; rather that is defined by competence. Wording from publicly available information has included:

- Psychologists who hold a vocational scope are also deemed to hold the general scope; vocational scope does not limit practice – competency does.
- A vocational scope does not 'fence off' any exclusive territory other than title use. Any psychologist can perform any activity, as long as they are demonstrably competent to do so, or are doing so under appropriate supervision, as when training in a new area of practice.

- According to the HPCA and to the fairness expected in administrative law, the Board has an obligation to not impose unnecessarily restrictive mechanisms unless there are important reasons for doing so.

- In 2003 the Board decided to define very few scopes of practice, to describe them very broadly, and to prescribe common core competencies that underpin them all. By so doing they intended that the scopes would reflect and support the long-standing pattern of psychologists shifting or expanding into new areas of practice.

- A vocational scope simply provides the practitioner with the right to use the scope's title, and thereby clearly and simply signal to the public (or an employer) their competence in that scope.

History shows however, that this has been a source of confusion for the public, employers and the profession itself. It has also, sadly, apparently fuelled divisiveness within our very small profession. We are less than 5000 to serve a population of some 5 million, our profession is focussed on serving the public, and yet we are divided.

Contrary to the historical position of the Board, some psychologists are of the view that certain types of activities undertaken by psychologists and/or certain intervention approaches ought be restricted and undertaken only by psychologists who have completed a particular initial training. There is a view that this is necessary for public safety; that it is not acceptable to be depending on practitioners and their supervisors to take professional responsibility in determining and developing personal professional competence. That public safety is paramount is not disputed – across the profession. What is contentious is how that is defined, whether some psychologists are deemed less capable than others of making

sound ethical judgements about their competence, and how competence is best identified for the public and thus governed.

Typically for example, in examination of risk to the public from the activity of psychologists, discussion centres around therapeutic treatment of individuals who are vulnerable as a result of mental illness. However, public risk also occurs in fields not typically considered in discussions about 'fencing off' certain activities from particular scopes. For example, the work of community and organisational psychologists may simultaneously contribute to good – or significant harm – for hundreds or even thousands of individuals, who may not even be aware that a psychologists has been the architect of an intervention that is affecting them. Health psychologists work both with individuals rendered vulnerable through physical ill-health and with health systems affecting large numbers of clients. There are, of course, many other potential examples; these are complex issues, not easily dismissed.

The scopes were last reviewed in 2008, and much has changed in the world, and in psychology research and practice since then. It is timely then that they are to be reviewed again, some 20 years after they were initiated.

So are the scopes as they are described still fit for purpose, for the people of Aotearoa New Zealand, in the light of current theory and research, as the practice of psychology has functioned since 2003, and as psychology is practiced in 2023 and might likely need to be practiced in the foreseeable future?

In analysing how to address this question, the interests of multiple stakeholder groups are pertinent. The primary stakeholders are the public and then psychology practitioners. The Board is responsible for the governance of the profession through implementation of the HPCAA for the safety of the public. The professional associations (He

Piaka Totora, Pasifikology, NZABA, NZCCP, NZPsS) are responsible for advocating for the profession. There are government departments, crown entities, and NGOs, that employ/contract large numbers of psychologists and both university and employer-led training programmes. It is also necessary to consider the practice of psychology in Aotearoa in relation to the international context both with respect to benchmarking, and to accommodate international migration of psychologists both to and from New Zealand. But the bottom line remains: What does the public want and what will best serve the needs of the people?

To consider what will best serve the public, we must also contextualise the delivery of psychology services within the broader mental health workforce which includes many disciplines and workers whose qualification profiles vary enormously.

Mental health services are provided by government-funded hospitals, other government departments (e.g. Oranga Tamariki), crown entitites (eg. ACC), NGOs, employers, and private practitioners. The most unwell are provided in/voluntary service by multidisciplinary teams in government-funded hospitals which also provide a range of other mental health services, predominantly for issues that are extremely severe and chronic (e.g., 'psychiatric conditions') or of high acuity (level of risk to self that warrants 24-hour care). However, many with such needs are unable to secure hospital-provided treatment or can gain only limited support for proscribed periods of time and seek assistance from other sectors. It has long been the case that even small NGOs which may not have sufficient funding to employ registered health practitioners such as psychologists, provide service to individuals whose mental health needs might be loosely described as severe and complex. Across other service sectors, some operate within clearly delimited service delivery parameters (e.g. substance addiction, eating disorder), others serve a broad range of need.

There are overlaps, gaps, and regional differences (e.g. less specialisation may be possible in rural/regional areas than in large urban centres).

The mental health workforce in Aotearoa New Zealand is not highly segmented; rather, clients whose needs may be colloquially described as mild, acute, chronic, severe or complex are often seen by a variety of practitioners who may have lived experience, level 3 qualifications, or up to 12 years or more of university level training. These practitioners may be trained in mental health, social work, mental health nursing, psychology, medicine and more. Many practitioners from disciplines other than psychology may work with clients with high and complex mental health needs, and may legally use psychological interventions which some psychologists argue ought be the province of only one of the psychology scopes. Māori and Pasifika peoples are over-represented among those most needing service and commensurately under-represented among practitioners.

