

National psychology exam

Exam curriculum

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Background

Purpose of the national psychology exam

The Psychology Board of Australia (the Board) has developed the national psychology exam (the exam) to ensure a nationally consistent minimum professional standard for psychology.

The exam supports the Board's [General registration standard](#) and forms part of the assessment of eligibility for general registration as a psychologist. The exam helps demonstrate that a practitioner has an appropriate level of applied professional knowledge and competence to practice safely and effectively.

The exam is not designed to be the sole test of a practitioner's competence to practise psychology. Other methods include supervision (including direct observation of practice), professional placements, completion of an internship, and completion of a Board-approved qualification.

Who is required to sit the exam?

As outlined in the [Guidelines for the national psychology exam](#) the Board requires the following individuals to pass the exam:

- Provisional psychologists undertaking the 4+2 and 5+1 internship pathways to general registration.¹
- Internationally trained psychologists applying to practise in Australia (unless exempt).²

The following groups may also be required to pass the exam:

- Individuals intending to return to practice as a psychologist who have had a substantial break from practice.
- Individuals who are directed to sit the exam by the Board, committee, panel, tribunal, or co-regulatory jurisdiction, in relation to an application for registration, or a notification about their health, performance, or conduct.³

Purpose of this curriculum document

This curriculum document has been developed to provide guidance to Individuals sitting the exam (candidates) and their supervisors in preparation for sitting the exam. The exam curriculum is the Board's official statement of the exam content. The curriculum is based on the competencies for general registration as outlined in the [Professional competencies for psychologists](#).

Candidates should keep the exam format in mind when reading the curriculum and developing a study plan to sit the exam. The exam is a competency-based exam. It is not designed to test recall of textbook-type knowledge, but rather, it requires candidates to apply psychological knowledge, relevant information, critical reasoning, and decision making to psychological practice. Therefore, all exam questions are in a case-study format and based on actual case studies and professional issues.

We have provided study tips throughout this document to further assist candidates to understand the Board's curriculum and to better meet the requirements of general registration. The best preparation for the exam is the completion of a board-approved qualification, a thorough study of the curriculum, and the experience obtained from the application of knowledge in the context of supervised practice.

Scope of the curriculum

The exam curriculum is designed to assess if a candidate meets the threshold professional competency required for general registration. It focuses on the applied knowledge appropriate for the fifth and the sixth year of psychology training.

Additional resources that support the curriculum

The Board has published several resources that sit alongside the curriculum and are designed to support candidates to study for the exam. These resources are published on the Board's website.⁴ They include the following:

- *Recommended reading list.* The reading list includes a range of key texts and resources covering the topics featured in the exam to help you prepare for the exam. All exam questions can be mapped to a reference on this list. The psychology field has extensive literature covering the curriculum domains, with many more

¹ The [4+2 internship program](#) is being retired, and closed to new applications on 30 June 2022.

² See the [General registration standard](#) for more information on exemptions.

³ This includes individuals directed to sit the exam by a Board, panel, tribunal, or co-regulatory jurisdiction under Part 7 of the [Health Practitioner Regulation National Law](#), as in force in each state and territory (the National Law) or a notification about their health, performance, or conduct under Part 8 of the National Law.

⁴ See the ['National Psychology Exam'](#) page of the Board's website.

resources that complement those in this list. The recommended reading list is updated from time to time as new editions, other journal articles, and improved texts become available. The reading list is recommended but not mandatory.

- *Sample exam questions.* This document provides examples of the type of questions and answers that will be on the exam. It also includes an explanation of the preferred answer to assist candidates in their exam study.
- *National psychology exam candidate manual.* This is a 'how to' guide for candidates preparing for the exam that provides essential information they need to know before, during and after sitting the exam.

In addition, candidates should carefully read the following important documents:

- Board's [standards and guidelines](#) and [code of conduct](#). These documents define the requirements for registration as a psychologist in Australia. All psychologists have an obligation to ensure they are familiar with, and practise in accordance with these documents.
- [Professional competencies for psychologists](#). This document outlines the eight threshold professional competencies required for general registration.
- The [Guidelines for the national psychology exam](#). This document outlines the purpose of the exam, including eligibility requirements and exam policies.

Date of effect of this curriculum

- The following curriculum for the exam was approved by the Board in June 2025.
- This curriculum comes into effect on **1 December 2025**.

Competencies for general registration

The exam curriculum is designed to test the **threshold professional competencies** for general registration as a psychologist in Australia. The professional competencies articulate the minimum knowledge, skills, abilities, behaviours, values, and other attributes required to allow an individual to practise safely and effectively as a psychologist. The competencies apply to both initial registration and continuing registration in the profession.

Professional competencies for psychologists

The competencies for general registration are outlined in the [Professional competencies for psychologists](#) as follows:

Competency 1: Applies and builds scientific knowledge of psychology to inform safe and effective practice.

Competency 2: Practises ethically and professionally.

Competency 3: Exercises professional reflexivity, purposeful and deliberate practice, and self-care.

Competency 4: Conducts psychological assessments.

Competency 5: Conducts psychological interventions.

Competency 6: Communicates and relates to others effectively and appropriately.

Competency 7: Demonstrates a health equity and human rights approach when working with people from diverse groups.

Competency 8: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families, and communities.

Four exam domains

The exam assesses the eight threshold professional competencies through four exam curriculum domains.

Domain 1: Ethics

This domain focuses on legal, ethical, and professional conduct and its application to psychology practice. It assesses applied ethical and professional reasoning in the context of self-care. Individuals sitting the exam are required to demonstrate detailed familiarity with legislation determining practice and with the Board's code of conduct, guidelines, and policies. The public expects psychologists to be safe and ethical in their work and respect the rights of all cultural groups including Aboriginal and Torres Strait Islander peoples, families, and communities. This competency will be examined in depth.

