LEARNING OUTCOMES

WHEN YOU HAVE COMPLETED THIS CHAPTER, YOU SHOULD BE ABLE TO:

1. Describe the main areas of applied psychology, including some newly developing and emerging areas.
2. Describe and critically evaluate the standards of conduct, performance, ethics and proficiency required of practitioner psychologists.

KEY WORDS

Clinical Psychology ● Community Psychology ● Consumer Psychology ● Counselling Psychology ● Educational Psychology ● Environmental Psychology ● Evidence-Based Practice ● Forensic Psychology ● Generic Standards ● Health Professions Council (HPC) ● Health Psychology ● National Institute for Health & Clinical Excellence (NICE) ● Neuropsychology ● Occupational Psychology ● Profession-Specific Standards ● Protected Titles ● Sport & Exercise Psychology ● Standards of Proficiency

CHAPTER OUTLINE

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ROUTE MAP OF THE CHAPTER

This is an introductory chapter that will describe in basic terms what applied psychology is, its integral relationship with research and how the different applied psychology professions are regulated. The chapter will continue by discussing standards of conduct, performance, ethics and proficiency for practitioner psychologists, and will describe some of the knowledge, understanding and skills required by individual practitioner psychologist professions. At the end of the chapter we also describe some newly emerging areas of applied psychology that are not covered in detail in this volume.

1.1 WHAT IS APPLIED PSYCHOLOGY?

It is not easy to come up with a simple definition of applied psychology that covers all of the circumstances in which psychological knowledge is applied and also encompasses the professional nature of much applied psychology. However, just as psychology is the scientific study of human behaviour, applied psychology is the professional application of psychological knowledge to the solution of problems associated with human behaviour. These problems may be at the level of the individual, in the case of clinical psychology and the treatment of individual mental health problems; at the level of an organisation, such as occupational psychology and its role in making organisations better places in which to work; or at the level of society in general, such as health psychology and its role in changing the health behaviours of the nation. While most applied psychology involves the application of existing psychological knowledge to practical problems (and you will find many examples of this in our ‘Theory to Application Boxes’ throughout the text), many of these problems are so politically and socially urgent that the practitioners dealing with these issues have to develop theory and practice almost on the hoof. You will find many examples in this text where the urgency of providing services and solutions has actually led to the development of psychological theory rather than vice versa.

The main areas of applied psychology can be defined by a number of features:

- The nature of the problems that require a solution.
- The target populations who normally serve as clients.
- The competencies required to develop and evaluate solutions to problems.
- The unique combinations of these factors.

For example, while Clinical Psychology addresses mainly mental health problems, deals with clients and patients who exhibit these problems, and consists of practitioners with specialised knowledge of interventions for these problems, the profession of clinical psychology is defined by all three of the above characteristics. Similarly, Sports & Exercise Psychology has evolved as a profession that addresses issues to do with sport and physical performance, deals with sportsmen, sportswomen and associated professionals, and requires knowledge of factors that can facilitate and enhance sporting performance. These unique combinations of problems, client groups and competencies have given rise to a number of influential applied psychology professions, and some examples of the types of problems faced by different groups of applied psychologists are provided in Activity Box 1.1. You might like to read through these examples to get a flavour of the main types of problems faced by different applied psychology professionals.

In the United Kingdom, the main fields of applied psychology are reflected in the different professional Divisions currently represented within the British Psychological Society (BPS). Figure 1.1 provides a list of the major Divisions currently represented in the BPS and shows how membership of these Divisions has changed since the year 2000. You can see from this figure that the main areas of applied psychology are clinical, occupational, educational, forensic, health, sport & exercise, counselling, neuropsychology, and teaching...
Applied psychology is the application of psychological knowledge to the solution of problems associated with human behaviour. Below are six case histories, each outlining a specific behaviour-related problem, which will give you a flavour of the types of issues facing applied psychologists. Can you identify which type of applied psychologist would be most likely to be involved in seeking solutions for each of these problems? Choose from Clinical Psychologist, Health Psychologist, Forensic Psychologist, Educational Psychologist, Occupational Psychologist and Sports & Exercise Psychologist.

