College Course Approval Guidelines
for
Postgraduate Professional Courses
February 2013

Contents

Australian Psychological Society
Postgraduate Professional Psychology Course Approval Guidelines

SECTION 1 General Requirements

1.1   Status of Guidelines

These Guidelines:

(a) Are made by the Board for evaluation of postgraduate education and training courses in recognised professional areas of psychology

(b) Ensure that students successfully completing an approved professional postgraduate course in psychology display a level of professional competence which meets the needs of clients, the community more generally, and enhances the standing of the profession

(c) Set out the minimum requirements for course approval; and

(d) Must be read in conjunction with the APAC Accreditation Standards version 10, June 2010.

1.2   Copies of Guidelines

(a) A copy of these Guidelines, as amended from time to time, is available through the Society's website, or upon request from the National Office.

1.3   Definitions

Throughout these Guidelines, unless the context otherwise indicates or requires, the following words will have the following meanings:

(a) **Accredited** means that the course and academic organizational unit responsible for a course has been assessed by APAC as meeting all of the Standards for accreditation prescribed by APAC as amended from time to time

(b) **APA** means the American Psychological Association see www.apa.org

(c) **APAC** means the Australian Psychology Accreditation Council Limited ACN 117 279 857

(d) **Approved** means that a course has been assessed as meeting all of the Guidelines relevant to a professional practice field in psychology

(e) **APS** means the Society

(f) **Board** means the Board of Directors of the Society

(g) **Chair** means chairperson of a committee

(h) **Code of Ethics** means the Code of Ethics of the Society, as amended from time to time

(i) **College** means a constituent unit concerned with a professional practice area of psychology and established pursuant to the APS Generic Rules for Colleges

(j) **Director** has the meaning set out in the Society's Constitution

(k) **Guidelines** means the postgraduate course approval guidelines relevant to a professional practice field in psychology as set out herein and amended from time to time

(l) **Institution** has the meaning set out in the APAC Rules for Accreditation

(m) **Member Group** has the same meaning as Constituent Unit

(n) **Members of the Society** has the meaning set out in the Society's Constitution

(o) **National Office** means the registered office of the Society or such other office that the Society may notify from time to time

(p) **Objectives** means the objects of the Society as set out in clause 1 of the Constitution

(q) **Registration** means registration as a psychologist with an Australian Psychologists' Registration Board, whether State based or National

(r) **Society** means The Australian Psychological Society Limited ACN 000 543 788; and

(s) **Standing Orders** means the Standing Orders of the Board of Directors of the Society, as amended from time to time.

1.4   Interpretation

(a) Clause headings are inserted for convenience only and have no effect on the interpretation of the provisions to which they refer; and

(b) Where any word or phrase is given a defined meaning, any other form of that word or phrase has a corresponding meaning.

Course Approval Processes and Conditions

1.5   Purpose of Course Approval

(a) Psychologists who graduate from Approved doctorate courses and subsequently complete additional supervision requirements are eligible to apply for full membership of the appropriate College.

(b) Psychologists who graduate from other Approved postgraduate courses are eligible to apply for associate membership of the appropriate College.

1.6 Accredited Courses

(a) Only those postgraduate courses Accredited by APAC or being reviewed by APAC for Accreditation shall be considered for approval for the purposes of membership of the Colleges.

(b) The Society may approve an Accredited postgraduate course/s in an area relevant to a College for the purpose of membership of that College, provided that the course/s meet the relevant Guidelines.

1.7 Request for Course Approval

(a) An Institution may request Course Approval of its postgraduate course/s in psychology at any time, by notice addressed to the Society.

1.8 Assessment Process for Approval

An Institution's course in psychology must meet the relevant Guidelines in order to obtain Approval.

The onus is on the Institution to demonstrate how its course in psychology meets the Guidelines.

An assessment for Approval will be made with reference to:

(a) Written material provided by the Institution

(b) Any report of observations made during a site visit to the Institution

(c) The Institution's response to any matters that are raised in the assessment process; and

(d) Any other relevant material.

1.9 Term of Approval

(a) If a request for Approval is made in a year in which APAC is conducting an accreditation assessment of that Institution, then Approval will be granted for the same period of time that accreditation is granted, usually a period of five (5) years.

(b) If a request for Approval is made independently of an accreditation assessment, then Approval will be granted for a period expiring at the same time as that Institution's (then) current accreditation cycle, and will be reviewed in line with the APAC accreditation cycle thereafter.

(c) If there are any major changes to course structure, nomenclature or resource levels, including staffing, occurring during the term of Approval, which are likely to have an adverse impact on a course meeting the Guidelines, then:

(i) The Institution must advise the Society and APAC of those changes; and

(ii)   Approval of the courses to which changes apply may lapse, or the Institution may otherwise be required to undergo a further Approval process.

1.10 Appeal of Decision Regarding Approval

(a)   Any Institution that is dissatisfied with the decision of the Board may appeal that decision in the manner set out in the Standing Orders.

SECTION 2 Postgraduate Training and Education

2.1   Scientist – Practitioner Model

(a) All courses being considered for Approval must be based on the scientist-practitioner model.

(b) The scientist–practitioner model is a training model for postgraduate education that focuses on creating a foundation of research as the basis for practice. According to this model, a psychologist is a scientist and a competent researcher, and also a practitioner who applies knowledge and evidence-based practices to assist clients.

(c) Students should be assisted to cultivate a respect for empirical evidence and be committed to the scientific method. Students must be trained to subject their own practices to ongoing and systematic evaluation, measuring outcomes using standardized measures where available. Students should be trained to reduce subjective bias and subject inferences, and to be cognizant of the dangers of reliance on intuitive thinking.

2.2   Postgraduate

(a) Only postgraduate courses in psychology will be considered for Approval. These may include Masters degrees, Doctoral degrees, Graduate Certificates or Diploma courses.

(b) Courses may be considered singly or collectively for the purposes of Approval.

2.3   Required Course Components

All courses must satisfy the requirements for Accreditation, including in regard to:

(a) Entry requirements

(b) Credit

(c) Length

(d) Degree nomenclature

(e) Staffing; and

(f) Resources.

In line with the scientist-practitioner model, all courses must address the components of:

(g) Coursework

(h) Research; and

(i) Practical placement.

2.4 Assessment

The training program must use objective, reliable and ecologically valid methods to assess trainee capabilities especially in the assessment of core APAC capabilities (as set out in Standard 5.1.12 of the APAC June 2010 Standards). Educators should use standardized ratings scales to rate trainee performance in professional practice. Electronic recordings of trainees' practice should be used both to evaluate and examine performance and to promote self awareness in trainees of their professional performance (e.g., alliance, ability to communicate, dealing with client resistance).

2.5 Credit

All courses must satisfy the relevant requirements for the awarding of credit and/or advanced standing set out in the Accreditation Standards.

2.6 Ethical, Legal and Professional Practice

All postgraduate programs in psychology must include education and training regarding ethical issues including extensive familiarity with professional guidelines and codes (such as the Australian Psychological Society *Code of Ethics* and *Ethical Guidelines*) for the provision of psychological services. Education must also include material which explores and assesses students' understanding of the legal responsibilities of professional psychologists, relevant case material with complex ethical issues, discussion of professional practices such as accountability, interaction with other allied health professionals and the need for on-going professional development and supervision.

2.7 Quality Assurance

The course must demonstrate a commitment to systematic and ongoing evaluation of coursework, research and practicum components to ensure high standards are maintained. Evaluation processes must include regular clinical supervisor assessments of student performance and student evaluations of teaching (e.g. teaching quality surveys, exit surveys) and of supervision. Results of these evaluations must be made available to APS assessors. Course reviews by independent experts (e.g. course advisory committees) and by staff (e.g. annual planning days) are strongly encouraged.

SECTION 3 Areas of Psychological Practice

3.1   Professional Practice Areas

There are nine areas in psychology recognised by the Society and represented by the Society's Colleges. Each College promotes its area, maintains practice standards and quality assurance, and encourages and supports the education and professional development of practitioners. The professional practice areas are:

1. Clinical Neuropsychology
2. Clinical Psychology
3. Community Psychology
4. Counselling Psychology
5. Educational and Developmental Psychology
6. Forensic Psychology
7. Health Psychology
8. Organisational Psychology; and
9. Sport and Exercise Psychology.

SECTION 4 Clinical Neuropsychology

4.1   Preamble

Clinical neuropsychology is a division of psychology concerned with the cognitive and behavioural expression of brain dysfunction. A clinical neuropsychologist may be involved in diagnostic assessment, patient care and management, treatment and intervention, and research, and with an emphasis on evidence-based practice. These roles require a range of skills and knowledge drawn from concepts in clinical and cognitive neuroscience and psychology.

Postgraduate courses in Clinical Neuropsychology should be of sufficient content and scope to equip a psychologist with the necessary neuropsychological skills to undertake a range of clinical activities across settings and with a broad range of clients with neuropsychological impairment. Based on this principle, and with an emphasis on an evidence-based framework, the following guidelines for use in the evaluation of postgraduate courses of supervised training in Clinical Neuropsychology have been developed. No restrictions are placed on additional coursework or program components which may emphasise individual institutional interests and strengths. Successful completion of such courses will provide eligibility for membership of the APS College of Clinical Neuropsychologists.

These guidelines apply to 1) all fifth and sixth year programs in Clinical Neuropsychology which lead to a coursework Masters degree and 2) all fifth, sixth, seventh year programs in Clinical Neuropsychology which lead to a professional Doctoral degree. The Guidelines should be read in conjunction with the APAC Standards.