Domain 2: Assessment

This domain focuses on psychological assessment methods and approaches across the lifespan. It requires candidates to demonstrate an understanding of the general principles of evidence-based and culturally safe psychological assessment and applying this knowledge to problem formulation. Formulation is the generation and testing of hypotheses leading to a dynamic psychological understanding of a client's presentation.

Candidates should focus on understanding the general principles of assessment including: the process of selecting an appropriate test for a designated purpose (test selection), test administration, assessing a test's psychometric properties (reliability and validity) and making valid inferences from the assessment (test interpretation and reporting).

Candidates must demonstrate knowledge about a range of culturally safe assessment methods to assess cognitive functioning capacity and vocational attainment, to diagnose psychological and psychosocial functioning, to determine any risks to self and others, to assess parental, family, social and community functioning, and conduct workplace assessments and performance. At the same time candidates must demonstrate their understanding of the ways assessment may be used to enhance or undermine equity and human rights.

Domain 3: Intervention

This domain focuses on the selection and implementation of psychological interventions and provision of psychological services across the lifespan.

It requires candidates to demonstrate knowledge, understanding and application of specific evidence-based principles and methods for conducting culturally safe psychological interventions. Candidates must have detailed knowledge of foundational counselling skills and methods of evidence-based psychological interventions and their application across a wide range of applied settings. Interventions covered in the exam are mostly generic skills-based techniques that the Board considers to be foundational across many domains of psychology work and they are prescribed in part to illustrate various issues underpinning good service delivery.

Candidates must demonstrate the ability to link the diagnosis, formulation and the intervention chosen, with an understanding of how to develop or plan evidence-based preventative, developmental, remedial interventions, or other services to meet the needs of people from diverse groups. In considering the implementation of interventions, the candidate must also demonstrate knowledge of how to evaluate the impact of services, including ongoing monitoring, evaluation, and review of the effectiveness of any intervention. Candidates must also demonstrate the ability to excise reflection on practice and actively work towards providing positive health outcomes.

Candidates are required to demonstrate knowledge of different modes of treatment, including individual, couple, family, group, organisational, or community interventions. Candidates must demonstrate the application of culturally safe interventions across a broad spectrum of functioning, from mental health problems through to interventions focused on positive wellbeing, functioning within social, community and organisational settings. The candidate must demonstrate awareness of different contexts of interventions, including in coaching, career development and health promotion, and rehabilitation and recovery and the importance of delivering safe, accessible, and responsive healthcare free of racism and discrimination

Domain 4: Communication

This domain focuses on communicating with clients, colleagues, and stakeholders. Candidates are expected to be aware of the types and appropriate methods of professional communication. This includes demonstrating knowledge of the uses and limitations of various kinds of professional communication and the potential ethical and legal implications associated with their use (or lack thereof).

Candidates should understand the diverse kinds of professional roles and be able to work collaboratively with other service providers and professionals. Candidates are expected to demonstrate an awareness of the importance of timeliness, clarity, accuracy, relevance, coherence, organisation, and succinctness in communication to establish and maintain appropriate, safe, and respectful relationships with clients and relevant others. An important component of good communication is sensitivity to working with people from diverse groups and working in a culturally safe manner.

This domain also focuses on communication and reporting skills. It requires the candidate to demonstrate skills in record keeping, report writing, clinical handover, referral, and professional communication in the public domain.

Exam curriculum and study guide

Domain 1: Ethics

This domain focuses on legal, ethical, and professional conduct, and its application to psychological practice. This domain relates predominantly to five of the eight general competencies:

Competency 2: Practises ethically and professionally.

Competency 3: Exercises professional reflexivity, purposeful and deliberate practice, and self-care.

Competency 6: Communicates and relates to others effectively and appropriately.

Competency 7: Demonstrates a health equity and human rights approach when working with people from diverse groups.

Competency 8: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families, and communities.

Curriculum for Domain 1

Legal issues

Candidates must demonstrate knowledge and application of relevant legislation, including:

- the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law)
- relevant sections of national, state and territory legislation and principles of best practice relating to:
 - privacy, freedom of information and maintenance of health records
 - antidiscrimination and equal opportunity
 - mental health care (e.g. involuntary treatment, informed consent)
 - duty to protect (e.g. guardianship, firearms)
 - duty to report (e.g. child abuse, elder abuse, domestic violence, criminal acts, unsafe sexual practice, access to firearms, suicide risk)
 - children and adolescent issues (e.g. confidentiality, competency to consent on the Gillick mature minor principle)
 - access to compensation, including victims of crime, workers compensation and motor vehicle accident schemes and insurance.
 - legislation relevant to government funding sources such as: disability services, Medicare, and Veteran's affairs, and
 - psycho-legal principles (e.g. expert witness code of conduct, guidelines, responding to a subpoena/summons, producing records).
- National agreement on closing the gap

Ethical issues

Candidates must demonstrate knowledge and application of Board's standards, codes, guidelines, and policies, including knowledge and application of the ethical principles and standards in the Board's [Code of conduct](#).

Professional issues

Candidates must demonstrate an understanding of the models and approaches for strengthening a psychologist's professional identity, and engaging in continuing professional development to address limitations and challenges in practice, including methods for:

- supervision and peer consultation in a proactive planned and responsive way to address limitations and challenges in practice
- engaging in purposeful and deliberate practice, meaning practice that is purposeful, systematic, and aimed at improving your performance
- developing, updating, and enhancing knowledge through continuing education (maintaining competence) and performance review through the supervision process
- professional self-management including self-reflection, professional reflexivity, self-assessment, and self-care (maintaining psychological and physical wellbeing)
- understanding the limits of one's own competence, training, and skills, and applying appropriate responses to manage these limitations including consultation and referral

- reflecting on and attending to the influence of a practitioner's personal motivation, biases, positionality, and values – including the impact of these on others
- maintaining proper professional boundaries and attending to transference and counter-transference issues appropriately
- developing cultural responsiveness when working with diverse groups, including Aboriginal and Torres Strait Islander peoples,
- identifying areas for improvement in one's own professional practice, competence, and conduct, and implementing activities to enhance competence and develop professional identity, and
- monitoring and managing self-care to sustain professional functioning and wellbeing.