1. Sandy is a female middle-distance runner who competes at a national level. She had complained of lack of confidence in her abilities. She recognised that she was less confident and was unable to control her nerves in competitions in which she faced strong opposition. This caused her to tighten up during the race, particularly in her shoulders, affecting her running style. (From Lane, 2008)

2. Despite receiving a good deal of information about condoms and their role in preventing unwanted pregnancies, only about 1 in 3 teenagers in the classes receiving this information reported actually using condoms. Why do most of them fail to use condoms? Is the information given to them in a form they can understand? What will motivate them to use condoms? (From Frederickson et al., 2008)

3. Michael is a 13-year-old student in a secondary school whose parents wanted to know whether he might be better placed in a small unit for young people with dyslexia/specific literacy difficulties. He had been experiencing difficulties with reading and spelling throughout his school career, and on transfer to secondary school had struggled with homework, despite the best efforts of a skilled special needs support department. In conversation, it was apparent that he was an articulate and thoughtful young person and tests showed that his level of verbal comprehension lay within a high average range for his age. (From Frederickson et al., 2008)

4. Jim had recently been made redundant from a skilled manufacturing job, was experiencing difficulties in his marriage and had started to drink to excess. Jim was expressing serious suicidal intent and had taken three life-threatening overdoses in the previous six months. He was spending money he could not afford on Internet gambling sites and was becoming increasingly hostile and aggression to his wife, who he considered did not offer him the affection and attention he needed. (From Alwin, 2008)

5. Matt works in a company that sells phone and Internet services. His company takes communication very seriously and whenever there is an issue, a memo is sent out to keep everyone on top of things. The problem is that Matt feels overwhelmed by the amount of communication. He receives over a dozen e-mail memos every day and cannot remember everything that is sent to him in these memos. Matt is a very organised person, but simply doesn’t know how to stay on top of things. (From Rothman & Cooper, 2008)

6. Consider two child sex offenders. The first is a 35-year-old married man who has been found guilty of molesting his daughter for the past 11 years while she was aged 4-14. The second is a single, 23-year-old man who had ‘consensual’ sexual intercourse with a 14-year-old boy four hours after meeting him in a local park. Neither man has any prior criminal history for sexual or nonsexual offences. Neither has a history of substance abuse. Neither man has ever been treated for a mental health problem. What risk does each of these two men pose for committing further sexual offences? (From Canter, 2008)

& researching. Over the past decade the most influential Divisions have been the Division of Clinical Psychology (DCP) and the Division of Occupational Psychology (DOP). Both have exhibited an increase in membership since 2000, with the DCP almost doubling its membership since that time. All other Divisions have shown a modest increase in membership over the past decade or so, indicating an increasing demand for applied psychologists of all types.

To become a member of a professional Division of the BPS, you must have an accredited undergraduate degree in psychology that makes you eligible for the Society’s Graduate Basis for Chartered Membership (GBC) and the appropriate approved and accredited postgraduate training qualification for that applied profession that bestows on you the necessary competencies and skills required to practise professionally (see Section 1.3.3). Details of the required training routes and the qualifications
needed to become a professional applied psychologist are also described in more detail in the final chapter of each applied section in this text.

1.2 RESEARCH AND APPLIED PSYCHOLOGY

Research is an integral part of applied psychology. It supplies most of the evidence-based theory that applied psychologists regularly adopt when looking for solutions to the problems they are required to address. Furthermore, in most fields of applied psychology, practitioners are trained as scientist- or researcher-practitioners. That is, research skills are a critical element of the approved training they receive before becoming eligible to practise as applied psychologists. This does not mean that applied psychologists themselves regularly carry out research – in reality, the workload involved as a practising applied psychologist rarely gives time for the luxury of undertaking pure (or even applied) research. However, practitioners’ research training provides them with the skills necessary for what is known as evidence-based practice. That is, these skills allow the applied psychologist to make objective assessments of the problems that need to be solved; to make decisions about what might be the most effective intervention in a situation based on existing theory and evidence; and to use objective and measurable methods to assess the success of an intervention (Harper, Mulvey & Robinson, 2003). This not only differentiates the applied psychologist from bogus practitioners and charlatans, but also makes them accountable


Key: DECP = Division of Educational & Child Psychology; DCP = Division of Clinical Psychology; DOP = Division of Occupational Psychology; DFP = Division of Forensic Psychology; DCoP = Division of Counselling Psychology; DTRP = Division of Teachers & Researchers in Psychology; DHP = Division of Health Psychology; DoN = Division of Neuropsychology; DSEP = Scottish Division of Educational Psychology
for their actions and decisions against clear, objective, evidence-based criteria. For instance, a health or occupational psychologist who has been asked to develop a programme to improve either the physical or occupational health of a group of people will have to convince other professionals of the viability of their programme and that it is likely to be successful. To do this, they would use the common yardstick of research-based evidence to make their case.

