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Health Council

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Definition of and competency profile for clinical psychology in Belgium

This report aims at providing clinical / health care psychologists with specific recommendations on definition and profile of competencies.

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EXECUTIVE SUMMARY

With this report, the SHC provides a definition, a description of the field of professional activity, and a profile of competencies of the psychologist as a health care professional in Belgium. The scientific literature, publications of international professional organizations and discussions with representatives of the profession and related health care professions, the academic world and policy makers served as a base for the advisory report (SHC, 2015). The double professional title of clinical / health care psychologist was adopted in order to reflect the scope of professional activities. The advice considers the profession at the level of competence for entry into independent practice. The training route to acquire this level of competence consists of a master's degree in the domain of clinical / health care psychology, obtained after minimum five years of university training, completed with minimum one year of supervised practice (EFPA, 2015) .

A clinical / health care psychologist in Belgium is a professional practicing clinical /health care psychology, defined as: "***the autonomous development and application of theories and methods of scientific psychology in the promotion of health, in the psychological screening, diagnosis and assessment of health problems, and in the prevention, the management and the treatment of these problems in people***".

These activities are applied in the broad field of health care such as health education and promotion, prevention and treatment of health problems, rehabilitation and crisis intervention. This implies that the clinical / health care psychologist can be actively integrated in the first, second and third line of patient care and in the Belgian health care institutions.

A competency profile for the Belgian clinical / health care psychologist is proposed, based on various internationally recognized competency models such as the competency cube (Rodolfa et al., 2005), and more specifically on the revised competency benchmark model (Hatcher et al., 2013), as proposed by the American Psychological Association. Models advanced in countries such as the Netherlands and the United Kingdom and the model of the EFPA were also taken into account.

The competency profile of the Belgian clinical / health care psychologists is described at the level of entry into independent practice by means of foundational and functional

[1] The Council reserves the right to make minor typographical amendments to this document at any time. On the other hand, amendments that alter its content are automatically included in an erratum. In this case, a new version of the advisory report is issued.

dimensions. The foundational competency dimension concerns professionalism, relational skills and scientific competencies. The functional competency dimension refers to professional application of evidence based psychological practice, psychological assessment and interventions, educational competencies, and system competencies, referring to interdisciplinary relationships, organizational and societal engagements. These competencies domains are operationalized in behavioral benchmarks in order to make the competency model suitable for various uses, including development of education and training programs, quality assessment and control, function descriptions in professional contexts, and health care policy development.

Keywords and MeSH *descriptor terms*[2]

MeSH terms*	Keywords	Sleutelwoorden	Mots clés	Schlüsselwörter
Psychology, Clinical	Clinical psychology	Klinische psychologie	Psychologie clinique	klinische Psychologie
	Health psychology	Gezondheidspsychologie	Psychologie de la santé	Gesundheitspsychologie
	Healthcare psychology	Gezondheidszorgpsychologie	Psychologie des soins de santé	Gesundheitspsychologie
Professional Competence	Competency	Competentie	Compétence	Kompetenz
Benchmarking	Benchmark	Benchmark	Référence	Richtwert
	Definition	Definitie	Définition	Definition

MeSH (Medical Subject Headings) is the NLM (National Library of Medicine) controlled vocabulary thesaurus used for indexing articles for PubMed http://www.ncbi.nlm.nih.gov/mesh.

[2] The Council wishes to clarify that the MeSH terms and keywords are used for referencing purposes as well as to provide an easy definition of the scope of the advisory report. For more information, see the section entitled "methodology".

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ABBREVIATIONS AND SYMBOLS

ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychological Association
ASPPB	Association of State and Provincial Psychology Boards
BPS	British Psychological Society
CanMEDS	Canadian Medical Education Directives for Specialists
CPA	Canadian Psychological Association
DSM5	Diagnostic and Statistical Manual of Mental disorders - Fifth Edition
ECTS	European Credits Transfer System
EFPA	European Federation of Psychologists' Associations
EuroPSy	European Certificate in Psychology
ICD-10	International Classification of Disease (version 10)
IPCP	International Project on Competence in Psychology
ISCO	International Standard Classification of Occupations
UK	United Kingdom
WHO	World Health Organization

I INTRODUCTION AND ISSUE

Physical and mental health is the result of a complex interplay of various biological, psychological and social factors (Engel, 1977; Gatchel et al., 2007; Schotte et al., 2006). In a comprehensive healthcare system, the general practitioner holds a central position by initiating and coordinating care. Other healthcare professionals are needed for specific healthcare services that are grounded in evidence-based knowledge as well as for their skills in diverse subdomains that relate to human physical and psychological functioning. In the last century, the contribution of dentists, pharmacists, physiotherapists, nurses and other healthcare professionals became crucial. More recently, psychologists have become increasingly active in this domain as well and by now their contribution to the promotion of health and the assessment and treatment of health problems has been well documented (WHO, 1946, 2013).

In order to maximise the contribution of a given healthcare profession and to ensure that the latter is well-integrated in the multi-disciplinary system that encompasses the various healthcare professions, it is necessary to provide a clear definition and description of the relevant competency benchmarks.
There is no well-supported definition available for the profession of a psychologist active in healthcare that fits the Belgian context, nor is there any description of the competency profile for this professional activity.

This advisory report aims at defining this healthcare profession and at setting out the details of the competency profile for entry into independent practice. This profile is grounded in the scientific literature, publications of international professional organisations and policy makers as well as discussions among both academics and professionals concerned with the application of psychology in healthcare, and academics and professionals from related disciplines. Our aim is to define the required competencies and provide a competency profile that the various parties active in the field (such as representatives of the academic and professional community, policy makers, professional organisations and other healthcare professionals) agree upon and support (cf. composition of the working group).

In this advisory report, we will offer a description of this healthcare profession upon “entry into independent practice”. This means that we will focus on the profession of a general practitioner in the field of psychological healthcare who has the competencies to exercise his or her profession autonomously. Later in this report, we will refer to this level as a “generalist” level. Specific specialist areas of practice within this healthcare profession will be briefly mentioned but will not be elaborated on, nor will the issues of basic and continuing education, professional practice and quality control be dealt with.

II CONCLUSION AND RECOMMENDATIONS

1 Recommendations for using the definition of “clinical / healthcare psychologist” in Belgium as well as the corresponding competency profile

This advisory report offers a definition of the profession of clinical / healthcare psychologist in Belgium that is based on the scientific and international literature and on a consensus between academics and policy makers, professional associations and representatives of other healthcare professions that are active in this area.

According to the working group, clinical / healthcare psychology *is the autonomous development and application of theories, methods and techniques of scientific psychology in the promotion of health, in the screening, psychological diagnosis, and assessment of health problems and in the prevention of and intervention in these problems in people.* A clinical / healthcare psychologist is a professional practicing clinical psychology in an autonomous way.

We recommend that projects that aim at enhancing the development of this healthcare profession and that require a clear description of the latter in order to do so refer to this definition. This definition should be used as means to facilitate the integration of this healthcare profession within the larger system that lies at the basis of the comprehensive and high-quality healthcare that is provided in Belgium.

This advisory report of the SHC also offers a description of the foundational and functional competencies that are necessary for the practice of clinical /healthcare psychology. The main goal of a competency-based approach is to ensure that the public receive care from competent clinical psychologists: professionals who possess the knowledge, skills, attitudes and behaviours for effective practice. Therefore, the advisory report focusses on identifying and formulating the competencies that a clinical / healthcare psychologist must possess for entry into practice. Given the growing competency awareness in clinical psychology, this field stands to benefit from on-going discussions about and reviews on the competency profile offered by the SHC as well as any amendments made to it. Thus, this advisory report is to be viewed as a first step in this process. Also, clinical / healthcare psychologists who are active in the field and who wish to evaluate their competency can draw upon this information. The latter can also be used in academic training programmes that prepare future generations of clinical / healthcare psychologists. It is our hope that this work will serve as a catalyst to enhance the on-going dialogue between academic institutions and professional organisations.

This competency profile is of a developmental nature. Thus, competencies and benchmarks can be specified for several key stages of the clinical/healthcare psychologist’s professional development. They include readiness for practicum, readiness for internship, readiness for clinical practice, and continuing competency. The Belgian competency profile, which sets the requirements for entry into independent practice, can provide the basis for the development of competency clusters, components and benchmarks at later stages of the clinical/healthcare psychologist’s professional development. Guidelines such as the “Guidebook for the Competency Benchmarks” of the APA (http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx) have been developed as an aid for the implementation of a competency-based education and training programme in professional psychology.
A next important step is to convert the content of the profiles into useable instruments for assessing the competence of students and clinical / healthcare psychologists. Given the complexity of the construct and the requirements that need to be met for the assessment to be valid and reliable, this is an important issue. Leigh and her colleagues (2007) describe competency assessment models that can be deployed in the measurement of

professional competencies throughout the clinical/healthcare psychologist's professional life span. Methods include rating scales, interviewing, knowledge measurement (e.g. multiple choice, essay, and short-answers formats), measuring decision making skills (e.g. case-based examinations), and performance and personal attributes (e.g. global ratings, portfolios). Assessments of integrated practice-based skills and tasks can be performed using clinical case situations, role playing, and computer simulations.

2 Conclusions

The working group members and chairs who drew up this SHC advisory report hope that the definition and the competency profile provided will stimulate discussion and contribute towards the implementation of competency-based approaches to the profession of clinical / healthcare psychologist in Belgium. The Belgian model and benchmarks constitute a framework that provides clinical / healthcare psychologists with guidance to understand their strengths and weaknesses and to assess their continuing competency. The competency profile can be a useful tool to harmonise education and training, whereas the development of techniques and instruments to enhance competency assessment will allow the profession to offer better protection to a vulnerable public seeking psychological assistance. Finally, a competency model can also provide guidance to faculty directors as regards the structure of these training programmes, thus enhancing the consistency of the training received by future psychologists.

III METHODOLOGY

After analysing the request, the Board identified the necessary fields of expertise. An ad hoc working group was then set up which included experts in psychology in healthcare, psychiatry, and family medicine. The members of this working group provided a general and an ad hoc declaration of interests and the Committee on Deontology assessed the potential risk of conflicts of interest. Representatives of the professional group and representatives of other healthcare professions were also included.

The advisory report is primarily based on a systematic review of the relevant literature of scientific publications and of publications of representative international organisations. Literature was searched using the search engine LIMO (KULeuven association). The databases Medline and Psycinfo where examined. Results were limited to peer reviewed journals and textbooks. Literature on two closely related domains was examined, namely the literature on the profession of the psychologist active in healthcare and on competency benchmarks. The following filters were applied:

- Period: from 1985 to 2015;
- Peer reviewed journals;
- Textbooks;
- In English.

The search strings for the search on the definition of the clinical and health care psychologist were: (clinical or health) AND psychol* AND definition.

This search resulted in 1920 references. After filtering on "in the title" and after removing the duplicates, 106 references remained. A full screening led to 35 references that were selected for integration in the analysis. An additional number of references were selected for further analysis because of their relevance.

The definitions found in the selected publications were analysed in order to identify key elements. Special attention was paid to the evolution in the definitions concerning these key elements in the examined period. Therefore, the definitions where ordered chronologically.

A useful definition of this healthcare profession should inform us on various professional activities performed by this professional, on the body of knowledge and skills that are needed, on the aim or purpose of the activities and on the target of the professional work. The definition should be based on available scientific information and should be in line with definitions adopted by representative professional bodies in other countries. To realize this, the general definition of a “health care profession” will be taken as a basis. Next, the result of the review of the scientific literature will be integrated. Third, a comparison with definitions advanced by representative international professional organizations will be taken into account.

Draft versions of the competency profile, with definitions and benchmarks in French and Dutch, were send to the members of the SHC Work group, including the Faculties of Psychology of all Belgian universities. After collection of the feedback and its integration in the document, the proposed profile was discussed in a meeting of the Workgroup. This procedure was performed twice in order to refine the profile and to obtain a well-supported final document in both languages.

Once the advisory report was endorsed by the working group, it was validated by the Board.

IV ELABORATION AND ARGUMENTATION

1 Definition of the clinical / healthcare psychologist in Belgium

1.1 Terminology : The professional titles of psychologist in health care - level of training

1.1.1 Professional titles

In different countries various professional titles are used to refer to psychologists working in healthcare at a generalist level[3] (Van Broeck & Lietaer, 2008). In some countries, the title of “clinical psychologist” is used, in others variations such as “psychologist in health care” or “health care psychologist” are chosen. In this report, a professional title will be proposed, based on the titles in use in other countries and taking into account the specificity of the Belgian context.

In Belgium, the term "clinical psychologist" was used to refer to the holder of a Master's degree in psychological science who followed a major "in the field of clinical psychology”[4]. This Master in psychological sciences has completed at least 5 years of university training, which consists of a three-year bachelor's cycle followed by a two-year master's cycle, including a traineeship in the domain of “clinical” (or “health”) psychology.

However, the use of the title of “clinical psychologist” raises some issues. First of all, this professional title is not defined in the same way in different countries. In the Netherlands, the term “clinical psychologist” refers to a professional title of a healthcare professional who

[3] The definition of a healthcare profession in this advisory report will be situated on the level of “entry into independent practice”. This level of specialization is referred to as a “generalist level”.
[4] In the Act of March 2014 on mental-health professions, the "clinical psychologist" is defined as a professional who holds master's degree in psychology with a major in the domain of clinical psychology, which is awarded after at least five years of successful university training. Depending on the university, the name of the major may differ. At the KULeuven, the specialization is called "Klinische en Gezondheidspsychologie", whilst at the UGent and VUB, it is referred to as “klinische psychologie “. In 2015 at the UCL, the relevant study option is called "Bien être et Santé", at the ULg and UMons "psychologie clinique" and at the ULB, "psychologie clinique et psychopathologie”. This term has become so common in Belgium that the initiators of the Act on the new healthcare professions that was voted through in March 2014 did not respond to the suggestion made by various stakeholders from the academic and professional community to replace the term "clinical psychologist" in the Act by the more accurate term "healthcare psychologist".

has completed at least nine years of intensive training which consist of specialist psychological care to those suffering from a disorder or disease, management tasks in healthcare and scientific research in this area (Siemons, 2014). In this country, another professional title is used to refer to a Master in psychology who received an additional training as preparation for entry into a general psychological health care practice, namely the “health care psychologist”. In Belgium, there is currently no professional title that is equivalent to this Dutch professional title (Verbraak et al, 2011).

Secondly, the word “clinical” refers etymologically to applications of psychology in the care of patients suffering from a disorder or disease. The choice of word accentuates curative applications.

Thirdly, in some European countries (cfr. 1.2.4. International context), two professional titles are used to refer to psychologist active in health care, namely clinical psychologists and health psychologists.

In the working group, there was an agreement that the professional title that is most in keeping with the professional activities of a psychologist who provides generalist psychological care at the various levels of healthcare is the concept of "healthcare psychologist". However, in Belgium, it is more common to use the professional title "clinical psychologist" to refer to those providing this kind of care. This is even more the case in the southern, French-speaking part of the country. Familiarity with this term is probably also the reason why the legislator has chosen to use the term "clinical psychologist" in the new Act. Therefore, in this advisory report, both titles will be used simultaneously resulting in the title of clinical / health care psychologist.

What the level of professional development is concerned, the definition and profile of competencies of the clinical / health care psychologist will be situated on the level of the **‘entry into independent practice in the health care system’**[5]. According to the EFPA, the level of professional development required for entry into independent practice for psychologists in general including psychologists in health care consists of a training route of three phases. The first phase corresponds to an academic bachelor’s degree in psychology. The master’s degree in psychology constitutes the second phase. The third phase consists of a period of supervised practice responding to a series of criteria that have to be developed by representatives of the health care professions in the field, policy makers and universities. In a European context, a majority of countries with a legal regulation, a three phase training route including supervised practice after the master’s degree is required (Lunt, 2014).

In the near future, a systematic reflection is needed to operationalize the third phase of supervised practice. Elements that will have to be decided upon are the minimum amount of direct patient contact hours, of supervision and of eventual additional academic training courses. The qualifications of the supervisor and the setting offering the possibilities to

[5] Detainers of a master’s degree in psychology, with a major in the domain of health care including an internship can start to practice as master’s in clinical / health care psychology in the context of a multidisciplinary setting in which they can work together with licensed clinical health care psychologists and other health care professionals in order to further develop their competencies in the care for various types of patients with various types of health problems.

Figure 1: Level of entry into independent practice for psychologists advanced by EFPA (Lundt, 2015).

exercise the supervised practice also need to be described, as well as the administrative and financial arrangements and the independent evaluation. This future work can benefit from the experience in other European countries in which the supervised practice is required in the context of recognition as a clinical and/or health care psychologist (Lunt et al, 2014) and can be based on the profile of competency defined in this advisory report.

Phase	Component
1st Phase : ("Bachelor" or equivalent)	Orientation
	Theoretical courses and practical exercises
	Academic skills
	Methodology
	Non-psychology theory
2nd Phase : (Master or equivalent)	Theoretical courses, seminars, assignments etc.
	Internship / stage / Placement
	Research project / thesis
3nd Phase	Supervised Practice

1.2 Definition of a health care profession

1.2.1 Introduction

A useful definition of this healthcare profession should inform us on various professional activities performed by this professional, on the body of knowledge and skills that are needed, on the aim or purpose of the activities and on the target of the professional work. The definition should be based on available scientific information and should be in line with definitions adopted by representative professional bodies in other countries. To realize this, the general definition of a "health care profession" is taken as a basis. Next, the result of the review of the scientific literature will be integrated. Third, a comparison with definitions advanced by representative international professional organizations is taken into account.

1.2.2 Definition of "health care profession"

Different professional organizations advanced a definition of health care profession. The International Labor Organization presents a comprehensive classification of occupations in its International Standard Classification of Occupations (ISCO-08-2008).