Candidate study guide for Domain 1

Legal issues

The exam contains items that assess your understanding of how **relevant legislation** applies to the practice of psychology. Familiarity with legislation helps psychologists to define the boundaries of their psychological practice and to uphold the rights of clients.

The following questions provide examples to guide you in preparing for this section.

- Is the client capable of informed consent?
- How do I maintain my client's right to privacy when storing their records?
- Is the person being treated because of a workers' compensation claim, and what issues do I need to take into consideration?
- What must I do if a client with severe mental health impairment has firearms?
- What principles should I apply when getting consent to treat minors?

Ethical issues

The exam assesses your ability to understand and apply the Board's [Code of conduct](#). You will be asked to apply decision-making to case studies that have ethical dilemmas. To answer the case studies with confidence, you should understand the Code and how it is applied in practice.

It's important to note that this area of the exam is not designed to test your memory of the Code. You will not be asked a question such as, 'What is Principle 1.1 of the Code?'

The following questions provide examples to guide you in preparing for this section.

- What are the limits to confidentiality and how should I inform clients of these limits?
- What principles are used to judge a psychologist's behaviour?
- When should I refer a client on to another psychologist if the client's presentation is outside my area of expertise?
- How do I ensure my record keeping is adequate?
- Why are sexual relations between a psychologist and a client unethical?

Professional issues

This section of the exam assesses your ability to understand the importance of the different methods of continuing professional development (CPD). Understanding the role of CPD, and accessing appropriate CPD, is essential to delivering sound psychological services.

The following questions provide examples to guide you in preparing for this section.

- What are some ways that peer consultation might guide my practice?
- What is the role of a senior colleague when I am struggling with a professional dilemma?
- What are some ways to ensure I remain up to date in my practice?
- What are the CPD requirements to maintain registration and what is the rationale for the Board's CPD model?
- What strategies can I use to look after my health and wellbeing as a practitioner?
- How does my own upbringing and experiences impact my engagement with clients and what can I do about this?
- What are some of the ways I can safely expand my scope of practice?
- How do I exercise reflexivity and critical evaluation of my practice with people from diverse groups?
- How do I actively work towards providing positive health outcomes for indigenous people?

Domain 2: Assessment

This domain focuses on the knowledge and skills required for all aspects of conducting evidence-based and culturally safe psychological assessments. This domain relates predominantly to four of the eight general competencies:

Competency 1: Applies scientific knowledge of psychology to inform safe and effective practice.

Competency 4: Conducts psychological assessments.

Competency 7: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families, and communities.

Competency 8: Demonstrates a health equity and human rights approach when working with people from diverse groups.

Curriculum for Domain 2

Candidates will demonstrate knowledge and understanding of the following:

1. Test selection and forms of assessment

- a. Understanding of the relative strengths and limitations of different methods of assessment and modes of delivery, including:
 - the application and limitations of tests and their psychometric and normative basis, including test reliability, validity, utility, and standardisation
 - the ability to identify and choose appropriate assessment instruments
 - cultural responsiveness in testing diverse groups
 - feedback from consumers, clients, and relevant others.
 - the ability to score tests and interpret results,
 - understanding the limitations of computerised interpretive reports, and
 - identifying and managing inherent risk associated with assessments.
- b. Knowledge and understanding of the application of culturally safe assessment methods including:
 - interview techniques (structured and unstructured)
 - systematic behavioural observation
 - psychometric assessments
 - self-monitoring (including diaries),
 - goal setting based on needs analysis and
 - feedback to clients, families, and stakeholders

2. Administering, scoring, and interpreting tests

- a. Ability to administer a range of culturally safe assessment methods to:
 - cognitive functioning capacity and vocational attainment
 - diagnose psychological and psychosocial functioning
 - assess risk to self and others
 - assess parental and family functioning
 - conduct workplace assessments and performance assessments.
 - This includes using and reporting standardised scores, range, percentile ranks and descriptors, and using the information, including feedback from consumers, clients and relevant others to formulate results and provide meaningful reports and feedback to clients or relevant others.
- b. Knowledge and application of interview assessments including:
 - a systematic history-taking approach
 - the Mental Status Exam
 - risk assessment of suicide, self-harm, and harm to others (acute and chronic)
 - diagnostic classification systems (including current versions of DSM)
 - setting and monitoring goals measures (including goal attainment scaling)
 - appropriate cultural adaptations
- c. The *assessment* domain requires candidates to have detailed knowledge, including competence in administration, scoring and interpretation of six core tests **and** general familiarity with the use and purpose of an additional 22 tests, as listed in the summary tables below.

Table 1: Administration, scoring and interpretation of six core tests.

Core tests: Administration, scoring & interpretation	
1	DASS: Depression Anxiety and Stress Scale
2	K10: Kessler Psychological Distress Scale
3	PAI: Personality Assessment Inventory
4	SDQ: Strengths & Difficulties Questionnaire
5	WAIS: Wechsler Adult Intelligence Test
6	WISC: Wechsler Intelligence Scale for Children

Table 2: Familiarity with the use and purpose of additional tests.

