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NZ College of Clinical Psychologists

Te Whare Wānanga o te Mātauranga Hinengaro

NZCCP Feedback on Assistant/Associate Psychologist Role

October 2024

The NZCCP received more than 200 responses to our consultation, within a week, suggesting that our members feel strongly about this topic.

PART 1: Themes From Qualitative Feedback

The comments provided express a range of suggestions and concerns regarding the proposed Assistant/Associate Psychologist (AP) role, as outlined in the consultation documents.

Overall, our members have expressed reasonable apprehension about the potential for APs to be tasked with responsibilities that exceed their training and experience, potentially compromising patient safety and increasing the workload of supervising Clinical Psychologists. This concern is frequently linked to the potential for role ambiguity and the blurring of lines between APs and other mental health professionals, such as social workers and mental health nurses.

> *"I don't think it's appropriate that assistant psychologists provide a step up or down in complex therapeutic work."*

> *"By the time you've taught them what they need to know to do this you may as well have trained them to be a fully qualified psychologist."*

> *"I don't believe they should be providing interventions to people with moderate level disorders."*

Below is a breakdown of themes related to each area of competency set out in the role description/skills framework.

1A Themes Related to Required Knowledge and Skills

- **Concerns about the level of knowledge and skill required for an AP, and how this will be assessed.** Some comments suggest that the proposed skills and knowledge base is too broad and may be better developed on the job with appropriate supervision.

"I think this is a good summary of core knowledge needed - the question remains what level of detail and depth of understanding is needed."

- **Emphasis on the importance of ethical understanding and boundaries for APs, given their position of power.** The need for supervision by qualified Clinical Psychologists is repeatedly highlighted to ensure competency and safe practice.

  "In my experience of working with people in quasi therapy roles - understanding of ethic's is cruicial (sic) foundational skills without it people can cross all sorts of boundaires" (sic)

- **Worries about the potential for AP roles to draw resources away from qualified Clinical Psychologists due to the intensive supervision required.** This raises concerns about the overall impact on service provision and access to qualified psychologists.

  "The introduction of an associate/assistant psychologist role would take away frontline service provision from already experienced and registered clinical psychologists, due to the intensive amount of supervision required for this proposed role."

- **Gaps in the proposed knowledge and skills framework are identified**, such as understanding of legal frameworks, family therapy, behavioural interventions for children.

1B Themes Relating to Tasks and Responsibilities

- **Strong disagreement with APs undertaking complex therapeutic interventions or tasks.** This is viewed as inappropriate and potentially harmful to clients, particularly those with complex needs or trauma histories.

  "If they were to do that the level of supervision required to ensure safe and ethically driven practice would outweigh the potential benefits of their time."

- **Concerns that the proposed tasks overlap significantly with the roles of other professions, such as social workers and case managers.** This raises questions about the distinctiveness of the AP role and the potential for duplication of services.

  "Some of the suggestions here appear to take away from the current roles of case managers and social workers which is unnecessary."

- **Ambiguity surrounding the definition of "low intensity" therapies and the potential for this to lead to APs handling cases beyond their competence.** The need for clear guidelines and appropriate supervision is stressed.

"Also there needs to be clarity as to what constitutes "low intensity therapy". Is this in reference to general counselling or talking therapy skills, or Cognitive Behavioural Therapy."

"Supervision of practice should only be by a qualified clinical psychologist."

- **The intensive supervision required for APs to perform these tasks is seen as potentially burdensome for supervising Clinical Psychologists.**

  "I do not believe APs should be undertaking a lot of the tasks mentioned above. If they were to do that the level of supervision required to ensure safe and ethically driven practice would outweigh the potential benefits of their time."

