

Educational psychology at the crossroads in South Africa

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Aims: *This position paper aims to discuss the history of, and problems with, the Scope of Practice for educational psychologists in South Africa. It further aims to show that the Scope of Practice for educational psychologists must be reworked to allow for the delivery of contextually relevant services.*

Method: *The paper presents a conceptual argument and advocates for a scope of practice that more adequately defines the role and functions of South African educational psychologists.*

Findings: *The paper supports the Educational Psychology Association of South Africa's insistence that official policy on the Scope of Practice for educational psychologists should be clear, relevant and rational. If necessary, legal action should be taken to accomplish this.*

Limitations: *The issues discussed are more pertinent to educational psychology in South Africa than internationally. Nevertheless, they have implications for the role of educational psychologists internationally.*

Conclusions: *South African psychologists have had to contend with narrow understandings, blanket statements about their competence and a callous approach to the disruption of psychology practices. There is a need to reconsider the boundaries and identity of educational psychology in South Africa. This could have ramifications for the character of educational psychology internationally.*

Keywords: *Competence; Educational Psychology; Health Professions Council of South Africa; Scope of Practice; South Africa.*

EDUCATIONAL PSYCHOLOGY in South Africa stands at a crossroad. In November 2016, The High Court of South Africa acknowledged that a regulation defining the Scope of Practice for different categories of psychologists (e.g. educational, counselling, clinical and research psychologists) was invalid (PsySSA, 2016). The Court effectively ordered that the existing Scope of Practice regulation must be amended by mid-November 2018 or it would become inoperative. The Health Professions Council of South Africa (HPCSA), which is the regulatory authority and has the statutory function of guiding the profession and protecting the public, has since invited stakeholders to tender proposals on the Scope of Practice to the HPCSA's Professional Board for Psychology.

Debate around the regulation of educational psychology in South Africa reflects the country's unique history. It also has implications for the identity of educational psychol-

ogy internationally. A core issue is where the boundaries of educational psychology lie, and the implication that this may have for service delivery.

History of the scope of practice in south africa

In 1984, Donald noted that there were problems of role definition of clinical and educational psychology in Britain. He said that in South Africa, where psychological resources were in great demand, the role of psychologists should not be restricted to watertight compartments.

There was no official document in South Africa dealing specifically with the Scope of Practice for psychologists prior to 2002. In 2002, a Scope of Practice document was introduced by the HPCSA's Professional Board for Psychology in the form of Form 224. Form 224 (HPCSA, 2002) was widely criticised by

educational psychologists who had become accustomed to working with adults, because the form stated that educational psychologists worked with children and adolescents. Some educational psychologists were unaware of the introduction of Form 224 (HPCSA, 2002) and continued working with adults as they had been accustomed to doing. As more educational psychologists became aware of the existence of Form 224 (HPCSA, 2002), they became increasingly annoyed about its unilateral introduction by the Professional Board for Psychology. At a Consensus Development Conference held at the University of Johannesburg on 25 November 2006, educational psychologists almost unanimously rejected Form 224 and elected an Educational Psychology Task Team to engage the HPCSA's Professional Board for Psychology on the Scope of Practice (Educational Psychology Task Team, 2006).

Five years of slow progress followed as the Educational Psychology Task Team and the Professional Board for Psychology held discussions. In 2011, a new Scope of Practice, published in the Government Gazette (Department of Health, 2011a) as Regulation 704 (GNR 704 in Government Gazette 34581) replaced Form 224. However, Regulation 704 has also proven problematic. The Educational Psychology Association of South Africa contends that the field of educational psychology is increasingly being hindered by a rigid interpretation of Regulation 704 (Department of Health, 2011a), and that the Professional Board for Psychology tacitly colludes with this rigid interpretation and consequent discrimination against educational psychology practices (Strous, 2017a).