Additional tests: Familiarity with use & purpose	
1	ABAS: Adaptive Behavior Assessment System
2	BDI: Beck Depression Inventory
3	CBCL: Achenbach Child Behaviour Checklist and Teacher/Youth reports (ASEBA)
4	MMPI: Minnesota Multiphasic Personality Inventory
5	NEO: NEO Personality Inventory
6	ORS: Outcome Rating Scale
7	PHQ-9: Patient Health Questionnaire 9 item
8	Raven's Standard Progressive Matrices
9	SDS: Self Directed Search
10	16PF: Sixteen Personality Factor Questionnaire
11	STAI: State Trait Anxiety Inventory
12	Stanford-Binet: Stanford-Binet Intelligence Scales
13	Strong: Strong Interest Inventory
14	SCID: Structured Clinical Interview for DSM
15	WASI: Wechsler Abbreviated Scale of Intelligence
16	WHO-DAS: World Health Organisation Disability Assessment Scale
17	WHO-QOL: World Health Organisation Quality of Life Scale
18	WIAT: Wechsler Individual Achievement Test
19	WMS: Wechsler Memory Scale
20	Woodcock-Johnson Test of Cognitive Abilities
21	WPPSI: Wechsler Preschool & Primary Scale of Intelligence
22	WRAML: Wide Range Assessment of Memory & Learning

It is important **to use the most recent version of the test**, with some caveats as follows:

Some tests are currently being updated or have recently been updated. If the more recent version of a test does not have Australian norms, the Board will accept older versions that have been normed on the Australian population.

When a new version has Australian norms, a two-year period is allowed to transition between test versions. This curriculum lists the name of the test, but not the current version number as this is subject to change. It is the individual candidates responsibility to use current tests.

3. Diagnosis

Candidates will demonstrate knowledge of the DSM definitions, diagnostic criteria, and essential features of all mental disorders to make a diagnosis. This includes demonstrating an understanding of the limitations of diagnostic systems and issues of differential diagnosis and alternative models of psychopathology.

Candidates are required to demonstrate specific detailed knowledge of the common psychological problems outlined in table 3 below.

Table 3: Knowledge of psychological problems.

Diagnostic category	Specific disorders
Neurodevelopmental disorders	Attention deficit hyperactivity disorder Autistic spectrum disorder
Schizophrenia and other spectrum disorders	Schizophrenia
Bipolar and related disorders	Bipolar I disorder Bipolar II disorder
Depressive disorders	Persistent depressive disorder Major depressive disorder
Anxiety disorders	Generalised anxiety disorder Panic disorder Separation anxiety disorder Social anxiety disorder
Obsessive-Compulsive and related disorders	Obsessive-compulsive disorder
Trauma and stress-related disorders	Adjustment disorders Post traumatic stress disorder
Somatic symptom and related disorders	Somatic symptom disorder
Feeding and eating disorders	Anorexia Nervosa Bulimia Nervosa Binge-eating disorder
Disruptive, impulse-control and conduct disorders	Conduct disorder Oppositional defiant disorder
Substance-related and addictive disorders	Substance use disorders
Neurocognitive disorders	Delirium Major and Mild Neurocognitive disorders
Personality disorders	Antisocial personality disorder Borderline personality disorder

Candidate study guide for Domain 2

1. Test selection and forms of assessment

This exam assesses your knowledge and competence to apply evidence-based principles and practices in selecting assessment techniques, tests, and measures to examine hypotheses about client presentations.

You will not be examined on verbatim knowledge of test instructions, psychometric features, or normative data of particular tests or measures, but rather on your understanding of the general principles of assessment. It will test your knowledge and understanding of the relative strengths and limitations of the different methods of assessment and modes of delivery relevant to practice across the lifespan and in different contexts, including cultural contexts.

The exam will also use case studies to assess your ability to link test results to the following components of psychological practice:

- Case formulation and diagnosis.
- Treatment planning.
- Monitoring of treatment progress and outcome.
- Recommendations for future care and support needs (i.e., disability support services, educational support).
- Formally reporting the outcomes of assessment or treatment.
- Providing meaningful feedback to the client/s and relevant others.
- Feedback from clients and relevant others.

The following questions provide examples to guide you in studying test selection and application:

- What is the referral question I am trying to answer?
- What client features should I take into consideration when planning the assessment?
- Are the results of testing consistent with the information gathered from other sources?
- What other methods of assessment apart from specific tests should I use to answer the referral question?
- What are the limitations of the test I am using?
- Have I been culturally responsive to the needs of clients coming from diverse groups?

2. Administering, scoring, and interpreting tests

This exam assesses your ability to apply your knowledge of the six specific tests to a real-life issue described in the case study. You are expected to have a working knowledge of the design, rationale for use, administration, and scoring relating to the use of each test. The questions may ask you to use your knowledge to identify appropriate use in treatment planning, and across different populations, age groups or cultural backgrounds taking cultural safety into consideration.

You should be familiar with the information in the manual regarding administration and limitations and interpretation of scores. Other readings relevant to the test will expand your understanding of how to use the test in planning interventions or reporting findings. The case study may ask you to apply your knowledge of a specific test to help identify a clinical condition, assist in the development of a treatment plan, or advise on future management by another party.

The following questions provide examples to guide you in preparing for this section.

- When should I use the WAIS over the WISC?
- How do I determine a client's cognitive strengths and weaknesses from the WISC?
- How should I present the results from the PAI?
- What does DASS measure and what does it not measure?
- How would I use the results of the SDQ in further assessment planning?

This exam also assesses your knowledge and proficiency in the use of a wide variety of psychological tests covering individual differences in abilities, personality, interests, and psychopathology. It assesses your knowledge of developing and prioritising assessment goals in collaboration with clients and relevant others.