4.2   Coursework Content

In order to achieve core capabilities and attributes for practice in clinical neuropsychology, formal knowledge at an advanced level in the following core units is considered essential:

(a) Knowledge of the discipline – Neuropsychology:

(i)   Neuropsychology Theories and Methods in Cognitive Neuroscience and Clinical Neuropsychology across the lifespan (48 hrs minimum):

- Structure and function of the central nervous system

- Techniques for investigating central nervous system function

- Neuropsychological models and theories of the major domains of cognition and behaviour, including:

  - Attention and information processing

  - Memory and amnesia

  - Language and communication

  - Spatial skills and reasoning

- Perception and object recognition

- Movement and action

- Executive function

- Social cognition and emotional response

- Child neuropsychology

- Cognitive aging

(ii) Neuropsychopathology (24 hrs minimum):

- Neuropsychological theories and basic neurology, neuropathology and neurogenetics of major neuropsychological disorders, including:

  - Degenerative disorders

  - Developmental disorders

  - Neurological and neurosurgical conditions

  - Psychiatric disorders

  - Substance-abuse and toxicology

  - Traumatic brain injury

  - Vascular disorders

- Diagnostic evaluation and differential diagnosis of the major neuropsychological disorders

(iii) General psychopathology (24 hrs minimum):

- Major areas including:

  - Depression

  - Anxiety

  - Schizophrenia

  - Substance abuse

  - Posttraumatic stress disorder

  - Adjustment disorder

  - Attention deficit-hyperactivity disorder

- Understanding of DSM IV diagnostic classification system

- Diagnostic evaluation and differential diagnosis of the major psychological disorders

- Skills in conducting Mental Status Examinations and diagnostic interviewing

- Psychopharmacology

(b) Psychological assessment and treatment:

General (across the lifespan) (24 hours minimum):

    (i)   The principles, methods, procedures, and critical evaluation of behavioural, psychometric and clinical assessment of psychological problems. Psychometric assessment and reporting of cognitive functions and personality across the life span must be covered.

(c) Neuropsychological Assessment and Measurement Across the Lifespan (24 hrs minimum):

In order to achieve core capabilities and attributes for practice in clinical neuropsychology, formal knowledge at an advanced level in the following components of neuropsychological assessment is considered essential:

    (i)   General principles of neuropsychological examination and assessment across the lifespan, including fundamentals of psychological test theory as it relates to interpretation of test scores and clinical evidence, diagnostic validity statistics, reliability, differential diagnoses, and treatment interventions and outcomes

    (ii)   Neurobehavioural variables and related diagnostic issues

    (iii)   Techniques of administration of commonly used neuropsychological tests and assessments, including an understanding of test construction and evaluation of the strengths and limitations of using these common techniques with neuropsychological populations

    (iv)   Assessing change in cognitive and other behavioural states after treatment or with evolution of disease

    (v)   Process and procedures in decision-making capacity assessment

    (vi)   Modification of assessment methods and techniques for populations with special needs

    (vii)   Indigenous, multicultural, and language issues as they relate to test selection and interpretation

    (viii)   Communication of neuropsychological assessment outcomes, including report writing

(d) Intervention strategies - Evidence-based interventions:

Neuropsychological Interventions (48 hrs minimum):

In order to achieve core capabilities and attributes for practice in clinical neuropsychology, formal knowledge at an advanced level in the following components of neuropsychological intervention is considered essential:

    (i)   Theories of recovery:

- Neural recovery and reorganization
- Functional adaptation

    (ii)   Evidence-based models and techniques of neuropsychological intervention for neuropsychological disability:

- Cognitive interventions for discrete cognitive impairments and disability; for example visual neglect, memory disorder, language difficulties, dysexecutive syndrome

- Cognitive-Behavioural approaches to acquired behavioural impairments; for example, anger management

- Psycho-therapeutic approaches for the individual and family; for example, counselling for adjustment issues post-trauma, depression following stroke, marital difficulties following stroke

- Life-span perspectives that will moderate the principles and techniques of intervention and management

- Child and family

- Adolescence

- Adult

- Older adult

- Interdisciplinary teamwork and consultation

- Implementation and outcome evaluation of efficacy of evidence-based interventions

(e) Communication and interpersonal skills (24 hrs minimum):

Principles of psychotherapy and basic counselling and interviewing skills to enable therapeutic interaction. Includes principles, research and evaluation of empirically validated treatments, coverage of non-specific factors and their influence on psychological interventions, and knowledge and skills training in counselling skills across the life span.

(f) Research methods (24 hrs minimum):

This topic must cover qualitative and quantitative research methods and their application to clinical research. Special attention should be given to:

(i) Issues in applied research design

(ii) Design and analysis strategies for evaluation of intervention outcome, including single case analysis

(iii) Program outcome evaluation

(iv) Quantification of clinically significant change, including reliable change indices

(v) Dichotomous and multiple level likelihood ratios

(g) Ethics and professional practice (24 hours minimum):

This topic should cover professional, ethical and legal aspects of clinical neuropsychology practice.

4.3   Placement Requirements

Students gain practical experience with the following populations: acute neurology/neurosurgery, rehabilitation, psychiatric, aged care, and paediatric.

(a) Within a Masters program, students are expected to complete a minimum of 1000 hours of placement in supervised clinical neuropsychology practice. In a professional doctorate program, students are expected to complete a minimum of 1500 hours of placement, of which 1000 hours are completed in the first two years of full-time (or equivalent part-time) study. It is mandatory that through clinical placements students gain practical experience with the following populations: acute neurology/neurosurgery, rehabilitation, psychiatric, aged care, and paediatric.

(b) Students should participate in supervised practicum within the second year of the course and preferably during the latter part of their first year. In the third year of a professional doctorate program placements may take the form of internships within which students are expected to take a more independent role.

(c) It is recommended that students will have developed professional skills and understanding of neuropsychological theories, syndromes and assessment strategies before undertaking placement in an external agency.

(d) For a Masters program, practical experience should result in a logbook of at least 50 cases and a casebook of at least 10 detailed cases. These should include at least one case from each of the five populations stipulated above. Each log entry should provide details of the location, date of service, referral question, synopsis of report or intervention program, and diagnostic category.

(e) The casebook should demonstrate practical and theoretical understanding with a wide range of neuropsychological syndromes and should constitute part of the formal assessment of students' overall course results. The case reports should include the referral question, details of the client's past developmental, medical and psychological history and any other relevant background material. Any references or general orientations to literature that contribute to the case should be included in the introductory discussion of the case. There should also be a section which outlines the hypotheses that were tested with the assessment, based on the referral question and the background, and how the examination addressed these areas of interest in terms of tests or techniques employed. Results of the tests administered and highlights of the assessment should always be included. A summary section including the interpretation of the results in line with the hypotheses, recommendations and treatment options should be provided. The same hypothetico-deductive model can equally well be applied to intervention case reports. In these cases the therapeutic models need to be clearly described and justified, and the means of evaluation of outcome carefully elaborated. A case report is expected to contain more detail than the report that was submitted to the organisation from which the client came.

(f) In Doctoral programs, the casebook should contain an additional section with six cases reflecting the professional practice experience and knowledge gained during a third year of training in Clinical Neuropsychology. Possible examples of such entries are:

(i) An intensive theory-driven assessment of a case, or cases, of neuropsychological impairment. This will typically include a review of the clinical syndrome or issue in clinical neuropsychology that has been part of the clinical experience of the student during the third year program. The detailed case report may highlight the features of a relatively uncommon condition that incorporates appropriate reference to the literature.

(ii) A report and evaluation of the issues related to recovery, intervention and management for both the individual with neuropsychological impairment and for his/her carers. This may include: a serial assessment of a client that highlights changes in cognitive and behavioural functioning over time, whether this constitutes recovery, decline or fluctuation; an assessment prior to a medical intervention and a post-assessment; a longitudinal study of intervention with a client during a rehabilitation program; a review of a treatment for clients with neuropsychological deficits.

(iii) A report identifying and reviewing the diversity of purposes at which a neuropsychology report can be targeted. This may include: a collection of reports about one particular case or assessment where the reports have been tailored to different target audiences (e.g. a child case where there is a report to the referring doctor, a report to school, a report for integration assistance and a report to the family); a specifically prepared forensic report of a neuropsychological assessment; a detailed descriptive report of a client's neuropsychological functioning aimed at educating other professionals or non-professionals involved with the client about the nature of the cognitive/behavioural deficits.

(iv) A critical review of the role of clinical neuropsychology and/or a clinical neuropsychologist in the organization where the internship is conducted. This may include analysis of service delivery and policy decisions within the organization which are pertinent to the profession of neuropsychology.

(g) The agencies, organisations or settings in which students are placed will be ones in which one or more clinical neuropsychologists are appointed in an employed or honorary capacity. In exceptional cases where the supervising neuropsychologist is not appointed to the agency, formal links should be established between the supervising neuropsychologist and the agency.

(h) Clinical supervision must be conducted by a person with qualifications which make him/her eligible for full membership of the APS College of Clinical Neuropsychologists.

4.4   Resources

A test library within the department should possess adequate holdings of tests in clinical neuropsychology, and the Institution's library should provide substantial holdings of journals relevant to clinical neuropsychology.

SECTION 5 Clinical Psychology

5.1   Preamble

The APS College of Clinical Psychologists endorses the long-standing policy of the Australian Psychological Society that the preparation of clinical psychologists should be based on the "scientist-practitioner" model. The basic assumptions of this model are as follows: Psychological research, teaching of the basic discipline of psychology, professional training of psychologists, and the professional practice of psychology are inter-related parts of a single system, with responsibility for the total system devolving upon all who work within its various components. Thus within a scientist-practitioner model clinical psychologists maintain a scholarly and critical approach to the scientific foundations of their profession, and to the evaluation of their own practice. They also retain a desire to contribute to the further development of scientific clinical psychology, and to keep abreast of, and critically appraise developments by others.

The program must be general in character, i.e. it must cover those aspects of clinical psychology that are common to all areas of clinical practice, thereby providing a basis for possible later specialization and must maintain a reasonable balance between the transfer of knowledge, skills acquisition and professional socialisation.

The program must be of relevance to a wide range of presenting problems across age ranges from birth to death and across a variety of clinical settings. Specifically, the program must equip students with competencies to assess and treat the range of common psychological disorders including: anxiety disorders (all subtypes); mood disorders (includes major depression, dysthymia, and bipolar disorders); somatoform disorders (includes pain, somatisation, and hypochondriasis); eating disorders (includes bulimia, anorexia, and binge-eating disorders); impulse control disorders (compulsive gambling and disorders of anger); substance- and alcohol-related disorders; psychotic disorders (includes schizophrenia, schizoaffective, and delusional disorders); personality disorders (includes clusters A, B, and C), and suicide behaviours. The following disorders in children must be covered: developmental disorders, learning disorders, attention-deficit and disruptive behaviour disorders, anxiety, and depression. Self harm and suicide in children and the impact of cultural factors on clinical assessment and intervention must also be covered.