The ISCO-08 divides jobs into 10 major groups (Managers; Professionals; Technicians and associate professionals; Clerical support workers; Service and sales workers; Skilled agricultural, forestry and fishery workers; Craft and related trades workers; Plant and

machine operators, and assemblers; Elementary occupations; Armed forces occupations). Each major group is further organized into 43 sub-major and 130 minor groups. The groups are based on their similarity in terms of the skill level and skill specialization required to competently perform the tasks and duties of the occupation.

Major Group 2 “Professionals” is defined in the following way: “Professionals increase the existing stock of knowledge, apply scientific or artistic concepts and theories, teach about the foregoing in a systematic manner, or engage in any combination of these activities. Competent performance in most occupations in this major group requires skills at the fourth ISCO skill level”.

Tasks performed by professionals usually include: conducting analysis and research, developing concepts, theories and operational methods, and advising on or applying existing knowledge related to physical sciences including mathematics, engineering and technology, and to life sciences including the medical and health services, as well as to social sciences and humanities; teaching the theory and practice of one or more disciplines at different educational levels; teaching and educating handicapped persons; providing various business, legal and social services; creating and performing works of art; providing spiritual guidance; preparing scientific papers and reports. Supervision of other workers may be included.

Occupations in this major group “Professionals” are classified into the following sub-major groups: Science and engineering professionals; Health professionals; Teaching professionals; Business and administration professionals; Information and communications technology professional; Legal, social and cultural professionals.

Professionals in the Sub-major group of “Health professionals”[6] conduct research, improve or develop concepts, theories and operational methods, and apply scientific knowledge relating to medicine, nursing, dentistry, veterinary medicine, pharmacy, and promotion of health. Tasks performed by workers in this sub-major group usually include: conducting research and obtaining scientific knowledge through the study of human and animal disorders and illnesses and ways of treating them; advising on or applying preventive and curative measures, or promoting health; preparing scientific papers and reports. Supervision of other workers may be included.

Occupations in sub-major groups of the health professionals are classified into the following minor groups: medical doctors; nurses and midwifery professionals; traditional and complementary medicine professionals; paramedical practitioners; veterinarians; other health professionals.

Major health organizations such as the World Health Organization also introduced a definition of a “Health care profession”. According to the WHO (World Health Organization, 2010), a health professional is a professional that:

- studies, advises on or provides;
- preventive, curative, rehabilitative and promotional health services;
- based on an extensive body of theoretical and factual knowledge in;
- diagnosis and treatment of disease and other health problems;
- they may conduct research on human disorders and illnesses and ways of treating them, and supervise other workers;

[6] In using ISCO in applications that seek to identify, describe or measure the health work force, it should be noted that a number of professions considered to be a part of the health work force are classified in groups other than sub-major group 22, Health professionals. Such occupations include but are not restricted to: addictions counselors, biomedical engineers, clinical psychologists and medical physicists.

- the knowledge and skills required are usually obtained as the result of study at a higher educational institution in a health-related field for a period of 3–6 years leading to the award of a first degree or higher qualification.

The definitions of a series of other important health care professions are in line with these general definitions. The profession of Medical doctor / physician is defined in the following way:

Medical doctor/physician is a person who practices "Medicine"

A person is practicing medicine if he or she does one or more of the following:
(1) Offers or undertakes to diagnose, cure, advise, or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, physical or mental, real or imaginary, by any means or instrumentality;
(2) Administers or prescribes drugs or medicinal preparations to be used by any other person;
(3) Severs or penetrates the tissues of human beings;

Source: http://apps.leg.wa.gov/rcw/default.aspx?cite=18.71.011 at 02/03/2015

A Dentist is a health care professional who exercise's "Dentistry"

Dentistry is defined as the *evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law. (As adopted by the 1997 ADA House of Delegates)*

Source: http://www.ada.org/en/education-careers/careers-in-dentistry/general-dentistry
American dental association, at 12/02/2015.

A Clinical pharmacologist is a health care professional that applies "Clinical pharmacology"

Clinical pharmacology is the scientific discipline that involves all aspects of the relationship between drugs and humans. The term "clinical pharmacologist" is also used in the professional sense to refer to those physicians who are specialists in clinical pharmacology. They have undertaken several years of postgraduate training in many aspects of the above relationship involving teaching, research and health care. Such clinical pharmacologists have as their primary goal that of improving patient care, directly or indirectly, by developing better medicines and promoting the safer and more effective use of drugs.

The key elements in the definition of these important health care professions are:

- The activities of the professional;
- The body of knowledge and methods upon which professional practice is based;
- Purpose or aim of the professional;
- The target;
- Other (code of ethics, work context, collaboration with other professionals).

1.2.3 Definitions of "clinical / health care psychologist" in the scientific literature

In the definitions of clinical / health care psychology of the last 30 years, an evolution can be observed. Two main relatively independent developmental processes can be identified as actively contributing to the actual definition of this profession (Kazdin, 1978).

In course of the 20th century, emerging theories on human psychological functioning start to be used progressively to understand and treat patients with psychological and psychiatric problems and diseases (Mesmer, 1779 ; Freud, 1900, 1901, 1905). On the

basis of their clinical practice, several physicians, psychiatrists and psychologists developed and applied their theoretical views on human psychological functioning and on the cure of several types of dysfunction. More or less at the same time, laboratories for the scientific study of various aspects of human functioning such as perception, motivation, attention, intelligence, perception of causality etc. developed at a fast pace in the universities (Pavlov, 1927 ; Watson, 1913, 1914 ; Nuttin, 1965, 1980 ; Maslow, 1943 ; Eysenck, 1947, 1957). Psychologists dealing with patients suffering psychological problems, quickly discovered the value of the scientific knowledge resulting from the scientific research in the laboratories. A process of translation of the scientific findings towards clinical practice was soon initiated.

During the 20th century, the first systematic applications of psychological science in clinical practice can be observed. In the beginning, it concerned mostly applications in the domain of psychological assessment by means of instruments developed to evaluate aspects of functioning such as intellectual abilities (intelligence, aptitudes, etc.) and aspects of personality (projective techniques). Consequently, psychological knowledge serves as a basis for the development of methods and techniques that can be used in the treatment of psychological problems such as learning disabilities (Witmer, 1907).

In the course of this development of psychological science and practice, various authors proposed a definition of this domain of research and practice (Verbiest, Van Broeck, in preparation). A literature review of the definitions of the last 30 years allows to identify the key elements of the descriptions and to analyse the evolution leading to the actual vision. The result of this review is synthesized in table 1.

Table 1 : Overview of definitions in the scientific literature between 1985 and 2015 in function of the key elements and ordered chronologically

Author	Year	Knowledge base	Professional activities	Purpose/aim	Target	Other
Strickland, Bonnie R.	1988	The study of behaviour	Education, training	Improve the human condition		
Taylor, Shelley E.	1990		Promotion and maintenance of health, prevention and treatment of illness, identification of etiologic and diagnostic correlates of health, illness, and related dysfunction, and the improvement of the health care system and health policy formation	Understanding healthy behaviours, comprehension of factors that undermine health and lead to illness		
Rozensky, Ronald H.	1995		Educating primary care physicians, diagnostic assessment, treatment, study diverse areas as the aetiology of disorders, treatment outcome, and personality and coping styles	Patients who present with the full range of acute and chronic medical diagnoses		
Vallis, T. M. H., Janice L.	1996	Psychological principles	Assessment, diagnosis, consultation, treatment, program development, administration and research	Alleviate psychological distress, disability, dysfunctional behaviour and health-risk behaviour. Enhance psychological and physical wellbeing.	Numerous populations, including children, adolescents, adults, the elderly, families, groups, and disadvantaged persons	

Collins, Frank L.	1998	Psychological principles	Assessment, diagnosis and treatment of clinical dysfunction	Delivery of psychological services	Individuals, society at large, families	
Haley, William; McDaniel, Susan; Bray, James; Frank, Robert; Heldring, Margaret; Johnson, Suzanne Bennett; Go Lu, Elsie; Reed, Geoffrey; Wiggins, Jack	1998	Integrated, bio-psycho-social model of patient care	Assessment, evaluation, psychotherapy, crisis intervention, consultation, prevention, community outreach, education, research, personal and program development, policy making, political advocacy,	Enhance cooperative or healthy behaviour, reduce stress and provide more successful coping strategies	Individuals, families, groups, communities	Participation in the health care system will require the ability to work closely in more flexible ways with other specialists. They must ensure that they practice within the scope of their expertise and competence
Brown, Ronald T. ; Freeman, Wendy S. ; Brown, Robert A. ; Belar, Cynthia ; Hersch, Lee ; Hornyak, Lynne M. ; Rickel, Annette ; Rozensky, Ronald ; Sheridan, Edward ; Reed, Geoffrey	2002	Psychological theory	Health promotion, research, evaluation, intervention, prevention (primary, secondary and tertiary), assessment, liaison, administration and management	Prevent, manage, or ameliorate the symptoms or squeal of the disease	At-risk populations, individuals, families, classrooms or schools, work sites, communities, federal and state public policy	
Belar, Cynthia D.	2008	Bio-psycho-social model	Teaching, research, assessment, intervention, consultation, policy development		Individuals, families, other health care providers, organizations, policymakers	

Norcross, John C., Karpiak, Christie P.	2012		Psychotherapy, diagnosis, assessment, teaching, clinical supervision, consultation, research/writing, administration			
Anderson, Norman B	2013		Psychological assessment, developing and implementing prevention programs, participating in multidisciplinary treatment planning, psychotherapeutic or counselling intervention, research, management, administration Direct service delivery, consultation, and training within teams of other health care providers	Delivery of preventive, assessment, diagnostic, and therapeutic intervention services related to the psychological and physical health of consumers.	Wide variety of patient populations, their families	Important that they keep abreast of the specific knowledge and skills and scientific literature relevant to their particular job roles and duties and practice only within the boundaries of their competence
Belar, Cynthia D.	2013	Psychological science Integrate knowledge from other areas such as biology and sociology into their practices	Collaboration with other health professionals, research, evaluation, measurement, leadership, prevention, early intervention, treatment, rehabilitation, psychotherapy,		Physical health problems, mental health issues	Evidence-based practice, patient-centred, culturally competent, effective and informed by population-based data.
Overholser, J. C.	2014		Treatment of mental illness, help clients who are struggling with psychological problems,	Promote healthy lifestyles, improve social functioning, prevent divorce, reduce feelings		Clinical practice requires sensitivity, patience,

			stressful life events and interpersonal relationships. Assessment and intervention.	of despair, and lower the risk of suicide.		tolerance, compassion, and understanding. Clinicians need to remain informed about the latest advances in the field

What the body of knowledge on which practice is based is concerned, early definitions, such as Strickland's (Strickland,1988) claim that the base of practice is the study of behaviour. From the mid 90's onwards we see psychological principles and psychological theory being named as the theoretical base for practice (Vallis & Janice, 1996 ; Collin, 1998 ; Brown et. al., 2002). The first decennia of the 21st century, most authors agree that psychological science constitutes the principal knowledge base of clinical / health care psychology, and that this can be completed by knowledge available in other domains of science such as biology, neurology, genetics, sociology, etc. (Belar et al., 2013).

What the type of practice is concerned, a distinction can be made between direct patient care and other professional activities with the objective of developing knowledge and methods or the dissemination and training of this knowledge and methods. In the earliest definitions, direct patient care is central and the clinical / health care psychologist is seen primarily as a mental health care practitioner (Garfield, 1979 ; Shakow, 1976 ; Seeman & Seeman, 1973). In the definitions reviewed from the last 30 years however, the professional activities of research and development gained in importance, as well as teaching, training, consultation of other professionals and supervision. The clinical and health care psychologist is seen as a scientist practitioner (Strickland, 1988 ; Russ & Rozensky, 1995 ; Haley et al. 1998 ; Brown et al., 2002 ; Belar, 2008 ; Norcross, 2012 ; Anderson, 2013 ; Belar et al., 2013). An important number of authors also add professional activities aiming at improvement of health care services in general, policy making and political advocacy in order to promote integration of psychology in health care (Taylor, 1990 ; Vallis, 1996 ; Haley et al., 1998 ; Brown et al., 2002 ; Belar, 2008 ; Norcross, 2012 ; Anderson, 2013).

As far as the purpose of the professional activities is concerned, the care for mental health was on the forefront in the years before 1985. The definitions of the latest decennia all include the promotion of and care for physical health by means of psychological knowledge and methods in their definition (Taylor, 1990 ; Vallis, 1996 ; Haley et al., 1998 ; Brown et al., 2002 ; Anderson, 2013 ; Belar et al., 2013). This reflects a steady evolution towards a more comprehensive bio-psycho-social model of health and illness (Engel, 1981). This evolution leads to a change in concepts. In the first half of the 20th century terminology was strongly influenced by a medical model and concepts like illness, pathology, diagnostics, therapy and cure where common. Actually concepts like variables, parameters, assessment, interventions and management are more in use. This evolution continues as can be seen in the development of a more explicative dimensional approach of psychological problems and dysfunction based on psychological science replacing a more descriptive categorical approach (Widiger et al, 2009).

Whereas in definitions dating from the first half of the 20th century, the individual was the main target of clinical psychological care, from the second half of the twentieth century a more contextual and systemic approach developed. Psychological care can be offered to individuals, couples, families, groups or even larger populations of a community. Clinical and health care psychologists do not limit the scope of their activities to the individual. They also work with couples and families (Vallis, 1996 ; Collins, 1998 ; Haley et al., 1998 ; Brown et al., 2002 ; Belar, 2008 ; Anderson, 2013 ; Overholser, 2014), classrooms or schools (Brown et al, 2002), groups (Vallis, 1996 ; Haley et. Al., 1998), communities (Haley et. Al., 1998 ; Brown et al, 2002) and even society at large (Collins, 1998).

1.2.4 Definitions of "clinical / health care psychologist" in legal and professional regulations in an international context

The regulation the profession of "clinical / health care psychologist" differs in different countries in Europe and abroad (Van Broeck, 2007 ; Van Broeck & Hermans, in preparation). In some countries, a legal regulation has been adopted and legal definitions of the title of this profession and of the practice of this profession are described in legal Acts. In these countries, the application of the law falls under the authority of the Government. In other countries, the title and practice are not regulated by law. However, in most of these countries representative professional bodies advanced a definition of the profession and in most case this is accompanied by recommendations and rules for the professional practice for the members of the association.

In the following, the definitions provided by the legislator and/or by professional bodies in a series of countries in Europe and abroad are examined so that they can be taken into account in the formulation a definition of the "clinical / health care psychologist" in Belgium.

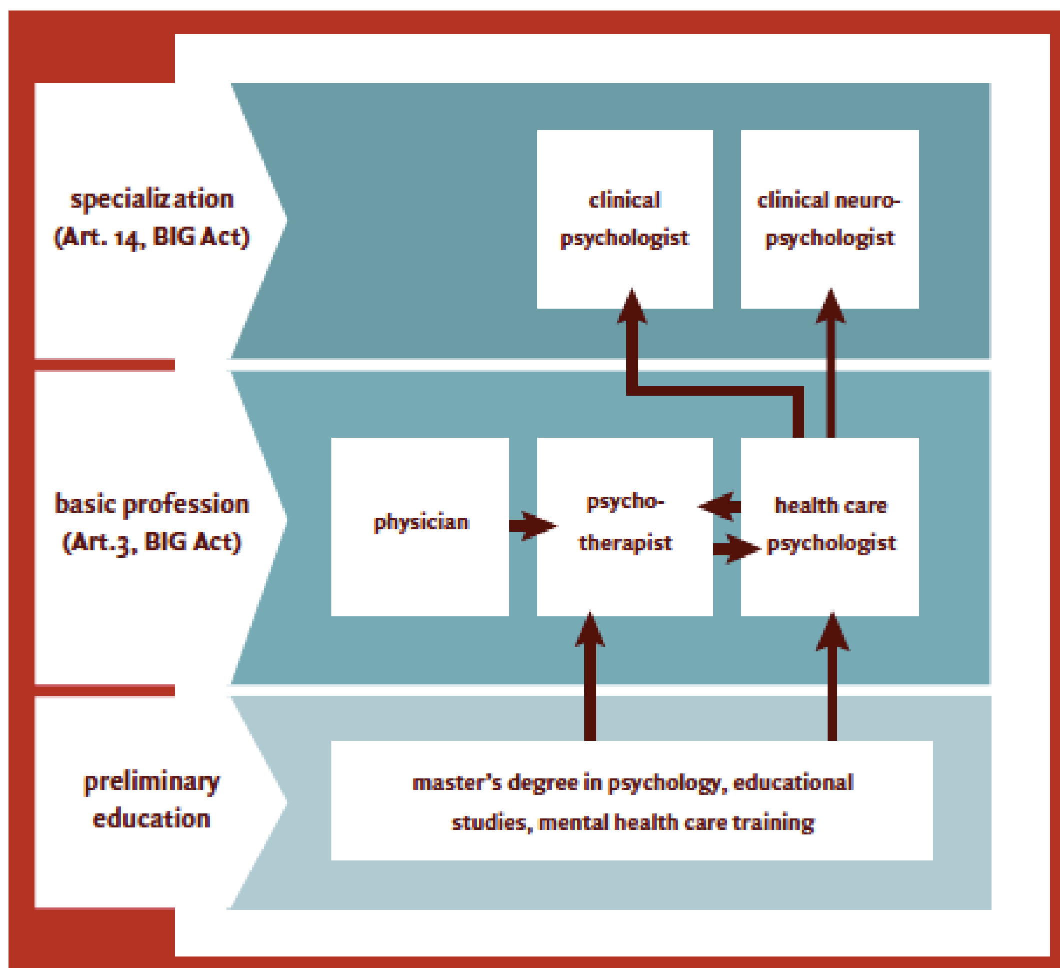
The Netherlands

In the Netherlands, a series of professions in mental healthcare were registered in the Individual Healthcare Professions Act (the BIG Act[7]) in 1990[8]. Figure 2 provides an overview of the various professions that psychologists may practice in healthcare depending on the level of specialization they have acquired, as well as the relevant training requirements.