In some areas of practice such as health and clinical psychology, there are already government agencies set up to assess the viability of interventions for a range of physical and mental health problems. In the United Kingdom, one such agency that attempts to assess and recommend effective interventions is the National Institute for Health & Clinical Excellence (known as NICE, www.nice.org.uk). It does this primarily by recommending treatments whose efficacy has been labelled as evidence-based; that is, whose efficacy has been proven through scientific research. As we shall see later, practitioner psychologists must adhere to proper standards of conduct, performance and ethics, and this means that their practice must be transparent (e.g. it must be clear why a particular intervention has been chosen, and why it might be successful) and their actions and decisions accountable (e.g. the intervention will produce results that are effective, worthwhile and financially acceptable). A knowledge of research skills supplemented by appropriate theory will allow a practitioner to provide objective evidence that an intervention is likely to be effective and will produce the outcomes that are predicted.

The relationship between research and practice is illustrated regularly throughout this book and is highlighted specifically in our ‘Theory to Practice’ feature boxes.

1.3 REGULATION AND STANDARDS OF CONDUCT

1.3.1 The Health Professions Council (HPC)

Because practitioner psychologists all provide services, and in many cases do so to vulnerable groups of people (e.g. individuals with mental health problems), their practice needs to be properly regulated to protect the public from malpractice and exploitation from untrained individuals. Since 1 July 2009 practitioner psychologists in the UK have been regulated by an agency known as the Health Professions Council (HPC) (www.hpc-uk.org), and its role is to protect the public by ensuring that applied psychologists meet specified standards of training, professional skills, behaviour and health.

The HPC maintains a register of practitioner psychologists who meet these required standards, and it has also specified a set of protected titles that practitioners can use only if they are registered with the HPC. These protected titles are listed in Table 1.1, and the HPC has the authority to take out criminal prosecutions against anyone who uses these restricted titles when they are not properly trained or registered to do so. In addition, the HPC can take action against any practitioner psychologist who does not meet their standards of conduct, performance and ethics (see below), action that might include recommendations for further training and supervision, preventing a practitioner from practising for a specific period of time, or striking that person off the register for life.

1.3.2 Standards of Conduct, Performance and Ethics

All practitioner psychologists are expected to keep to a general set of standards of conduct, performance and ethics that would be applicable to any practitioner working in the health professions generally. Adherence to these standards implies that the practitioner is ‘fit to practice’; that is, has the skills, knowledge, character and health to practise their profession safely and effectively. A full set of these
standards as defined by the HPC is set out in Table 1.2. In essence they attempt to ensure that practitioners:

- Respect the confidentiality, consent and interests of their clients/service users.
- Ensure that their skills are up to date and that they do not attempt to offer services that are outside the scope of their knowledge.
- Do not offer services if their physical or mental health will affect their practice.
- Behave honestly and responsibly in the way they advertise and conduct their practice.

The HPC considers complaints about registered practitioners from members of the public, employers, professionals and the police, among others, and will take action against individual practitioners if this code of conduct, performance and ethics has been breached.

### 1.3.3 Standards of Proficiency

More specifically, the HPC sets out **standards of proficiency** for practitioner psychologists. These represent a minimum set of standards necessary for the safe and effective practice of the profession of applied psychology, and applied psychologists must meet these minimum standards before they can be registered. In effect, these proficiency standards define the legitimate scope of an applied psychologist’s practice based on the knowledge, skills and experience they possess. These standards are divided into **generic standards**, which apply to all practitioner psychologists (e.g. a practitioner must understand the need to respect the rights, dignity, values and autonomy of service users) and **profession-specific standards**, which are specific to individual applied psychology professions (e.g. a practitioner must be able to conduct assessments that are appropriate to the client groups relevant to their profession). In effect, these standards define the skills required for the application of practice and the knowledge, understanding and skills required to execute their practice. In addition, these standards of proficiency also define the training curriculum for applied psychologists, and in effect all training courses for practitioner psychologists must ensure that their students meet the minimum levels of knowledge and skills set out in

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**TABLE 1.2 Standards of Conduct, Performance and Ethics.**

Below is a list of the basic standards of conduct, performance and ethics required by the HPC of health professionals.