1C Themes on Supporting Access to Services

- **However, concerns remain about the potential for APs to be drawn into case management tasks that are better suited to other professions.** The need for clear role boundaries and appropriate supervision is emphasized again here.
- *"As long as their roles don't get diluted with other case management tasks"*
- **The need for APs to work collaboratively with existing community services and avoid duplicating existing resources was highlighted.**

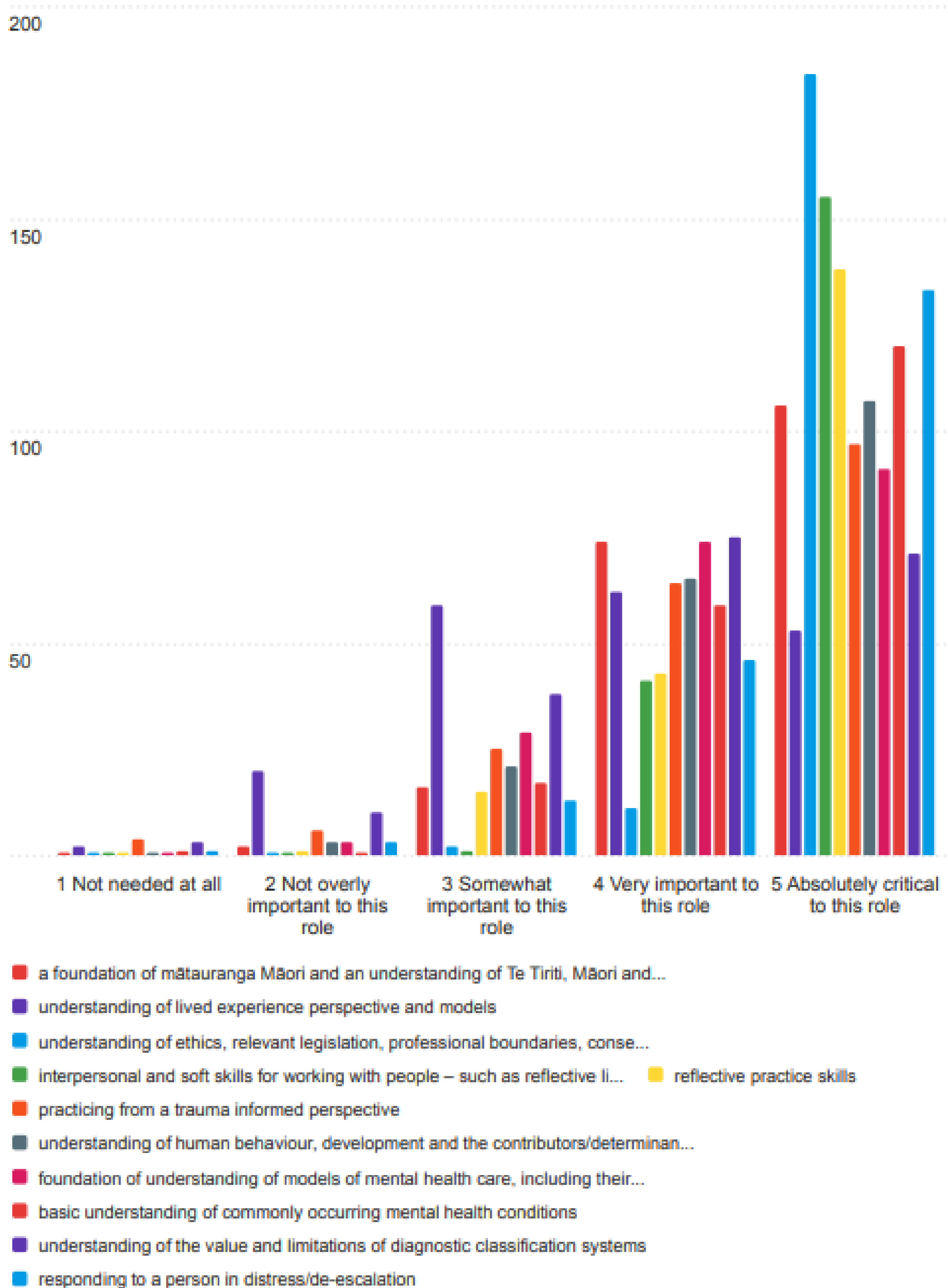
  "I am imagining this role would have close connection and relationships to other community services. The ability to build a community for whaiora is important and thus don't need to replicate services that are already out there to help navigate housing and social services."