[7] Dutch: Wet op de Beroepen in de Individuele Gezondheidszorg

[8] The BIG Act (Individual Health Care Professions Act) was introduced in the Netherlands in the 1990s, thus providing a single framework for all healthcare professions. The key objectives of the BIG Act are (1) to enhance the quality of healthcare and (2) to protect the patient against incompetent and negligent actions by professionals. Instead of regulating the actual professions, it was decided to meet these objectives by setting up a system of title protection.

Figure 2: Psychologists in health care in the Netherlands (2014). Federatie voor Gezondheidszorgpsychologen, Utrecht.



The preliminary education required to become a health care psychologist is a three-year bachelor's cycle followed by a one-year master cycle in psychology, educational sciences or mental healthcare (i.e. a total of 4 years of university education). In order to pursue a career in healthcare, the holder of a Master's degree in psychology, educational sciences or mental health sciences are required to complete a minimum of two years of additional training as a healthcare psychologist. This training curriculum consists of courses taught at an accredited educational institution and a supervised traineeship at an accredited healthcare facility.

The profession of healthcare psychologist is the basic profession that holders of a master's degree in psychology may exercise in healthcare. In the Netherlands, a healthcare psychologist provides generalist psychological care mostly in collaboration with other healthcare professionals, mainly the general practitioner.

Switzerland

Since 1983, The Swiss Association of Clinical Psychologists (Association Suisse des psychologues Cliniciennes et Cliniciens, ASPC) provided a description of the profession of "clinical psychologist". This description was last revised in 2000 and holds that this is a *"discipline that deals with treating mental, psychosomatic and psychosocial disorders based on psychological theories and knowledge. As regards research and practice, it is concerned with the onset of these disorders, with preventing them and with providing treatment*".

"Clinical psychologists carry out the following tasks in full independence and on their own responsibility: diagnostics, expert reports, prevention, treatment, supervision, research, continued and permanent training, education, training, conceptual activity, human resources. Clinical psychologists work in health services, social services and educational centres. They are also active in research, education and the economy".

The profession of psychologist and the postgraduate specialization as clinical psychologist are regulated by the Federal Act on professions in the field of psychology entered into force on 1 April 2013. In this act, the professional title of psychologists that are active in health care, the legal criteria for basic training, postgraduate training and the practice in health care are regulated.

What the basic training is concerned, only the holders of a master's degree (or equivalent) in psychology awarded by a Swiss university or a higher education institution and recognized by law can use the title "psychologist". A federal postgraduate training of minimum two years can be achieved in the areas of clinical psychology and health psychology.

The targeted outcomes of this postgraduate training include competencies in the specialist area as the ability to:
a. draw upon the latest scientific knowledge, methods and techniques;
b. reflect methodically on one's professional activity and its outcomes, primarily on the basis of appropriate knowledge about specific conditions, professional boundaries and methodological sources of error;
c. cooperate with colleagues in Switzerland and abroad, communicate and cooperate in a multidisciplinary setting;
d. submit one's own activity to critical analysis within the social, legal and ethical context in which it is carried out;
e. assess the situation and emotional state of the clients and patients correctly, and apply or advise the appropriate measures;
f. integrate the institutions of the social and health system in the counseling, monitoring and treatment provided to clients and patients, taking into account the legal and social framework;
g. use the available resources sparingly;
h. act in a rational and independent manner, even in critical situations.

A Federal Council was founded to enact provisions that will implement these accreditation criteria. In the meantime, a 5-year transitional period has been provided for. Until these training courses are accredited and those holding federal postgraduate titles can therefore be chartered, the Federation of Swiss Psychologists will continue to award the specialist titles of clinical psychologist and health psychologist.

The United Kingdom: BPS

In the UK, clinical psychology is one of the registered practitioner psychology professions. A Registered Psychologist is "*a legally regulated professional who has a postgraduate qualification in the application of psychological science to a particular issue*".

The Government delegated the mandate to apply the law to the British Psychological Society (BPS). The BPS delivers two professional titles of registered psychologists that are active in health care, namely clinical psychologists and health psychologists. According to the British Psychological Society, "*clinical psychology aims to reduce psychological distress and to enhance and promote psychological wellbeing. Clinical psychologists use psychological methods and research to make positive changes to their clients' lives and offer various forms of treatment. They may undertake a clinical assessment to investigate a clients' situation. There are a variety of methods available including psychometric tests, interviews and direct observation of behaviour. Assessment may lead to advisory report, counselling or therapy. They work with clients of all ages on a variety of different mental or physical health problems including depression and anxiety, mental illness, adjustment to physical illness, neurological disorders, addictive behaviours, challenging behaviours, eating disorders, personal and family relationship problems, learning disabilities".*

Registered clinical psychologists have a BPS accredited degree in psychology plus an additional three to five years of postgraduate experience and university training in applying the science of psychology to clinical problems. It therefore takes six to eight years to qualify as a Registered clinical psychologist, and the qualification that Registered clinical psychologists now obtain is a Doctorate in Clinical Psychology. This allows eligibility for entry into the Health & Care Professions Council register, which entitles to use the protected title clinical psychologist.

According to the BPS, Health psychology refers to "*the scientific study of psychological processes of health, illness and health care. The aim is to apply health psychology to the promotion and maintenance of health, the analysis and improvement of the health care system and health policy formation, the prevention of illness and disability and the enhancement of outcomes of those who are ill or disabled. In addition there is a common purpose within health psychology of developing professional skills in research, consultancy and teaching and training".*

Health psychology promotes changes in people's attitudes, behaviour and thinking about health and illness. They help people to cope with illness and unpleasant medical treatments. They also deal with health education, health promotion and prevention of health problems.

To practice as a Health Psychologist in the UK, the award of the Qualification in Health Psychology Stage 2 by the BPS or a Society-accredited Stage 2 training programme in health psychology based at a university is necessary to be eligible to apply for registration with the Health and Care Profession Council as a Health Psychologist and to use the protected title Health Psychologist.

Europe: EFPA

The European Federation of Psychologists Associations (EFPA) aims at developing definitions, competency benchmarks and training standards for the professional activities of psychologists in various domains of society. In terms of standards of training, they introduced the EuroPsy European Certificate in Psychology (Europsy) describing the training route required for all

psychologists before entering into practice. This training route consists of an academic education of three bachelor years, followed by a master cycle of two years and completed by a supervised internship of at minimum one year. In addition, a first step was taken to describe the competences of psychologists in various areas of practice, including health care. These competencies are information gathering and goal setting in the work with patients, individual and group assessment, therapy and counselling, development of methods and techniques and evaluation (Lunt et al., 2015).

In the context of this advice, the EFPA model in its actual state of development does not offer sufficiently specific information concerning the definition of a clinical health care psychologist. Probably the further development of the EuroPsy model towards Europsy-specialization certificates (S-Europsy[9]) will permit to evolve in this direction.

United States: APA

The American Psychological Association (APA) contains 54 divisions. One of these is Division 12: Society of Clinical Psychology. It was established in 1948. Information on the definition of clinical psychology is available at the website of the American Psychological Association.
Source: http://www.apa.org/divisions/div12/aboutcp.html

The APA describes clinical psychology as a field that *“integrates science, theory, and practice to understand, predict, and alleviate maladjustment, disability, and discomfort as well as to promote human adaptation, adjustment, and personal development. Clinical Psychology focuses on the intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning across the life span, in varying cultures, and at all socioeconomic levels”.*

According to Division 12, the clinical psychologist “*is educated and trained to generate and integrate scientific and professional knowledge and skills so as to further psychological science, the professional practice of psychology, and human welfare. Clinical Psychologists are involved in research, teaching and supervision, program development and evaluation, consultation, public policy, professional practice, and other activities that promote psychological health in individuals, families, groups, and organizations. Their work can range from prevention and early intervention of minor problems of adjustment to dealing with the adjustment and maladjustment of individuals whose disturbance requires then to be institutionalized”.*

Practitioners of Clinical Psychology work directly with individuals at all developmental levels (infants to older adults), as well as groups (families, patients of similar psychopathology, and organizations), using a wide range of assessment and intervention methods to promote mental health and to alleviate discomfort and maladjustment.

Researchers study the theory and practice of Clinical Psychology, and through their publications, document the empirical base of Clinical Psychology.

Consultants, Teachers, and Clinical Supervisors share the Clinical Psychology knowledge base with students, other professionals, and non-professionals.

[9] At the moment the EFPA is further developing the S-Europsy certificate for psychologists specialized in psychotherapy and in Work and Organizational Psychology.

Clinical Psychologists also engage in program development, evaluate Clinical Psychology service delivery systems, and analyse, develop, and implement public policy on all areas relevant to the field of Clinical Psychology. Many Clinical Psychologists combine these activities.

Assessment in Clinical Psychology involves determining the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioural, emotional, nervous, and mental disorders. Examples of assessment procedures are interviews, behavioural assessments, and the administration and interpretation of tests of intellectual abilities, aptitudes, personal characteristics, and other aspects of human experience and behaviour relative to disturbance.

Interventions in Clinical Psychology are directed at preventing, treating, and correcting emotional conflicts, personality disturbances, psychopathology, and the skill deficits underlying human distress or dysfunction. Examples of intervention techniques include psychotherapy, psychoanalysis, behaviour therapy, marital and family therapy, group therapy, biofeedback, cognitive retraining and rehabilitation, social learning approaches, and environmental consultation and design. The goal of intervention is to promote satisfaction, adaptation, social order, and health.

As qualifications to practice clinical psychology they list the following:
"An earned doctorate from a Clinical Psychology program represents the basic entry level for the provision of Clinical Psychology services. Unique to Clinical Psychology training is the requirement of substantial course work in the areas of personality and psychopathology, resulting in comprehensive understanding of normal and abnormal adjustment and maladjustment across the life span".

Australia: Australian Psychological association

The Australian Psychological Association, the largest professional body representing psychologists in Australia, was founded in 1966. This professional body distinguishes two professional titles for psychologists active in health care, namely clinical psychologists and health psychologist. Information on their definition of clinical psychologist can be can be found on the website of the *Australian Psychological association.*
Source: http://www.psychology.org.au/public/health/

A clinical psychologist is a professional practicing clinical psychology. Clinical psychologists have skills in the following areas:
a. Psychological assessment and diagnosis. Clinical psychologists have specialist training in the assessment and diagnosis of major mental illnesses and psychological problems. Through their specialist training, clinical psychologists are qualified to provide expert opinion in clinical and compensation areas.
b. Treatment. Clinical psychologists are trained in the delivery of a range of techniques and therapies with demonstrated effectiveness in treating mental health disorders. They are specialists in applying psychological theory and scientific research to solve complex clinical psychology problems requiring individually tailored interventions.
c. Research, teaching and evaluation. Research, teaching and evaluation are all integral to the role of clinical psychologists. Research is often conducted on prevention, diagnosis, assessment and treatment. Clinical psychologists are involved in the design and implementation of treatment strategies in various settings (such as primary care, psychiatric and rehabilitation) and in the subsequent evaluation of treatment outcomes.

Source: http://www.psychology.org.au/public/clinical/

A health psychologist specialises in health education and behaviour change programs to prevent the development of health problems and to help people to recover from or self-manage chronic illness, trauma, injury or disability.

The intervention of health psychologist can also contribute to the prevention and treatment of psychological problems that can accompany somatic illness such as chronic pain, medication addiction, sleeping problems, eating disorders and emotions problems such as anxiety, depression, anger and grief. Health psychologists also help people to cope with the diagnosis and medical treatment of acute health problems and to facilitate medical care. They can assist people in coping with terminal illness, including the impact of loss, bereavement, death and dying. Health psychologists design and test interventions to improve health systems and relationships between health professionals, doctors, nurses and psychologists, and monitor impacts on health determinants that encourage recovery from illness and injury.

Health psychologists have knowledge and skills in the following areas:
a. Developing and evaluating interventions that can enhance health and wellbeing, including treatments that can help people to cope with illness or associated problems (e.g., facilitating friends and family to help with recovery).
b. Understanding how psychological and behavioural factors interact with the physical systems of the body and social factors to influence health and illness.
c. Quantifying the extent and type of health problems experienced by various groups in Australia.
d. Understanding the way that people behave or the underlying attitudes that put their health at risk and how they might change these behaviours to prevent illness and promote health.
e. Identifying and treating the psychological impact of illness.

Canada: Canadian Psychological Association

The Canadian Psychological Association (CPA) is the primary organisation for psychologists in Canada. It was founded in 1939. Information on the definition of clinical psychologist can be found on the website of the Canadian Psychological Association
Source: http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/

The Section on Clinical Psychology is one of the largest sections of CPA, and it serves to represent the professional and scientific interests of its members to CPA and to reflect the profession at the national level within Canada. Its mission is to "promote clinical psychology in its broadest definition as a science and a profession to the public, other service providers, clinical psychologists, and the government".

According to the Canadian Psychological Association :
"Clinical Psychology is a field of practice that deals with human functioning; either human problems and their solution, as well as with the promotion of physical, mental, and social well-being. Clinical Psychologists have varied training experiences and different areas of expertise. Clinical Psychologists treat many human problems, including depression, anxiety, stress, major mental disorders, learning disabilities, substance abuse and other addictions, marital/ relationship problems, difficulties coping with personal health problems, and problems stemming from physical and sexual abuse. Clinical Psychologists provide service to children and adults, including the elderly, and work with physical as well as mental health issues. Generally, Clinical

Psychologists conduct psychological assessments (often employing standardized tests) and provide treatment of adults, adolescents, children, couples, families, and groups. They also provide consultation to other professionals (e.g., physicians, nurses, teachers, social workers, occupational therapists) and programs designed to serve special populations (e.g., Community Independent Living Programs, Learning/Disability Programs, Pain Clinics). Teaching and research are also common activities. Most Clinical Psychologists restrict their practice to specific populations such as children or adults. Therefore, it is important to ask individual practitioners to clarify their specific areas of training, expertise and practice. Assessment by Clinical Psychologists involves detailed interviewing of an individual and, when appropriate, his/her family and significant others, in order to answer specific questions concerning the nature, severity and causal factors of presenting problems. Clinical Psychologists often use standardized psychological tests and measures to help provide clinically useful information. Common assessment questions involve diagnosing a psychological problem, determining the extent and nature of emotional/intellectual damage following injury or stress, or identifying strengths and assets in individuals and their social contexts. Psychologists share the results of the assessment with the client and take the client's feedback into consideration. Treatment by Clinical Psychologists involves a number of psychotherapy approaches, such as behavioural, cognitive, interpersonal, family, and psychodynamic. Clinical Psychologists typically conduct an assessment prior to beginning psychotherapy. Treatment may focus on reducing distress and symptoms of psychological disorders, improving coping skills and functioning, and promoting healthy lifestyles".

1.3 The clinical / health care psychologist in Belgium

1.3.1 Definition of a clinical / health care psychologist in Belgium

On the basis of the definition of other health care profession, a review of the scientific literature and of the definitions advanced by legal and professional organizations in different countries, a definition of a "clinical / health care psychologist" in Belgium will be proposed. In this definition is referred to the body of knowledge of the profession, the type of activities, the aim or purpose of the professional activities and the target.

Clinical / health care psychology is the autonomous development and application of theories, methods and techniques of scientific psychology in the promotion of health, in the screening, psychological diagnosis, and assessment of health problems and in the prevention of and intervention in these problems in people.

La psychologie clinique / des soins de santé désigne la mise au point et l'application autonomes de théories, méthodes et techniques issues de la psychologie scientifique dans la promotion de la santé, le dépistage, le diagnostic psychologique et l'évaluation des problèmes de santé ainsi que dans la prévention de ceux-ci et les interventions chez les personnes concernées.

De klinische/gezondheidszorgpsychologie is het autonoom ontwikkelen en toepassen van theorieën, methoden en technieken uit de wetenschappelijke psychologie in de gezondheidsbevordering, de screening, psychologische diagnostiek en evaluatie van gezondheidsproblemen, alsook in de preventie van dergelijke problemen en interventies bij de getroffen personen.

Die klinische/Gesundheitspsychologie beschäftigt sich mit der autonomen Entwicklung und Anwendung von Theorien, Methoden und Verfahren der wissenschaftlichen

Psychologie bei der Gesundheitsförderung, beim Screening, bei der psychologischen Diagnostik und Evaluation von gesundheitlichen Problemen sowie bei der Prävention solcher Störungen und Interventionen bei den betroffenen Personen.

The elements of the definition in greater detail:

a. *Clinical / health care psychology is* ***the autonomous development and application of theories, methods and techniques of scientific psychology*** *in the promotion of health, in the screening, psychological diagnosis, and assessment of health problems and in the prevention of and intervention in these problems in people.*

As the scientific study of human behaviour in the broad sense of the term, psychology refers to a wide field that encompasses several subspecialties such as developmental psychology, social psychology, neuropsychology, cognitive psychology, psychobiology, etc. The scientific research in these areas provides knowledge about neuropsychological and psycho-physiological functioning, emotional and behavioural reactions, cognitive and social functioning in the course of development from conception to death (Brysbaert, 2006). Knowledge of the processes and mechanisms underlying these aspects of human functioning can be applied in the care of individuals whose functioning is impaired in one or several of these areas. Available scientific knowledge can also be translated in methods and techniques to assess, diagnose, prevent and treat psychological problems. Numerous examples can be given of this translational approach. Laboratory research on the learning processes involved in classical and operant conditioning that play a part in the emergence of anxiety disorders (Watson & Rayner, 1920*)* led to the development of psychological treatments such as systematic desensitisation, the core element of which is exposure (e.g. Hermans et al., 2006).

In the middle of the previous century, scientific research developed on the helping relationship as such. This relationship showed to play a fundamental role in the efficacy of psychological assessment and intervention. Research results showed that the attitudes of congruence/authenticity, unconditional positive regard, and empathy where critical attributes of a healthcare relationship that will facilitate patient/client's change and psychological well-being (for reviews, see Norcross, 2002 ; Norcross, 2011). In particular, these attributes contribute to the development and maintenance of the therapeutic alliance and relationship with individual adult, child and adolescent patient/client, as well as with couple and family patients/clients, to cohesion in therapeutic groups, to repairing relationship ruptures, to the collection of patient/client feedback over the intervention, changes, stability and process as well as to dealing with one's own emotions, limits, and countertransference processes. All these competencies of the healthcare professional are demonstrated to be effective (e.g., Norcross & Lambert, 2011 ; Norcross & Wampold, 2011).