The Recognition of Life Long Learning in Psychology Action Group (ReLPAG) challenged the validity of Regulation 704 (HPCSA, 2011). ReLPAG requested the South African High Court to declare that registered psychologists may practice in all areas of practice within the boundaries of their competence (based on their formal education, training, supervised experience

and/or professional experience) aside from their registration category (JASA, 2013). South Africa's Minister of Health, who appoints members to the HPCSA and the Professional Board for Psychology, conceded that Regulation 704 had been promulgated unlawfully and was invalid (HPCSA, 2017). The minister's concession followed submissions made to Court by the Educational Psychology Association of South Africa (EPASSA), in which EPASSA argued that Regulation 704 was vague, open to misinterpretation and had been promulgated without required public participation.

An out-of-court settlement was reached in which the Minister of Health was given two years to correct Regulation 704 (HPCSA, 2017). The Professional Board for Psychology has since called for stakeholders to submit proposals as to what should constitute the Scope of Practice. There is now an opportunity and a responsibility for educational psychologists to advocate for a better Scope of Practice.

Rationale given for different scopes of practice

According to Pretorius (2012, 2016), who was the vice-Chairperson of the HPCSA's Professional Board for Psychology, Psychology should deliver a variety of services to South Africans in varied contexts such as communities, schools, police services, prisons and NGOs. Pretorius views each category of psychology (educational, counselling, clinical, research and industrial) as having a different role to play in responding to the public's psycho-social needs. Pretorius (2012, 2016) views the Scope of Practice as a document identifying what psychologists, psychometrists or registered counsellors can deal with based on the skills of their specific category. In addition to this perceived need for each category to service particular needs, the Professional Board for Psychology (HPCSA, 2011b) wanted to demarcate categories to protect the public from practitioners acting beyond their categories and Board accredited training. There was a desire to

restrict psychologists from providing services beyond their assumed levels of competence.

There are several problems with these conceptualisations of the need for a Scope of Practice: Firstly, South Africa needs to widen access to mental health services, whereas the Scope of Practice often blocks access to skilled psychologists. Secondly, the varied competence of different educational psychologists is difficult to define. Thirdly, there are concerns that the Scope of Practice is being used to manoeuvre educational psychologists into a dogmatically prescribed paradigmatic orientation. Fourthly, the HPCSA's Professional Board for Psychology largely ignores the harming of educational psychology practices. I shall discuss each of these issues.

The need to widen mental health services

South Africa, South African Psychology and Educational Psychology have battled to respond to societal needs, largely because of the historical effects of apartheid and because of current socio-economic challenges (Bantjes & Swartz, 2017; Strous, 2016a). There is a need to increase mental health service delivery and activism by mental health professionals (Bantjes & Swartz, 2017).

During apartheid, South Africa's nationalist government extended rights and privileges to the White minority at the expense of the disenfranchised majority whose rights were grossly violated. Apartheid ideology and a pathological socio-political structure led to millions of Blacks experiencing racism, wide spread poverty and family breakdown (Strous, 2003).

Education mirrored the irregularities of the wider society. There were massive backlogs and gross inequalities between White and Black education. An inadequate and iniquitous educational and socio-political system served to the disadvantage of most Black students (Skuy & Partington, 1990).

Today, millions of children live in impoverished environments that directly and indirectly influence negative psychological outcomes (Dawes & Donald, 2000). South

Africa's National Youth Policy (RSA, 2015) notes the dire socio-economic implications of high rates of unemployment, HIV/AIDS infection rates among young people, high rates of school drop-outs, youth violence, violent crimes committed by young people, teen pregnancy and general poverty experienced by young people. Only 31 per cent of youth completed a Grade 12 education in 2011, and large numbers of youth are effectively unemployable (RSA, 2015).

Racist elements influenced mental health services during the apartheid era (Strous, 2003). Prejudice, marginalisation and elitism in South African psychology required and still require sober reflection on how the profession should become more relevant and better aligned with contextual needs (Hickson & Kriegler, 1991; Manganyi, 1991; Stevens, et al., 2013; Strous, 2003; Bantjes & Swartz, 2017).