Psychologists undertake a wide variety of work including:

1. Addiction
2. Child, Adolescent and Family
3. Clinical
4. Coaching
5. Community
6. Counselling
7. Disability
8. Educational
9. Family Court
10. Family Violence
11. Forensic

12. Gender Identity
13. Geropsychology
14. Health
15. Kaupapa Māori
16. Mental Health Diagnosis
17. Military
18. Neuroatypicality
19. Neuropsychology
20. Organisational
21. Pain
22. Pasifika
23. Rehabilitation
24. Sexually Concerning Behaviour
25. Sex Therapy
26. Sport Psychology
27. Trauma
28. Youth

Of these 28 examples of areas of practice currently robustly represented in New Zealand, only Clinical, Counselling, Educational, and Neuropsychology, are identified by vocational scopes. While clearly specialists in each of these vocational scopes have particular training and skills not held by all practitioners in the broad Psychologist Scope, it is difficult to sustain a position that no practitioners in the Psychologist Scope have similar knowledge, training and skill, especially if developed for particular client groups (e.g. refugees, young people or senior citizens) or presenting issues (e.g. addiction,

neuroatypicality). Psychologists working with sexually concerning behaviour for example, might appropriately use particular clinical assessment and intervention methods, or indeed draw on counselling psychology approaches, need to develop a deep understanding of learning difficulties or even potentially develop circumscribed neuropsychology expertise. Developing those dimensions of expertise for particular client groups or presenting issues does not equate to having the full expertise of the clinical, counselling, educational or neuropsychology scopes. Or conversely, increasingly we recognise the importance of psychologists across fields of practice understanding how to assess and work with even complex trauma in educational, clinical, counselling, forensic and community settings, and even in the workplace and boardroom. Each such type of psychologist might do quite different work with a client who is struggling with the impact of complex trauma, or indeed there may be areas of overlap. No type of psychological practice functions as an island drawing exclusively on its own specialist knowledge and divorced from other fields of psychological knowledge and practice, and no field of psychological practice can lay claim to holding the knowledge of the entire discipline and profession.

Given the matrix of intersections of practice alluded to above, many questions can be posed, for example:

a. If we are to have multiple scopes, how best is the profession described so as to identify discreet types of psychologists in a way that will be clear not only to the practitioners and their colleagues but also to the public?
b. Should that be on the basis of initial training (i.e., Internship or Traineeship)? If so, would that mean that in the future, it would not be possible to move from the type of work addressed by the

programme in which you originally trained (e.g. a Military psychologist might need to remain in the military until they retire from the workforce; an Educational Psychologist who trained in schools might not be able to move into workplace training, and so on). Currently, we have vocational scope-aligned internship preparation programmes for the Clinical, Counselling and Educational Scopes.

- But is there less need for specific preparation to work in Pain, Organisational Psychology, or as a Military Psychologist? In all three examples, specialised knowledge is required, and incompetent practice can cause significant harm to the public at either individual or systems level.
- And, we already have training programmes for ABA, Child and Family, Community, Health, Organisational and Psychological Practice. Arguably, although there are overlaps, these represent discrete areas of knowledge, approach, and practice, leaving a Child and Family graduate ill equipped in the breadth of Health Psychology or a Community Psychologist inadequately prepared to work with individuals with severe behaviour disorders.

c. Or, would it be better to seek to identify discreet types of psychological service (rather than types of Psychologist)? For example, rather than talking about Clinical or Educational Psychologists, would it be more helpful to talk about Eating Disorder

services (which might employ psychologists from Clinical, Counselling or Health) or Sport Psychology services (which might include practitioners who graduated from Counselling, Educational, Health or Psychological Practice)?

d. Like all professions, Psychologists are required to engage in career-long learning and development. Historically, although some have remained in a single specialist area their entire career, others have moved across types of work. Can psychologists safely move from one type of client / presenting issue / work / setting to another? If so, is that capacity of value to retain? And If this is so, how should career-long learning and growth be communicated to the public and governed to ensure standards across the profession?

e. If psychologists can develop expertise additional to that of their initial training, how could that best be recognised and communicated to the public?

    - Initial preparation for registration, whether via university-based internship or traineeship (Corrections/Military) is formally examined.
    - Additionally, professional development that might be key in developing areas of expertise includes a wide variety of possible activities including completely self-directed learning, peer-reviewed (through supervision), listening to podcasts, attendance at workshops, and occasionally informal quizzes.

In the longer *Let's talk Scopes* document, two summary proposals attempt to take such factors into account and serve as examples which may serve as a springboard for dialogue and lead to the generation of additional alternative models.

Internationally, the practice of psychology has changed enormously since our Scopes were first gazetted. Perhaps we should look for a model to copy? Ideally a model would fit our context and give appropriate recognition to psychologists who migrate here from overseas. Australia (with whom we have the Trans-Tasman agreement) has a single scope and nine areas of endorsement; the UK and the US have their own approaches. But will a model that works in a different context be the best option, or can we design a solution that is fit for purpose in Aotearoa? When NZPB established the competency framework for psychology in Aotearoa, it was a leading edge approach, perhaps even a world first. When The International Project on Competency in Psychology (2016) sought to establish competencies, Aotearoa had an important contribution to make both from the length of time our competency framework had been established, and specifically with respect to cultural competency. Perhaps necessity presents us with another opportunity to lead. Perhaps because we are small, in designing a solution inclusive of the full nuance of what our profession can offer the public, we might serve as a prototype for nations whose psychology workforce exceeds even our population!