<table>
<thead>
<tr>
<th>Your duties as a registrant</th>
<th>The standards of conduct, performance and ethics you must keep to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You must act in the best interests of service users.</td>
</tr>
<tr>
<td>2</td>
<td>You must respect the confidentiality of service users.</td>
</tr>
<tr>
<td>3</td>
<td>You must keep high standards of personal conduct.</td>
</tr>
<tr>
<td>4</td>
<td>You must provide (to us and any other relevant regulators) any important information about your conduct and competence.</td>
</tr>
<tr>
<td>5</td>
<td>You must keep your professional knowledge and skills up to date.</td>
</tr>
<tr>
<td>6</td>
<td>You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.</td>
</tr>
<tr>
<td>7</td>
<td>You must communicate properly and effectively with service users and other practitioners.</td>
</tr>
<tr>
<td>8</td>
<td>You must effectively supervise tasks that you have asked other people to carry out.</td>
</tr>
<tr>
<td>9</td>
<td>You must get informed consent to give treatment (except in an emergency).</td>
</tr>
<tr>
<td>10</td>
<td>You must keep accurate records.</td>
</tr>
<tr>
<td>11</td>
<td>You must deal fairly and safely with the risks of infection.</td>
</tr>
<tr>
<td>12</td>
<td>You must limit your work or stop practising if your performance or judgement is affected by your health.</td>
</tr>
<tr>
<td>13</td>
<td>You must behave with honesty and integrity and make sure that your behaviour does not damage the public’s confidence in you or your profession.</td>
</tr>
<tr>
<td>14</td>
<td>You must make sure that any advertising you do is accurate.</td>
</tr>
</tbody>
</table>

This document sets out the standards of conduct, performance and ethics we expect from the health professionals we register. The standards also apply to people who are applying to become registered.
these proficiency standards in order to be registered with the HPC and to practise.

Table 1.3 replicates that section of the HPC’s standards of proficiency for practitioner psychologists that defines the knowledge, understanding and skills required by individual practitioner psychologist professions. In addition, a list of approved courses for practitioner psychologists can be found on the HPC website at http://www.hpc-uk.org/aboutregistration/educationandtraining/approvedcourses_pp/.

**TABLE 1.3** *Generic and Profession-Specific Knowledge, Understanding and Skills.*

The table provides information on the generic knowledge, understanding and skills required by practitioner psychologists (printed in black) and the profession-specific knowledge, understanding and skills (printed in blue). These skills provide the basis for the curriculums of applied psychology training courses, and can be found at http://www.hpc-uk.org/assets/documents/10002963SOP_Practitioner_psychologists.pdf.

<table>
<thead>
<tr>
<th>Knowledge, understanding and skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a  Knowledge, understanding and skills</td>
</tr>
<tr>
<td>Registrant practitioner psychologists must:</td>
</tr>
<tr>
<td>3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</td>
</tr>
<tr>
<td>- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction</td>
</tr>
<tr>
<td>- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process</td>
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<tr>
<td>- recognise the role of other professions in health and social care</td>
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<tr>
<td>- understand the theoretical basis of, and the variety of approaches to, assessment and intervention</td>
</tr>
<tr>
<td>- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour</td>
</tr>
</tbody>
</table>

**Clinical psychologists only**

- understand the role of the clinical psychologist across a range of settings and services
- understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation
- understand more than one evidence-based model of formal psychological therapy
- understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing
- understand psychological models related to a range of presentations including:
  - clients with presentations from acute to enduring and mild to severe;
  - problems with biological or neuropsychological causation; and
  - problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions
- understand psychological models related to clients:
  - from a range of social and cultural backgrounds;
  - of all ages;
  - across a range of intellectual functioning;
  - with significant levels of challenging behaviour;
  - with developmental learning disabilities and cognitive impairment;
  - with communication difficulties;
  - with substance misuse problems; and
  - with physical health problems
- understand psychological models related to working:
  - with individual clients, couples, families, carers, groups and at the organisational and community level; and
  - in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care, and community or primary care
- understand change processes in service-delivery systems
- understand social approaches such as those informed by community, critical and social constructivist perspectives
- understand leadership theories and models, and their application to service-delivery and clinical practice
- understand the impact of psychopharmacological and other clinical interventions on psychological work with clients

**Counselling psychologists only**

- understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology
- understand the philosophy, theory and practice of more than one model of psychological therapy

(Continued)
Knowledge, understanding and skills

- understand the therapeutic relationship and alliance as conceptualised by each model
- understand the spiritual and cultural traditions relevant to counselling psychology
- understand the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development
- understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology
- understand different theories of lifespan development
- understand social and cultural contexts and the nature of relationships throughout the lifespan
- understand theories of psychopathology and of change
- understand the impact of psychopharmacology and other interventions on psychological work with clients