The need to move away from apartheid-style elements in psychology has been promoted by critical approaches to the practice of psychology, the community psychology movement, and the influence of mass democratic and social action movements outside of psychology (Strous, 2003). Progressively minded psychologists, influenced by empowerment-oriented approaches, an ethos of nondomination and politically explicit power and rights, collaborate with communities to explore social problems and to enhance self-determination (Fox, et al., 2009; Perkins & Zimmerman, 1995; Rappaport & Seidman, 2000). Community psychology, which identifies the need to democratise service delivery with reference to psychotherapy's sidestepping of the poor and shortages of accessible mental health services, argues for less regularised services and focusses on widening service delivery to make applied psychology more effective and responsive to community needs (Ahmed & Pillay, 2004; Fox, et al., 2009; Rappaport & Seidman, 2000). In contradiction to these goals, narrow Scope of Practice definitions restrict the activities of educational psychologists,

lead to inflexibility, and support authoritarianism in mental health practice.

There is a need for broad-based mental health services in South Africa because of the effects of the country's apartheid past and current socio-economic challenges. The Scope of Practice has the effect of blocking many people from consulting with educational psychologists at a time when South Africa needs to widen access to mental health services. Mental healthcare delivery is unlikely to be adequately addressed while the country's psychologists focus inwardly on demarcating boundaries within the profession (Bantjes & Swartz, 2017).

Blanket definitions of competence

It is difficult to describe the competence of educational psychologists comprehensively in a Scope of Practice regulation because the terms *learning and development*, which form the bedrock of the Scope of Practice for educational psychologists (Educational Psychology Task Team, 2006; HPCSA, 2011a; Strous, 2017c), are loose and vague terms. Moreover, the training of educational psychologists in the fields of learning and development has been varied.

In 2014, an informal and unpublished survey was conducted online to investigate educational psychologists' interest in setting up a forum of educational psychologists. The results led to the formation of the Educational Psychology Association of South Africa. Approximately 250 educational psychologists completed the survey. The survey indicated a wide range of years of experience, diverse internship training placements, and varied experience in community work, schools, private practice, corporate, research and clinical settings (Strous, 2016b).

Several educational psychologists have completed postmasters training in particularly specialised areas. For instance, many educational psychologists have years of experience in the fields of marital therapy, hypnotherapy, divorce and custody work, neuropsychology and forensic work. Narrowing the Scope of Practice when people have

spent years broadening their skills is senseless given the dearth of well-trained South African psychologists.

Several international organisations reject Scope of Practice arguments to restrict the activities of psychologists. For instance, the websites of the UK's Health and Care Professions Council (n.d.) and the New Zealand Psychologists Board (n.d.) recognise that practitioners may have competencies beyond their Scope of Practice. In South Africa, the Code of Conduct for Psychologists (HPCSA, 2004) recognises that psychologists have varied competencies and can develop new competencies. The Code states that when a psychologist is developing competence in a psychological service or technique that is new to the psychologist or the profession, the psychologist shall engage in ongoing consultation and shall obtain education and training in the new area.

The Educational Psychology Task Team (2012) and the University of Pretoria's Department of Educational Psychology have also recognised that areas of competence fluctuate. The University of Pretoria's Department of Educational Psychology (2017) wrote the following in a submission to the HPCSA on the Scope of Practice:

Training institutions cannot train their students in every imaginable aspect of either the scope of the profession, or the Scope of Practice. Therefore, the scope of competence of a psychologist upon completing their formal training at a university, will necessarily not include all the psychological knowledge and skill needed to practice their profession. The scope of competence must therefore continually expand after formal education and training is concluded at an academic institution. It must be further expanded and refined through an internship, and finally, it must continue to expand and refine after registration as psychologist, through continuous professional development (CPD).

Given that individual psychologists' areas of competence fluctuate, blanket statements about the competence of any one category of psychologists are problematic. I contend (a) that competence is best evaluated on an individual basis, from person-to-person and sometimes from case-to-case, and (b) that we must protect the generic or core competencies that all mental health professionals contribute to a country with large needs. We need to move beyond *either-or* to *both-and* conceptualisations of the competence of educational psychologists, recognizing the unique contributions that educational psychologists have and the core skills they share with other psychologists. Educational psychologists have similar skills to other psychologists in the areas of assessment, psychotherapy and research. In addition, educational psychologists are particularly skilled in the areas of learning and development (Strous, 2009).