Procedures and therapeutic interventions taught must be derived from scientifically sound theory and must be evidence-based. The College will be guided in its assessment by current, peer-reviewed scientific literature (e.g. Cochrane database reviews) and APS, British Psychological Society, and APA publications on evidence based practice and evidence based treatments.

5.2   Coursework Content

(a)   The program of coursework for a Masters course should be designed to serve the main purpose of clinical training, namely, to equip students with knowledge and skill competencies in ALL core aspects of clinical psychology. The organization and sequencing of coursework must maximize theory-practice integration and should therefore be spread across the clinical training period and integrated with practicum training. This includes the assessment and treatment of all common psychological disorders across age ranges and clinical severity domains. The bulk of the coursework should be taught by qualified clinical faculty. When student presentations occur, they should constitute no more than 15% of the overall teaching program. The coursework should include the following core topics. The topics and the minimum number of hours (in parentheses) of face-to-face formal teaching are as follows:

   (i)   Diagnosis and classification of mental disorders and basic psychopathology. This topic should include a critical examination of major diagnostic systems and diagnostic criteria, and competencies to reliably diagnose common psychological disorders including adjustment, anxiety, and depressive disorders across the lifespan [24 hours].

   (ii)   Clinical assessment and psychopathology. Clinical assessment of severe psychological disorders (e.g., personality, bipolar, psychotic disorders), diagnostic criteria, aetiological factors and psychological models of these disorders [24 hours].

   (iii) Adult psychological assessment. The principles, methods, procedures, and critical evaluation of behavioural, psychometric and clinical assessment of psychological problems. Psychometric assessment and reporting of cognitive functions and personality across the adult age range must be covered [24 hours].

   (iv)   Psychological assessment and treatment of children and adolescents. This topic must include behavioural, psychometric and clinical assessment and management of common psychological disorders in children and adolescents including anxiety disorders, mood disorders, internalizing and externalizing problems, developmental disorders, and autistic spectrum disorders [24 hours].

   (v)   Principles of psychotherapy and basic counselling skills. Includes principles, research and evaluation of empirically validated treatments, coverage of non-specific factors and their influence on psychological interventions, and knowledge and skills training in counselling across the life span [24 hours].

   (vi)   Clinical Psychology Interventions 1. Empirically validated interventions for common psychological conditions in adults including anxiety, depressive, somatoform, and adjustment disorders [24 hours].

(vii) Clinical Psychology Interventions 2. This topic should cover empirically validated interventions for severe manifestations of psychological disorders including severe anxiety (e.g., OCD and PTSD) and mood disorders, substance-abuse, eating, personality, and psychotic disorders [24 hours].

(viii) Health psychology, behavioural medicine and rehabilitation. This topic must cover basic health psychology principles and procedures and their applications in clinical health contexts. This topic may include relevant assessment issues but mainly focuses on psychological interventions of major health problems including, among others, drug and alcohol and obesity problems. Motivational interviewing and relapse prevention strategies must be covered [24 hours].

(ix) Research methods and evaluation. This topic must cover qualitative and quantitative research methods and their application to clinical research, research designs including single-case designs, and methods to evaluate service delivery. In addition the principles and procedures governing the use of statistics in clinical research should be covered [24 hours].

(x) Basic psychopharmacology. This topic should cover principles and practices of empirically validated psychopharmacological treatments for psychological disorders including their common indications, contraindications and adverse effects [12 hours].

(xi) Ethics and professional practice. The topic should cover professional, ethical and legal aspects of clinical psychology practice [24 hours].

In addition to the core topics, at least one of the following topics should be included:

- Sociocultural factors and their impact on clinical assessment and intervention. This topic must be covered by integrating sociocultural issues within coverage of assessment and intervention or as an independent subject [12 hours].

- Current neurobiological approaches and models. This topic covers empirically validated neurobiological models of common psychological disorders, their technologies (e.g., EEG, fMRI) and applications [12 hours].

- Specialised interventions. This topic covers an orientation to, or basic skills in, a specific psychotherapeutic intervention (e.g. IPT, family therapy, ACT) [12 hours].

(b) The program of coursework for professional doctoral degrees must include all requirements specified above for the Masters degree AND include advanced course work. Advanced coursework in clinical psychology must cover assessment, case conceptualisation and application of psychological interventions in an area of clinical psychology requiring advanced competencies (e.g. treatment of persons with severe personality disorders or with multiple diagnoses) or advanced professional or clinical practice (e.g.

clinical supervision) or involve in-depth work in specific areas of clinical psychology (e.g. specialised interventions with children, adolescents, or older adults). There should be a minimum of 48 hours face-to-face teaching.

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<tr><td>**5.3**</td><td>**Placement Requirements**</td></tr>
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(a) Formal practical training should not begin until the students have acquired basic knowledge of clinical theory and practice, and pre-practicum professional and clinical capabilities, usually by the second half of the first year of the course.

(b) In order to ensure the closest possible links between the knowledge base of the course and clinical practice, it is desirable that the initial placement occurs in the AOU's own clinic under a systematic program of observation, supervision, and support. When the initial placement occurs in the field, the AOU must demonstrate that (i) that clients are selected to match the developmental level of students (ii) that students receive high levels of supervision by qualified clinical psychologists committed to the scientist-professional model, and (iii) that student performance is observed regularly (e.g. by videotapes) to ensure shaping of clinical and professional skills.

(c) For the Masters course, at least 400 of the total 1000 practicum hours shall be in face-to-face client contact in individual or group contexts. In rural settings, a maximum of 100 of these contact hours may be via tele/videolink.

(d) Some clinical placement hours can be gained through therapies that are delivered in modalities that do not involve face-to-face contact. This would include delivery via telephone and synchronous and asynchronous electronic modalities. The total amount of non-face-to-face delivery hours should be restricted to 25 hours overall (i.e., if conducted within a single placement, it would account for no more than 25 hours or 25% of the placement, whichever comes first). The recommendation for 25 hours will be the same for Masters and Doctoral students. The level of therapist agency in distal therapy placements should be at least comparable to the level expected in face-to-face placements. This kind of placement should not occur until the student has demonstrated basic competencies in face-to-face therapy and should not therefore be the first placement.

(e) Rural and remote students can currently engage in a maximum of 100 hours of therapy that involves distal delivery such as videoconferencing. The 25 hours e-health allowance would be incorporated into this 100 hours allowance.

(f) The onus of responsibility lies with the university to examine the evidence-base for distal programs that they use within their Clinical Masters and Doctoral training programs (at least at NH&MRC Level 11) and to be able to present this evidence to Course assessors as part of accreditation and course approval.

(g) The doctoral course must meet practicum requirements for the Masters course during the first 2 years of training. In addition, 200 of the required

500 hours of advanced practicum must be in face-to-face client contact. It is essential that the placements provide students with the experience of dealing with a wide range of client problems (e.g. acute as well as chronic disorders), across varying settings (e.g. inpatient/outpatient, community), and train students in a variety of clinical (assessment, treatment, and professional) competencies. At the very least, following initial training at the institution clinic, one placement should be devoted to child or child and adolescent work, at least 1 placement to adult work, and the third to work with adult or older adults. A placement is defined as comprising at least 200 hours of practicum work and 80 hours of face-to-face contact.

(h) The total clinical supervision time for the Masters course shall be at least 180 face-to-face hours. Doctoral students must meet supervision requirements specified for the Masters course (180 hours) AND obtain at least 50 additional hours of supervision during the 500 hours of advanced practicum associated with the doctoral degree.

(i) As with face-to-face therapies, supervisors should have relevant expertise in distal delivery and familiarity with the distal program for which they are supervising students. Supervision should include the direct review of evidence of student/client interactions including in-session observations, audio or video recordings and/or samples of email correspondence. Where possible, samples should include sessions that are randomly selected by the supervisor as well as sessions that students wish to bring to the supervisor's attention.

(j) Clinical supervision via phone or videolink (distance supervision) may be undertaken only when access to eligible supervisors requires travel that exceeds a distance of 100 kms.

(i) No more than 300 hours of practicum time may be supervised by the distance supervision mode.

(ii) Distance supervision may not apply to the student's first placement, unless the student has had at least two (2) years of employed experience as a psychologist in a clinical setting.

(iii) A written description of the distance placement and available learning opportunities and resources must be provided to the placement coordinator in advance. The following should be specified:

- A description of the placement setting, client demographics, case load, and nature of client problems

- Reading and test materials available to the students

- Agency guidelines for case management, record keeping and client emergencies

- The supervisor(s) qualifications, experience and expertise, including preferred therapeutic approach

- Agency limitations and constraints (e.g., access, working hours, office space, staff leave, computer and IT restrictions)

- Psychology and non-psychology staff expertise available to the student and terms of contact.

(iv) Face-to-face contact between the student and intending distance supervisor must occur prior to the start of a distance placement to assess whether distance supervision will be both adequate and appropriate, to establish supervision objectives, to finalise the supervision contract, and to assess essential pre-placement competencies such as the supervisee's test administration and interviewing skills.

(v) The frequency and regularity of supervision must match the developmental needs of the trainee but in all instances supervision contact should be no less than an hour each week.

(vi) The student must provide the distance supervisor with relevant documentation including case and supervision reports prior to the supervision session, as determined by the supervision contract.

(vii) The student must submit to the distance supervisor a minimum of one recorded session for each client seen. Informed consent must be obtained from the client in writing.

(viii) It is the AoU's responsibility to ensure that a distance student has adequate access to essential handbooks and other resources, in the event there are insufficient resources in the distance placement setting.

(ix) Course staff undertaking distance supervision of a student must have had previous placement supervisory experience or supervision training appropriate to the supervision needs of the course.

(x) Students in the distance supervised placement must satisfy all other requirements for placements specified in the Course Approval Guidelines.

(xi) In addition to APAC requirements governing practicum logs, logbooks must maintain number of face-to-face client hours, supervisory method (e.g., live supervision, videotape) and supervisory mode (e.g., phone, videoconference).

5.4 Resources

Library holdings, access to electronic databases and test-library holdings must be adequate and up-to-date for clinical psychology training.

5.5 Research Requirements

(a) Research competencies: The research project for the Clinical Masters degree is designed to equip students with competencies in the review, integration, critical interpretation and evaluation of research (quantitative, qualitative, and meta-analytic studies) in clinical psychology. In addition, the research

project should be structured to ensure that students acquire knowledge, skills, and experience in designing and conducting research studies, including in data management, analysis and interpretation.