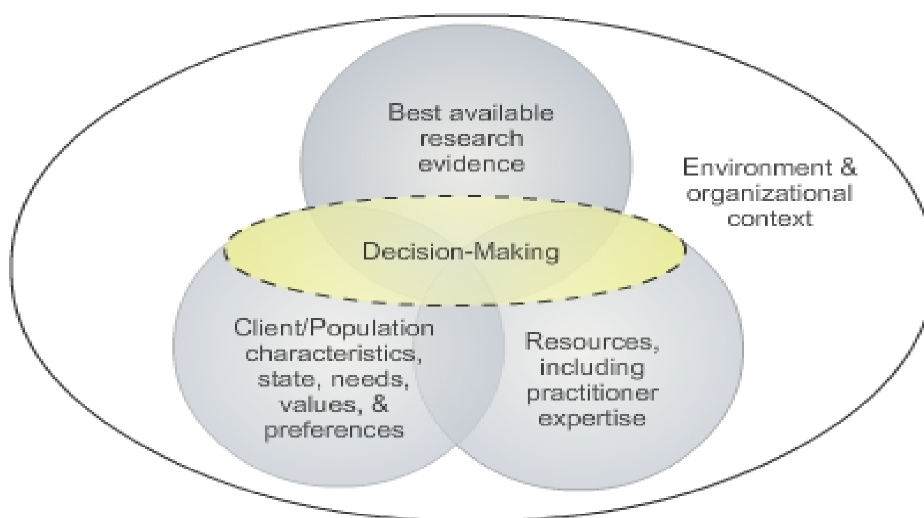
Knowledge acquired in developmental psychology, more specifically in attachment theory (e.g. Fonagy & Target, 1997 ; Grossmann et. al, 2006 ; Mikulincer et al., 2003) and theory on personality development (Luyten & Blatt, 2011) as well as in the field of brain development and neuroscience (Anda et al., 2006 ; Perry, 2002, 2004) about the processes that play a part in young children's attachment to their caregiver and the exceptional significance of this attachment for their subsequent physical and mental development constitutes the foundation of psychological assessment of the child (e.g. Robinson, 2007) and of the relationship between parent and child (e.g. Biringen et al., 2014 ; Oppenheim & Goldsmith, 2007) and treatments of attachment based problems in children (Bevington et al., 2015 ; Gaskill & Perry, 2014 ; Perry & Dobson, 2010), youngsters (Fonagy et al., 2014) as well as in adults (Fonagy et al., 2014).

The last decade, scientific research into the neuro-psychological functioning and underlying deficits of children with attention deficit hyperactivity disorder (ADHD) has resulted in new treatments being adapted accordingly (Sonuga-barke & Halperin, 2010). In addition to drug treatments, research has shown that, depending on which specific processes are sub-optimal in young people, positive results can be obtained by using executive function training, such as planning and organization training (Abikoff et al., 2013 ; Boyer et al., in press), metacognitive executive function training for parents and their preschool children (Tamm & Nakonezny, 2014) and parenting skills training focused on enhancing underlying deficits in ADHD (e.g. Thompson et al., 2009).

The large domain of psychology as a science is expanding gradually. Developments in biological science and the advances in research techniques such as neuro-imaging enhance the study of interplay between the biological processes and the psychological functioning of human beings. New sub-domains of psychology such as genetic psychology and biological psychology offer exciting new insights into the complex interplay of biological and psychological functioning (Masterpasqua, 2009; Schotte et al., 2006). Without any doubt, this growth in scientific knowledge will be at the basis of development in clinical / health care psychology in the future.

In this development, the scientific bases of theories and of the methods developed on the basis of these theories became gradually more important. Already in 1949 at the Boulder conference, the APA insisted on the conception of the clinical / health care psychologist as scientist-practitioners (Baker et al., 2000). In the recent decades, the importance of evidence based psychological practice only became more prominent (APA, 2006).

Figure 3: Evidence-based practice of psychology in health care (APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist, 61*,271-285)



b. *Clinical / health care psychology is the autonomous development and application of theories, methods and techniques of scientific psychology in the promotion of health, in the* ***screening,***

***psychological diagnosis, and assessment** of health problems and in the prevention of and intervention in these problems in people.*

Clinical / health care psychologists can intervene at various stages in the development of health problems. The main purpose can be to screen persons for the presence of risk factors or signs of developing problems, disorders or diseases. For instance, early detection of manifestations of autism spectrum disorder facilitates access to early intervention which in turn can alter the developmental course, prevent the emergence of secondary problems and lead to a better prognosis (Warreyn et al., 2014).

In the domain of psychological diagnosis, clinical / health care psychologists develop and use various psychodiagnostic instruments to evaluate a multitude of aspects of human psychological functioning. Evidence based psychodiagnostic instruments exist to examine aspects of personality (f.i. the NEO-PI-3, Costa & McCrae, 2005), parameters of development in humans (Bayley Scales of infant and toddler development-Third edition (Bayley, 2006), parameters of intellectual development (Wechsler Intelligence Scales), parameters of daily functioning, disability and health outcomes (e.g. SF-36, Frendl & Ware, 2014), and parameters of other aptitudes and skills (social skills, school progress, etc.). A range of psychodiagnostic instruments is available for the evaluation of various psychological problems and disorders, such as anxiety disorders (Beck Anxiety Inventory, Beck & Steer, 1990), mood disorders (Beck Depression Inventory II, Beck, et al., 1996), etc.
In the context of assessing the effects of therapeutic interventions, psychologists use several methods to evaluate their professional services to clients. There is a distinction between formal treatment research and individual treatment outcome assessment. The former concerns the increase in knowledge about which treatment is suitable for which client, while the latter is about whether the client has improved. The advantages of the systematic evaluation of the psychological intervention are the feedback to client and psychologist, the enhancement of psychology and the accountability (Hayes and Nelson, 1986). Measures are usually taken prior to the initiation of the intervention, repeated at regular intervals during the intervention, and taken at the conclusion and again at follow-up. Systematic treatment assessment can be done by adopting a single-case experimental design in each case/client (e.g. Onghena and Edgington, 2005). Replications in subsequent clients and accumulation of outcome data can hence enhance knowledge and clinical decision-making.

*c. Clinical / health care psychology is the autonomous development and application of theories, methods and techniques of scientific psychology in the promotion of health, in the screening, psychological diagnosis, and assessment of health problems and in the **prevention of and intervention** in these problems in people.*

Based on the knowledge of the mechanisms and processes involved in the onset and development of psychological dysfunction, clinical / healthcare psychologists can intervene preventively using psycho-education, health information and early intervention in the area of psychological functioning (WHO & EFPA, in press). Psychological knowledge and skills can be used in the curative interventions aimed at alleviating the psychological problems and improving the quality of life. In the literature on psychological treatments including psychotherapeutic treatments a range of methods are described (Barlow et al., 2013 ; Kazdin, 2009).

d. *Clinical / health care psychology is the autonomous development and application of* theories, methods and techniques of scientific psychology in the promotion of health, *in the screening,*

psychological diagnosis, and assessment and in the prevention of and intervention in ***health problems*** *of people.*

The health problems that clinical / health care psychologists address in their practice can be caused by somatic, psychological and relational factors, and they can be characterized by psychological, physical and relational manifestations. A somatic dysfunction, disease or illness may adversely affect psychological functioning, and in return physical health. Clinical / health care psychologists can use their knowledge and skills to intervene in psychological problems that are caused by these somatic factors. They can also use their knowledge and skills to adopt healthy lifestyles and increase treatment adherence. Health care provided by the clinical / healthcare psychology may be helpful in oncology, hematology, cardiology, rheumatology, endocrinology, gynecology and obstetrics, anesthesiology etc., both in adults and children (Hunter et al., 2014 ; Roberts & Steele, 2009 ; Carlstedt, 2010 ; Suls et al., 2010).

Psychological problems may also influence the somatic functioning of the patient. Patients with anxiety disorders, adaptation disorders, and mood disorders often report physical symptoms, such as pain, fatigue and dyspnea. Psychological problems may also affect physiological functioning such as cardiovascular functioning (hypertension), respiratory functioning (hyperventilation), reproductive functioning (pregnancy complications and fertility problems), gastro-intestinal functioning (irritable bowel syndrome) and immunity (allergies - Ayers et al., 2007).

e. Clinical / health care psychology is the autonomous development and application of theories, methods and techniques of scientific psychology in the promotion of health, in the screening, psychological diagnosis, and assessment of health problems and in the prevention of and intervention in these problems in ***people.***

Clinical / health care psychologists can offer their knowledge and skills in the care for patients of all ages. Research in the domain of developmental psychology, neuropsychology, personality psychology and other fields of psychology contribute to the understanding of psychological functioning from conception to death (Hunter et al., 2014 This understanding lies at the basis of specific treatment methods. Research shows that intra-uterine conditions can influence the physiological activity / passivity cycle of the fetus what can be at the basis for complications in emotion regulation after birth. In infancy attachment processes that develop in the close relationship between the caregiver and the child are installed. Attachment problems can have long lasting effects on the capacity to have sound relationships with other people. Adolescence is a particularly vulnerable period for the development of the identity and the transition to the responsibilities of the adult life. In the adult life, people have to realize a number of developmental tasks in the domain of family life, child rearing, and work that can be accompanied by high levels of stress. Older people have to integrate the consequences of aging on work and family life and the prospect of death and have to come to terms with the prospect of death. Clinical /health care psychologists use their knowledge and skills to intervene in health problems people in these various ages phases are confronted with.

1.3.2 Further specializations for clinical / health care psychologists

Clinical and healthcare psychologists can acquire knowledge and skills that allow them to work with a specific patient population and/or focus on specific aspects of psychological functioning. Clinical / health care psychologist can specialize in different age groups and can be trained as a child and adolescent psychologist, pediatric psychologist or geronto-psychologist. They can

specialize in the deliverance of a specific type of psychological treatment such as first line psychological health care, community based mental health care or psychotherapy. The description of these specializations falls out of the scope of this advisory report. This report will be limited to the definition and profile of competencies of clinical / health care psychologists practicing at the level of generalist health care.

1.3.3 Specificity of the professional activity of the clinical / health care psychologist in comparison to the professional activity of other psychologists and other health professionals

Based upon this definition, it is possible to specify the professional activity of the clinical / health care psychologist in comparison with other health care professionals, as well as with activities from psychologists in other professional domains such as occupational psychology and school psychology. Along with other health care professionals, the clinical / health care psychologist aims to promote health and to reduce physical, psychological and social dysfunction. However, in comparison with these other professionals, the clinical / health care psychologist focuses explicitly upon the use of psychological knowledge, methods and techniques to accomplish this aim.

Along with psychologists in other professional domains such as occupational psychology and school psychology, the clinical / health care psychologist has a profound foundation of psychology as a scientific discipline as well as its most used methods and techniques. However, there are some differences owing to the particular aims and working contexts of these professionals. For example, occupational psychology focuses upon recruitment and selection, health and functioning at the work place, the acquisition of competences in work situations and school psychologists focus on health and behaviour in an educational context.

1.3.4 The field of direct patient care professional activities of the clinical / health care psychologist in Belgium

Dimensions of the direct patient care professional activities of clinical / health care psychologists in Belgium

A clinical / health care psychologist in Belgium can be active in direct patient care, development of knowledge and methods in the domain of psychology, dissemination, training, supervision, health care management and health policy. Taking the definition as a starting point, the diverse direct patient care activities can be described by means of three dimensions, namely the aim/purpose of the professional activity, the target of the professional activity and the health care context in which the activity is performed.

The aim or purpose of the professional activity can be the promotion of health by means of communication of health information, health education and health promotion. Clinical and health care psychologists can use the knowledge and skills of psychological science to prevent health problems and the development or aggravation of disease. They can actively engage in the treatment of health problems in order to cure the disease, help the patient to manage his health condition so minimizing the negative impact, to reengage in daily life activities, to enhance the quality of life and to restore the sense of self. Clinical / health care psychological activities can be integrated in the rehabilitation of patients recovering from illness, accidents and trauma in order to enhance re-uptake of previous functions, and to optimize the re-integration in family, professional and community context. Clinical / health care psychologist intervene in crisis

situations in order to provide psychological support, to stabilize the crisis, prevent harm to the person or others, foster return to a stable condition and to initiate appropriate follow up. Finally, the aim of the professional direct patient care activity of clinical and health care psychologist can be to assist people confronted with trauma, as well during the acute phase as during the post trauma period in order to support psychological functioning in the peri-traumatic and acute phase and to prevent late effects such as post-traumatic stress disorder.

The scope of the professional activities can be described by means of the target dimension. Clinical / health care psychologists can primarily target specific psychological functions of individual confronted with health problems in a specific function such as attention (Tamm et al., 2013), memory (Hering et al., 2014), motivation (Connors et al., 2013) or sleep (Nichols & Bongiorno, 2013). Most of the time however, the clinical / health care psychologist works with the individual as a person, integrating the various cognitive, emotional, behavioural and social functions of the human being threatened by or suffering from a health problem. Even if the health care services target the individual, the relational context of this person will be taken into account or included more actively in the service delivery. The target of the activities of the clinical and health care psychologist can be the whole range from the individual to the couple, the family, groups or smaller or larger parts of communities.

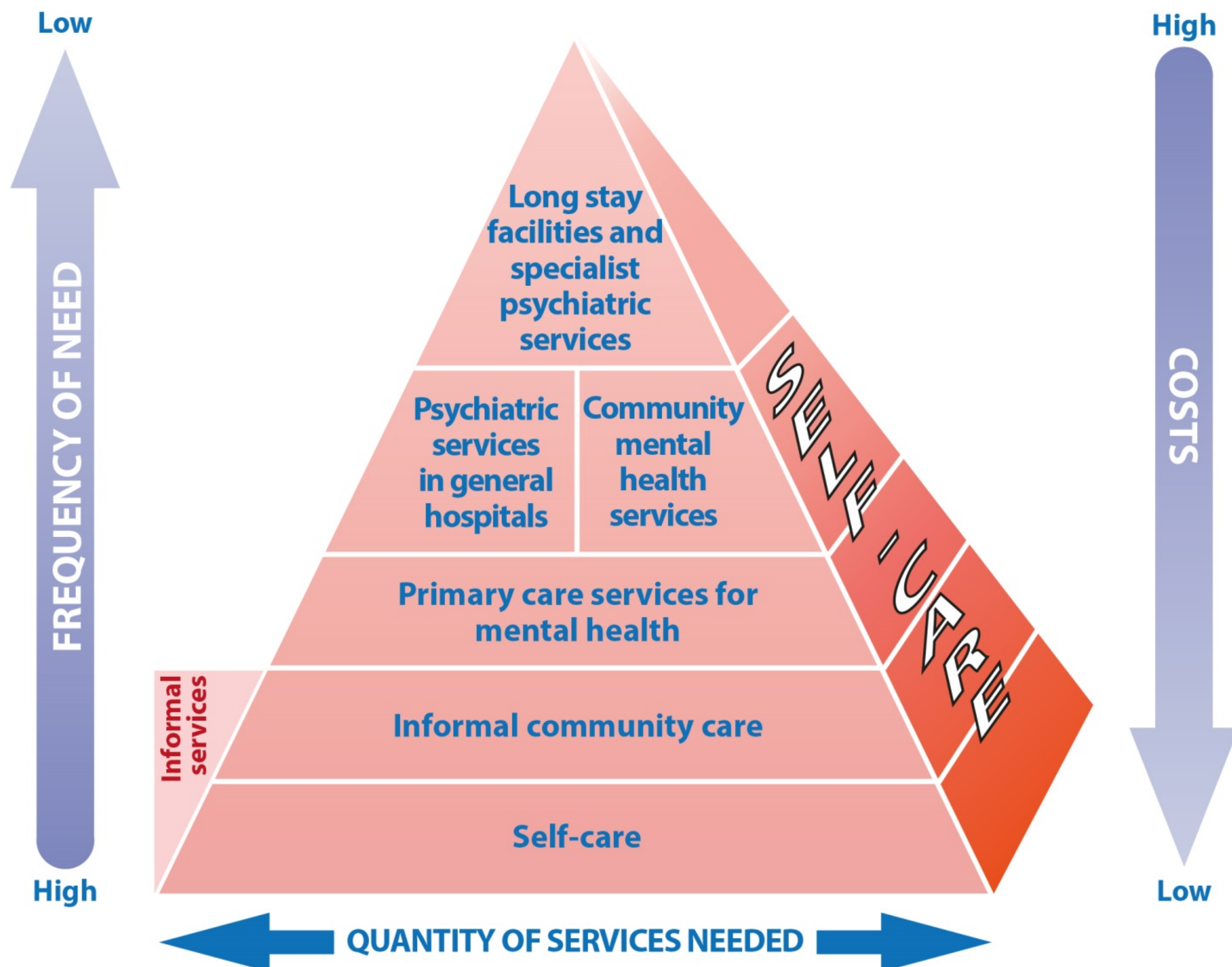
These professional activities can be deployed in health care settings primarily active in the context of psychological health care or in a setting primarily aiming at care for the physical health of people[10]. This means that clinical / health care psychologists can be found in setting for primarily mental health care such as mental health care centres, private psychological practices, psychiatric hospitals, psychiatric wards of general hospitals, etc. Gradually clinical and health care psychologists function as team members in primary health care settings, general hospitals and specific services of general hospitals such as rehabilitation, paediatrics, obstetrics, cardiology, haematology, oncology, emergency care, intensive care units, pain clinics etc. Within a Belgian context, policy makers stimulate an evolution towards an integrated way of functioning in health care networks (PSY107.BE).