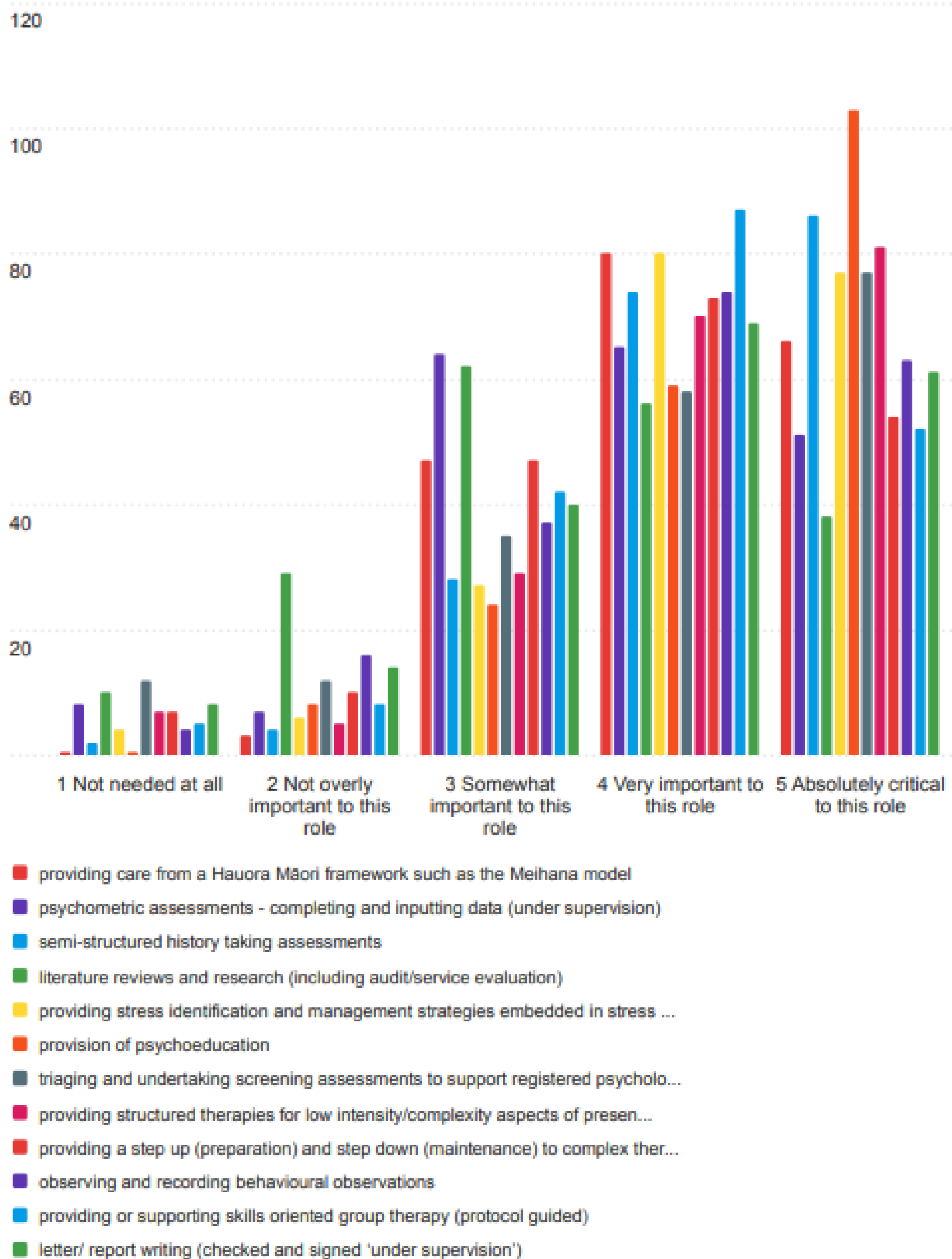
1D Summary and Recommendations:

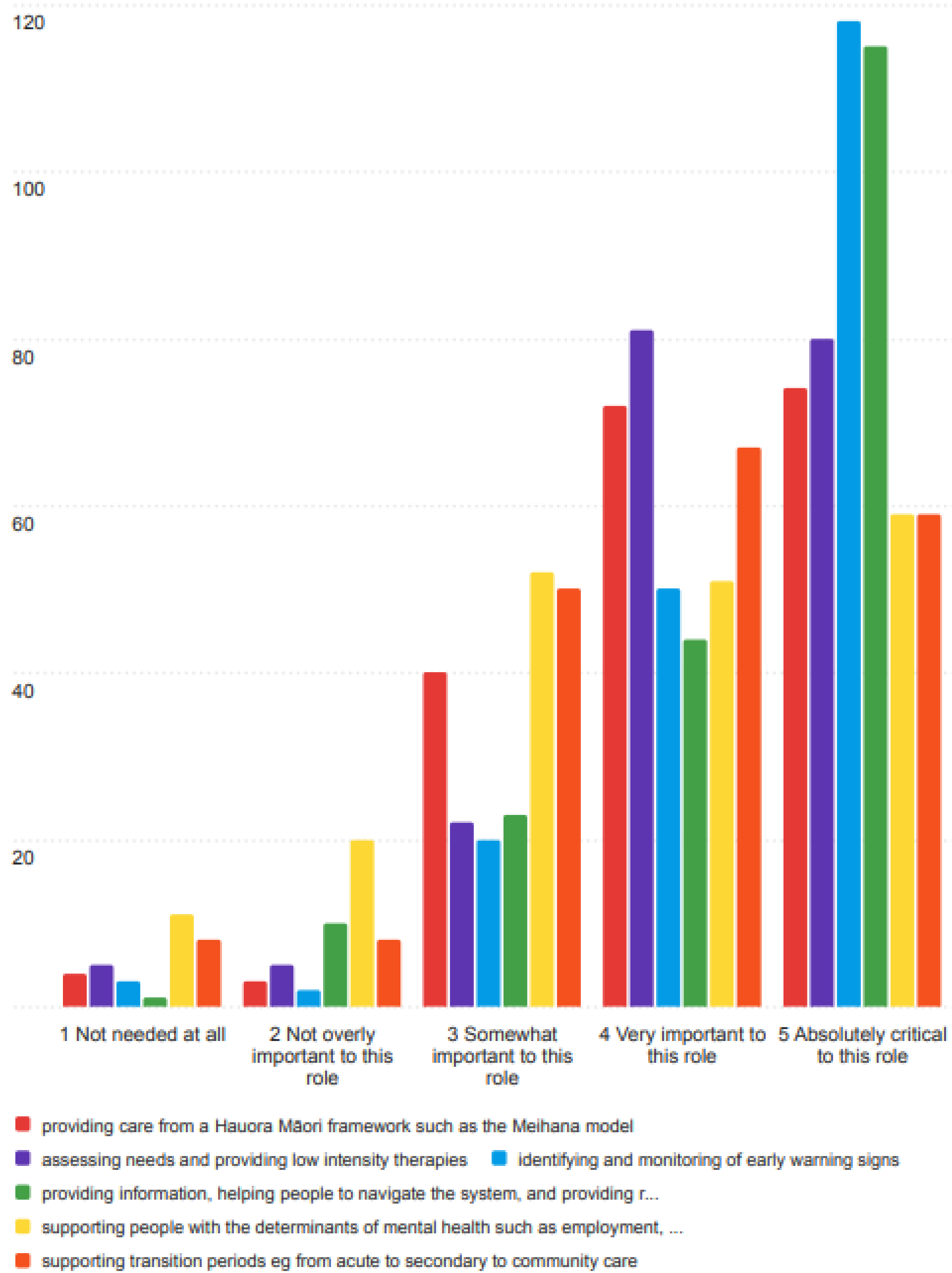
Taken together, these comments suggest a need for careful consideration of the scope of practice for APs. There is a clear desire to ensure that the role enhances, rather than detracts from, existing psychological services. To achieve this, the feedback from our members suggests that:

- **Clearly define the scope of practice for APs**, ensuring their tasks and responsibilities are appropriate to their level of training and experience.
- **Establish robust supervisory structures** to guarantee safe and ethical practice, while mitigating the burden on supervising Clinical Psychologists.
- **Engage in further consultation with stakeholders**, including other mental health professionals, to address concerns about role overlap and ensure the AP role complements existing services.