**Educational psychologists only**
- understand the role of the educational psychologist across a range of settings and services
- understand psychological theories of, and research evidence in, child and adolescent development relevant to educational psychology
- understand the structures and systems of a wide range of settings in which education and care are delivered for children and adolescents
- understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, behavioural, emotional and social development of children and adolescents
- understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups
- understand theories and evidence underlying psychological intervention with children and adolescents, their parents or carers, and education and other professionals
- understand psychological models related to the influence on development of children and adolescents from:
  - family structures and processes;
  - cultural and community contexts; and
  - organisations and systems
- understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology

**Forensic psychologists only**
- understand the application of psychology in the legal system
- understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives
- understand theory and its application to the provision of psychological therapies that focus on offenders and victims of offences
- understand effective assessment approaches with individuals presenting with individual and/or socially damaging behaviour
- understand the application of consultation models to service-delivery and practice, including the role of leadership and group processes
- understand the development of criminal and antisocial behaviour
- understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation

**Health psychologists only**
- understand context and perspectives in health psychology
- understand the epidemiology of health and illness
- understand:
  - biological mechanisms of health and diseases;
  - health-related cognitions and behaviour;
  - stress, health and illness;
  - chronic illness and disability;
  - individual differences in health and illness;
  - lifespan, gender and cross-cultural perspectives; and
  - long-term conditions and disability
- understand applications of health psychology and professional issues
- understand healthcare in professional settings

**Occupational psychologists only**
- understand the following in occupational psychology:
INTRODUCTION

– human-machine interaction;
– design of environments and work;
– personnel selection and assessment;
– performance appraisal and career development;
– counselling and personal development;
– training;
– employee relations and motivation; and
– organisational development and change

Sport and exercise psychologists only
– understand motor skills, practice skills, cognition, learning and perception, and their impact on performance
– understand psychological skills such as:
  – arousal and anxiety;
  – confidence; and
  – coping and techniques such as relaxation, goal-setting, biofeedback, imagery, stress and inoculation
– understand exercise and physical activity including:
  – determinants, e.g. motives, barriers and adherence; and
  – outcomes in relation to mood, self-esteem and cognition;
– understand individual differences including:
  – personality;
  – motivation;
  – gender;
  – special groups; and
  – talent identification
– understand social processes within sport and exercise psychology including:
  – interpersonal and communication skills;
  – team cohesion;
  – group identity;
  – trust;
  – cooperation and competition; and
  – leadership
– understand the impact of lifespan issues
– understand the problems of dependence and injury

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities

3a.3 understand the need to establish and maintain a safe practice environment
– be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these
– be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
– be able to select appropriate protective equipment and use it correctly
– be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control

Sport and exercise psychologists only
– be aware of the possible physical risks associated with certain sport and exercise contents

1.4 EMERGING AREAS OF APPLIED PSYCHOLOGY

In this book we deal with six of the main areas of applied psychology: namely Clinical Psychology, Health Psychology, Forensic Psychology, Educational Psychology, Occupational Psychology and Sports & Exercise Psychology. There are others that are of arguably equal importance in both a theoretical and an applied sense, but that we are unable to cover in required detail in a single text of this size. However, we have provided an introduction to these other and emerging applied areas of psychology in the book’s associated website (www.wiley.com/college/davey), and hope that these will give the reader a flavour of how applied psychology is developing.
One important emerging and influential area of applied psychology is Counselling Psychology. This is a practitioner area that attempts to facilitate personal and interpersonal functioning across the lifespan, and to help a range of clients improve their wellbeing, resolve personal crises, alleviate distress and generally lead more fulfilling personal, social and occupational lives. Counselling psychologists will have received initial training as a psychologist, usually through taking a conventional undergraduate degree in psychology and acquiring skills at a postgraduate level that allow them to apply their psychological knowledge generally to therapeutic practice. Figure 1.1 shows that Counselling Psychology in the United Kingdom is a growing and influential profession, and in 2008 the BPS Division of Counselling Psychology was the third largest of the Society’s practitioner Divisions.