What the specific direct patient care is concerned, this implies that clinical / health care psychologists are active in the different lines of care distinguished in the health care system. Historically, these professionals where mostly active on the second and third line of health care, delivering services of assessment and intervention to patients suffering from mental and physical health problems or diseases, that where seen in the context of a setting for ambulatory or residential health care. More and more, clinical / health care psychologist are actively engaged in primary health care, where the focus is larger including health promotion and prevention of health problems (cfr. pilot projects on the first line psychology function initiated by the Flemish government). They are actively engaged in the various levels of health service organization as advanced by the World Health Organisation.

In figure 4 , the representation of the service organization of mental health care advanced by the WHO is given.

[10] this distinction should not be seen as the reflection of a dualistic view on health distinguishing between somatic / physical health care on the one hand, and mental / psychological health care on the other. Rather we propose to see this distinction more as the result of an organizational concern, by means of which patients can be effectively oriented towards the primarily important care they need. In the specific institutions however, efforts are made to deliver comprehensive care, consisting of adequate physical, psychological and social care. A primary care doctor, will also take into account the psychological and social aspects of his patient, and the clinical / health care psychologist will if needed help his patient with treatment adherence toward the medical prescriptions.

Figure 4 : **WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health (WHO, 2009)**



Health care institutions

Clinical / health care psychologists are active in the broad field of institutions inventoried in the 'social map' (https://www.desocialekaart.be/inhoud-sociale-kaart; http://www.guidesocial.be) or on the Belgian Federation of Psychologists website (https://www.bfp-fbp.be) (see also Appendix 1).

2 A profile of competency for the Belgian Clinical / Health care Psychologist

2.1 Introduction

The capacities that a professional needs to have are often expressed in terms of educational trajectories with courses and study points that need to be obtained in order to acquire the necessary knowledge and skills. An example of this traditional view can be found in the Belgian law on the health care professions of April 4th 2014 that defined the clinical psychologist as an

autonomous health care profession. According to the law, clinical psychologists have to succeed in a university degree in clinical psychology, lasting at least five years full-time study or 300 European Credits Transfer System (ECTS), including a traineeship in clinical psychology.

However, in current visions on "professional" psychology, the focus is more on the competencies a psychologist needs to have, rather than on a training model predominating the number of hours spent learning or the credits obtained. Obtaining credits and a certificate is from this point of view a necessary but certainly not a sufficient condition for competence to exercise a profession. In other words: the last decades are characterized by a paradigm shift toward a "culture of competence" where the outcome of learning – the acquirement of essential knowledge and skills – is emphasized instead of courses and credits (Rodolfa et al., 2014). Illustrative is the slogan of the International Project on Competence in Psychology "competence as a common language for professional identity and international recognition" (IPCP, 2014).

The purpose of the advisory report is also to describe (after the general definition) the competencies needed for practicing clinical / health care psychology in terms of behavioural indicators. Not a description in the form of attainment targets, but in the form of competencies with the corresponding benchmarks or indicators. The advice aims to describe the "core" competencies at the entry to practice level: those competences that a well-trained, starting Belgian clinical / health care psychologist needs to have to be considered as a competent practicing psychologist. The advisory report provides a profile of the competencies that clients, patients, professional associations, training institutes, employers and public can expect to be present at the start of the professional career of the clinical / health care psychologist and which need to be maintained and developed during the future career.

Such a competency profile adds to the quality of the training and professional practice: it is a frame of reference that helps psychologists to understand their strengths and weaknesses as healthcare providers and guides in the pursuit of professional development. A competency profile clarifies the domain of expertise of the clinical / health care psychologist and provides academic institutes a framework for the pedagogical training of clinical / health care psychologists. A competency profile is a necessary tool for adequate competency management for health care employers and can be used by the Government as a means of regularizing access to the profession and to install quality assurance.

However, it should be noted that a competency profile can never be considered as final: it involves a continuous process of reevaluation, redefinition and adaptation to developments in psychological science, practice and to social evolutions. Therefore, the present advice needs to be considered as a first step, based on an analysis of the scientific literature, supported by experts of all Belgian Faculties of Psychology, and supported by a multidisciplinary approach in the domain of mental health care.

Several specializations in clinical psychology care are possible, such as primary care psychologist, clinical neuropsychologist, onco-psychologist, forensic psychologist or psychologist-psychotherapist. It is not the intention of the SHC to develop a description of the competencies of the clinical psychologist on the specialized planes. Rather it is the aim to define a profile on a basic, generalist level, at the point of entry into the profession. It should be emphasized that the profile is a specification of the competencies, judged by the SHC as necessary to start independently the practice of a clinical / health care psychologist. This is not necessary equivalent to the competencies that a Belgian master in the clinical psychology possesses after a study of five years or 300 ECTS. Considering this, it should be noted that Belgian professional organizations such as the Vlaamse Vereniging van Klinisch Psychologen

require an extra, full-time year of supervised practice for an registration as a "certified clinical psychologist" (retrieved from http://www.vvkp.be/register-van-klinisch-psychologen). This point of view - introducing an extra year of supervised practice – is also expressed by the EFPA in the EuroPsy standards (Lunt et al., 2015) and is supported in the present advice.

It is assumed that further specialization implies deepening and specification of the basic domains of competency towards the characteristics of patient/client populations (e.g., children, adolescents, adults, elderly, etc.), and towards the issues, procedures and characteristics of the work settings.

The competency profile for the clinical / health care psychologist helps to answer the question: what do psychologists need to be able to do for effective practice? and serves as a guide for multiple stakeholders (Frank, 2005):

- for educational institutes and teachers, for psychological students and residents: what are the general abilities that their education is designed to prepare them for?;
- for practicing psychologists: a guide to self-assessment or audit of practice, a powerful resource in planning continuing professional development, and a guide to evaluate these efforts on patient care;
- for researchers, investigating fundamental competence and effective practice, quality health care, and research in health professions education;
- for other health care professionals: a competency profile that informs on the roles and skills of the clinical / health care psychologist. Moreover, it emphasizes effective interdisciplinary collaboration and respectful and productive relationships with other professions;
- for public officials, for clients/patients, for the public: the competency profile is predicated on meeting societal needs and its ultimate goal is optimal patient care. As such, the profile can serve as a resource to those who are thinking about clinical / health care psychologist's roles in health care, and those who share the pursuit of quality.

Finally, it is important to note that it is by no means the intention of the present advice to impose to academic and training institutions what should be the form or content of programs, laboratory sessions and training courses. Training institutions obviously have the freedom to parse and recombine competency domains, to emphasize specific competencies (e.g., culture sensitive work) and to stress other competencies (e.g., management, supervision, leadership) in their program (Hatcher et al., 2013, p. 87).

2.2 Competence: the concepts

There are many and varying conceptions of competence, as Fernandez and collaborators (2012) indicate in their review how health science educators define competences. They found agreement that competence is composed of knowledge, skills and other components. Although agreement about the nature of these other components is lacking, attitudes and values are suggested to be essential ingredients of competence. Three principles on competence are mentioned: "competence: (i) is composed of knowledge, skills and a series of components related to personal abilities and attributes; (ii) allows the professional to select or combine components in order to maintain standards of performance, and (iii) constitutes a guarantee for the community or society that the possessor will be able to perform to acceptable standards". The acquirement of professional competence starts with training and education, and it is a process that is continued throughout the professional career.
The recent decennium was characterized by an intensified focus on competency-based models of education, training, and assessment in professional psychology (Rubin et al., 2007 ; Rodolfa

et. al., 2014). Firstly, a definition of concepts in the competence literature will be provided: "competence", "competencies", "profile of competencies".

Competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served and depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence (Epstein & Hundert, 2002, p. 227). It refers to the professional's overall suitability for the profession, reflecting his or her knowledge, skills, and attitudes and their integration. Competence is developmental, incremental, and context dependent (Rubin et al., 2007).

Competencies are complex and dynamically interactive clusters of integrated knowledge of concepts and procedures; skills and abilities; behaviours and strategies; attitudes, beliefs, and values; dispositions and personal characteristics; self-perceptions; and motivations (Mentkowski, 2000) that enable a person to execute a professional activity with myriad potential outcomes (Marrelli, 1998). Competencies pertain to the entire functioning of the clinical psychologist and are learnable, observable, measurable, comprehensible, and practical.

A *competency profile* is a list, a compilation, an integrating framework of domains of competencies and corresponding benchmarks or behavioural indicators, required to perform a function. A professional competency profile therefore provides a list of behavioural indicators for the competencies that one must possess to exercise the function of a clinical / health care psychologist. Competency profiles are drawn up by experts, are flexible and transferable across settings, and are continuously reevaluated and redefined.

2.3 Models of competence and clinical psychology

It goes far beyond the goal of this advice to provide a comprehensive overview of the historical context and developments in the way of thinking about what constitutes competency in psychology. Some important developments will be addressed which have had an impact on the modern vision of competency in psychology and that can be useful in the development of a profile for the Belgian clinical / health care psychologist.

2.3.1 Models of competence and (clinical) psychology: USA

Figure 5 : The competency cube (From: Rodolfa et al. ,2014)

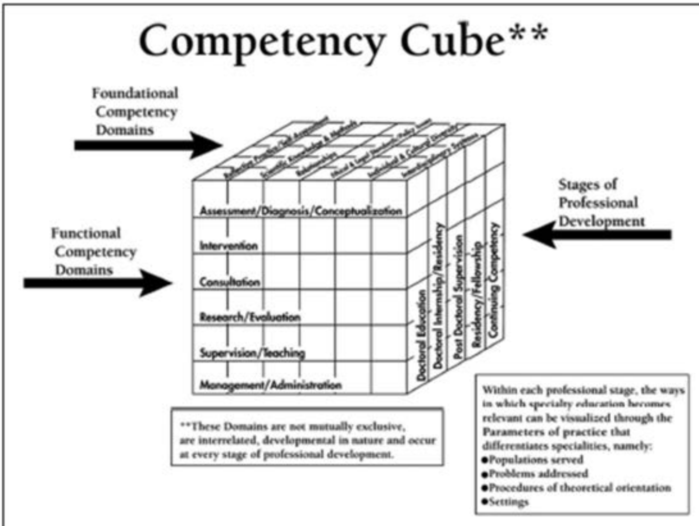


Figure 1. The Competency Cube.

The first contribution to the development of a way of thinking about what constitutes competency and how to measure it in the profession of psychology in the United States was made by the National Council of Schools and Programs of Professional Psychology in 1986 (e.g., Rodolfa et al., 2014). A broad interest in competencies was catalyzed by a national "Competencies Conference" held in 2002 (Kaslow et al., 2004). This conference considered eight core competency areas and stimulated an extensive series of publications. Beginning with the eight domains specified by the conference, a workgroup (Rodolfa et al., 2005) identified three axes or dimensions of competency: the foundational competencies necessary for competent practice, including general values and knowledge, the functional competencies, including types of psychological services/activities engaged in by professional psychologists, and the developmental stages in which such competencies are developed. This model is at the basis of a **Competency Cube** (see Figure 5). It gained acceptance across psychology training groups. The foundational competencies included 6 domains: (1) reflective practices and self-assessment, (2) scientific knowledge and methods, (3) relationships, (4) ethical and legal standards and policy issues, (5) individual and cultural diversity, and (6) interdisciplinary systems. Functional competencies encompass the major functions that a psychologist is expected to perform, each of which requires reflective integration of foundational competencies in problem identification and resolution: (1) assessment, diagnosis, and case conceptualization, (2) intervention, (3) consultation, (4) research and evaluation, and (5) supervision and teaching, and (6) management and administration. Finally, the third axis of the cube represents the stages of professional development, specifically for the situation in de USA: doctoral education, doctoral internship or residency, postdoctoral supervision, residency, or fellowship and continuing competency.

Using the Competency Cube as a model, the **Competency Benchmarks Workgroup** (Fouad et al., 2009) developed a framework that defined the core competencies under two general headings that contain 15 skills/knowledge areas that are fundamental to the practice of psychology: foundational competencies (professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, relationships, individual and cultural diversity-awareness, ethical legal standards and policy, interdisciplinary systems) and functional competencies (assessment, intervention, consultation, research/evaluation, supervision, teaching, management-administration, advocacy). Each of these 15 competencies is divided

into two to six subcategories, with each subcategory containing specific criteria for the essential competencies that define that subcategory and behavioural anchors associated with each competency component across three developmental levels: readiness for practicum, readiness for internship, and readiness for entry to practice.

The Benchmarks Competency Workgroup itself recognized that its model was overly complicated for practical use by trainers (Fouad et al., 2009 ; Hatcher et al., 2013 ; Rodolfa et al., 2014) and consequently developed a **Competency Benchmarks Rating Form** as a way of measuring readiness for entry to practice (Hatcher et. al., 2013). This model, hereafter referred to as the **Revised Competencies Benchmark Model** (APA, 2011), condenses the Competency Benchmarks Workgroup's original structure into six overarching categories or clusters, with 16 subcategories, each having a number of components: professionalism (professionalism, individual and cultural diversity, ethical legal standards and policy, reflective practice/self-assessment/self-care), relational (relationships), application (evidence-based practice, assessment, intervention, consultation), science (scientific knowledge and methods, research/evaluation), education (teaching, supervision), and systems (interdisciplinary systems, management-administration, advocacy). This revised model describes a total of 55 components for each of three developmental stages: readiness for practicum, readiness for internship, and readiness for entry to practice. Although still a significant number of components, this new model and its associated rating form are assumed to be manageable as each component has only one Likert-scale rating (Rodolfa et al., 2014).

In 2009, the Association of State and Provincial Psychology Boards (ASPPB, 2010) began an exploration of the practice of psychology and the competencies needed by licensed psychologists. The ASPPB model of "Competencies Expected of Psychologists at the Point of Licensure" consists of the following six competency clusters: (1) scientific orientation, (2) professional practice, (3) relational competence, (4) professionalism, (5) ethical practice, (6) systems thinking. This model reflects the recognition that there is a great deal of convergence within the field regarding the types of competencies that are essential for the independent practice of psychology. Moreover, Rodolfa and collaborators (2014) provide an overview of the ASPPB Competencies Expected of Psychologists at the Point of Licensure and of the Revised Competencies Benchmark Model: as they demonstrate, there is substantial overlap and considerable continuity between both models.

Interestingly, the Division of Health Psychology of the American Psychological Association developed an application of the Competency model to clinical health psychology. Using the Cube Model as a framework, France and collaborators (2008) identified the foundational and functional competencies expected of a well-trained, entry-level clinical health psychologist. Table 2 illustrates the knowledge-based and applied competencies for the domains of Assessment and Intervention.

Table 2: Assessment and Intervention Competencies in Clinical health Psychology, as formulated by France and collaborators (2008)

Assessment Competencies	
Type	Content
Knowledge-based competencies	The entry-level clinical health psychologist will have knowledge of i. biological assessment strategies relevant to individuals and systems. ii. psychological assessment strategies relevant to individuals and systems. iii. social–environmental assessment strategies relevant to individuals and systems.
Applied	The entry-level clinical health psychologist will be able to i. independently evaluate the question–problem and appropriate level of analysis, and in so

competencies	doing, select and administer empirically supported bio-psycho-social and cognitive assessment tools appropriate for the patient's physical illness, injury, or disability for the purpose of developing treatment and rehabilitative services. ii. conduct a comprehensive bio-psycho-social interview and evaluate objective (relevant) biological and psychosocial findings related to physical health or illness–injury–disability. iii. assess bio-psycho-social risk factors for the development of physical illness, injury, or disability. iv. assess environmental factors that facilitate or inhibit patient knowledge, values, attitudes, and/or behaviors affecting health functioning and health care utilization. v. assess bio-psycho-social factors affecting adherence to recommendations for medical and psychological care. vi. assess the bio-psycho-social impact of medical procedures (including screening, diagnostic, and intervention–prevention procedures). vii. demonstrate an understanding of ethical and legal ramifications of bio-psycho-social assessment strategies in addressing health and health care issues. viii. demonstrate the ability to access, evaluate, and utilize information to assist in assessment using new and emerging health technologies.
Intervention Competencies	
Knowledge-based competencies	The entry-level clinical health psychologist will have knowledge of i. pathophysiology of disease and extant biomedical treatments, and their implications for the delivery of bio-psycho-social treatments. ii. psychological factors associated with health behavior, illness, and disease, and their implications for the delivery of bio-psycho-social treatments. iii. Social–environmental factors associated with health behavior, illness, and disease, and their implications for the delivery of bio-psycho-social treatments.
Applied competencies	The entry-level clinical health psychologist will be able to i. utilize an evidence-based practice by integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. ii. implement empirically supported treatment interventions appropriate to the target population. iii. implement empirically supported health promotion and prevention interventions. iv. conduct empirically supported interventions in the context of an interdisciplinary team. v. independently evaluate, and in so doing, select and administer bio-psycho-social and cognitive assessment tools appropriate for the patient's physical illness, injury, or disability for the purpose of monitoring and evaluating the process and outcomes of treatment and rehabilitative services, including their potential risk for harm. vi. demonstrate an understanding of ethical and legal ramifications of bio-psycho-social intervention strategies in addressing health and health care issues. vii. demonstrate the ability to appropriately access, evaluate, and utilize information in designing and implementing treatment, health promotion, and prevention interventions using new and emerging health technologies.

2.3.2 Models of competence and (clinical / healthcare) psychology: Europe

European Federation of Psychologists' Associations: EFPA Competencies

The European Federation of Psychologists' Associations uses a "competence" approach to define the basic standards for entry of psychologists into independent practice in professional psychology in a variety of professional contexts (Lunt et al., 2015).

Two main groups of competences are distinguished: (i) primary competences, relating to the psychological content of the professional practice process and (ii) enabling competences, which allow the practitioner to render their services effectively in this specific domain.

The EFPA differentiates between four broad areas of professional psychology: clinical and health; education, work and organization and finally an "other" residual category. The descriptions of the competences are intended to be generic and applicable to most or all types

of psychologists' professional work, although they are implemented in specific ways in the different professional contexts.