Language usage is important when it comes to interpreting laws and regulations. In addition to *learning* and *development* being loose and vague terms, it is even debatable whether the word, *competencies*, is the correct plural form of *competence*. Some consider *competence* to be a noncount noun (a noun that cannot be counted or placed in the plural). It may be better to speak about areas of competence.

Dogmatically prescribed paradigms

Pretorius (2012), is critical of what she considers a clinically-orientated, medical model as the prevailing hegemony in South African psychology. Others (e.g. Venter, 2012) argue that educational psychologists have relied on a medical-model paradigm and should shift toward more inclusive and systemic ways of practicing. Venter (2012) cites Hickson and Kriegler (1991, p.792), who state that '...the mission of a psychologist in the South African context should be essentially that of a proactive, educative and preventative change agent. The vision of the future professional psychologist should be that of a mental-health facilitator and consultant

rather than primarily or exclusively that of a therapist.' The implication is that indirect service delivery and prevention is required and may be more important than direct remedial work with individual children or families.

The argument for more community-based interventions and indirect service delivery is sound, but could result in perceptions that more 'luxurious' and sometimes more effective one-on-one therapies are being withheld from working class clients (Strous, 2013). Indirect service delivery could have unintended, discriminatory and racist consequences. This should be reflected upon, even if indirect service delivery is helpful in some ways.

Different schools of psychology adhere to diverse ontological and epistemological positions and often understand the requirements of disadvantaged clients differently. These schools may have varied support amongst psychologists from the same or from different registration categories. For instance, individual educational psychologists may be attracted to either a structural or deconstructive understanding of personhood as enunciated in various branches of psychodynamic, cognitive behavioural, systemic or client centred approaches.

There is a concern that the Scope of Practice is being used to force different categories of psychologists into paradigms and schools of thought preferred by certain academics on the Professional Board for Psychology in a manner that is dogmatic and scholastically intolerant. Some educational psychologists (personal communications) believe there is an attempt to 'dumb down' the teaching of psychopathology and diagnostics in the field of educational psychology to push an inclusive education system. Inclusive education is sometimes regarded as incompatible with the (so-called) 'labelling' or diagnostic considerations of a medically orientated model.

The training experiences of psychologists within the same and from different categories have been influenced by psychologists' exposure to varied paradigmatic influences. Forc-

ing scientist-practitioners into prescribed paradigmatic pigeon-holes would be authoritarian. It may also be unnecessary since many schools of psychology have elements that are compatible with democratic initiatives. There is considerable synchronicity between human rights agendas and various counselling approaches that uphold principles of non-domination, egalitarianism, respect for the other and the tolerance of difference (Strous, 2003). 'Apartheid-style' psychology is contradicted by democratic elements in various psychotherapeutic relationships (e.g. the working alliance, dialogical or client-centred relationships) as well as by systemic, community, and multicultural approaches (Strous, 2003). What is required, rather than prescribing paradigmatic straight jackets for different registration categories, is an intention to provide comprehensive and contextually relevant psychological services.

Narrow interpretations of scope of practice

There is a perception that some medical aids (insurance companies) and developers of South Africa's planned National Health Insurance wish to skimp on spending on mental health service delivery and seize on the terms *learning and development* (used in Government Gazette Regulation 704) to justify limiting the role of educational psychologists (Strous, 2017a). These medical insurers and policy developers find supporters amongst some clinical psychologists who are allegedly monopolistic in trying to keep educational psychologists away from what they regard as their turf (Strous, 2017a). For instance, a profit motif, designed to deal with 'threats' to the role of clinical psychology 'in the market' is apparent in collaboration that occurs between the Clinical Psychology Forum and the clinical division of the Psychological Society of South Africa (CPF & SASCP, 2004).

Despite the legitimate role of educational psychologists and the contributions they can and do make in a country short on mental health services, several medical insurers incorrectly claim that educational psychologists cannot treat the same conditions as

clinical psychologists (Strous, 2017a). This includes large, but cash-strapped medical insurers that curtail pay-outs to educational psychologists for family, adult and child mental health services. The consequences for educational psychology practices have sometimes been dire (Strous, 2017a).