(b) Research scope and outcomes: The topic of research must be of direct relevance to clinical psychology. A clinical masters research project should meet the following criteria: (i) the size of the project should involve approximately 6 months of full-time student work; (ii) the scientific merit of the research should typically be of a standard that is publishable in a peer-reviewed journal (or would be publishable with some additional work, e.g. larger numbers within a clinical rather than a analogue group). APS Assessors must be provided with titles of research dissertations and theses completed since the APS College course approval assessment and any related publications in peer reviewed journals.

(c) Research design: The research competencies and research outcomes may be achieved by one of several research designs. Acceptable designs include an independent empirical project, the use of pooled data to source individual projects, or program evaluation studies. Single-case studies by themselves will not meet requirements for a clinical Master's project except within a true experimental design when a case series can be subjected to repeated observations to demonstrate valid, statistically and clinically reliable effects.

(d) Research data: In the case of archival or shared data, the research project must be structured and executed in a manner that ensures that research competencies (5.5(a)) are satisfied for each trainee and that research outcomes are commensurate with those prescribed for independent projects (5.5(b)).

5.6 Assessment Requirements

(a) The training program must show evidence of a comprehensive and carefully designed curriculum of capabilities in clinical psychology, derived from scientific and pedagogic principles and supported by empirical evidence and/or expert consensus.

(b) In effect, the program must demonstrate that each student has performed satisfactorily on a set of core capabilities identified as essential for clinical psychology practice. These are:

(i) Capabilities for the assessment, diagnosis, and differential diagnoses for common psychological disorders across severity levels and the life span

(ii) Counselling skills including the capability to form and maintain a therapeutic alliance with diverse clients across age ranges

(iii) Knowledge of principles, procedures, and applications of AND competence in conducting an empirically based intervention for common psychological disorders across severity levels and the life span

(iv)　Knowledge and skills in case conceptualization for common psychological disorders across severity levels and the life span

(v)　Knowledge of professional, ethical, and legal issues and competent interpretation of these codes in clinical psychology practice

(vi)　Meta competencies including effective reflective practice and the scientist-practitioner approach to clinical work.

(c)　Assessment of competence should be achieved by assessing key capabilities and skills in each unit using (i) an end-of-course, final exit examination which incorporates a clinical viva examination, OR (ii) an objective structured clinical examination (OSCE) which includes a range of test scenarios or stations, OR (iii) an assessment portfolio for each student which monitors the trainee's attempts and satisfactory completion of a series of ecologically valid tasks at developmentally appropriate stages, OR (iv) any other assessment process which clearly satisfies best-practice in the assessment of trainee competence.

(d)　It is highly desirable that viva and OSCE examination systems include suitably qualified, external examiners, (e.g. senior clinical psychologists of at least 5 years clinical experience from an Area Health authority, or a clinical faculty member from another training program).

(i)　At some point in the program, each trainee must submit a minimum of four written case reports (of at least 2000 words) based on independent casework conducted by the trainee. The case reports must demonstrate competent analysis and integration of case and psychometric data leading to diagnostic, case conceptualization, and case management capabilities. Adherence to the scientist-practitioner approach and effective reflective practice skills should be evident in one or more case reports.

SECTION 6 Community Psychology

6.1   Preamble

The APS College of the Community Psychologists advocates adherence to standards of best practice for community psychologists. These have been established on the basis of the Domains of Knowledge and Skills for Psychologists and on the Values and Principles of Community Psychology as a discipline (Heller, Price, Reinharz, Riger & Wandersman, 1997; Nelson & Prilleltensky, 2005; Orford, 1995; Rappaport, 2000). These values and principles include:

- Understanding people in the context of their social settings and systems

- Respecting cultural diversity

- Promoting empowerment and self-determination, enhancing the possibility that people can more actively control their own lives

- Promoting a psychological sense of community

- Enhancing community-scientist collaboration.

Community psychology is concerned with the relationship between social systems and individual and relational wellbeing. Community psychologists, while being trained as generalist psychologists, have specific training and experience in understanding and supporting communities of people, and people within communities. They focus less on 'deficits' and more on the strengths of individuals, groups, organisations and communities as they face various challenges to their health and well-being, such as racism, unemployment, violence and poverty. They work to identify and facilitate people's competencies, from elected leaders to grass-roots organisers and consumer groups. Action focused research is emphasised, and power differentials are recognised and minimised as far as possible.

Recognising human and social diversity is a core value of community psychologists. To address this, they are committed to processes that support flexibility, equity and respect for cultural diversity. Community psychologists work in partnership with individuals, groups, organisations, and communities to achieve their respective goals and aspirations, to solve problems, to prevent or reduce threats to individual and collective wellbeing, to promote social connectedness, and to facilitate the social inclusion of individuals and groups.

The APS College of Community Psychologists endorses the "scientist-professional" model as the foundation for training community psychologists. This requires integrating the theory and practice of psychological research within all aspects of the professional curriculum. Notwithstanding, the College maintains a position of accepting the use of innovative methods in researching and influencing the human problems addressed by community psychologists from an ecological perspective. However, a fundamental requirement of the College with respect to curriculum content is that critical analyses accompany teaching and practice of theory and method to ensure students recognise the need for, and are capable of, rigorous reflective-generative practice for process and outcome assessment. Thus scientist-professional community psychologists maintain a scholarly and critical approach to

the scientific foundations of their profession, and to the evaluation of their own practice, while also being flexible and attentive to the cultural values, norms, orientations and competencies of clients and communities. Community psychologists are aware of the need for cultural competence and respect for diversity that encompasses working with indigenous and immigrant groups, including refugees.

The course requirements in this document are considered to be rigorous, meeting best practice requirements. In addition, they are considered to be flexible, respecting the community psychology principle of tolerance for diversity across theoretical models and methods to meet the needs of different client populations and communities.

The general program requirements are that:

- The program must include aspects of community practice common to all levels of analysis from micro- to macro-levels, especially at the level of the organisation and community or neighbourhood

- The program must ensure that all students become knowledgeable of and sensitive to the needs of people from a range of cultural backgrounds. Special attention should be given to the particular strengths and needs of Aboriginal and Torres Strait Islander Australians

- The program must maintain a reasonable balance between the knowledge and skills acquisition and professional socialisation components.

6.2   Coursework Content

The primary curriculum should focus on the indirect and direct social and cultural resources required for positive mental health and wellbeing. The curriculum should contribute to the development of an orientation or mind-set which assumes an ecological (person x environment) orientation toward understanding the origins of human problems and distress. This orientation includes an understanding of theoretical perspectives that direct most generalist psychological practice with individuals, groups, organisations and communities, and these should be conceptualised within their psychosocial and political environmental contexts.

Community psychologists work in diverse settings at various systems levels in the community, such as individual consultation and counselling within community health centres, psychoeducational consultation with community groups, program development and evaluation within community organisations, and community-wide needs assessment, asset mapping, social impact assessment, and citizen advocacy for public policy making. Community psychologists are multi-skilled and their training should therefore encompass competencies at individual, group and community levels of practice.

Adherence to ecological levels of analysis in formulating problem causes and solutions requires knowledge and skills to understand, assess and influence both the abilities of individuals / groups / organisations / communities to negotiate resources to meet their needs within particular sociopolitical systems, and the resources held by the system to meet the needs of their constituents and the level of demands the

systems put on the same constituents. These are essential outcomes of community psychologist training.

The course must contain both specific and general knowledge areas at an advanced level. However, to accommodate the diversity of practice settings, and to make attainment of standards of practice feasible within a two year program, the APS College of Community Psychologists identifies six areas. A program is required to meet the standards of practice within each area by capitalising on the expertise of its staff both within the Institution and in the community placement settings. The core capabilities and attributes to be addressed are outlined below.

(a) Knowledge of theories, concepts, and values relevant to community psychology

(b) Demonstrated capabilities: The understanding, interpretation, application and analysis of:

   (i) Social constructionist theories

   (ii) Ecological perspectives

   (iii) Organisational/systems theory

   (iv) Critical perspectives, including feminism and decolonization, and psychology as a cultural product

   (v) Socio-political theory and processes

   (vi) Community development

   (vii) Models of negotiation and mediation

   (viii) Social models and determinants of health and disability

   (ix) Models of social, attitudinal, and behavioural change relevant to local and global issues such as natural disasters, environment and globalization

   (x) Key principles and values including:

   - Empowerment and self-determination

   - Diversity

   - Prevention

   - Social justice

   - Partnership/collaboration

(c) Psychological Assessment

(d) Appropriate methodologies and methods of assessment include action research, case-study, qualitative and quantitative evaluation, and naturalistic and participant-observation.

(e) Demonstrated capabilities: The interpretation and reporting of the following professional practice domains:

   (i) Individual

- Psychological sense of community

- Family environment

- Wellbeing

- Resilience

(ii) Group/Community

- Community asset mapping

- Social impact assessment (e.g., related to environmental issues such as drought and climate change)

- Ecological systems

- Family/group/organisational health status and behaviour

- Social support networks

- Community needs

- Community epidemiology

- Social climate

(f) Culture-fair, culture-free and culturally-safe assessment practices (including awareness of one's own biases and social positioning)

(g) Interventions and implementation

(h) Demonstrated capabilities: Ability to select and apply interventions at the micro and macro systems levels from:

(i) Direct community services

- Preventive education

- Negotiation, mediation and conflict management

- Processes to enhance collaboration between people with diverse interests

(ii) Direct client services

- Outreach and counselling

- Group facilitation

(iii) Indirect community services

- Promoting systemic changes and influencing public policy and planning

- Community capacity building

(iv) Indirect client services

- Advocacy (individual and systems level)

- Engagement and consultation

(v) Other interventions

- Community/systems/organisational change and development
- Health promotion

(i) Research and evaluation

(j) Demonstrated capabilities: The design, conduct, interpretation, and reporting of research relevant to community psychology including:

    (i) Valuing different ways of developing knowledge in psychology

    (ii) Affirming the co-construction of knowledge

    (iii) Understanding and development of research designs appropriate to working with individuals, groups, organisations and communities

    (iv) Conceptualisation of research design and methods to encompass community/contextual levels

    (v) Facilitation of key stakeholder participation in community-based research

    (vi) Sharing and ownership of research findings especially with affected communities

    (vii) Applying methods of inquiry appropriate to community psychology (e.g., use of narratives, community texts, case studies, empowerment evaluation, qualitative and quantitative methods, participatory action research, naturalistic and participant-observation)

(k) Professional practice

(l) Demonstrated capabilities: The ability in the applied setting to comply with best practice for individual, group, organisational and community systems, including:

    (i) Self-awareness of one's abilities and limitations, including one's own cultural values and practices

    (ii) An appreciation of diverse realities

    (iii) Contextualised ethical principles and practice

    (iv) Recognition that safe and competent practice requires the mastery of knowledge and skills specific to the setting and the role

    (v) Critical reflection on one's own practice in a process of continuous improvement

(m) Other components

(n) Demonstrated capabilities: Provide appropriate evidence of relevant knowledge of:

    (i) Project management

    (ii) Legislation including anti-discrimination and human rights

    (iii) The impact of socio-political contexts, including globalisation and the natural environment

    (iv)   Public policy and planning

    (v)   Community development.