PART 2: Quantitative Feedback on Proposed Knowledge and Skills Frameworks




Knowledge/skills for supporting tāngata whaiora with low-moderate intensity/ complexity needs
120
100
80
60
40
20
1 Not needed at all
2 Not overly important to this role
3 Somewhat important to this role
4 Very important to this role
5 Absolutely critical to this role
providing care from a Hauora Māori framework such as the Meihana model
psychometric assessments - completing and inputting data (under supervision)
semi-structured history taking assessments
literature reviews and research (including audit/service evaluation)
providing stress identification and management strategies embedded in stress ...
provision of psychoeducation
triaging and undertaking screening assessments to support registered psycholo...
providing structured therapies for low intensity/complexity aspects of presen...
providing a step up (preparation) and step down (maintenance) to complex ther...
observing and recording behavioural observations
providing or supporting skills oriented group therapy (protocol guided)
letter/ report writing (checked and signed 'under supervision')



Provision of therapeutic case management and coordination for example:
120
100
80
60
40
20
1 Not needed at all
2 Not overly important to this role
3 Somewhat important to this role
4 Very important to this role
5 Absolutely critical to this role
providing care from a Hauora Māori framework such as the Meihana model
assessing needs and providing low intensity therapies
identifying and monitoring of early warning signs
providing information, helping people to navigate the system, and providing r...
supporting people with the determinants of mental health such as employment, ...
supporting transition periods eg from acute to secondary to community care

PART 3: Feedback from NZCCP Executive

The NZCCP Executive received a number of more extensive email communications from individual members and together raised a number of concerns and recommendations regarding the proposed competencies/knowledge and skills framework.

1) The Executive would strongly support the calls of several of our members that **these roles should not be used fill existing psychology vacancies**. We believe that the introduction of the AP role will require *a greater number* of clinical psychologists within services in order to train, supervise and support these roles. **This workforce must only be considered auxiliary to, rather than a direct replacement of existing psychology roles.**

2) The Executive were concerned by these statements made within the consultation document, stating that APs:
   - *"are required to be supervised by a registered psychologist or by a suitably trained and experienced (to be determined) assistant psychologist who holds responsibility for their work*
   - *cannot make independent diagnostic or treatment decisions"*

   The Executive would be *highly* concerned if AP practitioners were supervised by other AP practitioners- indeed, we would suggest that this is potentially highly dangerous. We are aware of significant issues caused by this kind of approach overseas and we cannot envisage how these practitioners could be 'suitably trained and experienced' to supervise their peers. This statement is further undermined by the second bullet point- if these practitioners cannot make independent decisions then, by definition, they also cannot be supervised by another practitioner who is unable make independent decisions. In our view, **these practitioners should only be supervised by a registered psychologist.**

3) The Executive were concerned by the use of the term "therapeutic case management" within the role description/knowledge and skills framework presented for a number of reasons:
   a. Case management as a term is generally poorly defined, and has been criticised significantly for its tendency to lead to role confusion and ambiguity[i]
   b. Many respondents to our survey noted that the current description of this role has significant overlap with other professions, particularly social workers and/or health coaches. This is likely to lead to considerable confusion as to what this role is designed for. However, more seriously, **the key issue that we believe these roles should address is the limitations in access to evidence-based psychological interventions in New Zealand**. Using AP

practitioners for other tasks/roles would significantly reduce their ability to deliver these.

c. The evidence for case management approaches overall is highly limited, with only highly-intensive approaches such as Assertive Community Treatment showing *small* effect sizes in outcome studies and low-intensity case management having little to no evidence of effectiveness[ii].

4) Several members contacted us to discuss the name of this role. While we acknowledge that the term 'assistant psychologist' has previously existed in New Zealand, in a different context, we believe that this title provides much greater clarity to the public than the term 'associate' or other title, since it is clear that this is a practitioner who is not independent and simply assists the qualified workforce.

Overall, the NZCCP Executive are supportive of the development of an AP workforce, as long as it acts as an auxiliary support providing effective, evidence-based psychological therapies under close supervision by a qualified psychologist.

Nāku iti nei, nā

NZCCP Executive

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[i] Lukersmith S, Millington M, Salvador-Carulla L. What Is Case Management? A Scoping and Mapping Review. Int J Integr Care. 2016 Oct 19;16(4):2. doi: 10.5334/ijic.2477. PMID: 28413368; PMCID: PMC5388031

[ii] Dieterich M, Irving CB, Bergman H, et al: Intensive case management for severe mental illness. *Cochrane Database Syst Rev* 2017; 1:CD007906