



Associate Psychologist

Workforce and role description

Guidance for development

October 2024

The following is provided as guidance to the development of the role and workforce parameters of associate psychologists. This document sets the suggested boundaries of the role within which job descriptions for specific workplaces can be described. As with all positions, it is anticipated that a workplace will provide job specific training within these boundaries to ensure the associate psychologist has the necessary skills to meet the needs of the population being supported.

A. Workforce parameters

An associate psychologist is a registered health professional who supports and enhances psychological care within a service/team for tāngata whai ora who are experiencing mental distress and/or mental health and/or addiction conditions. This role is being developed for employment in the health sector (primary, secondary and NGO) and in sectors that utilise psychological services in mental health and addictions team environments. As a condition of registration associate psychologists are required to:

- work within a team environment where there are defined lines of clinical responsibility (ie not permitted to work independent of a clinical team environment)
AND
- work with supervision from a registered psychologist or a senior associate psychologist

To enable registered psychologists to work at top of scope, associate psychologist's may be employed to provide direct assistance to one or more registered psychologist/s by carrying out delegated tasks.

B. Supervision

Two issues requiring mitigation have been identified in relation to the diversity of services that have expressed a need for this workforce.

- the high level of need for mental health and addiction support, and the deficits in workforce, introduces a risk that the associate psychologist may experience pressure to engage in tasks that are beyond defined competencies.
AND
- it is understood that an associate psychologist may be employed to a clinical team that does not have a registered psychologist on site **OR** registered psychologists on site do not have capacity to provide supervision.

Supervision has a supportive function as part of continuing professional development and life-long learning. For associate psychologists, supervision will also have a focus on support of work within identified competencies, and to identify and mitigated pressures to extend beyond these.

The minimum requirements for frequency of supervision will be identified by the NZ Psychologists Board as part of the development of the scope of practice and competencies for the role.

The associate psychologist role is intended to be supportive of registered psychologists, allowing them to work at top of scope on duties such as supervision. It is acknowledged however, that this new role may also place a demand on the supervisor capacity. The following will be required as part of the role development to increase acceptability and success by reducing this demand.

- For workplaces to identify a pathway on the psychology career framework for early career registered psychologists to provide supervision to associate psychologists.
- Enabling sufficiently experienced associate psychologists to develop the competencies required to provide supervision to senior associate psychologists (seniority to be determined by workplaces as part of their career frameworks).
- Requiring models for provision and resourcing of supervision to be developed by employers. This may include virtual or hub style supervision.

To support ongoing professional development the NZ Psychologists Board will identify what is required for an associate psychologist continuing competence programme.

C. Core skills and competencies

Cultural competency

- A foundation of mātauranga Māori and knowledge of Pacific models of health, to ensure culturally responsive practices that acknowledge the unique cultural perspectives, histories, and challenges faced by Māori and Pacific communities.
- Familiarity with Te Tiriti o Waitangi and commitment to upholding its principles in practice.
- Understanding of culturally safe practice across the diversity of Aotearoa NZ's populations.

Understanding of ethics and reflective practice.

- Orientation to ethical practice with reference to (but not limited to) the NZPB code of ethics.
- Orientation to relevant legislation and associated obligations.
- Understanding the human rights as a foundation to a rights-based mental health system.
- Maintenance of professional boundaries.
- Consent, privacy and information safety.
- Working to core competencies and scope of practice including responsibilities/obligations as a registered health professional.
- Reflective practice skills and adherence to continuing competence programme.

Communication and relational skills.

- The practice of whakawhanaungatanga.
- Understanding of interpersonal skills (soft skills) for working with people – such as reflective listening, developing therapeutic engagement.
- Understanding diverse lived experience perspectives, CPSLE values and models.
- Orientation to team functioning and valuing the knowledge and experience of the diverse roles within the team and wider system.
- Systemic orientation to health, social services and other support sectors.

Basic psychological knowledge.

- Understanding human behaviour and development across the lifespan.
- Understanding social determinants of mental health/wellbeing/health, including cultural identity, discrimination, socioeconomic status, and other factors that disproportionately affect Māori, Pacific, and other communities.
- Theoretical framework of psychology, particularly in the areas of applied and developmental psychology.
- Foundation of understanding of the recovery model of mental health care and other dominant models including their value and limitations.
- Practicing from a trauma informed perspective that recognises the impact of historical, systemic, and intergenerational trauma on Māori, Pacific, and other communities.
- Supporting diversity.
- Basic understanding of commonly occurring mental health and addiction conditions.
- Understanding of the value and limitations of diagnostic classification systems.
- Understanding and responding to distress.

D. Responsibilities and tasks

Assessment and data collection from a culturally sensitive perspective, with an emphasis on understanding the cultural, social, and historical contexts that may shape a person's mental health and wellbeing.

- Supporting triaging and screening assessments to enable prioritisation.
- Psychometric assessments – administration and inputting data (not interpretation).
- Semi-structured history taking assessments.
- File reviews and gathering background information.

Therapeutic support including utilisation of Hauora Māori and Pacific models to guide culturally appropriate assessments, care plans, and interventions.

- Within team environment support planning and implementation of programmes of culturally adapted care and structured therapy for tāngata whai ora (individual and group) who have low/moderate intensity/complexity needs, or while on wait list e.g. protocol driven CBT, FACT.
- Complete components of assessment or therapy delegated by registered psychologist and/or endorsed by supervisor e.g. behavioural observations, in vivo exposure, mindfulness, mood recording.
- Provision of psychoeducation.

Therapeutically oriented case management and coordination.

- Supporting the development and implementation of Wellness Recovery Action Plans
- Provision of skills oriented strategies for self management.
- Providing a culturally responsive approach in step-up and step-down phases of therapy, recognising that transition periods may require additional support and resources for Māori, Pacific, and other identified service users to achieve sustainable outcomes.
- Support and psychoeducation for whanau.
- Interprofessional communication and service liaison (eg navigation and referrals).
- Supporting people by addressing broader determinants of mental health, such as employment, housing, social engagement, and loneliness, while considering community-specific barriers, such as lack of culturally appropriate services or language support.
- Monitoring, evaluating and communicating of progress/outcomes.

Administration.

- Preparing session materials and resources.
- Letters/ written summaries (checked and signed by clinical line management or supervisor).
- Information filing and management.

Research and quality assurance.

- Literature reviews and research.
- Audit/service evaluation.