

**2002 Competencies:  
Future Directions in Education & Credentialing in Professional Psychology  
November 7-9, 2002**

**WORKGROUP SUMMARIES**

The following are process summaries from the 10 workgroups of the Competencies Conference. These summaries should be viewed as working notes. What appears below represents a product that will continue to be developed. It should be noted that the workgroups were not expected to achieve consensus on every issue or question. Rather, they were to clearly identify those issues and questions where consensus was achieved, as well as noting as a matter of record sources of disagreement. Issues on which consensus was agreed upon within a workgroup does not necessarily reflect the opinion or consensus of the entire delegate group. No effort was made at this conference to achieve consensus among all the delegates.

**Workgroup 1  
Scientific Foundations and Research:  
The Scientifically-Minded Psychologist**

Workgroup members:

Kathleen Bieschke, Group Leader  
Nadya Fouad, Recorder  
Frank Collins, Steering Committee Representative

Pat Bricklin	Bernard Brucker
Jane Halonen	Jeanette Hsu
Jane Ledingham	Janet Matthews
Richard McFall	Carol Nemeroff
Roger Peterson	

Workgroup charge: “to address issues related to scientific foundations and research.”

The Scientific Foundations and Research Competencies Work Group focused on identifying how professional psychologists practice scientifically. We understand there is a core scientific foundation to the field of psychology. However, we do not believe we can both accomplish the charge of identifying core foundations in addition to the charge of identifying the competencies associated with the scientific practice of psychology. Further we believe that identifying a core of knowledge is important but that doing so should not exclusively be the responsibility of this group. Each of the components identified at the conference is undergirded by a core of knowledge.

**Preamble:**

- There is a scientific basis to the practice of psychology.
- Science occurs in a sociocultural context.

- Good scientific practice necessitates attention to generalizability and the extent to which the social context influences behaviors, including cultural and individual differences.
- Research skills make clinical practice more powerful and also create practitioners who are informed consumers.
- We value the integration of science and practice.

### **Competencies**

We train the professional psychologist to:

1. Develop an identity as a scientifically minded professional psychologist.
2. Access scientific knowledge bases continuously and apply those appropriately.
3. Critically evaluate his/her own interventions and their outcomes.
4. Demonstrate knowledge of and apply scientific concepts that influence practice, including the internal and external validity inherent in cultural/social diversity.
5. Subject his/her work to the scientific scrutiny of colleagues, stakeholders, and the public.
6. Show appreciation for science as a dynamic and continuous process by continually updating and evaluating his/her knowledge and skills.
7. Contribute to knowledge, broadly defined (e.g., publication/presentation, dissemination of information about practice to researchers, contributing to a practice database, participating in peer supervision, contributing to communities and psychoeducational settings).

### **Training**

The way that the competencies will be addressed will vary by the training model of the programs and multiple factors, such as pedagogy, skill level and learning style of student, availability of appropriate training experiences, and program goals. We note that training programs don't *have* to include a separate course to establish competence. We assume that learning is a lifelong process, and that training programs are responsible to instill a commitment to continuous improvement.

These may include:

- Role models
- Research teams
- Clinical supervision with a scientific focus
- Mentorship
- Teaching science as a creative enterprise.
- Supervision in hypothesis testing and applying research knowledge
- Collegial consultation
- Alternative models to just reading and taking a test (e.g., applying scientific knowledge)
- Infused across didactic and experiential curricula

**Assessment**

Methods of assessment need to be appropriate for the training model and the program goals. We also acknowledge the tension between the need for scrutiny and the need for ethical safeguarding of client and student development. One purpose of assessment is continual improvement of learning and practice outcomes; assessment is also used for evaluation. Multiple methods of assessment facilitate the development of competencies, including:

- Criterion-based measurement
- Case simulation
- Practice portfolio assessment
- 360 evaluation
- Dissertation and research projects
- ABPP-like case presentations
- Evaluation of work samples
- Examinations
- Self assessment strategies
- Peer evaluations

**Future Directions**

## Work

1. Synthesis of Halonen et al.'s rubric for scientific reasoning with the 7 competencies, explicating the competencies within each developmental stage.
2. Determine ways that practitioners develop and determine the scientific competencies of their practice.
3. Encourage professional and scientific communities to influence each other.
4. Recommend that a study be done to test the 7 competencies—to determine if these are the skills and whether they make a difference.