6.3   Placement Requirements

In addition to the APAC Accreditation Standards, the following professional practice area guidelines should be adhered to:

(a) The course must contain practical work equivalent to 1000 hours. Such practical work would be achieved in not less than three practicum placements. The aim of the practicum is to provide a variety of learning experiences in the application of community psychological theory, as well as the opportunity to develop skills applied to a wide range of problems, across various age ranges and cultural groups and within diverse settings. The structure of the various practica should progress from being closely supervised, to working within community multidisciplinary teams, to semi-autonomous practice.

(b) The 1000 hours (133 days) must include at least 600 hours (80 days) spent in areas directly recognisable as community psychology, practised at the group /organisational/and community level of consultation. The remainder may be in generalist practice areas involving individual levels of consultation within, for example, community mental health agencies. The process must reflect the values and skills as outlined in the areas defined above.

(c) In order to meet the core competencies shared by all psychologists, one placement should be a generalist placement most likely focused at the individual, family or group level of psychological practice.

(d) It is important that placements be of sufficient duration (e.g. 2-3 days per week for 2-3 months) to enable students to become sufficiently acquainted with the dynamics and functioning of the systems and networks within which they are practising.

(e) Processes should be provided for ongoing assessments of the contribution particular placements are able to make to the professional development of the student.

6.4   Research Requirements

In addition to the general requirements for a Masters thesis, it is expected that the research project will have direct relevance to the field of community psychology. To that end students should have experience in the use of qualitative and/or quantitative techniques, as well as practice in analysing these types of data, within a range of methodologies including, for example, ethnography, participant observation and action research. Students should be skilled in designing and conducting research that facilitates participation of the community in these processes (see program content requirements in research and evaluation competencies above).

6.5   Assessment Requirements

The assessment of community practice competence should include at least three consultation reports at some time in the program, one from each of individual, group, organisational and/ or community focused projects. The reports should provide details of the problem formulation and assessments that justify the methods chosen, a description of the intervention processes undertaken, and an evaluation of the consultation process and outcome. The reports may be submitted as unit requirements, practicum outcomes or independent projects (not including the minor thesis).

SECTION 7 Counselling Psychology

7.1   Preamble

These Guidelines have been developed for use by tertiary institutions when preparing post-graduate courses in Counselling Psychology. They are also intended for use by the College of Counselling Psychologists when evaluating course submissions from tertiary institutions for approval for membership of the College. Applicants for College membership will be expected to have completed an Approved course and to have undertaken additional supervised professional experience.

Members of the College of Counselling Psychologists occupy a special position in the array of professional orientations and areas in which psychologists work. They are concerned not only with the treatment of distress but also with the development of effective preventative procedures for both normally functioning and at-risk populations. Counselling psychologists have special expertise in the provision of psychological therapy. They provide psychological assessment and psychotherapy for individuals, couples, families and groups, and treat a wide range of psychological problems and mental health disorders. Counselling psychologists use a variety of evidence-based therapeutic strategies and have particular expertise in tailoring these to meet the specific and varying needs of clients. They pay particular attention to the meanings, beliefs, contexts and processes that affect psychological health. This enables them to create collaborative, therapist-client relationships where the focus is on building psychological strengths and wellbeing as well as resolution of difficulties and disorders. Clients are assisted to assume control of their lives by developing new perspectives and understanding. As a result they learn to think in new ways, manage difficult emotional experiences more effectively, and practise different ways of behaving. Counselling psychologists work in a range of settings including private practice, government and non-government organisations, hospitals and educational institutions.

Consideration of skill development, effectiveness of intervention, reliability of assessment and ethical issues are of prime importance in the training of counselling psychologists. These topics must be presented in both theoretical and practical modalities and thus supervised practical experience during training is essential. Because they are scientists as well as practitioners, counselling psychologists must be trained in research procedures so as to be more effective in evaluating the effectiveness of programmes and interventions and thus adding to the sum of systematic knowledge within the discipline.

7.2   Coursework Content

Approved courses will comprise formal psychological knowledge, research and practical experience in counselling psychology. There is no requirement for an exact number of units stipulated for courses nor is the number of hours set for any unit with the exception of the placement hours.

(a) Essential Areas to be covered:

    (i)   Psychological counselling skills, including theories and practice of counselling psychology from a wide and representative range of therapeutic approaches suitable for the typical clients who present for psychotherapy. Evaluation of therapies and outcomes of therapy, awareness of the research literature in counselling psychology and an ability to critically evaluate this literature is essential.

    (ii)   Psychopathology. This should be a semester-length unit, and include the teaching of treatment options for the main groups of mental health problems. These will include at least the disorders of; stress, anxiety and depression; suicidality and problems of self-harm; eating disorders; trauma, especially sexual trauma, developmental disorders; gerontology and dementia; dissociative and somatisation disorders; cognitive disorders.

    (iii)   Psychological assessment, including assessment of intelligence, social, emotional and cognitive skills, personality, anxiety, depression, stress, educational abilities and vocational aptitudes. Also, the psychometric basis of tests, including reliability and validity must be taught. It is also expected that students will be able to utilise the major classificatory systems of mental illness, e.g. Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Disorders (ICD) and to appreciate how these systems have been used to understand the range of psychological disorders and psychopathology. It is expected that this should lead to counselling psychology students comprehending the potential for their work to be involved with psychological distress from the mild to the more serious mental health problems. This will also involve a realisation that both short and longer term interventions and treatments are part of the work of counselling psychologists.

    (iv)   Ethical issues including familiarity with professional guidelines and codes (e.g. APS; APA) for the provision of psychological services. Legal responsibilities of counselling psychologists, discussion of case material from ethical viewpoints, accountability, interaction with allied health professionals and the need for on-going professional development.

    (v)   Research and data analysis skills necessary for the completion of an independent research project or thesis.

(b) Other highly desirable topic areas. A selection of the following should also be taught as core units or as electives:

    (i)   Family systems counselling

    (ii)   Applied research and analysis

    (iii)   Social behavior

    (iv)   Behavioural medicine and health psychology

(v) School counselling

(vi) Grief and loss

(vii) Addiction counselling

(viii) Treating trauma especially sexual trauma

(ix) Developmental psychopathology

(x) Educational and vocational issues

(xi) Cross-cultural issues

(xii) Psychopharmacology

(xiii) Couples and relationship counseling.

7.3   Placement Requirements

Practical placements (practica, work placements) in counselling psychology are most important components of the training and preparation of students for their professional practice. The purpose of these placements is to allow students to apply the skills and knowledge they have acquired in their coursework and other components of their courses.

(a) For Masters courses there must be a minimum requirement of 1000 total placement hours (133 days), which should include at least 300 hours (40 days) of client contact. For Doctoral courses there must be a minimum requirement of 1500 total placement hours (200 days) with at least 450 hours of client contact.

(b) The program of professional supervision must be designed to fulfill the student's changing developmental needs and meet standards for good client care. Over the duration of a course supervision should typically be one hour for each placement day and total supervision time should be at least 133 hours. Doctoral students should complete at least 200 hours of supervision.

(c) The placement program should also include workshops/seminars open to all students and supervisors and continuing education should also be provided for all.

(d) Remote placements may be undertaken after the first placement and these can be in rural and regional areas. They should not involve greater than 333 hours of placement time and generally should be when the distance between the placement and the supervisor is more than one hour of travelling time. Carefully selected, experienced distance education students enrolled in approved off-campus degrees may undertake approved remote placements.

(e) A personal meeting between the student and the supervisor should occur before the remote placement begins in order to ensure placement readiness.

(f) Distance supervision must be at least one hour per week by telephone or video computer link. Before each supervision contact, the student must

provide written reports of each client to the supervisor by e-mail, facsimile or post.

(g) Students in remote placements must provide audio or video recordings of a sample of clients at some stage during the placement. The timing of this will be at the discretion of the supervisor.

(h) Students may include up to 30 hours of client contact time in providing therapist-assisted e-therapy in approved programs.

7.4   Assessment Requirements

(a) For Masters students a minimum of four case reports should be required as part of placements.

(b) For Doctoral students a minimum of six case reports should be required as part of placements.

SECTION 8 Educational and Developmental Psychology

8.1 Preamble

Educational and Developmental Psychologists are concerned with issues relating to the *development and learning* of people throughout their entire lifespan. They may work with individuals, couples, groups or systems in settings as varied as schools, disability services, aged care, child and adolescent clinics, child protection and community services.

To work effectively with clients in these varied settings Educational and Developmental Psychologists need a broad range of knowledge, and skills such as:

- Identifying and clarifying problems

- Assessment

- Diagnosis

- Designing effective treatment programs

- Counselling

- Consulting with individuals or groups

- Designing training programs

- Carrying out professional development

- Evaluating programs and interventions

Many of these skills and competencies are shared by other psychologists who have completed six years of training. There are, however, skills and competencies that are essential to the professional practice of Educational and Developmental Psychology and which must be included in programs approved by the College of Educational and Developmental Psychologists.