Counselling psychologists work with clients with a variety of problems (for example the effects of childhood sexual abuse, relationship breakdown, domestic violence, major trauma) and/or symptoms of psychological disorder (such as anxiety, depression, eating disorders, post-traumatic stress disorder and psychosis). They offer an active, collaborative relationship that can both facilitate the exploration of underlying issues and empower people to confront change. Counselling psychologists’ work provides services in a range of areas: NHS services (including primary care, Community Mental Health Teams, tertiary settings for psychiatric in-patients, specialist services for older adults, those with eating disorders, personality disorders or learning difficulties, and in general health-care settings where psychological services are offered), prison and probationary services, social services, voluntary organisations, occupational health departments, student counselling services and in independent/private practice. Further information on Counselling Psychology can be found on the book’s associated website at www.wiley.com/college/davey.

Three other important emerging areas of applied psychology are Environmental Psychology, Consumer Psychology and Community Psychology. In its broadest sense, environmental psychology is the ‘study of the interrelationships between the physical environment and human behaviour’ (Burroughs, 1989) and will apply knowledge from important core areas of psychology – such as social psychology – to dealing with problems associated with the interaction between people and their environment. This covers how the environment can affect people and their behaviour (such as the effect of urbanisation on individual and group behaviour) and how people’s behaviour can affect the environment (such as the role that individual behaviour might play in global warming). As yet there is no distinct practitioner category known as environmental psychology, and most environmental psychologists tend to be academic psychologists or researchers who have an interest in tackling important environmental issues. Some do undertake consultancy work, and this may include advising on issues such as the effect of a particular building design on individual and group behaviour within an organisation (e.g. Parker et al., 2004), or how crowds might behave in restricted environments such as carnivals or football stadiums (e.g. Batty, Desyllas & Duzbury, 2003).

Consumer psychology is the study of human responses to product- and service-related information and experiences. It draws heavily from the core areas of social psychology and cognitive psychology in order to help understand the beliefs, judgements, emotions, purchase decisions and consumption practices that are associated with consumer behaviour (Jansson-Boyd, 2010). Consumer psychologists may be involved in the study of the impact of advertising or product packaging on a consumer’s purchasing decisions; others may be interested in how marriage, parenthood and other important life stages affect consumer behaviour. Like environmental psychologists, most consumer psychologists are academics or researchers who have an interest in understanding consumer behaviour. As such their primary activity is research, but their work is often of interest to advertising agencies and individual companies wanting to understand their product market and make their products more attractive.

Finally, community psychology is another rapidly developing area of applied psychology that deals with the relationships between the individual and the community and the wider society in which they live (Rudkin, 2003). To this extent, it is an area whose main practical aim is to enhance the quality of life through research and intervention strategies and programmes. It is an area that involves a range of health- and social-related professions, and involves understanding the relationships between social systems, wellbeing and physical and mental health generally. Community psychologists may find themselves dealing with individuals, groups of individuals, organisations and whole communities, and their interventions will aim to be as much preventative as ameliorative (such as developing programmes to help prevent drug abuse and dependency in deprived communities).
While these examples represent the most newly developing areas of applied psychology, there will certainly be many more emerging areas over the next 10–20 years. There is now a wealth of core psychological knowledge waiting to be applied in practical settings and to problems that are socially and politically urgent, so a burgeoning of applications is assured. In addition, most important research funders – such as the UK Research Councils – now require researchers to articulate and understand the applied impact of their research when making their funding applications. This will only mean more research that directly addresses applied issues or can be readily utilised to deal with personal and social problems.

**SELF-TEST QUESTIONS**

- What is the definition of applied psychology?
- What are the main areas of applied psychology as represented by Divisions of the British Psychological Society (BPS)?
- What is evidence-based practice and why is it an integral part of applied psychology?
- What is the Health Professions Council (HPC)?
- What are standards of conduct, performance and ethics?
- What is the difference between generic and profession-specific standards of proficiency?
- Can you name three emerging areas of applied psychology and describe their main characteristics?

**ESSAY QUESTIONS**

- What is applied psychology and what is its relationship to core psychological knowledge and research?
- Describe how practitioner psychologists are regulated and compare and contrast the standards of proficiency required for different types of practitioner psychologists.

**TEXTS FOR FURTHER READING**


**RELEVANT WEB LINKS**

Health Professions Council (HPC), www.hpc-uk.org
National Institute for Health & Clinical Excellence (NICE), www.nice.org.uk
REFERENCES


Lane, A. (2008) Sport & Exercise Psychology, London: Hodder HE.


ANSWERS

Answers to Activity Box 1.1:

1. Sports & Exercise Psychologist
2. Health Psychologist
3. Educational Psychologist
4. Clinical Psychologist
5. Occupational Psychologist
6. Forensic Psychologist