## Product

1. Encourage development of practice-research networks, e.g., for information exchange and data gathering and development of databases.
2. Develop models of collaborative supervision.
3. Develop training alternatives to a course checklist approach.
4. Develop CE courses for practitioners to integrate and implement science in their practice.
5. Create presentations and publications about the scientifically minded psychologist.
6. Invite CCTC to develop a representative workgroup to examine ways that professional psychologists can develop and demonstrate the scientific competence of their practice.
7. Encourage CoA and regulating bodies to include the process of training scientifically minded psychologists in evaluating core competencies.

8. Involve the collaboration of multiple stakeholders, (e.g., grad programs, internship programs, regulatory boards) in fleshing out the components of these competency areas, including training and assessment.
9. Call for representatives of each of the core competency groups at this conference to come together to deliberate and determine the foundations of science.
10. Influence revision of the AAPI to include information about scientifically related activities.

**Workgroup 2**  
**Ethical Legal, Public Policy/Advocacy, and Professional Issues**

Workgroup members:

Cynthia de las Fuentes, Group Leader  
Catherine Yarrow, Recorder  
Mary Willmuth, Steering Committee Representative

Madonna Constantine	Judy Hall
Nancy Downing Hansen	Scotty Hargrove
Mary A. Jansen	Chris Loftis
Mona Koppel Mitnick	Rudy E. Vuchinich
Richard B. Weinberg	

Workgroup charge: “to address issues related to ethical, legal, public policy/advocacy, and professional issues.”

### **ETHICAL & LEGAL COMPETENCY**

This competency is interwoven in all areas of practice and all activities. It is an important aspect of professional development. An issue that the group did not have time to address was how to collaborate in interdisciplinary settings where there are different ethical codes or where the psychologist is dually credentialed.

#### **Identification**

Of the components of this competency, knowledge and skills may be readily evaluated or measured, but values may be assessed only by inference from observed behaviors. It was noted that values and attitudes inform our everyday living, and are not limited to professional spheres of activity.

In its discussions, the group considered important both a formative and a summative perspective; continuous training versus making a summative decision.

The group noted that our ethical codes and ethical practice have evolved in a cultural context and with multi-cultural influences. It is important that psychologists be aware of the influences on their own behavior, attitudes and decisions and be cognizant of the individual and cultural diversity issues affecting their clients. While adhering to the ethical and professional codes and the laws of the practice jurisdiction, psychologists must exercise personal integrity and acknowledge variations in values and practices of individuals and groups. Ethical competence in working with a range of diversity includes recognizing one’s limits of competence and knowing when to refer or to seek consultation.

Components of ethical/legal competency:

- knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules, regulations and case law relevant to the practice of psychology
- ability to recognize ethical and legal issues across the range of psychological activities
- ability to recognize and reconcile conflicts among relevant codes and laws and to deal with convergence, divergence and ambiguity
- application of above knowledge and skills in situations related to professional activities
- skill in seeking out information, and knowing when to consult as well as how to offer consultation
- skill in raising ethical and legal issues; professional assertiveness to raise issue appropriately
- adopting or adapting one's own ethical decision-making model and applying it with personal integrity and contextual sensitivity
- ability to build and participate in a collaborative, supportive peer network
- self-assessment
- self-awareness

These components are neither sequential in development nor discrete; they may overlap.

*Issues where consensus could not be reached*

While courage may be required to act ethically the group could not agree on whether courage is a component of this specific competency or a more general attribute.

### **Training**

Should infuse more discussion of legal issues during training as well as multicultural issues. Need more training in ethics in research.

*Milieu, modeling, didactics and practice/experience*

Milieu:

- The training program itself must be consistent with the Code of Ethics

Modeling:

- Modeling is critical in the training for the ethics competency. Experiences in class, practica, internship, advising, supervision, and the program as a whole program should exemplify ethical behavior and encourage reflection and evaluation. It is important that modeling of ethical behavior be clearly seen by trainees.