Psychologists working in practice use this information to solve the following kinds of problems:

- Identifying underlying reasons for various learning and adjustment problems.
- Determining the extent and severity of cognitive difficulties experienced by a client.
- Determining a client's strengths.
- Assessing the suitability of different careers or work environments for a client.
- Compiling a client profile that contains information on personality, abilities, and interests.

The following questions provide examples to guide you in preparing for this section.

- When and with whom would I use this test?
- What are the domains of a mental state exam (MSE) and when should an MSE be used?
- What information will the test provide in answering the referral question?
- What kinds of tests are useful for assessing a client's vocational strengths?
- How should a client be assessed for risk of self-harm or suicide?
- Is the assessment culturally safe?

3. Diagnosis

This section of the exam is designed to test the application of your knowledge of critical diagnostic criteria to the person's presentation as described in the case study.

In a real-life situation a psychologist will use all available information to begin the process of developing a provisional diagnosis. Both the information relevant to the diagnosis and information enabling differentiation from other conditions is crucial when considering a client's presentation. As more information including the impact of cultural identity, values, beliefs and experiences on psychological wellbeing or behaviour, becomes available the diagnosis may be further refined. Diagnosis will consider Aboriginal and Torres Strait Islander peoples, migrant and refugee experiences.

In the exam, however, the case study will contain only information sufficient to enable you to identify the diagnosis that best fits the presentation based on your knowledge of the DSM diagnostic system. Other questions may draw upon your understanding of diagnosis to inform decisions around formulation and treatment planning. The questions illustrate the kind of background knowledge you will need to make the correct diagnostic and treatment decisions.

Each case study will contain key critical features sufficient to identify one diagnosis from the DSM list described in the curriculum. Given the dimensional nature of psychological conditions, a number of features of the described presentation may be a partial but not a complete fit to another diagnostic condition. You will therefore be expected to be able to exclude other possible diagnoses that share some but not all of the critical diagnostic features and reflect on the impact of your own culture, values, beliefs and biases to ensure diagnosis is responsive to client, context and culture.

The relevant guides and documents in the reading list provide information fundamental to diagnosis of DSM conditions described in the curriculum. The documents also provide information to enable you to differentiate each of the conditions from those that may share some but not all of the critical features.

The following questions provide examples to guide you in preparing for the exam:

- What are the core features of post-traumatic stress disorder?
- What distinguishes major depressive disorder from adjustment disorder?
- When would I diagnose panic disorder and not social anxiety?
- What distinguishes borderline personality disorder from bipolar disorder?
- What are the criteria that would lead you to diagnose a client with substance-use dependence?

Domain 3: Intervention

This domain focuses on the knowledge and skills required for all aspects of conducting evidence-based and culturally safe psychological interventions. This domain relates predominantly to four of the eight general competencies:

Competency 1: Applies scientific knowledge of psychology to inform safe and effective practice

Competency 5: Conducts psychological interventions.

Competency 7: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families, and communities.

Competency 8: Demonstrates a health equity and human rights approach when working with people from diverse groups

Curriculum for Domain 3

Candidates will demonstrate knowledge of the efficacy and effectiveness of a range of interventions and modes of delivery relevant to practice across the lifespan and in different context, including cultural contexts.

1. Knowledge of evidence-based counselling skills and their application in service delivery, including:
 - adapting psychological practice, including engagement with clients and relevant others, in response to the needs of people from diverse social identity groups including different cultural backgrounds.
 - a range of culturally safe interventions that maximise optimal outcomes with clients
 - establishing therapeutic relationships and therapeutic alliance
 - listening skills
 - responding skills including supportive and expressive techniques, empathic responding; reflection; questioning (including Socratic questioning); summarising skills
 - problem resolution and change-based strategies
 - the risks and benefits of treatment to the individual relevant to their context, strengths, lived experiences and circumstances.
 - regularly evaluating client progress and views about the agreed psychological intervention, client's goals and aspirations, and the effectiveness of interventions
 - managing endings of therapeutic relationships.
2. Knowledge of evidence-based interventions, and their application, including:
 - contemporary theories and models of treatment:
 - cognitive and behavioural
 - psychodynamic and interpersonal
 - family systems, and
 - humanistic, narrative and solution focussed.
 - knowledge of psychopharmacology, drug classification, pharmacokinetics, and pharmacodynamics
 - knowledge of the efficacy and effectiveness of a range of interventions and modes of delivery relevant to practice across the lifespan and in different contexts, including cultural contexts
 - knowledge of the application of specific focused therapy techniques for the common psychological problems listed in the assessment section. Specific knowledge is required of the following areas:
 - psychoeducation
 - interpersonal and psychodynamic approaches
 - solution-focused techniques and motivational interviewing
 - narrative therapy (including as applied for clients of Aboriginal and Torres Strait Islander descent)
 - cognitive-behavioural approaches including behaviour modification, exposure (in vivo and imaginal techniques), behavioural activation (activity scheduling), cognitive interventions, acceptance strategies, self-management, relapse prevention; progressive muscle relaxation, breathing retraining, and
 - skills training (problem-solving, anger management, social skills, assertiveness, stress management, mindfulness, parenting).
3. Evidence-based practice, including understanding of how to use diagnosis, formulation and client preferences plus research to inform delivery of interventions, generating evidence to evaluate practices, and understanding any limitations of evidence to inform practice.

Candidate study guide for Domain 3

This exam assesses your ability to draw upon your professional knowledge of contemporary theories and models of psychological interventions and, importantly, the application of this knowledge to more common presenting issues. The exam requires you to demonstrate the application of practical skills in the provision of psychological services in a range of settings, including individual, couple, family, group, social, community and organisational settings.