The Educational Psychology Association of South Africa (EPASSA) believes that there has been insufficient protection by the HPCSA's Professional Board for Psychology against discrimination against educational psychologists, and a dearth of protest from institutions that train educational psychologists when discrimination occurs (Strous, 2017a). EPASSA has alleged that the Professional Board for Psychology promulgated invalid regulations relating to the scope of practice in 2011, and, by failing to guide the profession appropriately, tacitly colluded with discrimination against educational psychologists (Strous, 2017a). Some think that the HPCSA's Professional Board for Psychology operates like a constitutional reprobate and should be scrutinized by the office of the Public Protector because of the harm done to educational psychology and those who need educational psychology services (Strous, 2017a).

Advocacy

The Educational Psychology Association of South Africa (EPASSA) was founded in 2014 as a forum for educational psychologists to share ideas, promote their work, maintain and protect the interests of the profession and strive for contextually appropriate service delivery. As the largest association of educational psychologists in South Africa and perhaps in Africa, EPASSA has tried to combat incorrect perceptions about the role of educational psychologists. EPASSA has successfully challenged the exclusion of educational psychologists from receiving Continuing Professional Development credits for certain workshops and has successfully assisted colleagues facing unfair disciplinary charges at the HPCSA (Strous, 2017b).

EPASSA is battling to fight the increasing, domino trend of various medical insurers stopping payments to educational psychologists. Both the past and present chairpersons of EPASSA serve on South Africa's largest private medical aid society and enjoy good relationships with its management. However, EPASSA has made no progress with several other medical insurers including the government employees' medical aid. EPASSA has tried holding meetings and writing letters to the press, the Professional Board for Psychology, the Council for Medical Schemes, medical insurers, political parties, the South African Human Rights Commission, the Competitions Board and the Minister of Health to ameliorate this problem (Strous, 2017b). It appears that legal action may now be the most effective route by which educational psychologists can challenge discrimination against educational psychologists and members of the public who need their services. South Africa is widely recognised as having an independent judiciary that is willing to protect the rights enshrined in the Bill of Rights of the Constitution of the Republic of South African (1996).

EPASSA, acting as *amicus curiae* to the South African High Court, prepared affidavits in legal action brought by RELPAG (the Recognition of Prior Learning Action Group) against the HPCSA, its Professional Board for Psychology, the Minister of Health and others. As mentioned, the Minister of Health conceded before the court case, as argued by EPASSA in legal papers, that the scope of practice was promulgated unlawfully and was invalid. The HPCSA's Professional Board for Psychology has since called for proposals as to what the scope of practice should be.

EPASSA, by invitation from the Health Professions Council of South Africa, proposed a Scope of Practice for educational psychologists after liaising with the EPASSA membership and other stakeholders. (Strous, 2017c). Should the Board reject EPASSA's proposals and promulgate a scope of practice below the standards advanced

by EPASSA, EPASSA may return to court to challenge the HPCSA's regulation.

EPASSA has proposed that a new Scope of Practice for educational psychologists should recognise that educational psychologists have skills in the areas of assessment, psychotherapy and research and are particularly skilled in the areas of learning and development across the lifespan (Strous, 2017c). EPASSA's submission recognises both a general and a specific understanding of the role of educational psychologists. EPASSA also acknowledges that individual psychologists must limit their practices to areas within the boundaries of their competence based on their formal education, training, supervised experience and/or appropriate professional experience. EPASSA wants the HPCSA to explicitly acknowledge that educational psychologists often work with numerous disorders, such as: neurodevelopmental, depressive, anxiety, obsessive-compulsive, eating, elimination, sexual, gender dysphoria, disruptive, impulse-control, conduct, substance-related, addictive, neurocognitive, personality, trauma- and stressor-related disorders. Educational psychologists may also deal with bipolar, dissociative, somatic, sleep-wake and paraphilic disorders. Less often educational psychologists may deal (for instance, via psychoeducation) with schizophrenia spectrum and other psychotic disorders, medication-induced movement disorders and other adverse effects of medication. Educational psychologists also often work with psychosocial, personal, and environmental problems relating to relationships, abuse, neglect, education, occupations, housing, finances, social conditions, crime, the legal system and health services.