## Didactics:

- introduce ethical issues early in training
- A course in ethics is necessary but not sufficient; training in ethics cannot be accomplished in one class/course.
- Have students read literature; analyze their own ethical decision making model and explain it; “why I do what I do”
- teach and model self-assessment from early in training

## Practice/experience:

- Instruction in ethics should be integrated throughout training, using cases or experiential activities of increasing complexity to continue refining ethical training. Vignettes can be useful if different interpretations are discussed; in vivo training is also valuable.
- Use actual experiences as part of content for training in ethics

## Progression of training:

While the group generally agreed that training should be progressive, through developmental steps, there was not agreement on a specific sequence. One person suggested:

- early in training/pre-practicum: knowledge, vignettes; values and attitudes: openness, responsible to feedback; ethical principles, literature; explore own values, attitudes re dealing with people; interpersonal relationships; individual traits: flexibility, openness, non-defensiveness; not necessarily demonstrate actual skills
- practica: all of above plus being able to demonstrate skills to consult, use supervision, not distort information, experiences; develop appropriate peer relationships
- intern, post-doc: higher level or greater complexity of skills and application
- professional and lifelong learning: more advanced skills; consulting others and with others, including being culturally sensitive

*Additional recommendations*

- that evaluations, of graduate faculty and administrators and practica and internship programs, by students include evaluation about ethical behaviour of faculty and supervisors. (modeling of ethical behaviour is a critical component of training)
- To become a competent supervisor, the trainee should have in vivo, experiential training re supervision and ethical/legal issues in supervision.
- Encourage development of peer networks, consultation/study groups

*Innovation in training: Morality genogram & self-awareness*

- Morality dimension in internship: how it enters into the questions we ask, what we do;
- self-awareness for trainers and students;
- morality genogram mapping – critical incidents, influences on moral development;

Ethics and legal competencies are not discrete competencies fully acquired by end of training. These competencies develop on a lifelong continuum, from the start of training to the end of one's professional career. Feedback to trainers from professionals in the field is needed to keep training current. Need tools, outcome measures. Self-assessment is particularly important; can use tools from science for self-assessment and self-efficacy.

## Themes

- Developmental process
- Normalize occurrence of ethical dilemmas; they will be part of your professional practice/activities. Throughout the professional relationship, there are ethical choice points; also in other psychological activities including research, teaching, supervision, and service to community; does not end after you have passed the course
- People need to see beyond codification of rules. Not just tied to profession. There is a universal, tied to community. Not discontinuous, not external. Important to personalize and relate to way students/professionals live.

**Assessment**

Formative vs summative role of trainers:

- usually formative activities, but at various points must make summative decisions. Dual role. Decision based at least in part on own perspective, moral history. Regulators must also make summative choices.
- assessment mechanism should provide opportunity for training and growth where appropriate

Recommend multimodal methods of assessment:

- How do trainees respond to ethical dilemmas? Include opportunities to discuss in formal training. Difficult to assess: list responses and why.
- In vivo assessment may be better than vignettes as latter can be interpreted differently by various people
- critical incident methodology; note when trainee has recognized an ethical/legal dilemma and responded appropriately Recognize and reinforce when students have recognized and handled these situations appropriately
- Assess for different levels of ethical competence at various points in training
- Assess for ethical competence in every course throughout training

**Issues:**

- Interns may be cast in the role of evaluating how more junior graduate trainees handle ethical dilemmas; this may place the interns in a conflicting role between the students and the intern's own supervisor or could result in the supervisor having less opportunity to directly evaluate the more junior trainee and address incipient
- Anecdotal information suggests that some licensees who get into trouble actually had previous trouble in graduate school;; may be important to assess this regularly during training as may be predictive of future problems

**Future Directions**

Recommend joint conference of boards and training community at the national level to discuss evaluation of training re ethics competency.

Accreditation is a process that has some value.

Industrial organizational psychology has done a lot of work on evaluating competencies in job analyses. Competency development is a lifetime process. It may be helpful to complement the general assessment competence of psychology with the specific assessment expertise developed in I/O psychology.

Knowledge, Skills (application), Abilities (often intangible that cannot be measured or taught). Have to measure somehow in order to give feedback. Gap analysis methodology so can assess progress over training.