The exam comprises case studies to assess your capacity to engage in clinical reasoning and reflection, directed at assessing the application of knowledge and skills to presenting issues. The expected knowledge base is broad, covering a range of therapeutic modalities as applied to different client groups. An understanding of the major medications used in the treatment of psychological problems is required to be able to effectively formulate and monitor a client's presentation and the contribution of medication in facilitating change.

The emphasis of this section is upon the application of knowledge linking diagnosis, formulation, and client preference to develop an intervention plan. It is expected that you can demonstrate the ability to formulate a client's presentation and select the appropriate treatment modality including treatment goal prioritisation, selection of techniques, and effectively implement an intervention. You are also expected to have a working knowledge of evaluating, monitoring, and reviewing the effectiveness of your interventions.

The following questions provide examples to guide you in preparing for this section.

- Why would I choose a particular treatment approach for a client?
- How do I provide information about the recommended treatment to enhance the client's motivation to engage in treatment and how do I gain informed consent?
- How do I ensure that the intervention is culturally safe and maximises optimal outcomes?
- What should the sequence of treatment steps be to facilitate change?
- What should I do if a client is not making treatment gains as expected?
- What should I do if a client has a change in medication and is reporting possible side effects?

This exam assesses your ability to understand and apply the principles of evidence-based practice. In the exam you will be given case studies that allow you to use your knowledge and experience of evaluating interventions to determine how to provide clients with the most effective treatment, considering their individual characteristics. Familiarity with the key principles in this section will help psychologists by ensuring that clients receive effective care that is tailored to their individual needs.

The following questions provide examples to guide you in preparing for this section.

- How do I decide which intervention to use?
- How do I monitor progress towards meeting the client's goals for treatment?
- What are the factors underpinning effective implementation of a particular treatment strategy?
- How can I use single case study designs to monitor behavioural observations over time?
- How do I identify research relevant to my client's presentation?
- How do I define the risks and benefits of the treatment to the client relevant to their context, strengths, lived experiences and circumstances?

Domain 4: Communication

Domain 4 focuses on communicating effectively and professionally with a diverse range of clients, colleagues, and stakeholders. This domain relates predominantly to six of the eight general competencies:

Competency 2: Practises ethically and professionally

Competency 4: Conducts psychological assessments

Competency 5: Conducts psychological interventions

Competency 6: Communicates and relates to others effectively and appropriately

Competency 7: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families, and communities.

Competency 8: Demonstrates a health equity and human rights approach when working with people from diverse groups

Curriculum for Domain 4

- Candidates will demonstrate:
- awareness and ability to effectively communicate the psychologist's role and purpose
- ability to provide relevant, timely and clear feedback, information and guidance to clients and relevant others
- knowledge of record-keeping procedures that meet professional, organisational, ethical, and legislative requirements
- knowledge of appropriate report-writing techniques across different contexts (e.g., reports for audiences including health professionals, legal professionals, public servants, employees of insurance companies, and work-related or organisational reports to employers)
- knowledge and ability to work collaboratively and make recommendations and referrals to other relevant practitioners when appropriate
- knowledge of various communication methods and ability to choose the most appropriate method for the client and context, and is aware of the limitations of each mode of communication
- capacity to identify appropriate courses of action in response to unpredictable and complex events, including communication and consultation strategies
- skills in establishing and maintaining appropriate, safe and respectful working relationships with clients, colleagues and relevant others
- knowledge of and sensitivity to communication issues relevant to:
 - culture, including cultural responsiveness and cultural safety when working with Aboriginal and Torres Strait Islander peoples
 - religious, social, ethnic, historical, political and trauma backgrounds and contexts
 - gender and sexuality issues
 - cognitive ability and sensory acuity
 - linguistic abilities and preferred modes of communication
 - service needs of different age groups
 - service needs of vulnerable groups in society, and
 - preferences of clients, their carers, partners, and families where appropriate.

Candidate study guide for Domain 4

The exam assesses your ability to communicate effectively with clients and other professionals in common situations psychologists encounter in professional practice.

In your practice you might use this information to solve the following kinds of problems:

- Realising that a client needs a practitioner with more specialised experience.
- Communicating effectively with adolescents who have been told to go to counselling.
- Recommencing work with a client who is re-referred after several years.

Your knowledge of professional communication should include the following key points and the ability to competently apply the knowledge in practice:

- Principles for ensuring clarity and appropriateness of case notes.
- Safe storage of client information.
- Understanding why it is important to maintain a professional manner in communications

(Including understanding the outcomes of not communicating effectively).

- The interpersonal skills and cultural responsiveness necessary to ensure respectful communication with and about clients from diverse groups.
- Development of appropriate relationships with clients and other professionals.

The following questions provide examples to guide how to prepare for this section.

- How do I explain my work clearly and simply to prospective clients?
- How do I write reports for different purposes and audiences?
- What do I need to bear in mind to present my work effectively to my colleagues or to the public?
- What information should I pass on about my clients when referring them to other services?
- How do I adjust my language and communication style when communicating with people with different backgrounds?

Definitions

Ahpra means the Australian Health Practitioner Regulation Agency established under section 23 of the National Law.

Aboriginal and Torres Strait Islander: A person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which they live or did live. Refers to the many Aboriginal and Torres Strait Islander Peoples and clans, which are autonomous and sovereign nations.

Board: means the Psychology Board of Australia established under section 31 of the National Law.

Candidate: means any person approved by the Board as eligible to sit the exam.

Client: Clients are people or bodies who are the recipients of psychological services. Clients may be individuals, couples, dyads, families, groups of people, organisations, communities, facilitators, sponsors, research participants or those commissioning or paying for the professional activity.

Competency/competencies: Clusters of knowledge, skills, abilities, behaviours, values, and other attributes that enable a person to act effectively and to a defined standard in a professional practice situation associated with a professional role.