The EFPA considers 20 primary competences that any psychologist should be able to demonstrate. These can be grouped into six functional categories, which relate to professional activities: These functions are designated as: (a) goal specification, (b) assessment, (c) development, (d) intervention, (e) evaluation, and (f) communication. In addition, there are nine enabling competencies that relate to professional activities in general and which the practitioner psychologist should be able to demonstrate in addition to the primary competences: (1) professional strategy, (2) continuing professional development, (3) professional relations, (4) research and development, (5) marketing and sales, (6) account management, (7) practice management, (8) quality assurance, and (9) self-reflection.

The EuroPsy is intended to provide a standard of academic education and professional training which defines a level of quality and standard agreed by EFPA Member Associations. In order to be considered as an EuroPsy qualified professional, a psychologist needs to demonstrate the required scientific knowledge and professional competences for the practice in an area of professional psychology. However, it should be noted that the EFPA competences are described at a generic and relatively abstract level, in order to be applicable to most or all types of psychologists' professional work (Lunt et al., 2015). Although the competencies can be implemented in specific ways in different professional contexts, the non-specific description hampered the choice of the EFPA model of competencies as the central framework for a competency profile of the Belgian clinical / health care psychologist.

British Psychological Society: Core Competencies in Clinical Psychology

The British Psychological Society (2006, 2010) provides a description of the skills, knowledge and values that a qualified clinical psychologist should possess and specifies the objectives necessary to demonstrate competence in clinical psychology and in clinical settings (British Psychological Society, 2010).

The core competencies of a clinical psychologist include: (1) transferable skills; (2) psychological assessment; (3) psychological formulation; (4) psychological intervention; (5) audit and evaluation; (6) research; (7) personal and professional skills; (8) communication and teaching skills, and (9) service delivery skills. A comprehensive description of these competencies is given by the British Psychological Society (2006, 2010):

"The **transferable skills** of clinical psychologists include the systematic application of an extensive range of theoretical models and a broad evidence and knowledge base to novel situations. **Assessment** of psychological processes and behaviour is a competence derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing individual change and stability and comparing the individual with others. Results of these assessments are placed firmly within the context of the historical, dynamic and developmental processes that will have shaped an individual, family, group or organization as well as future aspirations or needs. Clinical psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise new and context specific procedures. **Psychological formulation** is the summation and integration of the knowledge that is acquired by this assessment process that may involve psychological, biological and systemic factors and procedures. The formulation will draw on

psychological theory and research to provide a framework for describing a client's problem or needs, how it developed and is being maintained. Because of their particular training in the relationship of theory to practice, clinical psychologists will be able to draw on a number of models (bio-psycho-social) to meet needs or support decision making and so a formulation may comprise a number of provisional hypotheses. This provides the foundation from which actions may derive. What makes this activity unique to clinical psychologists is the knowledge base and information on which they draw. The ability to access, review, critically evaluate, analyze and synthesize psychological data and knowledge from a psychological perspective is one that is unique to psychologists, both academic and applied. Clinical psychologists are also competent in both the verbal and written communication of formulations to service users, families/carers and other professionals. **Psychological intervention**, if considered appropriate, is based upon the formulation. This may involve the use of psychological models to facilitate the solution of a problem or to improve the quality of relationships. Key to this is the development of a therapeutic working alliance with the service user, family or carers. Other types of psychological intervention may include training or coaching of others (such as professional staff, relatives and carers) and the provision of psychological knowledge by teaching or the development of skills through supervision and consultation. All these interventions or implementations of solutions are tests of the provisional hypotheses contained in the formulation and are subject to iterate modification in the light of experience and new data. Clinical psychologists will monitor and evaluate ongoing interventions and modify these to ensure compatibility with service user needs. They will also recognize when (further) intervention is inappropriate or unlikely to be helpful and communicate this to service users and others. **Evaluation**, therefore, is a critical and integral part of the clinical psychologist's work. All activities and interventions need to be evaluated both during their implementation and afterwards to assess the stability and security of change. The ability to devise, modify and use evaluation procedures to improve clinical outcomes and to handle complex and difficult data are key competencies for any clinical psychologist. Many clinical psychologists are engaged to undertake specific formal research projects commissioned by either the National Health Service or other grant holding bodies and often hold joint appointments with universities or other Higher Education providers. **Research competencies** include the ability to identify and critically appraise research evidence to inform clinical practice. Clinical psychologists can understand a broad range of research methods including quantitative and qualitative strategies of enquiry and plan and conduct research in a manner that satisfies the highest ethical standards. **The personal and professional skills** of clinical psychologists include an ability to work effectively with clients from a diverse range of backgrounds and to have an awareness of social and cultural factors. Whilst working at an appropriate level of autonomy they accept accountability to professional and service managers and recognize their own personal development needs. They use clinical supervision to reflect upon and improve their own clinical practice and seek and use appropriate support and guidance within the limits of personal and professional boundaries. They behave consistently in a manner that is compatible with ethical principles, codes of conduct and professional standards. **Communication and teaching competencies** are fundamental to a clinical psychologist's role. At all times clinical psychologists ensure that verbal and written communications meet expected standards of confidentiality and pay due regard to issues and laws surrounding data protection. They plan and deliver teaching and training in a manner which takes into account the needs, goals and characteristics of recipients. **Service delivery competencies** include working with service users and carers to facilitate their involvement in service planning and delivery, working with issues and mechanisms to facilitate organizational change, and developing and sustaining effective partnerships with a range of commissioners and delivery systems. Increasingly clinical psychologists are occupying leadership roles in clinical teams, project development and formalized managerial hierarchies. Critically, it is the mixture and synthesis of these competencies, built on the body of psychological theory and

data, which are applied to helping individuals, groups and systems solve personal, family, group, strategic or organizational problems that makes clinical psychology unique in health and social care".

Profile of Competence of the Health Care psychologist: the Netherlands

The psychological professions in the Dutch health care system are organized in the BIG Act. The BIG Act distinguishes four psychological professions: health care psychologist (*gezondheidszorgpsycholoog*), psychotherapist, clinical psychologist and clinical neuropsychologist.

The level, the function and the field of action of the Belgian clinical / health care psychologist on a basic, generalist level, at the point of entry into the profession corresponds well with the profession of the health care psychologist in the Netherlands. "This psychologist is a generalist, treats psychological disorders, problems in a person's private life and psychological complaints that may occur in combination with other diseases such as disability and physical complaints. The main tasks of a health care psychologist are independent diagnosis; care needs assessment, and treatment. A health care psychologist often works in mental health care, in nursing homes or in a general hospital. Health care psychologists may work in independent practices, for example as a psychologist providing primary or basic health care. The health care psychologist works in close cooperation with people in other disciplines, such as physicians, but retains responsibility for his or her own practice" (Siemons, 2014).

A Dutch working group (Werkgroep Modernisering GZ-opleiding, 2012) defined the competency areas for the healthcare psychologist: this was done using the medical competencies model of the Canadian Medical Education Directives for Specialists (CanMEDS, 2000). The CanMEDS model (Frank, 2005) is the starting point for all medical training in Netherlands: the model was considered to be - with some modifications - useful for psychological training. Decisive for the choice was that the model has proven itself as accepted and tested by other health care professionals: as such the model could provide a conceptual framework within settings where healthcare professionals work together.

1. "**Psychological Acting**": this is the core area of the profession, with which other competence areas are closely linked: diagnosis, indication, and intervention.
2. "**Communication**": includes all communication and cooperation with the client and his/her system.
3. "**Collaboration**": refers to the collaboration with other health care providers.
4. "**Knowledge and science**": focuses on the process of acquiring and communicating knowledge.
5. "**Social advocacy**": considers the social context of the actions of the healthcare psychologist and forms of advocacy on behalf of the clients.
6. "**Organization**": organizing activities (such as diagnostics or an intervention) as well as working as a member of an organization.
7. "**Professionalism**": covers personal, ethical and legal standards of quality standards, for the professional healthcare psychologist.

2.4 Strategy for the development of a competency profile for the Belgian clinical / health care psychologist

2.4.1 Criteria for the selection of a model for the competency profile

The choice of a model of a competency profile for the Belgian clinical / health care psychologist is guided by different criteria:

- The model needs to be supported by recent international scientific literature on the competencies profiles of the professional psychologist.
- The model should be up-to-date and adapted to recent developments in psychological science.
- The model needs to be as specific as possible for the position of the Belgian clinical / health care psychologist (e.g., legislation).
- The model reflects the dimensions of functional competencies, directly related to the professional activities: these aspects should be explicitly formulated. On the other hand, the attitudes, values and knowledge which form necessary conditions for the acting of the psychologist (e.g., foundational competencies) may be either explicitly or implicitly expressed in the benchmark indicators.
- The model should be user friendly, relatively compact, not overly complex, and functional in everyday use.
- The model is specified in this document at the entry level to the profession, but separate forms and benchmarks for other stages of professional development can be specified (e.g., pre-practicum, pre-internship, readiness for practice, levels of specialization, etc.).
- The model allows developing tools for assessment and evaluation of the profile.

2.4.2 The Revised Competencies Benchmarks model as a frame of reference for the competency profile of the Belgian clinical / health care psychologist

The American "Revised Competencies Benchmarks" model (APA, 2011 ; Hatcher et al., 2013) was selected by the SHC as the starting point for the development of the Belgian competency Profile.

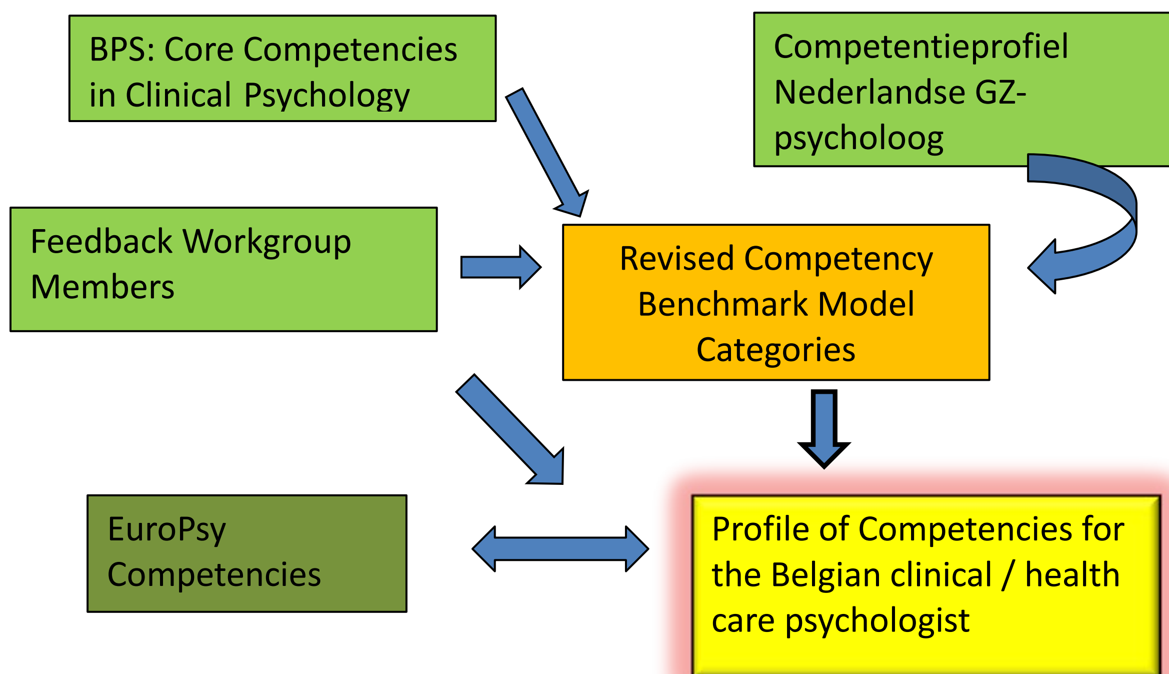
Arguments for this decision were:

- It is an adaptation of the well-known Cube Model and includes foundational and functional competencies for three levels of professional development (readiness for practicum, readiness for internship, readiness for practice).
- It has a documented history and is proposed, developed, and evaluated by experts in the field of competences for professional psychology (Hatcher et al., 2013 ; Rodolfa et al., 2014 ; Johnson & Kaslow, 2014).
- It is easier to use and more manageable than the Cube model and the Competency Benchmarks Rating Form (Fouad et al., 2009).
- It has a structure similar with other models (Rodolfa et al., 2014).
- It includes an appendix with examples to further clarify items or to illustrate possible ways the item may show up in a training setting (APA, 2011).
- It has a rating form, an assessment instrument is connected to the model, with benchmarks developed on the three levels of professional development, including readiness for practice (APA, 2011).

In adopting the Revised Benchmarks Model for the Belgian clinical / health care psychologist, the SHC also drew on the information provided by alternative models that have been developed specifically for the clinical psychologist: the model for the Dutch GZ-psychologist and the indicators from the Core Competencies Log Book of the model for the clinical psychology of the British Psychological Society.

Finally, the advice of the SHC considered also the concordance between the Competency Profile of the Belgian clinical / health care psychologist and the competencies specified by the EFPA in the EuroPsy European Certificate in Psychology (EuroPsy) in an effort to evaluate the agreement with the European standards of academic education and professional training that define the level of quality and standard agreed by EFPA Member Associations.

Figure 6: Strategy for developing the Profile of Competencies for the Belgium clinical / health care psychologist



The SHC retained the two higher dimensions of foundational and functional competency, characterized by 6 clusters and 16 domains, but considered to withdraw the functional domains of consultation and supervision, as these domains did not connect sufficiently with the role and function of a Belgian clinical / health care psychologist. The emphasis in the Revised Benchmarks Model on the consultation competency is less meaningful for the situation of the Belgian clinical / health care psychologist: advisory or consultative activities are redefined as a benchmark of the intervention. Moreover, as in Belgium providing supervision is not a competency required for a clinical psychologist at the level of entry to the practice, this domain was redefined as the benchmark "supervising attitude" in the organizational competency domain. The resulting profile is summarized in Table 3 : it contains six clusters and 14 competency domains.

Table 3 : SHC competency profile for the Belgian clinical / health care psychologist

❖ Foundational dimension	❖ Functional dimension
I. Professionalism	IV. Professional applications
1 Professional Values and Attitudes	8 Evidence-based Practice
2 Individual and Cultural Diversity	9 Assessment
3 Ethical, Legal Standards and Policy	10 Intervention
4 Reflective Practice/Self-Assessment/Self-Care	V. Education
II. Relational	11 Teaching
5 Relational	VI. Systems
III. Science	12 Interdisciplinary Systems
6 Scientific Knowledge and Methods	13 Organization
7 Research/Evaluation	14 Social engagement

The full, adapted profile is presented in Chapter 2.5.3.

2.5 The profile of competencies for the Belgian Clinical / health care Psychologist

2.5.1. Changes in the Revised Benchmarks model

Table 4 presents the changes in the Revised Benchmarks model, leading to the SHC model with 6 clusters, 14 domains and 46 benchmarks of competencies for the Belgian clinical / health care psychologist.

Table 4 : Table With Changes From Revised Benchmarks Model

Revised Benchmarks model	Profile of Competencies for the Belgian Clinical / health care Psychologist	
Foundational		
I. Professionalism: 16 benchmarks	**I. Professionalisme 13 benchmarks**	**I. Professionalisme 13 benchmarks**
1.Professional Values and Attitudes 5	1. Valeurs et attitudes professionnelles 5	1. Professionele waarden en attitudes 5
2.Individual and Cultural Diversity 4	2. Diversité individuelle et culturelle1	2. Individuele en Culturele Diversiteit 1
3. Ethical, Legal Standards and Policy 3	3. Normes éthiques et codes déontologiques et de conduite 3	3. Ethische waarden, deontologische en gedragscode 3
4. Reflective Practice/ Self-Assessment/Self-Care 4	4. Pratique réflexive, auto-évaluation et soins personnels 4	4. Reflectie, zelfevaluatie en zelfzorg 4
II. Relational: 3	**II. Relationnel 3 benchmarks**	**II. Relationeel 3 benchmarks**
5. Relationships 3	5. Relations 3	5. Relaties 3
III. Science: 5	**III. Science 5 benchmarks**	**III. Wetenschap 5 benchmarks**
6.Scientific Knowledge and Methods 3	6. Connaissance et méthodes scientifiques 3	6. Wetenschappelijke kennis en methoden 3
7.Research/Evaluation 2	7. Recherche et evaluation 2	7. Onderzoek en evaluatie 2
Functional		
IV. Application: 15	**IV. Activités professionelles 12 benchmarks**	**IV. Professionele activiteiten 12 benchmarks**
8. Evidence-based Practice 1	8. Evidence-based Practice 1	8. Evidence-based Practice 1
9.Assessment 6	9. Evaluation psychologique 6	9. Psychologische evaluatie 6
10 Intervention 4	10 Interventions 5	10 Interventies 5
11. Consultation 4	-> 10E	-> 10E

V. Education: 6	V. Formation 2 benchmarks	V. Vorming 2 benchmarks
12. Teaching 2	11. Enseignement 2	11. Onderwijs
13. Supervision 4	-> 13E (Organisation)	-> 13E (Organisatie)
VI. Systems: 10	**VI. Systèmes 11 benchmarks**	**VI. Systemen 11 benchmarks**
14. Interdisciplinary Systems 4	12. Systèmes interdisciplinaires 4	12. Interdisciplinaire systemen 4
15. Management /Administration 4	13. Organisation 5	13. Organisatie 5
16. Advocacy 2	14. Engagement social 2	14. Maatschappelijk engagement 2
16 domains 55 benchmarks	14 domaines/domeinen 46 benchmarks	

2.5.2 Correspondence of the Belgian Profile with the EuroPsy competencies

As mentioned before, its non-specific, generic description disadvantaged the choice of the EuroPsy model of competencies as the central framework for developing a competency profile of the Belgian clinical / health care psychologist.
A comparison between the two models reveals that for most of the 20 “primary” competences in the EuroPsy model a complimentary description –specific for the situation of the clinical psychologist - can be found in the benchmarks of the SHC model. However, the EuroPsy model lacks references to the competency domains of evidence-based practice, relational competencies and doesn’t emphasize the importance of scientific knowledge and methodology. The “Organisational assessment competence” in EuroPsy is considered as not applicable for psychologists working in health settings (Lundt et al., 2015).
For most of the 9 “enabling” EuroPsy competencies agreement was found in SHC benchmarks, but the SHC model did not formulate equivalents for the enabling competencies of Marketing and Sales, and Account Management. However, these competencies seem less relevant for the clinical psychologist. On the other hand, the Europsy model does not describe the competency domains concerning individual and cultural diversity, ethical values and deontology, and empowerment.
In conclusion, the comparison of the contents of the EuroPsy model and the present SHC model reveals a lack of overlap and correspondence as regards content between the two models. This poor continuity between the models is caused by the different conceptualizations of the two models: generic versus highly specific. The competencies of the EuroPsy profile are described at a generic and quite abstract level, in order to be applicable to most or all types of psychologists’ professional work (Lunt et al., 2015), whereas the SHC profile was developed specifically for the clinical / health care psychologist in Belgium and focused on operationally defining each competency domain with its essential components and behavioural benchmarks. Consequently, the EuroPsy model reveals less affinity with the practices and functioning of a clinical psychologist.