**Future Directions/Actions**

- 1) Advocate process-based model for developing competencies in ethics. Consider ethical training in a developmental framework.
- 2) Consider providing CE credit for participation in peer networks, study groups. Peer consultation helps keep your practice public; less likely to get into trouble. Also helpful to discuss scientific base of decision making in practice. It is a responsibility of the profession to help with this.
- 3) Make recommendations to COA to change emphasis on certain areas, e.g. consider multiple ways of training in ethics
- 4) Empower training programs to counsel out problem students, supervisors, and faculty:
  - Enhance effectiveness of feedback to training programs. Recommend that when licensing boards discipline someone that they provide publicly available information to training program. That might assist in training programs gathering data as to whether students who got into difficulties during graduate training are likely to have problems in future professional practice.

- Share information re training programs' ability to make summative decision about inappropriate trainees; similar sharing of information re licensing boards. Summative evaluation of ethical behaviour should be a discrete part of evaluation for each course. If student given due process, notification, opportunity to correct and violation is reasonably related to practice of psychology, likely to be upheld.
- 5) If not already present, recommend developing both a formal complaint process and an informal resolution process for problems that arise during graduate training. Need to address confidentiality issues in both processes. Need strong support from administration. Students should be provided with informed consent statement at outset to make clear when information will be shared; under what circumstances.
  - 6) Explore data analysis on the EPPP that might inform training programs. Recommend that training programs get feedback on performance of their students' scores on ethics domain on EPPP. The training programs could request this analysis and use it to inform their training program development. There may be a charge associated with this data analysis.
  - 7) Encourage programs to train students on new legislation, such as HIPPA in the US.
  - 8) Promote ongoing professional development in ethics and legal issues, new legislation. Inculcate self-assessment, peer consultation and professional development.
  - 9) Encourage Richard Weinberg to publish morality genogram concept used in training.
  - 10) Promote multi-modal, multi-level training and assessment and critical incident approach.
  - 11) Develop casebook of best practices for assessment of ethics competency.

### PUBLIC POLICY/ADVOCACY COMPETENCY

#### *Diversity of views/no consensus reached*

Are public policy and advocacy different? Do they require different skills? Is this better conceptualized as social change agent, with different competencies? Advocacy may compromise your objectivity in doing policy research/policy analysis.

Is this really a core competency for entry to the profession; not clear that it should be pre-doctoral. Is this a competency for individuals or a collective task?

Activism as a social justice responsibility is an outgrowth of our ethics and morality.

It is important to inform the public about psychology, what we do, especially as different from psychiatrists, social workers and other mental health or health care professionals. It is also important to provide information public about the client populations that we serve.

In addition we need to be able to provide and expand on information on effectiveness and cost-effectiveness of psychological services.

Psychologists may cite concerns about certain situations to push for legal change, e.g. sexual abuse by person who is a revoked psychologist; need to protect public more generally.

Involvement in state associations is part of development in ethics and public policy.

Advocacy can result in moving away from our ethical or scientific foundation. Important to communicate information about our scientific roots. Needs to be done with awareness of legal parameters. Should keep advocacy science based. Advocates should keep up their scientific knowledge and skills. Ethical issue in advocacy is whether one ends up promoting own view rather than representing profession.

Some of effective advocacy work has been through coalitions e.g. mental health parity.

### Identification

#### *Consensus*

The group agreed that the following were components of the public policy/advocacy competence:

- Awareness of the importance of public policy (a) in service of the public and (b) with respect to the inclusion of psychological services
- Knowledge of public policy process used in service of the public interest
- Knowledge of legislative process
- Understanding of the political process
- Critical thinking skills
- Assertiveness skills
- Being outgoing
- A collaborative, negotiating, compromising approach
- Resilience
- Understanding role of psychology (a) in developing public policy in the public interest and (b) in working at community level with specific groups
- Ability to perceive, adapt to and transform the context of psychological practice

#### *Diversity of views*

While the group considered this to be a valuable competency, there was no agreement on it being a core competency.

## **Training**

### *Diversity of views*

- Graduate students should learn about local political processes (more salient) before federal processes. Is this an entry-level competency? By internship level, students should be introduced to (not necessarily competent in) the basic concepts of public policy, and how they might apply assessment and intervention skills. Skill in this area may not be a predoctoral core competency, but could be a later specialization. Advocacy is value based; rather than train on advocacy in the core curriculum, it may be preferable to focus on training in the ethics and legal competency. A different view expressed was that all graduates should be able to speak about psychological impact on the public of certain situations and events.