EPASSA's Scope of Practice proposal to the HPCSA was endorsed by almost all respondents on a survey conducted by EPASSA (Strous, 2017b). EPASSA believes that its proposal is clear, avoids issues of bias and vagueness, considers the needs of the community, and is based on standard understandings held by educational psychologists

on the role of educational psychologists in South Africa.

EPASSA hopes that its submission on the Scope of Practice will have a strong impact on a new scope of practice that must be promulgated within the next few months. EPASSA has further advocated for the inclusion on the Professional Board of colleagues whom EPASSA trusts to adequately represent educational psychology and whom EPASSA hopes will be able to advance its submission. EPASSA has recently realised that the Professional Board for Psychology may have been appointed in an irregular manner.

Having exhausted many options for addressing its concerns with policy makers, EPASSA believes that should the HPCSA's Professional Board for Psychology continue to thwart the legitimate aspirations of most educational psychologists, a legal challenge to the legitimacy of the Scope of Practice holds promise. Legal fees are expensive, but EPASSA is emboldened by the legal maxim, *ubi ius, ibi remedium* – where there is a right, there is a remedy. The HPCSA and Board of Psychology are organs of state, and the South African Constitution requires that public administration must be governed by democratic values and principles enshrined in the Constitution (RSA, 1996). Where consultation fails, EPASSA intends to make increasing use of the courts to hold policy makers accountable to the profession and to the people of South Africa.

Advocacy in the field of mental health recently received momentum with EPASSA and other organisations' involvement in South Africa's Life Esidimini tragedy. The state of South Africa's mental health facilities was a problem during the apartheid years (Haysom, et al., 1990) and in 2017, 23 years into the country's democracy, at least 140 mental health patients died when health authorities in Gauteng province ignored and negated psychological and sociological research about the likely negative impact of relocating institutionalised patients (Trotter, 2017). Educational psychologists helped to interview bereaved families in preparation

for arbitration on damages relating to the tragedy (Trotter, 2017) and EPASSA has now supported a call for the premier of Gauteng to establish a multi-stakeholder Gauteng Mental Health Commission to engage with mental health practitioners and organisations (Emmett, 2018). EPASSA has also called for the creation of psychology and counselling posts in schools (Strous, 2016a).

EPASSA emphasises that educational and other psychologists can work in schools and many other settings such as clinics and hospitals. (Strous, 2016a). Areas of activity for educational psychologists, within their specialized focus on learning and development, may include (but not be limited to) the following:

- Preventative work (promoting psychological wellbeing, learning and development across the life span);
- Assessments (psycho-educational, psycho-legal, custody, career, vocational, examination concession and neuropsychological assessments); and
- Interventions (psychotherapy, family therapy, group work, community interventions, parental guidance, couples counselling, marital therapy, play-therapy, parent-infant psychotherapy, case management, parent co-ordination and treating psychopathology) (Strous, 2017c).

Conclusion

Educational Psychology in South Africa is at a pivotal point as the Health Professions Council of South Africa consults with stakeholders about a new Scope of Practice that will define or redefine the profession. At stake are the boundaries and identity of the discipline. This is pertinent not only to South Africa with its troubled history of racism and inadequate educational and psychological service delivery. The issues have relevance for the character of educational psychology internationally.

The introduction of a new Scope of Practice is important to South African psychologists who have had to contend with narrow definitions of the current Scope of

Practice, blanket statements about their competence, paradigmatic problems and a regulator that seems callously indifferent to the disruption of psychology practices. The Educational Psychology Association of South Africa (EPASSA) believes that a new scope of practice is needed for educational psychologists to be able to deliver services that are more accessible to the public and more contextually relevant. EPASSA has learnt that approaching the courts may offer

respite when policy makers behave undemocratically and irrationally in relation to the services of educational psychologists.

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