8.2 Coursework Content

(a) Theoretical topics at an advanced level:

   (i) Contemporary theories in human social, emotional and cognitive development

   (ii) Contemporary theories of teaching and learning

   (iii) Developmental issues across the lifespan

   (iv) Exceptionalities and their impact on development and learning; and

   (v) Theoretical and empirical foundations of assessment and interventions for people with educational and developmental needs across the lifespan

(b) The following supporting knowledge areas:

   (i) Physiological bases of physical, intellectual and sensory impairments

(ii) Lifespan psychopathology with respect to aetiology, assessment, diagnosis and treatment

(iii) Issues in neuropsychology, psychopharmacology and genetics as they relate to individuals with educational and developmental difficulties and disabilities

(iv) Local human service systems as they relate to individuals with educational and developmental issues; and

(v) Working with families and systems

(c) Skills training (in addition to those core capabilities outlined in the APAC Accreditation Standards) in:

(i) Administration and interpretation of general developmental scales, e.g. Vineland-II, Bayley-III

(ii) Administration and interpretation of tests of educational attainments, e.g. Neale 3rd ed., WIAT-II

(iii) Administration and interpretation of tests of processes underpinning learning difficulties, e.g. NEPSY-II, CTOPP, TOWRE, CELF-IV

(iv) Administration and interpretation of behavioural scales, e.g. Connors-3, CBCL

(v) Administration and interpretation of a non-verbal measure of intelligence, e.g. WNV, Leiter-R; and

(vi) Behavioural observation and functional analysis.

8.3 Placement Requirements

In addition to meeting the relevant APAC Accreditation Standards, at least 500 placement hours must be spent in a setting that is clearly educational or developmental in nature such as a school psychology service, child development or family support service, or a disability service. The balance may be in a related setting such as a juvenile justice agency or a generic service such as a community clinic.

SECTION 9 Forensic Psychology

9.1   Preamble

Forensic psychology is the application of psychological theory, concepts and skills to the legal and justice system and to people who work in, participate in, or are influenced by the legal and justice system. Professional practice in forensic psychology primarily encompasses two broad areas: forensic evaluations and forensic interventions.

Forensic psychological evaluations entail psychological assessments for the purpose of assisting a court or other tribunal to determine facts, arbitrate disputes or make other forms of judicial or quasi-judicial decisions. This area of psychological practice also involves submitting the findings from those assessments in written evidence (e.g., court reports, affidavits) and/or oral testimony. Examples of such assessments and submitted evidence are: single expert reports in the Family Court of Australia, fitness-to-stand trial evaluations in criminal courts, psychological assessments of criminal injuries compensation claimants, and evaluations of parenting competence and protective capacity in child-protection litigation.

Forensic psychological interventions can be either preventative or rehabilitative in nature. Psychological interventions are defined as forensic if they are delivered to persons, couples or families who are engaged in or influenced by legal proceedings (e.g., victims of violent crime, litigants claiming damages for psychological injuries from a compensable event, children of divorcing parents) or who are vulnerable to being involved in legal proceedings (e.g., at-risk youth, parents who are at-risk of maltreating children in their care, parties in dispute who are potential litigants). Examples of forensic interventions include: therapy with sexual assault victims; counselling and psychotherapy with children of divorced parents; clinical assessment and treatment of violent offenders, psychotherapy for people who have suffered psychological injuries from compensable events, post-divorce parenting programmes aimed at preventing further litigation, mediation, restorative justice programmes, treatment of substance use disorders, crime prevention programmes, workplace interventions designed to prevent workplace harassment, community-based programmes to prevent family violence.

In addition to those two broad areas of practice, forensic psychology also encompasses a variety of other roles in the legal system such as: trial consultants (providing advice to lawyers about psychological matters relevant to the course of a trial, such as critiques of psychological and psychiatric reports and advice on the cross-examination of expert witnesses); consultants to police investigators; consultancy to prison administrators on prisoner management (e.g., prevention of suicide in prisons); expert psychological advice to legislators and public policy bodies; and giving expert evidence on psychological science or professional practice standards (e.g., oral testimony about human memory in a criminal trial, testimony about competent evaluation of suicide risk in administrative or civil proceedings regarding professional negligence).

In addition to professional practice in the areas outlined above, forensic psychologists might also undertake research into the interface of psychology and law and the application of psychology to legal questions.

9.2   Coursework Content

In addition to training students in the core competencies and attributes set out in the APAC Accreditation Standards, courses must contain teaching in forensic applications of psychology in each of the areas defined in the Standards. The subsections below are labelled according to the standards for post-graduate training. These subsections set out unique and differentiating skills and knowledge in the practice of forensic psychology over and above the generic skills and knowledge set out in the Standards.

(a) Knowledge of the discipline

(b) Courses must cover each of the following:

(i)   The legal and broader justice system and awareness of issues and protocols facing psychologists working within courts and other forensic contexts. Material covered should include legislation relevant to civil, criminal and administrative law.

(ii)   Exclusionary rules and case law regarding admissibility of evidence and exceptions to the Evidence Act (e.g., in child-protection litigation)

(iii)   Rules pertaining to the collection and reporting of expert evidence (e.g., Part 15.5 of the Family Law Rules; practice directions in various jurisdictions such as State and Federal Supreme Courts)

(iv)   Competence in locating and evaluating relevant case law and legislation within the legal context in which one is practicing

(v)   Psychological and legal theory relevant to conflict-resolution, mediation, alternative dispute resolution, and therapeutic jurisprudence

(vi)   Teaching in at least three of the following forensic domains:

- Family Law and Child-Protection, including psychological theories of parenting and child-rearing, psychological theories of family functioning, theories about the impact of trauma on child development, empirical research and psychological theories of child development (including attachment theory), psychological and sociological theories about family violence including intra-familial child sexual abuse

- Criminal Law, including psychological and sociological theories of crime and antisocial behaviour (including developmental perspectives), psychological theories about paraphilias and deviant sexual practices, psychopathy, empirical research and theories about the treatment of violent offenders including sexual offenders, empirical research and theories about the management

of both adult and child offenders in the community, crime-prevention, policing and criminal investigations, and correctional psychology

- Civil Litigation and Administrative Law, including cognitive psychology (in particular skill acquisition, memory, cognitive impairment, and cognitive functioning in the elderly), psychological theories about trauma and the emotional impact of traumatic events, psychological theory relevant to pain and pain management; victimology, etc.

- Forensic neuropsychology (e.g., brain injury, degenerative neurological disorders, substance induced cognitive impairment, organic disorders, pervasive developmental disorders)

- Legal processes and procedures (e.g., psychological theories of decision-making that can be applied to the study of jury decision-making and/or judicial decision-making, application of social psychology to the study of community attitudes to legislation and legal constructs)

(c) Ethical, legal and professional matters

(d) Courses must cover each of the following:

   (i) Understanding ethical issues that arise in various forensic settings and how to manage those issues. For example, when undertaking forensic evaluations, the person being evaluated is not the psychologist's client (the court or other tribunal is the client), but the psychologist still has a duty-of-care and other ethical obligations to the person being evaluated, within the constraints imposed by the psychologist's ultimate obligation to the court or other tribunal. A further example pertains to the limits of confidentiality that apply when delivering forensic interventions to mandated clients and one's duty to advise clients of those limits.

   (ii) Competence in communicating one's ethical obligations to non-psychologists in forensic settings (e.g., judicial officers, lawyers, prison administrators, tribunal members, child-protection workers, police officers, community correction officers, mental health nurses in forensic mental health facilities, insurance investigators)

   (iii) Competence in communicating one's ethical obligations to non-forensic psychologists (e.g., to clinical psychologists when one is seeking information about those clinicians' clients or is seeking to inspect their client files)

(e) Psychological assessment and measurement

(f) Courses must cover each of the following:

   (i) Knowledge of psychological theory and research relevant to risk-assessment in forensic practice

(ii) Skills-training in risk-assessment, including the use of actuarial and structured-professional-judgement methods in each of the following areas:

- Recidivism of sexual offenders

- Recidivism of violent offenders (non-sexual violence)

- Child-maltreatment (serious neglect, physical abuse, intra-familial sexual abuse)

- Intimate Partner Violence and other forms of Family Violence

- Risk of suicide and other self-harm in prisons and other institutions

(iii) Methods of evaluating malingering, faking good, and other impression-management strategies within forensic contexts

(iv) Knowledge of psychological theory, psychological research, legislation and case law relevant to forensic (investigative) interviewing of both adults and children in civil, criminal, and administrative law arenas

(v) Skills-training in forensic (investigative) interviewing, with specific emphasis on forensic interviewing of children and other vulnerable populations

(vi) Training in the use of investigative interviewing methods, rather than the standard clinical methods, when undertaking a mental status examination or diagnosing mental disorders. This includes an understanding of why normal clinical methods are likely to lead to prejudicial, rather than probative, evidence.

(vii) Skills-training in a variety of forensic assessment methods in at least three of the following forensic areas:

- Family Law and Child-Protection

- Evaluation of civil competencies

- Assessment of compensable psychological injuries

- Criminal proceedings

- Administrative law

(g) Intervention strategies

(h) Courses must cover (i) and (ii) plus at least one of (iii), (iv) or (v).

(i) Skills-training in evidence-based clinical assessment and psychological interventions with adults and children suffering from psychological disorders (both Axis I and Axis II of the current edition of the DSM and mental disorders listed in the current edition of the ICD)

(ii) Skills-training in evidence-based clinical assessment and intervention with Aboriginal and Torres Strait Islander people and persons from diverse cultural backgrounds

(iii) Skills-training in evidence-based clinical assessment and psychological treatment and counselling with at least three of the following forensic populations:

- Children in the care of child-protection agencies or who are, or have been, the subjects of child-protection investigations

- Parents who are being, or have been, investigated for child maltreatment

- Persons accused of and/or convicted of criminal offences, including those who have been detained in forensic mental health facilities

- Crime victims (including adults who have been abused as children)

- Litigants in the Family Court of Australia or the Family Court of Western Australia and their children

- Claimants and respondents (defendants) in civil litigation or in administrative law proceedings involving substantiated or alleged psychological injuries from a wrongful act or other compensable event

- Persons about whom civil or administrative applications are made (e.g., applications for guardianship, persons for whom mental health supervision or civil commitment orders are being sought)

(iv) Skills-training in evidence-based mediation and other dispute resolution strategies in a variety of legal contexts (e.g., mediation in Family Law, mediation in civil litigation, victim mediation and other restorative justice interventions).