Perhaps this should be a post-doctoral specialization, rather than try to expose all doctoral students to this in an in-depth way. Recently, in the field there has been increased recognition of the role of the profession in public policy.

Should there be training in public policy/advocacy it might take the following forms:

- Learning activities could include attendance at community meetings such as PTA's and other groups that develop and implement policies
- May not be a course, but modeled and learned through interactions in the environment
- Could also be a series of learning experiences

Innovation:

- Morality dimension in internship: how it enters into questions we ask, what we do; self-awareness for trainers and students; morality genogram – critical incidents, influences on moral development; relate to public policy, applying learning from clinical training in a policy domain, to identify gaps in service delivery systems, use to develop policy, e.g. re use of restraints, interaction with personal history of individual, use information to work with judges and others to rewrite policy to impact larger group than current clients

### Assessment

Assess training program by interviewing faculty, students. There was no discussion of how to assess for this competence in trainees or licensees.

### **Future Directions**

Rather than prescribe a course, might promote, i.e. ask programs to consider providing information (e.g. as one class in a course such as an ethics course) to talk about professional issues, so that some awareness is developed during graduate training.

Could encourage membership in professional association, provide scholarships to attend meetings, make presentations. However, public policy advocacy goes beyond this involvement in professional issues.

Encourage development of doctoral psychology programs or interdisciplinary programs with a public policy focus. Could promote internships and post-docs that expose trainees to public policy and advocacy.

This may become a core competency in the future. Needs to be integrated on public policy level. Not everyone needs to do advocacy but do need to support or have an awareness of advocacy issues.

### **Workgroup 3 Supervision**

Workgroup members:

Cal Stoltenberg, Group Leader  
Jenny Cornish, Recorder  
Nadine Kaslow, Steering Committee Representative

Amy Bjorkman	Carol Falender
Rodney Goodyear	Catherine Grus
Robert Hatcher	Jerry Leventhal
Lisa Porche-Burke	David Ramirez
Ed Shafranske	Sandra Sigmon
Richard Steffy	

Workgroup charge: “to address issues related to supervision.”

#### **Overview**

The workgroup began on Thursday November 7, 2002 with introductions. During introductions, several issues were raised including defining supervision broadly, the need to include management and administration with supervision, mentoring, and supervision w/difficult trainees. Dr. Stoltenberg then passed out the charge to this workgroup. There was a discussion related to whether the workgroup should focus on professionals who are supervising or students who are learning to supervise. It was agreed that a developmental approach using a continuum would be most helpful, taking context into consideration.

On Friday, November 8, 2002, the group focused on how to organize the material from Thursday along with defining the product to be developed from this workgroup. Time constraints limited the focus to minimal competence to independently conduct clinical supervision. Important areas of supervision such as assessment, consultation, and research were not addressed by this work group. Competence was viewed as encompassing issues of knowledge, skills, and values as well as social context, training, and assessment. These were delineated and organized into a table (see below).

On Saturday morning, November 9, 2002, original group members rotated to other groups and new members from other groups came to give input. Later in the day, original members then rotated back in, bringing the several new issues including: systematic approaches to self-assessment and other promising practices for assessing supervision, dual roles inherent in training and evaluation, the issue of professional assertiveness and empowerment, concern with communication between different regulatory agencies, the need to stay subject work (including clinical work) to scrutiny (making it public), a cube model for proficiencies including practice parameters, supervision for consultation, and systems issues in supervision (e.g., the economics of practice). Recommendations for future directions were developed.

**Definition of supervision**

“An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession” (Goodyear)

**Organizing assumptions**

- Being a supervisor is a life-long, cumulative, developmental process with levels of proficiency beyond competence
- Diversity in all of its forms is related to every aspect of the supervision process
- Legal and ethical issues are super-ordinate to all aspects of supervision
- Self-assessment is necessary across all levels of supervision
- Supervision competence is influenced by both professional and personal factors
- The table presented involves minimum competence in supervision

**Future Directions**

- Supervision should be considered a core competence in the practice of psychology
- Future work is needed in articulating the developmental levels of supervision competence both leading up to and subsequent to the level of minimal competence within a framework of lifelong learning
- Such work should be structured and informed by consideration for issues of diversity in all its forms
- Integration of supervision issues should be considered across psychology graduate and postgraduate education and training
- The continued development, refinement, and utilization of evidence-supported mechanisms to assess competence in supervision is recommended