Competencies for general registration: Core competencies that underpin the delivery of safe and effective psychological practice to client/s in Australia.

Co-regulatory jurisdiction: A jurisdiction which is not participating in the health, performance and conduct process provided by the National Law, but is involved in other parts of the National Scheme. New South Wales is a co-regulatory jurisdiction, so the health professionals' councils work with the Health Care Complaints Commission to assess and manage concerns about practitioners' conduct, health, and performance.

Culture: A collectively learned repertoire of intangible and tangible elements. Culture includes world views, beliefs, symbols, ideas, values, codes of behaviour (intangible) and artefacts, tools, language, literature (tangible). Culture helps members of that society, community, or group to communicate, understand, and interpret expressions of that society, community, or group. Culture extends beyond race and ethnicity to include (for example), faith/religion, sexual orientation, region of residence, socioeconomic status, and literacy level.

Cultural responsiveness: The means by which we achieve, maintain, and govern cultural safety. Cultural responsiveness is paying particular attention to social and cultural factors in managing the care of clients from all cultural backgrounds. It includes the ability to learn from and relate respectfully to people of your own culture as well as those from other cultures. Cultural responsiveness describes strengths-based, action-oriented, and culturally capable approaches that facilitate increased access to affordable, available, appropriate, and acceptable healthcare. It is an ongoing process that requires humility and regular and deliberate reflexive practice to develop practitioner knowledge, skills and actions. It includes genuine dialogue to improve practice and client health outcomes. It is the responsibility of the health professional to deliver culturally responsive healthcare.

Cultural safety: This is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours, and power differentials in delivering safe, accessible and responsive healthcare free of racism. The [National Scheme's Aboriginal and Torres Strait Islander health and cultural safety strategy 2020 – 2025](#) explains the role we all share in ensuring client safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system.

Diversity: An attribute similar to heterogeneity, signifying the presence and inclusion of individuals, groups, and cultures that are different from each other, but also including respect for and appreciation of those variables which define the differences.

Evaluation: A process describing in a structured manner some aspect of the quality of a procedure, intervention, or assessment. It includes ongoing monitoring, measurement, and review of the effectiveness of the intervention or procedure.

Evidence-based: Any concept, strategy, intervention, or practice derived from or informed by evidence from research, including indigenous research methodologies, that supports the quality and the relevance of a particular action or decision in a particular context for a particular use.

General registration: General registration as a psychologist may be granted to individuals who meet requirements set out in the [General registration standard](#). General registration allows psychologists to work in any area of psychology that is within their scope of practice and to use the title 'psychologist'.

Health equity: This means ensuring that everyone has a fair and just opportunity to be as healthy as possible. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; and to work towards overcoming the economic, social, and other obstacles to health and healthcare (the social determinants of health). This requires psychologists to provide high-quality healthcare and to adopt practices that respect diversity, and avoid bias, discrimination and racism

The National Scheme's [Aboriginal and Torres Strait Islander health strategy statement of intent](#) (the statement of intent) highlights our commitment to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to [close the gap](#) by 2031.

Human rights approach: Provides a foundational frame of reference to help psychologists to understand and tackle inequities and to do our part to improve the health and wellbeing of the Australian community. In a human rights approach to health, for example, all clients have the right to receive safe and high-quality healthcare, to be shown respect, dignity, and consideration, to be informed about their treatment, to be included in decisions about their care, and to have the right to privacy and confidentiality.

A human rights approach is applicable across all sectors where psychologists work, for example, for providing direct client care, for developing practical approaches for public health, for addressing health inequity, for promoting mental health, for developing health system actions, for writing health policy and conducting research.

Indigenous: In this document indigenous refers predominantly to Aboriginal and Torres Strait Islander people, including their knowledges, customs, language, and culture. Indigenous people are the descendants of the earliest known inhabitants of an area, have a historical continuity with a given region before colonisation, and a strong link to their lands. There are over 5,000 indigenous people groups living in 90 countries across the world.

Knowledge: Facts, information, and culturally informed knowledges, which are acquired through education and experience, which form the theoretical and practical understanding of a subject.

National Law means the Health Practitioner Regulation National Law as in force in each state and territory of Australia.

National psychology exam (the exam): The exam helps to protect the public by ensuring that only those practitioners who are suitably trained and qualified to practise psychology in a competent and ethical manner are registered. The exam also helps to ensure a consistent professional standard of psychologists nationally. The exam is one regulatory tool that the Board may use to ensure that all applicants for general registration have obtained a minimum level of applied professional knowledge of psychology.

Panel: The Board may refer a registrant to a panel as part of managing a notification. There are two types of panels – health panels for health matters, and performance and professional standards panels for conduct and performance issues.

Positionality: refers to how differences in social position and power shape identities and access in society. Positionality refers to the personal values, views, and location in time and space that influence how one engages with and understands the world. It is wrapped up in the dynamics of power and privilege.

Power: This is the capacity of an individual to influence the actions, beliefs, or behaviour of others. Power can be seen as good (e.g., empowering the self or others toward humanistic objectives), or as unjust, such as coercive power. There are different kinds of power, such as legitimate, referent, expert, reward and coercive. Psychologists need to recognise and ethically manage the inherent power imbalance in the psychologist-client relationship and teaching and/or supervision relationship to deliver safe and responsive services.

Professional identity: This consists of an individual's alignment of values, attitudes, understanding, roles, responsibilities, and ethical standards to be consistent with practices accepted by the psychology profession. Professional identity begins to form while doing a qualification and is strengthened by a process of professional socialisation when carrying out practicums, internships, supervision, and work experience. A psychologist's professional identity may include, for example, a compassionate identity, a client-centred focus, a commitment to critical thinking and evidence-based practice, and sense of professional belongingness. Core competencies for general registration and the code of ethics help set the larger expectations for the threshold behaviours that underpin professional identity.