2.5.3 The Profile of competencies: clusters, domains and benchmarks

COMPETENCES FONDAMENTALES - FUNDAMENTELE COMPETENTIES

Cluster Professionalisme / Professionaliteit.

1. **Valeurs et attitudes professionnelles**: le comportement adopté reflète les valeurs et les attitudes du psychologue clinicien 1. **Professionele waarden en attitudes:** gedrag en houding weerspiegelen de waarden en attitudes van de klinisch psycholoog	
1A Intégrité, honnêteté, responsabilité personnelle et adhérence aux valeurs professionnelles	1A Integriteit, eerlijkheid, persoonlijke verantwoordelijkheid en toewijding aan professionele waarden
• Repère et gère de manière autonome toute situation qui menace les valeurs professionnelles et l'intégrité professionnelle	• Bewaakt en lost autonoom situaties op die de professionele waarden en integriteit bedreigen
1B Conduite	1B. Gedrag
• Facilite le résultat des actes psychologiques, quel que soit la situation ou le contexte professionnel, par exemple en utilisant un langage approprié, en communicant de manière bienveillante, en adoptant une attitude appropriée, etc.	• Faciliteert het resultaat van het psychologisch handelen in diverse contexten en situaties, bijvoorbeeld op vlak van taalgebruik en communicatie, door een passende attitude aan te nemen, etc.
1C Responsabilité	1C. Verantwoordelijkheid
• Prend ses responsabilités personnelles de manière autonome dans divers milieux et contextes	• Neemt autonoom persoonlijke verantwoordelijkheid op in diverse settingen en contexten
1D. Sérénité des autres	1D. Zorg voor het welvaren van anderen
• Agit de manière autonome pour garantir la sérénité des autres	• Handelt autonoom om het welvaren van anderen te garanderen
1E. Identité professionnelle	1E. Professionele identiteit
• Affirme son identité en tant que psychologue clinicien : est membre d'associations professionnelles spécifiques, participe à des ateliers/séminaires dont le contenu clinique est manifeste • Démontre une connaissance des questions principales du domaine de la psychologie clinique • Intègre la connaissance scientifique dans sa pratique clinique et vice versa	• Garandeert de identiteit als klinisch psycholoog: is lid van psychologische beroepsverenigingen, neemt deel aan workshops en studiedagen met een klinische finaliteit • Geeft blijk van kennis over kwesties die centraal staan in het domein, van de klinische psychologie • Integreert wetenschappelijke kennis en klinische praktijk

2. **Diversité individuelle et culturelle :** conscience, sensibilité et aptitudes à travailler avec des individus, groupes et groupes sociaux 2. **Individuele en Culturele Diversiteit:** bewustzijn, sensitiviteit en vaardigheden in het professioneel werken met diverse individuen, groepen en maatschappelijke groepen	
2A Sensibilité aux caractéristiques spécifiques de la diversité individuelle et culturelle de soi comme psychologue, du patient/client ou du système du patient/client	2A Sensitiviteit voor specifieke kenmerken van individuele en culturele diversiteit met betrekking tot zichzelf als psycholoog, de patiënt/cliënt of het cliënt/patiëntsysteem
• Prend conscience de sa diversité culturelle et individuelle en tant que psychologue clinicien • Est sensible aux caractéristiques spécifiques de la diversité culturelle et individuelle du patient/client tels que l'âge, le sexe, l'identité de genre, l'ethnie, la culture, l'origine nationale, la religion, l'orientation sexuelle, le handicap, la langue et le statut socio-économique[11] • Prend en considération les caractéristiques de la diversité culturelle et individuelle du système du patient / client dans les évaluations et interventions psychologiques	• Is zich bewust van zijn culturele en individuele diversiteit in zijn hoedanigheid als klinisch psycholoog • Is sensitief voor de specifieke kenmerken van de culturele en individuele diversiteit van de patiënt/cliënt of het patiënt/cliëntsysteem zoals leeftijd, geslacht, genderidentiteit, etniciteit, cultuur, nationale origine, religie, seksuele oriëntatie, handicap, taal en socio-economische status[12] • Culturele en individuele karakteristieken van het patiënt/cliëntsysteem worden betrokken in de psychologische evaluatie en interventies

[11] La notion de « race » n'est pas retenue dans la liste
[12] Het concept " ras " is niet weerhouden in de opsomming

3. **Codes déontologiques éthique:** conscience et application des aspects légaux, déontologiques et éthiques des activités professionnelles cliniques avec des individus, groupes et organisations 3. **Deontologische code en ethiek**: besef van wettelijke, deontologische en ethische aspecten van de klinische activiteiten met individuen, groepen, en organisaties	
3A. Connaissance des standards et des directives éthiques, légaux et professionnels	3A. Kennis van ethische, wettelijke en deontologische standaarden en richtlijnen
• Connaît et applique de manière rigoureuse le Code Belge de Déontologie des Psychologues ainsi que les principes sous-jacents à ce Code de Déontologie • Connaît et applique les lignes directrices éthiques, légales et professionnelles pertinentes en matière d'application de la psychologie clinique (Cf. directives du Conseil Santé Publique)	• Bezit kennis van en past op strikte wijze de ethische principes en gedragscodes uit de Belgische Deontologische Code voor Psychologen toe • Kent en past relevante ethische, wettelijke en professionele normen en richtlijnen toe op het vlak van de klinische psychologie
3B. Conscience et application d'une prise de décision éthique	3B. Bewustzijn van en toepassing van een ethische besluitvorming
• Utilise, de manière autonome, un modèle de prise de décision éthique dans la pratique de la psychologie clinique	• Gebruikt autonoom een ethisch beslissingsmodel in het professioneel werk
3C. Conduite éthique	3C. Ethisch gedrag
• Intègre de manière autonome les standards éthiques, légaux et déontologiques dans tous les domaines de compétence	• Integreert autonoom ethische, wettelijke en deontologische normen in alle competentiedomeinen

4. **Pratique réflexive, auto-évaluation / « se soucier de soi-même »:** la pratique réflexive est réalisée avec une conscience de soi et une réflexion personnelle et professionnelle, avec une compréhension des compétences et avec un souci de soi-même approprié 4. **Reflectie, zelfevaluatie en zelfzorg:** praktijk uitgevoerd met een persoonlijk en professioneel zelfbewustzijn en reflectie, met inzicht in de competenties en met een gepaste zelfzorg	
4A. Réflexion dans la pratique	4A. Reflectie in de praktijk
• Fait preuve de pratique réflexive pendant et après toute activité professionnelle clinique • Agit sur la base de réflexion • S'utilise lui-même comme outil thérapeutique	• Maakt gebruik van reflectie zowel tijdens en na professionele activiteit. • Handelt weloverwogen • Zet zichzelf/de eigen persoon in als een therapeutisch middel
4B. Auto-évaluation	4B. Zelfevaluatie
• Evalue soi-même ses compétences dans tous les domaines de compétence de la psychologie clinique • Intègre l'auto-évaluation de ses compétences dans la pratique • Reconnait les limites de ses connaissances / ses aptitudes et agit pour y remédier • Elabore un planning personnel de formation continue afin d'améliorer ses connaissances et aptitudes	• Evalueert zelf de eigen competenties in alle competentiedomeinen van de klinische psychologie. • Integreert de zelfbeoordeling van de competenties in de praktijk • Erkent beperkingen in kennis/vaardigheden en neemt acties ter remediëring • Heeft een persoonlijke planning van permanente vorming om de kennis en vaardigheden te versterken
4C. Soins personnels (attention portée à la santé et au bien-être personnel afin d'assurer un fonctionnement professionnel efficace)	4C. Zelfzorg (aandacht voor persoonlijke gezondheid en welzijn om een effectief professioneel functioneren te garanderen)
• Surveille lui-même des problèmes associés à sa santé et à son bien-être personnel • Intervient rapidement en cas de perturbation de son fonctionnement professionnel	• Volgt zelf problemen op die betrekking hebben op zijn gezondheid en persoonlijk welzijn • Intervenieert onmiddellijk wanneer zich problemen voordoen die het professioneel functioneren verstoren
4D. Optimalisation des propres connaissances et aptitudes: participation à la supervision, l'intervision et à des activités de formation continue	4D. Optimalisatie van eigen kennis en kunde: deelname aan supervisie, intervisie en aan permanente vorming
• Cherche de manière autonome la supervision • Consulte des collègues quand c'est nécessaire • Poursuit sa formation continue tout au long de sa carrière	• Zoekt autonoom supervisie • Pleegt overleg met collega's indien nodig • Doet aan permanente vorming

Cluster Competences Relationnelles / Relationele competenties

5. **Relations :** Etablit des relations efficaces et significatives avec des individus, groupes et/ou groupes sociaux 5. **Relaties:** Onderhoudt effectieve en zinvolle relaties met individuen, groepen en/of maatschappelijke groepen	
5A.Relations interpersonnelles	5A. Interpersoonlijke Relaties
• Développe et maintient des relations efficaces avec un large éventail de clients/patients, collègues, organisations et groupes	• Ontwikkelt en onderhoudt werkzame relaties met een grote verscheidenheid van cliënten/patiënten, collega's, organisaties en groepen
5B. Aptitudes relationnelles	5B. Relationele Vaardigheden
• Gère la communication et les interactions difficiles • Construit et maintient une relation de confiance et une relation thérapeutique	• Kan moeilijke communicatie en interacties hanteren • Kan een vertrouwensrelatie en een therapeutische relatie ontwikkelen
5C. Aptitudes de communication	5C. Communicatieve Vaardigheden
• Rédige le rapport de la prise en charge clinique • Communique et informe au niveau verbal, non verbal et à l'écrit sans ambiguïté, de manière claire et intégrée • Démontre une connaissance approfondie du langage et des concepts professionnels • Met en place et élabore soi-même un dossier des patients/clients	• Doet verslag van het psychologisch handelen • Verbale, non-verbale en geschreven communicaties zijn eenduidig, helder en goed geïntegreerd • Heeft een nauwgezette kennis van professionele taal en van de geassocieerde klinische concepten. • Vormt en voert zelfstandig patiënt/cliëntendossiers

6. **Connaissance et méthodes scientifiques :** Compréhension de la recherche, de la méthodologie de recherche, des techniques de récolte de données et d'analyse, des bases biologiques, psychologiques et socio-environnementales du comportement et du fonctionnement psychique, et du développement tout au long de la vie. Respect des connaissances obtenues scientifiquement

6. **Wetenschappelijke kennis en methoden:** Inzicht in onderzoek, onderzoeksmethodologie, technieken van dataverzameling en –analyse, biologische, psychologische en sociale fundamenten van gedrag en psychisch functioneren en van ontwikkeling gedurende de levensloop. Respect voor op wetenschap gebaseerde kennis

6A. Esprit scientifique	6A. Wetenschappelijke Oriëntatie
• Applique de manière autonome les méthodes scientifiques à la pratique clinique	• Past autonoom wetenschappelijke methoden toe in de klinische praktijk
6B. Fondement scientifique de la psychologie	**6B. Wetenschappelijke fundamenten van de psychologie**
• Utilise la connaissance des fondements scientifiques de la psychologie et de la psychologie clinique, c'est-à-dire les interactions biopsychosociales entre les aspects sociaux, physiques et psychologiques de la santé et de la maladie – dans une perspective développementale	• Gebruikt kennis van de fundamenten van de psychologie en klinische psychologie, en met name de bio-psycho-sociale interacties tussen sociale, lichamelijke en psychische aspecten van gezondheid en ziekte – mede beschouwd vanuit een ontwikkelingsperspectief
6C. Fondement scientifique de la pratique professionnelle	**6C.Wetenschappelijke onderbouwing van de professionele praktijk**
• Utilise dans les actes psychologiques cliniques, la connaissance de la psychométrie, des techniques de récolte et d'analyse de données, de la psychopathologie (développementale), de la neuropsychologie, des théories cognitives et d'apprentissage, des théories psychodynamiques, des théories expérientielles, de la dynamique de groupe et des théories des systèmes ainsi que des connaissances de base de la psychopharmacologie	• Past in het klinisch psychologisch handelen kennis toe van psychometrie en technieken van dataverzameling en – analyse, (ontwikkelings)psychopathologie, neuropsychologie, leer- en cognitieve theorieën, psychodynamische theorieën, client-centered en experiëntiële theorieën, groepsdynamica en systeemtheorieën, en basale kennis over psychofarmacologie

7. **Recherche et évaluation :** Génère de la recherche et constatations qui contribuent aux connaissances professionnelles et/ou évalue l'efficacité des différentes activités professionnelles 7. **Onderzoek en evaluatie:** Genereert onderzoek en bevindingen die bijdragen aan de professionele kennis en/of evalueert de effectiviteit van diverse professionele activiteiten	
7A. Approche scientifique de la génération de connaissance	7A. Wetenschappelijke benadering voor bevordering van kennis
• Favorise l'élargissement et le développement de l'expertise clinique scientifique	• Bevordert de verbreding van en ontwikkelt de wetenschappelijke vakkennis
7B. Application de la méthode scientifique à la pratique	7B. Toepassing van de wetenschappelijke methode in de praktijk
• Applique des méthodes scientifiques pour évaluer des pratiques, interventions, et programmes cliniques • Evalue systématiquement les effets des actes psychologiques chez chaque client/patient	• Past wetenschappelijke methoden toe om praktijken, interventies en klinische programma's te evalueren • Evalueert op systematische wijze de effecten van het psychologisch handelen bij elke cliënt/patiënt

COMPÉTENCES FONCTIONNELLES - FUNCTIONELE COMPETENTIES

Cluster Activités Professionnelles / Professionele Activiteiten

<table>
<tr><td colspan="2">8. Evidence-Based Practice[13]: intégration de la recherche et de l’expertise clinique dans le contexte des facteurs liés au patient/client
8. Evidence-Based Practice: integratie van onderzoek en klinische deskundigheid in de context van patiënt/cliënt factoren</td></tr>
<tr><td>8A. Connaissance et application de l’Evidence-Based Practice</td><td>8A. Kennis en Toepassing van Evidence-Based Practice</td></tr>
<tr><td>• Applique de manière autonome la connaissance de l’evidence-based practice, en intégrant les bases empiriques de l’évaluation psychologique, du dépistage, de la prévention et de l’intervention ainsi que d’autres applications psychologiques en lien avec l’expertise clinique, tenant compte des préférences du patient/client</td><td>• Past autonoom kennis toe van op evidentie gebaseerde praktijk door de empirische basis voor psychologische evaluatie, screening, preventie, interventie en andere psychologische toepassingen te integreren met klinische expertise, rekening houdend met de voorkeuren van de patiënt/cliënt</td></tr>
</table>

[13] Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (APA, 2005, retrieved from http://www.apa.org/practice/guidelines/evidence-based-statement.aspx).

9. **Evaluation psychologique:** évaluation psychologique[14] de problèmes, ressources et questions associées aux individus, groupes et/ou organisations 9. **Psychologische evaluatie**: psychologische evaluatie van problemen, mogelijkheden en vragen, geassocieerd met individuen, groepen en/of organisaties	
9A. Connaissance de la psychométrique	9A. Kennis van psychometrie
• A la connaissance de la psychométrie : aspects théoriques et pratiques de la construction des tests, de la fiabilité et la validité des tests psychologiques	• Heeft kennis van psychometrie: theorie en toepassing van testconstructie, van de betrouwbaarheid en validiteit van het psychologisch testen
9B. Connaissance des méthodes d'évaluation psychologiques	9B. Kennis van methoden van psychologische evaluatie
• Comprend de manière autonome les forces et limites des approches diagnostiques • Sélectionne et utilise de manière autonome les méthodes et outils d'évaluation psychologique d'une manière qui réponde et respecte les différents individus, couples, familles, groupes et contextes	• Begrijpt autonoom de sterke punten en beperkingen van diagnostische benaderingen • Selecteert en gebruikt autonoom multipele methoden en middelen van psychologische evaluatie op een wijze die responsief en respectvol is voor diverse individuen, koppels, families, groepen en contexten
9C. Application des méthodes d'évaluation psychologique	9C. Toepassing van methoden van psychologische evaluatie
• Sélectionne et administre de manière autonome une variété d'outils d'évaluation psychologique • Interprète les résultats de multiples mesures pour la planification et l'évaluation des interventions psychologiques • Intègre les résultats pour évaluer de manière précise la question posée	• Selecteert en neemt autonoom diverse meetinstrumenten af • Interpreteert de resultaten van multipele metingen voor de planning en evaluatie van psychologische interventies • Integreert de resultaten om op een accurate wijze de gestelde vraag te evalueren
9D. Classifications des troubles mentaux	9D. Classificatie van de psychische stoornissen
• Peut appliquer le diagnostic des classifications des troubles mentaux comme le *Diagnostic and Statistical Manual of Mental Disorders* ou le *International Classification of Diseases*	• Is in staat om diagnostiek van psychische stoornissen toe te passen zoals de *Diagnostic and Statistical Manual of Mental Disorders* of de *International Classification of Diseases*
9E. Formulation de cas et avis	9E. Casusformulering en advies
• Conceptualise de manière autonome et précise les dimensions multiples du cas sur base des résultats de l'évaluation psychologique	• Geeft autonoom de multipele dimensies van de casus vorm op basis van de resultaten van de psychologische evaluatie

[14] L'évaluation psychologique/psychologische evaluatie: both terms refer to psychological assessment and can be defined as a process of testing that uses a combination of techniques to arrive at hypotheses about a person and their behavior, personality and capabilities. "Assessment of psychological processes and behavior is a competence derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing individual change and stability and comparing the individual with others. Results of these assessments are placed firmly within the context of the historical, dynamic and developmental processes that will have shaped an individual, family, group or organization as well as future aspirations or needs. Clinical psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise new and context specific procedures" (British Psychological Society, 2010).