Table 1

	<b>Identification: Knowledge</b>	<b>Identification: Skills</b>	<b>Identification: Values</b>	<b>Social Context</b>	<b>Training</b>	<b>Assessment</b>
<p><b>Minimal Competence to supervise independently</b> (Must be licensed for independent practice) (And some feel that these minimal competencies should be reached by the end of graduate training)</p>	<ol style="list-style-type: none"> <li>1. Basic knowledge of area being supervised (psychotherapy, research, assessment, etc.)</li> <li>2. Knowledge of models, theories, modalities, and research on supervision</li> <li>3. Knowledge of professional/supervisee development (how therapists develop, etc)</li> <li>4. Knowledge of ethics and legal issues specific to supervision</li> <li>5. Knowledge of evaluation, process outcome</li> <li>6. Awareness/knowledge of</li> </ol>	<ol style="list-style-type: none"> <li>1. Supervision modalities</li> <li>2. Relationship skills – ability to build supervisory relationship/alliance</li> <li>3. Ability to perform and balance multiple roles</li> <li>4. Ability to provide effective formative and summative feedback</li> <li>5. Ability to promote growth and self-assessment in the trainee</li> <li>6. Ability to conduct own self-assessment process</li> <li>6. Ability to assess the learning needs and developmental level of the supervisee</li> <li>6. Ability to</li> </ol>	<ol style="list-style-type: none"> <li>1. Responsibility for client and supervisee rests w/supervisor</li> <li>2. Respectful</li> <li>3. Sensitivity to diversity in all its forms</li> <li>4. Balance between support and challenging</li> <li>5. Empowering</li> <li>6. Commitment to lifelong learning and professional growth</li> <li>7. Balance between clinical and training needs</li> <li>8. Value ethical principles</li> <li>9. Commitment to knowing and utilizing available psychological science re supervision</li> </ol>	<p>Overarching issues:</p> <ol style="list-style-type: none"> <li>1. Diversity</li> <li>2. Ethical and legal issues</li> <li>3. Developmental process</li> <li>4. Knowledge of the immediate system and expectations within which the supervision is conducted</li> <li>5. Awareness of the socio-political contact within which the supervision is conducted</li> <li>6. Creation of climate in which honest feedback is the norm (both supportive and challenging)</li> </ol>	<ol style="list-style-type: none"> <li>1. Course-work in supervision including knowledge and skill areas listed</li> <li>2. Has received supervision of supervision including some form of observation (videotape or audio-tape) with critical feedback</li> </ol>	<ol style="list-style-type: none"> <li>1. Successful completion of course on supervision</li> <li>2. Verification of previous supervision of supervision documenting readiness to supervise independently</li> <li>3. Evidence of direct observation (e.g., audio or videotape)</li> <li>4. Documentation of supervisory experience reflecting diversity</li> <li>5. Documentation of supervisee feedback</li> <li>6. Self-assessment and awareness of need for consultation when necessary</li> <li>7. Assessment of</li> </ol>

	<p>diversity in all of its forms</p> <p>7. Research – content (disagreement )</p>	<p>encourage evaluative feedback from the trainee</p> <p>7. Teaching and didactic skills</p> <p>8. Ability to set appropriate boundaries and seek consultation when supervisory issues outside domain of supervisory competence</p> <p>9. Flexibility</p> <p>10. Scientific thinking throughout professional development</p>				<p>supervision outcomes – both individual and group</p>
<b>Intermediate Competence</b>						
<b>Advanced Competence</b>						



## **Workgroup 4 Psychological Assessment**

### Workgroup members:

Leon VandenCreek, Group Leader  
Karen Cohen, Recorder  
Nadine Kaslow, Steering Committee Representative

Sherry Benton	Steve DeMers
Valerie Holms	Robert Kerns
Radhika Krishnamurthy	Jay Kwawer
Marie Miville	Robert Stegman
Lisa Suzuki	Yvette Tazeau

Workgroup charge: “to address issues related to Psychological Assessment. ”

**IDENTIFICATION:** What are the most important components in psychological assessment? (knowledge, skills, values/attitudes etc.)