Provisional psychologist: A person registered as a provisional psychologist under section 62 of the National Law that enables an individual to complete a period of supervised practice in order to become eligible for general registration as a psychologist.

Psychological assessment: A systematic process that uses a combination of techniques and methods (such as tests, inventories, interview, observation) to evaluate various psychological and behavioural characteristics (for example, traits, capabilities) of an individual or group of individuals.

Psychological intervention: An intervention developed through psychological methods and based on psychological theories or models and delivered to facilitate change in an individual, group, community, organisation, system, or society.

Psychological practice: Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a registered psychologist in the profession. Psychological practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Psychologist: A health practitioner who is competent to carry out assessment and intervention related to psychological and behavioural variables, to improve the wellbeing or performance of individuals, groups, communities, organisations, systems, or society. In Australia, a psychologist is a person who holds general registration as a psychologist under section 52 of the National Law.

Purposeful and deliberate practice: Refers to a kind of practice that is purposeful and systematic. It involves focused attention and observation, identifying and breaking down the task to be learned into manageable parts, and mindful and intentional practice (repetition) of the desired skill. It is done with a specific goal of improving performance, and feedback about performance is sought. Purposeful and deliberate practice involves active learning, practising skills just beyond your current level of skills, using client outcomes to identify learning areas, seeking advice from your colleagues and supervisor on performance, and addressing areas of practice that you might prefer to avoid attending to. Strategies that encourage deliberate practice include direct observation of your own work, intentional conversations with your supervisor, and immersive training (e.g., master class) with follow-up consultation and performance review.

Racism: Refers to pervasive and systematic assumptions of the inherent superiority of certain groups, and inferiority of others based on cultural differences in values, norms, and behaviours. It includes prejudice, discrimination or hatred directed at someone because of their colour, ethnicity, or national origin. Those who are assumed to be inferior are treated differently and less favourably in multiple ways. Racism reflects and is perpetuated by deeply rooted historical, social, cultural, and power or authority inequalities in society. Racism is oppressive because it involves the systematic use of power or authority to treat others unjustly. It creates an atmosphere in which a group finds itself in a devalued position. Racism can occur in interpersonal, institutional, or systemic settings.

Reflection: The exam of an event or action to inform and improve a process of continual learning and enhancement of professional practice. It involves the practitioner's exploration of their perspectives about the occasion or event, as well as considering how others may have perceived the situation and the practitioner. The process requires being open to observation and feedback from others and to pursuing new knowledge and information to enhance learning from the reflection.

Reflexivity: An exam of the self; questioning and acknowledging our own attitudes, experiences, ways of thinking values and motivation, prejudices, and actions, to inform how we understand our impact on and interactions with others. Reflexivity is a continual process that can inform reflection but also goes beyond it to consider how our own realities shape, and are shaped by, our surroundings and broader organisational and societal contexts. Reflexivity involves pursuing self-awareness of our personal limitations, deficits, biases and how these might intentionally or unintentionally affect others and our practice.

Research: The systematic investigation of phenomena with the aim of increasing the body of knowledge or applying the current body of knowledge in new ways. It includes both experimental and theoretical work, as well as the application of research to evidence-based practice with the aim to increase the dimensions of knowledge.

Risk: In this context, risk is the assessment of the likelihood that a person will be harmed, experience negative consequences, or experience an adverse health effect if exposed to a hazard. Psychologists and provisional psychologists are responsible for managing risk across several areas of practice such as:

- establishing safe environments for practice including identifying, assessing, managing, and reducing/eliminating hazards and risks to mental and/or physical health or wellbeing,
- critically evaluating inherent risks and implications associated with psychological interventions and assessments,
- assessing and managing clients who are vulnerable or at risk of harm to themselves and others, and
- exercising professional reflexivity and purposeful and deliberate practice to reduce risks to clients, others, and self.

Self-care: The process of taking care of oneself with behaviours that promote health and wellbeing in both a personal and professional capacity and includes active management of illness when it occurs. Self-care strategies are value-driven and principle-based and support different aspects of health and wellbeing, including professional, psychological, emotional, physical, spiritual, social and lifestyle.

Supervisee: A person who receives professional advice, support, and guidance from a supervisor to develop greater knowledge, improved skills, and a deeper understanding of accountability.

Supervision: A special type of professional relationship in which supportive direction, facilitative activities, and instructive critique is given by the supervisor to help the supervisee to ensure effective and safe care is delivered to clients, to achieve their professional goals, to improve the quality of their work and to develop themselves, their practice, and the wider profession. Supervision should ensure that a supervisee practises within accepted professional standards, provides evidence-based assessments and interventions, engages in professional reflexivity, and does not practise beyond their competence. Supervision is an interactive process between the supervisor and supervisee and provides a professionally stimulating and supportive opportunity for growth.

Supervisor: A skilled, experienced, and qualified psychologist or other professional who helps supervisees in the development of their skills, knowledge, and professional values. A supervisor provides a space for teaching, collaborative goal-setting and corrective feedback on a supervisee's performance.

Threshold professional competency: The term 'threshold professional competency' is a benchmark that describes the minimum professional knowledge, skills, and other attributes necessary to practise as a registered psychologist in Australia. This is based on the premise that competency can be described on a continuum. The threshold represents the point on the continuum at which the minimum acceptable level of competence is reached to practise safely and effectively as a psychologist.

Tribunal: The Board or a panel can refer a notification matter to a tribunal for hearing. This happens in the most serious allegations such as when a practitioner's behaviour constitutes professional misconduct, and when the Board believes suspension or cancellation of the practitioner's registration may be warranted. There are different tribunals operating in each state and territory. Tribunal decisions are independent and public.