(v) Skills-training in developing, implementing and evaluating evidence-based community-based interventions with populations who are vulnerable to becoming involved in legal proceedings (e.g., crime prevention strategies targeting at-risk youth, public education programmes on family and domestic violence, harm-minimisation programmes for substance users, court-diversion programmes)

(i) Research and evaluation

(j) Courses must cover each of the following:

(i) Identifying psychological questions that arise from legal theory or practice and designing research strategies to answer those psychological questions in a manner that is useful to legal scholars and the legal system

(ii) The application of psychological theory and research methods to answer questions relevant to public policy and legislation

(iii) An understanding of the unique ethical issues that arise when conducting research in legal and other forensic settings

(iv) The ability to communicate research methods and findings to non-psychologists in forensic settings (e.g., other forensic scientists, politicians, judicial officers, lawyers, police, correctional staff, insurance companies, members of administrative tribunals and boards)

(k) Communication and interpersonal relationships

(l) Courses must cover each of the following:

(i) Providing expert evidence both orally (e.g., testimony) and in writing (e.g., court reports) to non-psychologists in the legal arena (e.g., the Judiciary, lawyers, tribunal members) so as to meet the needs of the court or other tribunal involved (including admissibility of one's evidence)

(ii) Providing psychological consultancy advice to various groups in both investigatory (e.g., police, insurance investigators, lawyers in the discovery phase of litigation) and adjudication phases of litigation (e.g., judicial officers, lawyers, self-represented litigants)

(iii) Understanding the role of the psychologist in various forensic settings (e.g., one's obligation as a Servant of the Court, one's overriding obligation to the security and good order of a prison or remand centre)

(iv) Understanding the difference between the forensic mindset (sceptical, dispassionate, and investigative) and the therapeutic mindset (empathic, caring, and client-centred) and when to adopt or avoid each mindset in order to develop appropriate relationships with individuals, couples and families who one is evaluating or providing interventions to.

9.3 Placement Requirements

(a) For M.Psych., D.Psych., and PhD courses, the required number of placement hours must involve practical experience in both forensic evaluations and forensic interventions. Up to one third of the placement hours can be in a generic applied psychology setting such as an institution-based teaching clinic.

(b) In dual-specialisation D.Psych. or PsyD. Courses, the total time for the placements must involve at least 1000 hours in practical experience relevant to the other college (i.e., the minimum required for the other college in an M.Psych.) plus a minimum of 500 hours of practical experience in forensic evaluations. At least half of the 1000 hours in the other speciality must involve forensic interventions, for example in a clinical-forensic course a student could do clinical placements in corrections, child-protection, or a sexual assault counselling centre. In a community-forensic course a student might do a community psychology placement in family mediation or crime-prevention. In an organisational-forensic course a student might do an

organisational placement involving workplace harassment (prevention and/or tertiary intervention).

(c) In certificate and diploma courses that assist bridging from one professional practice area to the practice of forensic psychology, the placement hours must entail a minimum of 500 hours of practical experience in forensic evaluations. The APAC Standards stipulate that the original qualification must have involved 500 hours of placement relevant to the additional professional practice area (in this case, forensic), so therefore students must therefore have completed at least 500 hours of forensic intervention placement experience. Consequently, only the forensic evaluation placement is required in these courses.

9.4   Resources

Students must have access to a comprehensive range of forensic assessment tools in each of the following categories:

(a) Risk of sexual violence (both actuarial and structured professional judgement tools)

(b) Risk of non-sexual violence (both actuarial and structured professional judgement tools)

(c) Risk of child-maltreatment

(d) Malingering of psychological symptoms and cognitive impairments

(e) Latest revision of the Hare Psychopathy Checklist including the Youth Version

(f) Interview protocols for evaluating civil competencies.

9.5   Assessment Requirements

(a) Each student's competence in investigative interviewing must be assessed by direct examination of at least one forensic interview conducted by the student. The examination can be of a video-recorded interview or by observing the interview live. Such interviews can be with either adults or children. This can be done as part of a placement or within one of the coursework units. Before students graduate they must demonstrate sufficient competence in investigative interviewing to enable them to conduct investigative interviews for court proceedings.

(b) At least one Mock Trial (Moot Court) be conducted in which students give evidence about forensic psychological reports that they have written on a hypothetical case. The case can be in any area of criminal or civil law. Ideally the hearing would be conducted by actual lawyers and presided over by an actual judicial officer or retired judicial officer.

(c) At least one court report be submitted for assessment from each of two areas of law (civil, criminal, administrative). These can be undertaken as part of a placement or as part of a coursework unit.

(d) The assessment of clinical competence with forensic populations (e.g. sexual assault victims, children in foster care, offenders, litigants in civil matters) should include evaluation of a minimum of two written case reports (of at least 2000 words) at some point in the course. The reports should provide details of the presenting case, describe the trainee's work, and justify the methods used. In dual doctoral courses (two areas of professional practice) these reports can be included within any similar requirement of the other college (e.g., the two reports can be two of the four case reports required by the APS College of Clinical Psychologists in a dual clinical and forensic D.Psych.) rather than needing to be in addition to those required by the other college as long as at least two of the case reports involve a forensic population.

SECTION 10 — Health Psychology

10.1 Preamble

The College of Health Psychologists aims to promote excellence in teaching, practice and research in Health Psychology within Australia. As a means to this end it aims to encourage high quality advanced level training of psychologists in the area of Health Psychology in Masters degrees and Doctoral programs.

The Guidelines for postgraduate courses in Health Psychology described in this document have been established in order to identify the content areas, and professional skills and standards, the College recognises as pertinent to Health Psychologists. Graduates of courses which are deemed to meet these Guidelines by the College will be eligible for membership of the College following completion of supervised experience. The Guidelines have been established to assist in the development of postgraduate Health Psychology courses and courses deemed to meet these Guidelines will be approved by the College of Health Psychologists.

The College recognises that the area of Health Psychology is a broad one. It is the area in which psychological principles are applied to enhance physical health and well being, and to reduce the psychological impact of physical illness. The College suggests that Health Psychology may be viewed as falling on a continuum anchored at one end by principles of psychology applied to health promotion and public health, and at the other, by psychology applied to the care of the physically ill. For convenience, the College has identified two broad areas of Health Psychology representing respective ends of the continuum, "Health Promotion" and "Clinical Health Psychology". While this dichotomy is useful, the College recognises that both ends of the Health Psychology spectrum inform each other, and that there is considerable overlap.

As a consequence of the breadth of Health Psychology it is recognised that many Health Psychologists will have particular expertise in Health Promotion or Clinical Health Psychology, but not both. However, the College deems it essential that members of the College of Health Psychologists will have at least a general knowledge of both ends of the continuum of Health Psychology.

In accord with the Australian Psychological Society, the College of Health Psychologists endorses training in Health Psychology on the basis of the "scientist-professional" model. Acceptable postgraduate courses in Health Psychology will be firmly established on an understanding of the established knowledge and current research in the area and will adopt an evidence-based approach to training.

10.2 Coursework Content

Consistent with the APAC Accreditation Standards for fifth and sixth-year programs, training in Health Psychology is based on the scientist-professional model. General knowledge and skills required by psychological practitioners as well as knowledge of Health Psychology are required.

All Approved courses will cover, at an advanced level, the core professional practice area content outlined below. In addition, Approved courses will offer two or more advanced level units (approximately 24 hours per unit) in either Health Promotion or Clinical Health Psychology, and one advanced level unit in the alternative area (e.g., one unit in Health Promotion Psychology and two or more in Clinical Health Psychology).

(a) Core Content

    (i) Consistent with the core content specified for the College of Health Psychologists, the following content areas will be addressed at an advanced level in all courses approved by the College

    (ii) Biological, psychological and social determinants of health and illness

    (iii) Epidemiology of Australian population groups

    (iv) Basic physical systems

    (v) Models of health behaviours and behaviour change

    (vi) Health beliefs and attitudes

    (vii) Stress, stress management, coping and social support in health and illness

    (viii) Evidence based health interventions

    (ix) Working effectively in a multidisciplinary team

(b) Health Promotion Content

    (i) Behavioural epidemiology

    (ii) Health promotion strategies and methods (e.g., applied to exercise, lifestyle and nutrition)

    (iii) Public health marketing and communication

    (iv) Disease prevention (e.g., coronary heart disease, cancer, STDs, smoking related diseases and dietary related problems)

    (v) Consumer behaviour

    (vi) Systems and organisations for health promotion in Australia

    (vii) Community needs analysis

    (viii) Community development, intervention and empowerment strategies

(c) Clinical Health Psychology Content

    (i) Models of health care

    (ii) Trajectories of acute and chronic illness, including medical care seeking behaviours

    (iii) Developmental issues in acute and chronic illness

    (iv) Communication in health settings

    (v) The patient-practitioner relationship

(vi) Psychosomatic, psychophysiological and behavioural medicine principles

(vii) Psychological treatment relevant to health and illness (e.g., pain, addiction, sleep and eating problems)

(viii) Psychological adjustment (e.g., grief, bereavement, death and dying)

(d) Additional Areas of Study

(e) Approved Health Psychology courses may offer specialised instruction not covered in the core areas above, but related to the practice of Health Psychology, such as the diagnosis of psychological problems in general health settings, advanced therapeutic techniques, critical incident management, grief counselling, addiction, management of eating and sleeping problems and advanced physiology.

10.3 Placement Requirements

(a) Placements should expose students to a range of Health Psychology experiences, and in accord with the requirement to obtain experience and skills in the breadth of Health Psychology, at least one practical placement will be conducted in the Health Promotion and Clinical Health Psychology domains.

(b) Students are expected to complete a minimum of 1000 hours (133 days) placement. The practical work will be made up of three or more practical placements. These will include both Health Promotion and Clinical Health Psychology experiences although the balance of these will be determined by the course.

(c) Students are required to evaluate the practical venue and the supervisor at the end of each practical placement.

10.4 Research Requirements

The research component of the degree must address an area of either Health Promotion or Clinical Health Psychology, or a combination of the two.

10.5 Assessment Requirements

Programs have the responsibility to develop assessment processes, which are appropriately objective, and ensure that students have acquired an advanced knowledge, research and skill base in Health Psychology. These processes must also ensure that students whose behaviour is professionally incompetent or unethical do not obtain a formal qualification in Health Psychology.

SECTION 11   Organisational Psychology

11.1 Preamble

Organisational psychologists specialise in the delivery of professional psychological services in regard to the world of work. They are concerned with the development of effective procedures and structures in organisations and with the development of productive, effective, resourceful and committed organisational members, teams and units, within the context of the goals and values of the society in which those organisations function. Organisational psychologists share competencies with other psychologists such as counselling, sport, educational and developmental psychologists, with many similar competencies being basic. However, germane to organisational psychologists is the capacity for integrated multi-level (individual, group and organisational) analysis of human behaviour and related action, and an appreciation of the organisation's functioning as a dynamic and complex system in interaction with other organisations and with its broader social, economic and political environments.