### General Issues and Questions Discussed by Group as Relates to Identification

#### **1. Need to define assessment**

- What is, and what isn't included in a definition
- mental health assessment versus psychological assessment; difference between assessment and testing (APA “test user qualifications” not “psychological assessment qualifications”; PAWG report by Meyer et al., 1998 that defines testing as involving standardized procedures, empirically quantified information, use of norms, etc, and assessment as extending to the inferences drawn from multiple data sources)
- Implications of defining competencies narrowly (which does not allow for diversity of models and approaches to science and practice) and implications of defining competencies broadly (which does not capture what is unique to and defines psychology as a profession)
- Implications of increasing specialization upon assessment competencies
- Disconnection between prescribing competencies and outcome-based accreditation criteria
- Psychological assessment and its core competencies were defined broadly and inclusively by the workgroup

#### **2. Generic assessment skills (e.g. knowledge of test construction, validity, reliability) regardless of population or specialty**

- Should every student have training in assessment and, if so, what kind of training? Importance of regional differences in service delivery
- Need competence in assessment but need not prescribe training in specific measures
- Importance of convergent evidence in approach to assessment
- Easier to agree on necessity to provide training in interviewing and interviewing skills than on necessity to provide training in any specific test(s) or assessment procedures
- **Consensus on** need to provide training in multiple methods and means of evaluation in ways that are responsive and respectful of individuals, families and groups
- Assessment as conceptual problem-solving process
- Importance of recognizing that although traditional definitions of psychological assessment have focused on individuals current definitions need recognize that psychological assessment includes individuals, families/couples, groups and other systems

### 3. How often do practitioners do formal assessment (e.g. test based)?

- Psychological practice of assessment is changing (time, cost constraints)
- Some “specialties” do more assessment than others (e.g. school psychologists, neuropsychology) and different “specialties” do different types of assessment
- Assessment has been and still is unique area of psychological expertise
- Implications of managed care, evidenced-based practice on how professional time is spent and managed, reliability and validity of diagnoses and determinations
- Content and practice of assessment has evolved (assessment as intervention, outcome and program evaluation of service, comprehensive packages on specialized services)
- Special attention must be paid to diversity and psychological assessment as well as to “high stakes” testing situations
- **Consequences of articulating sets of competencies** - e.g. how will these be used by managed care providers?

#### Core Competencies<sup>1</sup>

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<sup>1</sup> These core competencies were drafted by consensus on November 9, 2002. These competencies reflect the knowledge, skills and abilities that the group judged necessary to undertake psychological assessment. The group noted that the APA Task Force Report on Test User Qualifications would be helpful in specifying these knowledge, skills and abilities.

1. **A background in the basics of psychometric theory**
2. **Knowledge of the scientific, theoretical, empirical and contextual bases of psychological assessment**
3. **Knowledge, skill and techniques with which to assess cognitive, affective, behavioral, and personality dimensions of human experience and systems**
4. **The ability to assess outcomes of treatment (an important but neglected domain of psychological assessment)**
5. **The ability to critically evaluate the multiple roles, contexts and relationships within which clients and psychologists function and the reciprocal impacts of these upon assessment activity**
6. **The ability to establish, maintain, and understand the collaborative professional relationship that provides a context for any psychological activity, including psychological assessment**
7. **An understanding of the relationship between assessment and intervention, assessment as an intervention, and intervention planning**
8. **Technical assessment skills to include:**
  - **Problem and/or goal identification and case conceptualization**
  - **Understanding and selection of appropriate assessment methods (e.g. strategies, tools, measures, time-lines, targets)**
  - **Training in the effective applicability of the assessment procedures to clients and the various systems within which clients exist.**
  - **Data gathering**
  - **Integration, inference and analysis**
  - **Communication of findings and recommendations that address problem and/or goal**
  - **Provide feedback that is understandable, useful, and responsive to the client (individual, group, organization, referral source)**

#### **Illustrative Model at the level of the individual**

1. Interviewing (e.g. Mental Status Examinations)
2. Testing
  - a. norm-referenced
  - b. criterion-referenced

**Knowledge, Skills, Abilities, Values, Other to include:**

**K** = psychometrics (validity, reliability)

**S** = Methods of training in administration (e.g. videotaping, observation)

**A** = critical thinking, rapport building, integrative thinking, psychological mindedness

**V** = assessment is an ongoing process and the distinction between assessment and intervention is fluid

**TRAINING:** What are the most critical educational and training experiences that will facilitate the development of competence in psychological assessment for an individual? How can these experiences be conceptualized from a developmental framework?

