

Australian Psychological Society College of Clinical Neuropsychologists Specialist Competencies – October 2006

Preamble

The Australian Psychological Society (APS) has defined generic competencies for members of its specialist colleges, available at: www.psychology.org.au. The following list of competencies was developed by the College of Clinical Neuropsychologists' (CCN) Competencies Working Party in response to requests from the APS that all the specialist colleges define competencies relevant to their discipline.

The CCN competencies have been based on previously documented CCN competencies, and descriptions of neuropsychology from the American Psychological Association's Division 40 (Neuropsychology), and the Houston Conference on specialty training and education in clinical neuropsychology. Members of the CCN were invited to provide feedback suggestions from June to October 2006.

The structure of the competencies listing was defined by the APS, and the level ratings, described below, were adopted during a meeting of chairs of the APS colleges and the APS on June 26th 2006. Level ratings suggested for the CCN competencies during that meeting were subsequently provided to CCN members for comment, and the competency level ratings found in this document represent the ratings of CCN members.

The level ratings found in this document have been drawn from the competency levels required for the European Diploma in Psychology and are defined as follows:

Level 1: Basic knowledge and skill present, but competence insufficiently developed.

Level 2: Competence for performing tasks but requiring guidance and supervision

Level 3: Competence for performing basic tasks without guidance or supervision

Level 4: Competence for performing complex tasks without guidance or supervision

Numbers in brackets after each competency reflect the minimum competency expected of CCN members.

This listing of specialist neuropsychological competencies is meant to be aspirational and comprehensive, but not exhaustive. It is hoped that all CCN members would be able to perform complex tasks without guidance or supervision for all competencies rated at level 4, but given the varying requirements in different practice settings, it is not expected that all neuropsychologists will be at level 4 in all the areas listed. This list of competencies can be used by neuropsychologists and others interested self-assessment of their knowledge, skills, and other abilities related to the practice of clinical neuropsychology across the lifespan. It also provides a means of assessing training in clinical neuropsychology, recognizing that it is not possible for all of the competencies to be acquired via formal lectures, and that some of the competencies are best acquired through supervised professional experience and ongoing lifelong learning.

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Fiona Bardenhagen, PhD, MAPS
Chair, CCN Competencies Working Party

1. Theories in Psychology and knowledge specific to psychological speciality

Demonstrate advanced knowledge of a specialist body of theory in:

- neuropsychological models of cognition and behaviour (4)
- brain-behaviour relationships (4)
- neuropsychological syndromes (4)
- disorders of attention, sensory, perceptual, conceptual thinking, language, memory, and voluntary and involuntary motor and affective processes^{1,3}(4)
- human behaviour **across the lifespan** as it relates to normal and abnormal functioning of the central nervous system², including developmental psychology, normal maturation, aging, and developmental disorders (4)
- applied psychometrics (4)
- principles of test interpretation related to neuropsychological assessment¹(4)
- diagnostic classification systems and relation to neuropsychological disorders (DSM-IV-TR, ICD 10, etc) (4)
- psychopathology and relation to neuropsychological disorders or impairment (e.g., neuropsychology of schizophrenia, depression) (4)
- evidence-based treatments and therapies for individuals with neuropsychological conditions (4)

In addition, provide appropriate evidence of relevant knowledge of the following areas, recognizing that the degree of competence achieved by individual neuropsychologists in any of these areas will be determined by the nature of the clinical setting to which this knowledge base is applied:

- basic neurology and neurosurgery indicators and sequelae (1)
- neurological and related disorders including their etiology, pathology, course and treatment^{2,3} (3)
- behavioural neurology, neuropsychiatry, and rehabilitation³(3)
- functional neuroanatomy (3), neuroimaging (e.g., CT, MRI, PET, SPECT scans) (3), neuropathology (3), pathophysiology (1), and other neurodiagnostic techniques² (1)
- neuropharmacology (1)
- neurotoxicology(1)
- CNS effects of systemic disorders^{1,3}(3)
- neurogenetics (1)
- psychophysiological principles underlying behavioural psychology^{1,3}(1)
- sociocultural factors as co-determinants of behaviour^{1,3}(4)
- practical implications of neuropsychological conditions² (4)
- skills underlying activities of daily living and work³(4)

2. Assessment

Demonstrated competence in formulation of clinical opinion that involves integration, interpretation, and reporting of data gathered during assessment, which comprises clinical interview and history-taking, behavioural observations, and administration of standardized procedures (tests). Proven interview skills and competency in administration, scoring and interpretation of results obtained on cognitive and behavioural/psychological instruments of:

- intelligence (4)
- premorbid ability (4)
- cognition (including abstract reasoning and categorical thinking, cognitive flexibility and planning, language and verbal abilities, learning and memory, initiation and attention, visuo-spatial/perceptual, praxis/gnosis)³(4)
- cognitive and behavioural development in children and adolescents(4)
- educational achievement (4)
- mood, psychopathology, and personality(4)
- interpersonal and psychosocial functioning(4)
- behaviour(4)
- motivation/effort/symptom validity(4)

In addition, must have advanced skills in:

- comprehensive history taking and information gathering^{1,2} (4)
- identification of neurobehavioural issues to be addressed¹ (4)
- selection of appropriate tests and measures² (4)
- specialized neuropsychological assessment techniques² (4)
- differential diagnosis between psychogenic and neurogenic syndromes and between two or more suspected etiologies of cerebral dysfunction^{1,3} (4)
- evaluation of spared and impaired functions secondary to a cerebral cortical or subcortical event^{1,3} (4)
- establishment of neurobehavioural baseline measures for monitoring progressive cerebral disease or recovery^{1,3} (4)
- comparison of pre- and post-pharmacological, surgical, cognitive or behavioural interventions^{1,3} (4)
- assessment of higher cortical functions for the formulation of intervention strategies^{1,3} (4)
- recognition of multicultural issues² and their relationship to performance on neuropsychological measures (4)
- understanding of ecological validity issues (4)

3. Interventions and Implementation

Demonstrated competence in the selection and application of interventions (where possible evidence-based practice (EBP)) provided to a range of populations, including individuals and their families experiencing severe emotional and psychological disorders.

“Clinical neuropsychological intervention encompasses a wide range of applications for remediation of primary disability associated with cerebral dysfunction and secondary disability that may arise as an emotional or otherwise maladaptive consequence of the patient’s primary disability. While neuropsychological intervention first attempts to minimize secondary disability, subsequent interventions are intensively focused upon the utilization of the patient’s spared functions to subserve adaptive behaviours”³

Specific neuropsychological interventions include:

- rehabilitation techniques and strategies
- empathic neuropsychological assessment where patient’s reactions and insight into the assessment process are dealt with in a therapeutic way during the assessment and in feedback, separate from other specific interventions and recommendations (4)
- feedback, education and counseling for individuals and families (4)
- vocational or educational planning (4)
- supportive intervention designs (4)

Specialised neuropsychological intervention techniques, including:

- identification of intervention targets, specification of intervention needs, and formulation of an intervention plan² for cognitively impaired individuals (4)
- cognitive-behaviour therapy (CBT) as appropriate for the level of neuropsychological disability (3-4)
- cognitive and behavioural interventions for neuropsychological conditions, e.g., “design of procedures for utilizing available functions to compensate for impaired functions; retraining of the impaired function to a higher level of adaptive effectiveness; and environmental (ecological) manipulation to enhance adaptive effectiveness”¹ (3-4)
- selected psychotherapy, behaviour, anger management, relaxation training, psychoeducation, and counseling interventions as appropriate for patients with neuropsychological impairments¹ (3-4)
- individual, family, and group treatments (evidence-based) (3-4)
- “consultation to family members, educators, and employers for improving behavioural adjustment in specific environmental settings”³ (4)

- implementation, monitoring and adjustment of intervention plan as needed, and assessment of outcome² (4)
- recognition of multicultural issues² and their role in intervention planning, implementation, and evaluation (4)
- multidisciplinary consultation (4)

“An important objective of the clinical neuropsychological evaluation is to render a service that ultimately improves adaptive functioning in patients with cerebral dysfunction”³

4. Research and Evaluation (cf. APS core competencies document)

Demonstrated competence in:

- research design and methodology relevant to neuropsychological practice, or specific to neuropsychological disorders (4)
- understanding of test construction and validation¹ (4)
- analysis (4)
- critical analysis of research in the field of clinical neuropsychology (4)
- program evaluation specifically in the area of neuropsychology (4)
- understanding ethical issues relating to research, including responsibilities to determine competency to consent to research in neuropsychologically impaired individuals (4)

5. Professional Practice (cf. APS core competencies document)

Demonstrated ability in the applied setting to comply with best practice for individual, family and system

- Knowledge of, and adherence to, relevant codes of conduct and good professional practice(4)
- Understanding the implications of cultural diversity for clinical practice(4)
- Knowledge of professional issues and ethics in neuropsychology²(4)
- Knowledge of ethical and legal issues related to test security and release of test data to non-psychologists (4)
- Education of referral sources and other health professionals regarding neuropsychological services (strengths and limitations) (4)
- Effective communication of evaluation results and recommendations² (4)
- Participation in multidisciplinary teams for purposes of clinical evaluation and treatment planning (4)
- Education of patients and families regarding services and disorders² (4)
- Knowledge of how and when to initiate a referral to another health care professional³(4)
- Knowledge of the developing subspecialties within clinical neuropsychology (e.g., child and adolescent, forensic, geriatric, competency assessment, psychiatry, rehabilitation) and to seek supervision or further training if engaging in an unfamiliar subspecialty (4)

6. Non-psychological Components

Provide appropriate evidence of relevant knowledge of:

- Institutions and services/sectors providing support for people with neuropsychological disorders and their families (4)
- Ability to work with other professionals and within a multi-disciplinary team and knowledge of when and how to take appropriate leadership role in management (4)
- Awareness of the legal implications of clinical practice, such as the possibility of reports being subpoenaed and appearing as an expert witness (4)
- Knowledge of local requirements related to reporting of driving safety concerns (4)
- Knowledge of legal and practical issues associated with assessment of competency/decision-making capacity (3-4)

References:

¹ Archival description of clinical neuropsychology. American Psychological Association, accessed from <http://www.apa.org.crsppp/neuro.html> on 23/6/06

² The Houston Conference on specialty education and training in clinical neuropsychology. *Archives of Clinical Neuropsychology*, 13 January 1998, 160-166

³ QEI Department of Psychology, psychology internship – neuropsychology section. <http://www.cdha.nshealth.ca/programsandservices/psychology/neuropsychologyRotation.html>