• Utilise la formulation de cas pour planifier les interventions dans le contexte des étapes du développement humain et de la diversité	• Maakt gebruikt van casusformulering om interventies te plannen binnen de context van de menselijke ontwikkeling en diversiteit
9F. Communication des résultats de l'évaluation psychologique	**9F. Communicatie van bevindingen van de psychologische evaluatie**
• Communique les résultats sous une forme écrite et verbale claire, constructive et précise, et d'une manière appropriée sur le plan conceptuel	• Communiceert geschreven en mondelinge bevindingen op heldere, constructieve, nauwkeurige en conceptueel gepaste wijze

10. **Interventions :** appliquer des interventions visant à soulager la souffrance et à promouvoir la santé et le bien -être des individus, des groupes et / ou des organisations 10. **Interventie**: interventies toepassen om lijden te verlichten en om gezondheid en welvaren van individuen, groepen en organisaties te bevorderen	
10A. Planning d'interventions	**10A. Planning van interventies**
• Planifie de manière autonome les interventions psychologiques cliniques (prévention, dépistage, prise en charge, soutien, etc.) • Les conceptualisations de cas et la planification des interventions sont spécifiques au cas et au contexte	• Plant autonoom klinisch psychologische interventies (screening, preventie, interventie, ondersteuning, etc.) • Casusformulering en interventieplanning zijn specifiek voor casus en context
10B. Aptitudes cliniques	**10B. Klinische Vaardigheden**
• Démontre des aptitudes cliniques auprès d'une grande variété de patients/clients et de leur environnement • Utilise un bon jugement, même dans des situations difficiles ou imprévues	• Vertoont klinische vaardigheden bij een grote verscheidenheid van patiënten/cliënten en hun omgeving • Gebruikt een goed beoordelingsvermogen, zelfs in onverwachte of moeilijke situaties
10C. Implémentation d'interventions	**10C. Implementatie van interventies**
• Implémente des interventions selon les modèles cliniques empiriquement validés (evidence based practice) • Possède de la flexibilité pour adapter les interventions en cas de besoin	• Implementeert empirisch ondersteunde interventies (evidence-based practice) • Bezit de flexibiliteit om aanpassingen in interventies aan te brengen wanneer nodig
10D. Evaluation des interventions psychologiques	**10D. Evaluatie van psychologische interventies**
• Evalue systématiquement et de manière autonome les effets du processus thérapeutique et des interventions chez les patients/clients • Modifie les interventions quand c'est indiqué, même en l'absence de mesures de résultats reconnues • Sollicite et reçoit de manière constructive le feedback sur ses propres interventions	• Evalueert op systematische wijze en autonoom de effecten van het therapeutisch proces en van interventies bij cliënten/patiënten • Modificeert bij indicatie het behandelingsplan, zelfs in de afwezigheid van erkende uitkomstmetingen • Vraagt en hanteert op constructieve wijze feedback over de interventies
10E. Rôle de consultant, de conseiller	**10E. Rol van consultant, adviesverlener**
• Activités de conseils ou consultatives : donne des conseils ou une aide professionnelle en réponse aux besoins ou objectifs d'un patient/client • Traite/gère les demandes référencées,	• Adviserende of consultatieve activiteiten: geeft deskundig advies of professionele hulp in respons op de behoeften, noden of doelen van een patiënt/cliënt • Behandelt verwijsvragen, geeft psycho-

pratique la psychoéducation et du feedback et communique des conseils	educatie, feedback en communiceert advies

Cluster Formation / Vorming

<table>
<tr><td colspan="2">11. Enseignement : fournir des instructions, diffuser les connaissances et évaluer l'acquisition des connaissances et des aptitudes en psychologie clinique
11. Onderwijs: verstrekken van instructie, disseminatie van kennis en evalueren van kennis en vaardigheden in de klinische psychologie</td></tr>
<tr><td>11A. Connaissance</td><td>11A. Kennis</td></tr>
<tr><td>• Démontre une connaissance des stratégies didactiques d'apprentissage
• S'accommode des différences développementales et individuelles</td><td>• Vertoont kennis van didactische leerstrategieën
• Weet hoe tegemoet te komen aan ontwikkelings- en individuele verschillen</td></tr>
<tr><td>11B. Aptitudes</td><td>11B. Vaardigheden</td></tr>
<tr><td>• Applique les méthodes d'enseignement dans de multiples contextes</td><td>• Past onderwijsmethoden toe in multipele contexten</td></tr>
</table>

Cluster Systèmes / Systemen

12. **Systèmes interdisciplinaires** : connaissance des questions et concepts clés dans les disciplines liées. Identifie et interagit avec des professionnels de disciplines multiples 12. **Interdisciplinaire systemen**: kennis van hoofdthema's en – concepten bij verwante disciplines. Identificeert en interageert met professionelen uit multipele disciplines	
12A. Connaissance des contributions communes et distinctes des autres professions	12A. Kennis van de gemeenschappelijke en verschillende bijdragen van andere beroepen
• Est conscient des multiples et différentes visions du monde, rôles, standards professionnels et contributions à travers les contextes et systèmes • Démontre la connaissance des rôles communs et distincts d'autres professionnels de la santé	• Is zich bewust van de multipele en verschillende wereldbeelden, rollen, professionele normen en bijdragen over contexten en systemen. • Heeft kennis van de gemeenschappelijke en onderscheiden rollen van andere gezondheidszorgberoepen
12B. Fonctionnement dans des contextes multidisciplinaires et interdisciplinaires	12B. Functioneren in multidisciplinaire en interdisciplinaire contexten
• Démontre une connaissance de base et la capacité de contribuer à un fonctionnement efficace d'équipe interdisciplinaire	• Vertoont basiskennis en bezit de vaardigheden om bij te dragen aan een efficiënt functioneren van het interdisciplinair team
12C. Comprend comment la participation à une concertation/collaboration interdisciplinaire améliore les résultats	12C. Begrijpt hoe de participatie in interdisciplinair samenwerking/overleg resultaten verbetert
• Participe et initie la collaboration/concertation interdisciplinaire qui conduit à des buts partagés	• Neemt deel aan en initieert interdisciplinaire samenwerking/overleg die leiden naar gedeelde doelstellingen
12D. Relations respectueuses et productives avec des personnes d'autres professions	12D. Respectvolle en productieve verhoudingen met personen uit andere beroepsgroepen
• Développe et maintient dans le temps des relations de collaborations malgré les différences	• Ontwikkelt en onderhoudt samenwerkingsverbanden ondanks verschillen

13. **Organisation**: gère la délivrance directe de services et/ou la gestion d'organisations ou de programmes
13. **Organisatie**: beheert de directe dienstverlening en/of voert het beleid over organisaties of programma's

13A. Evaluation du management et de la gestion	13A. Evaluatie van management en aansturing
• Connaissance de l'organisation et des tâches, responsabilités et pouvoirs formulés par le management • Développe et offre une critique constructive et des suggestions concernant le management et la direction de l'organisation	• Kennis van de organisatie en de vanuit het management geformuleerde taken, verantwoordelijkheden en bevoegdheden • Ontwikkelt en biedt constructieve kritiek en suggesties betreffende het management en de leiding van de organisatie
13B. Management	13B. Management
• Participe à la gestion de la délivrance de services psychologiques • Réagit de manière appropriée dans la structure hiérarchique	• Neemt deel aan het beleid voor de psychologische dienstverlening • Reageert op gepaste wijze binnen de hiërarchische structuur
13C. Gouvernance	13C. Beleid
• Participe à la gestion de programmes cliniques • Montre un engagement dans le contrôle de la qualité au niveau de l'organisation	• Neemt deel aan het beleid betreffende klinische programma's • Is betrokken bij het kwaliteitsbeleid op het niveau van de organisatie
13D. Responsabilité dans l'organisation	13D. Verantwoordelijkheid in de organisatie
• Participe au changement du système et à la structure de gestion de l'organisation • Assume la responsabilité pour les aspects psychologiques du fonctionnement des équipes	• Participeert in systeemveranderingen en in het bestuur van de organisatie. • Neemt verantwoordelijkheid betreffende de psychologische aspecten van het functioneren van teams
13E. Attitudes de supervision	13E. Superviserende attitude
• Procure un encadrement supervisé efficace concernant les aspects psychologiques aux étudiants, collègues, ou aux collègues venant d'autres disciplines quand c'est utile et approprié	• Verstrekt een superviserend kader betreffende psychologische aspecten aan studenten, collega's en aan collega's uit andere disciplines wanneer dit zinvol en gepast is

14. **Engagement social** : exercer de façon socialement responsable l'emploi du psychologue clinicien 14. **Maatschappelijk engagement:** maatschappelijk verantwoord uitoefenen van het beroep van klinisch psycholoog	
14A. Empowerment	14A. Empowerment
• Intervient avec le patient/client pour promouvoir le développement, le fonctionnement et le bien-être	• Bevordert met patiënt/cliënt acties met gunstige impact op ontwikkeling, het functioneren en welzijn
14B. Engagement	14B. Engagement
• Promeut les changements pour améliorer la société.	• Streeft er naar om veranderingen te bewerkstelligen die het maatschappelijk welvaren te verbeteren

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VI COMPOSITION OF THE WORKING GROUP

The composition of the Committee and that of the Board as well as the list of experts appointed by Royal Decree are available on the following website: composition and mode of operation.

All experts joined the working group ***in a private capacity***. Their general declarations of interests as well as those of the members of the Committee and the Board can be viewed on the SHC website (site: conflicts of interest).

The following experts were involved in drawing up and endorsing this advisory report. The working group was chaired by **Nady VAN BROECK and Christiaan SCHOTTE**; the scientific secretary was Sylvie GERARD.

BAL Sarah	psychology	UGent
BRUFFAERTS Ronny	psychology	KU Leuven
CLAES Neree	medicine	UHasselt
COOLS Bob	psychology	CGG De Pont
COSYNS Paul	psychiatry	Universiteit Antwerpen
CROMBEZ Geert	psychology	UGent
DE LEPELEIRE Jan	medicine	KU Leuven
DELVAUX Nicole	psychology	ULB
DEMOL Jan	psychology	UC Louvain
DURET Isabelle	psychology	ULB
ETIENNE Anne Marie	psychology	ULg
GAUGUE Justine	psychology	UMons
HENDRICK Stephan	psychology	UMons
KORNREICH Charles	psychiatry	ULB
KOSTER Ernst	psychology	UGent
LAROI Frank	psychology	ULg
MEGANCK Reitske	psychology	UGent
MOMMERENCY Gijs	psychology	UZ Gent
MOONEN Gustave	neurology	ULg
PIETERS Guido	psychiatry	KU Leuven
ROEYERS Herbert	psychology	UGent
SCHOENMAKERS Birgitte	medicine	KU Leuven
SCHOTTE Christiaan	psychology	VUB
VAN BROECK Nady	psychology	KU Leuven
VAN HOOF Elke	psychology	VUB
VANDERFAEILLIE Johan	psychology	VUB
VLAEYEN Johannes	psychology	KU Leuven
ZECH Emmanuelle	psychology	UC Louvain

The following experts were heard but did not take part in endorsing the advisory report:

DE FAUW Nico	Zorgnet Vlaanderen

DECORTE Stefaan	VVPAZ
HOYOUX Stéphane	CRESAM
LOWET Koen	FBP
PRIELS Jean Marc	FBP
SINNAEVE Roland	VVKP
VAN NUFFEL Rik	VVGG
VAN ROSSEN Edward	Commission of Psychologists
VAN SPEYBROECK Jan	VVGG
WOLFF Susann	APPPSY

VII APPENDIXES

Appendix 1 : Settings in which clinical / healthcare psychologists can be active

They primarily deliver services in the field of mental and physical health care :

<u>Physical healthcare :</u>
Telefonische en online hulpverlening
Dringende medische hulpverlening
Gezondheidsbevordering
Algemene dienstverlening gezondheidszorg
Specifieke gezondheidszorg
Ziekenhuizen en poliklinieken
Palliatieve zorg
Actieve levensbeëindiging
Zelfhulp
Beroepsverenigingen
Informatie, overleg, federaties en koepels

<u>Mental health care :</u>
Dringende hulpverlening
Ambulante diensten voor geestelijke gezondheidszorg
Residentiële diensten voor geestelijke gezondheidszorg
Specifieke doelgroepen
Hulpverlening aan mensen met een verslaving
Zelfhulp
Informatie, overleg, federaties en koepels

<u>Settings :</u>

- Algemene sociale dienstverlening: Algemeen Welzijnswerk, OCMW, thuislozenzorg,...;
- Lichamelijke gezondheidszorg: Dringende medische hulpverlening, medisch hulpmateriaal, ziekenhuizen, sociale diensten van ziekenhuizen, palliatieve zorg,...;
- Geestelijke gezondheidszorg: Centra voor Geestelijke Gezondheidszorg, beschut wonen, psychiatrische afdelingen van algemene ziekenhuizen, hulpverlening aan mensen met een verslaving,...;
- Thuiszorg: Dienstencentra, diensten voor gezinszorg, dagverzorgingscentra, centra voor kortverblijf,...;
- Relaties en seksualiteit: Diensten relaties en seksualiteit, familiaal geweld, relatie- en scheidingsbemiddeling,...;
- Opleiding, werkloosheid en tewerkstelling: Centra voor basiseducatie, vakbonden, sociaal secretariaten, VDAB-kantoren, werkwinkels, arbeidszorg,...;
- Huisvesting: Woonwinkel, huisvestingsdiensten OCMW en gemeente, sociale huisvestingsinitiatieven,...;
- Rechtshulp en justitie: Wetswinkel, justitieel welzijnswerk, slachtofferzorg, daderhulp, justitiehuizen,...;
- Kinderen en gezinnen: Diensten van Kind en Gezin, kinderopvang, centra voor integrale gezinszorg, bezoekruimtes, speel-o-theken, kinderbijslagfondsen,...;
- Jongeren: Jongerenadviescentra, jeugd(welzijns)werk, centra voor leerlingenbegeleiding, Lokale Overlegplatforms Gelijke Onderwijskansen, schoolopbouwwerk, woonbegeleiding jongeren,...;

- Jeugdhulpverlening: sociale dienst gerechtelijke jeugdhulp, private voorzieningen, publieke jeugdinstellingen,...;
- Ouderen: Aanvraag en toekenning pensioen, ouderen(mis)behandeling, ontmoetingscentra, woonmogelijkheden voor ouderen,...;
- Personen met een handicap: Handicap en advies, centra voor ontwikkelingsstoornissen, centra voor ambulante revalidatie, vrijetijdsbesteding en sport voor personen met een handicap, buitengewone onderwijsinstellingen, woonvormen voor meerderjarigen met een handicap,...;
- Etnisch-culturele minderheden: Integratiecentra, tolken- en vertaaldiensten, opvangcentra, racismebestrijding,...;
- Armoede en kansarmoede: Kringloopcentra, inloopcentra, verenigingen waar armen het woord nemen,...;
- Samenlevingsopbouw: Maatschappelijk opbouwwerk, samenlevingsopbouw Vlaanderen,...;
- Overheden: gerelateerd aan het welzijns- en gezondheidsveld: Provinciale diensten, Vlaamse Gemeenschap, Federale overheidsdiensten.

About the Superior Health Council (SHC)

The Superior Health Council is a federal advisory body. Its secretariat is provided by the Federal Public Service Health, Food Chain Safety and Environment. It was founded in 1849 and provides scientific advisory reports on public health issues to the Ministers of Public Health and the Environment, their administration, and a few agencies. These advisory reports are drawn up on request or on the SHC's own initiative. The SHC aims at giving guidance to political decision-makers on public health matters. It does this on the basis of the most recent scientific knowledge.

Apart from its 25-member internal secretariat, the Council draws upon a vast network of over 500 experts (university professors, staff members of scientific institutions, stakeholders in the field, etc.), 300 of whom are appointed experts of the Council by Royal Decree. These experts meet in multidisciplinary working groups in order to write the advisory reports.

As an official body, the Superior Health Council takes the view that it is of key importance to guarantee that the scientific advisory reports it issues are neutral and impartial. In order to do so, it has provided itself with a structure, rules and procedures with which these requirements can be met efficiently at each stage of the coming into being of the advisory reports. The key stages in the latter process are: 1) the preliminary analysis of the request, 2) the appointing of the experts within the working groups, 3) the implementation of the procedures for managing potential conflicts of interest (based on the declaration of interest, the analysis of possible conflicts of interest, and a Committee on Professional Conduct) as well as the final endorsement of the advisory reports by the Board (ultimate decision-making body of the SHC, which consists of 40 members from the pool of appointed experts). This coherent set of procedures aims at allowing the SHC to issue advisory reports that are based on the highest level of scientific expertise available whilst maintaining all possible impartiality.

Once they have been endorsed by the Board, the advisory reports are sent to those who requested them as well as to the Minister of Public Health and are subsequently published on the SHC website (www.shc-belgium.be). Some of them are also communicated to the press and to specific target groups (healthcare professionals, universities, politicians, consumer organisations, etc.).

In order to receive notification about the activities and publications of the SHC, please contact: info.hgr-css@health.belgium.be.