Of prime importance in the College's evaluation of courses for organisational psychologists, therefore, are the teaching and learning objectives of the course. These should be explicit and clear, and should include the following:

- Understanding of multi-level psychological theory as it pertains to the successful functioning of organisations

- Skill-development

- Awareness of the conditions for effective intervention

- Knowledge and skills in evaluation;

- Evaluation of the reliability and validity of the various forms of psychological assessment

- Knowledge of various organisational contexts in which theoretical concepts and interventions are to be applied; and

- Appreciation of associated ethical, professional and legal issues (such as occupational health and safety, and equal opportunity legislation).

11.2 Coursework Content

(a) Core topics

(b) Approved courses at fifth and sixth year level should include the following core topics, in an integrated treatment of the individual, group, organisational and broader contextual levels of analysis and action. These core topics, studied to an advanced level, should make up at least 70% of the coursework. Core coursework refers to topics which must be covered. The treatment of these core topics must be orientated to the work environment and organisational context.

    (i)   Theory, research and interventions at the individual level :

- Job analysis

- Recruitment and selection

- Training and development

- Worker motivation

- Work performance

- Employee psychological reactions and behaviours at work e.g., work attitudes, health and well-being

- Interpersonal skills in the workplace: counselling, interviewing and feedback

- Career development

(ii) Theory, research and interventions at the group level:

- Group processes

- Group facilitation

- Teams

- Leadership

- Cross-cultural and diversity issues (could be covered at the individual and/or organisational level)

(iii) Theory, research and interventions at the organisational level:

- Job design

- Organisational change

- Organisational culture and climate

(iv) Research design, methods and statistics (including both quantitative and qualitative techniques)

(v) Psychological assessment and evaluation, including report writing for the workplace

(vi) Professional practice as an organisational psychologist:

- Professional issues and practice: standards, behaviour, and identity

- Legal issues

- Ethical issues

(c) Elective topics

(d) Approved courses may include a range of allied or related elective topics, which must be conducted at higher degree standard. They may make up to 30% of the course content. However, the College expects that, wherever possible, the topics are integrated with the core topics and with the other components of the course.

Examples of suitable elective topics, which are not intended to preclude other relevant topics, are:

   (i)   Conflict resolution

   (ii)   Strategic planning

   (iii) Human resource management

   (iv) History and development of organisational psychology

   (v)   OHS and industrial relations

   (vi) Human factors.

11.3 Placement Requirements

It is desirable that during their practicum experience, students are supervised by at least three (3) different supervisors.

11.4 Research Requirements

(a) The research will be empirical, but this requirement must not be interpreted to exclude appropriate qualitative approaches such as case studies where those approaches are appropriate to the problem or issue and are properly handled.

(b) The research should be supervised by a member of staff who is, or is eligible to be, a member of the APS College of Organisational Psychologists. Where such a staff member is unavailable to supervise a particular thesis, research may be supervised by other acceptable persons whose research expertise is in area relevant to the domain of organisational psychology.

SECTION 12   Sport and Exercise Psychology

12.1 Preamble

The following principles provide the basis and framework for the development of graduate courses in sport and exercise psychology. Approved courses should have a major emphasis on educating and training general psychologists with an orientation in sport and exercise psychology. The course should include appropriate and relevant aspects of general psychology and should provide background in sport sciences other than sport and exercise psychology.

The APS College of Sport and Exercise Psychologists recognise the following as essential components of applied sport psychology practice.

- Personal development and well-being

- Group dynamics and team culture

- Performance enhancement

- Clinical interventions

- Applied research

The psychological needs of exercisers, athletes, coaches, and sports administrators include those that are common to many client groups in every society and special issues that may be somewhat specific to sport and exercise environments.

The College seeks to encourage the development of postgraduate Masters courses in sport and exercise psychology that address the education and training needs of those who will practise as psychologists in a wide range of sporting, exercise, health, and counselling environments.

The present document sets out guidelines to assist, facilitate, and evaluate the development of postgraduate courses in sport and exercise psychology in Australian universities. These particular guidelines refer specifically to the development of Master's degree courses in sport and exercise psychology. The document has been prepared to guide the process of APS College of Sport and Exercise Psychologists' approval of Master's degrees in sport and exercise psychology and for the purpose of determining College membership eligibility.

The APS College of Sport and Exercise Psychologists acknowledges the variety of existing higher education provider courses and the diversity of staff backgrounds, qualifications, and professional experiences in Departments of Psychology, Sports Science, and Human Movement, and sees this diversity as a strength in the development of formal courses in sport and exercise psychology in Australia. For these reasons, the College wishes to be as flexible and helpful as possible, within the broad guidelines outlined in the present document.

The APS College of Sport and Exercise Psychologists holds the view that the preparation and training of sport and exercise psychologists should be based on the "scientist-practitioner" model. The College interprets this model as it applies to the education and training process in terms of three broad components: content knowledge, research, and practical experience.

The APS College of Sport and Exercise Psychologists endorses the view that the preparation of professional sport and exercise psychologists should include scientific training in psychology, sport psychology, exercise psychology, and sport sciences; and supervised experience in the practice of psychology and sport and exercise psychology. The College seeks to provide guidelines, which should lead to individuals gaining both a breadth and depth of training in both the academic discipline of psychology and the most significant areas of practice in the profession of psychology in applied sport, exercise, health, and counselling settings. Applicants would preferably have completed some undergraduate study in the sports sciences in addition to their psychology studies. Where this is not the case, appropriate sports science units should be included in the overall Master's program. Postgraduate sport and exercise psychology programs should provide trainees with a working knowledge of professional attitudes and skills across a variety of settings to deal with the professional, interpersonal, and ethical issues that arise in the practice of psychology in sport, exercise, health, and counselling domains. The program should also ensure that students are sensitised to ethnic, cultural, and gender equity issues as they relate to the practice of sport and exercise psychology. The professional training provider should also ensure that the community receives the quality of psychological services they have the right to expect.

12.2 Coursework Content

The combined core and elective units must meet the APAC requirement that at least 70% of the total coursework be psychological in nature. The remaining 30% may comprise sport sciences or other relevant units in other disciplines (e.g., health and rehabilitation psychology).

Approved courses should include the following topics each with an emphasis on general psychology in sport, exercise, and health psychology domains.

(a) Core topics

(i) Sport and exercise psychology theory.

(ii) Contemporary theories in sport and exercise psychology relevant to motivation, group dynamics, leadership, psychological skills, and intervention techniques

(iii) Research design and methodology.

(iv) Psychological assessment, intervention, and evaluation.

- Needs assessment by way of interview, observation, and psychological tests

- A variety of intervention methods

- Evaluation of intervention methodologies by interpreting statistical procedures such as true experimental designs and quasi-experimental designs including single-case experimental research

- Exposure to tests currently in use in sport and exercise psychology, administration, scoring, interpretation, and feedback of instruments in the following areas:

  - Professional practice and ethical issues.

  - Performance enhancement in sport.

  - Critical issues/interventions in sport

(b) Elective Content.

   (i)   Sport and exercise sciences coursework can be completed at either undergraduate or graduate level. A post-graduate seminar-type unit that involves discussion and understanding of major issues in exercise physiology, biomechanics, motor control, nutrition, sports medicine services, and sport sociology would be ideal. Other suitable topics could include:

   - Cultural and sociological issues in sport

   - Teaching and coaching principles

   - Nutrition and eating behaviour

   - Sport organisation, administration, and management

   - Health psychology

   - Exercise physiology

   - Biomechanics

   - Sport injuries and sport medicine

   - Motor learning and motor control

   - Psychology of rehabilitation

   (ii) If an Institution offering a Master's degree does not have access on-campus to sport and exercise science units, arrangements must be made for students to complete appropriate units at another Institution. Credit points need to be allocated to the sport and exercise sciences.

12.3 Placement Requirements

(a) The course must contain 1000 hours (Masters level) or 1500 hours (Doctoral level) of placement. Such practical work may be achieved through three or more practice placements or through experiences in a clinic operated by the Institution. At least 50% of this time will be in sport and/or exercise-related settings.

(b) Where possible students should also be given experience in dealing with a variety of issues such as eating disorders, substance abuse, and sexual harassment.

(c) Students should also be placed with a variety of different types of clients such as coaches, individual athletes, sporting teams, exercisers, and with both children and adults.

(d) The institution-based or external supervising psychologist would normally be a member of the APS College of Sport and Exercise Psychologists or another APS College with 2 years experience, or be eligible for such membership and have equivalent experience (see 3.5 above).

(e) As part of the practical work students must have demonstrated competence in the following:

  (i) The administration, scoring, interpretation, and feedback of a selection of sport-specific and general psychological assessment instruments

  (ii) The design, implementation and evaluation of interviewing, history taking techniques, team and individual educational programs, athlete/coach/exerciser counselling, and intervention programs.

(f) The practicum supervisor may choose to evaluate student competence in the above areas via counselling, direct observation, case study presentation/discussion, or video replay and discussion.

12.4 Resources

The College recognises that the core staff who contribute to the course must comply with the requirements of the APAC Standards, but additional staff may be involved and contribute without meeting a requirement for APS College of Sport and Exercise Psychologists membership.

Non-professional practice / external supervisors are required under the APAC Standards to be a Member of at least one APS College. Professional practice area external supervisors must be eligible for membership of the APS College of Sport and Exercise Psychologists.

Professional practice area staff involved in teaching are encouraged by the College to undertake regular applied sport and exercise psychology practice relevant to the course. The College encourages these staff to seek this recognition and support of the Institution for this work.

12.5 Assessment Requirements

The assessment of practicum work should include evaluation of at least three written case reports (of at least 2000 words) at some point in the program. The reports should provide details of the presenting case, describe the trainee's work, and justify the methods used.

Evaluation of case reports should be carried out by the institution-based practicum supervisor and where appropriate in cooperation with one external practicum specialisation supervisor.

Students should engage in on-going structured self-reflection about their skills and abilities as psychologists in training. Written reflections as part of the assessment of major placements should be encouraged / required.