**General issues and questions addressed by the group as relates to Training**

- Undergraduate prerequisites increasingly less rigorous with students having less foundation in psychology upon entering graduate study but prerequisite undergraduate knowledge is important
- Need for better collaboration between academics and practitioners – collaboration in training students need be joint rather than simply concurrent
- There is a perception among some students that the marketplace demands that they accrue excessive assessment practica hours in order to successfully compete for internship positions.
- Some data suggest that doctoral programs give decreasing time and attention to assessment
- Many internship settings demand prerequisite academic training in psychological assessment
- Prerequisite academic training should be relevant and generalizable to internship and practice settings
- There is a disconnection between what students are trained to do and what they end up doing.
- Are students being trained in skills needed in internship and practice marketplace?
- It is important to train students in the supervision of assessment

*Training Methods and Modalities<sup>2</sup>*

**1. Academic courses should be relevant to the breadth of assessment models that provide instruction in the core competencies defined as above.**

- **foundational courses that include theoretical and empirical bases (e.g. psychological theories, psychometrics, and psychopathology)**
- **courses relevant to specific assessment methods**

**2. Practicum experience should include individual and small group modalities**

- **is coherent and consistent with the program's model and philosophy of training**
- **is intensive and heavily dependent on the student's relationship with experienced mentor(s) and**

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<sup>2</sup> These training methods and modalities were drafted by consensus on November 9, 2002.

- **occurs with diverse populations and settings**

3. Integration of coursework and practicum experiences in learning and applying assessment knowledge/skills

**4. Component psychological assessment skills are acquired sequentially with coherence and cumulative complexity consistent with programs' training models and philosophies.**

**ASSESSMENT:** What are the various strategies for assessing competence in psychological assessment across different stages of the education and training process? Are there different ways to accomplish this or should all professional psychology programs approach this competency in the same manner?

#### **General issues addressed in discussion of the assessment of psychological assessment**

1. **Use of IO models to assess competency (knowledge, skills, abilities, other – KSAO)**
2. **Competencies are developmental and can be differentially defined and assessed at different career levels.**

#### ***Principles of Assessment***<sup>3</sup>

1. **Assessment of psychological assessment focuses on the comprehensive and integrated psychological assessment activities from the initial interview, psychological testing, intervention and through to the evaluation of the outcome of psychological service.**
2. **Content areas assessed reflect core competencies and methods of training.**
3. **Assessments are individualized, personally sensitive and provide adequate, meaningful feedback.**
4. **See Assessment of Competence group, November 8, 2002.**

#### **Methods of Assessment**<sup>4</sup>

1. **Classroom/course data**
2. **Direct observation**
3. **Individual projects/performance assessment**
4. **Summative performance assessment**
5. **Self-assessment/reflection**
6. **Collaboration**
7. **Interviews and surveys**

<sup>3</sup> These principles of assessment were drafted by consensus on November 9, 2002.

<sup>4</sup> These methods of assessment were drafted by consensus on November 9, 2002.

## 8. Archival Measures

**FUTURE DIRECTIONS:** What, if any, are the action items from your workgroup that will help to move forward your approach to the identification, training, and assessment of competence in Psychological Assessment?

1. The workgroup worked from a broad definition of psychological assessment that called for a move from
  - individuals to families, groups, organizations and other systems and the role of these groups and systems on individuals
  - a test-based focus to more comprehensive and responsive assessment measures and methodologies
2. The workgroup recommended the development of
  - models of supervision in psychological assessment
  - follow up conferences on competencies
  - article, book chapter, book on competencies
  - “Innovative Practices” in psychological assessment training and post these on the APPIC website
3. The workgroup made the following additional recommendations:
  - undertake a dialogue with Multicultural Summit Leaders about diversity and psychological assessment training
  - address disconnections between doctoral program and internship trainers and settings as concerns training in psychological assessment (training councils, CCTC)
  - encourage doctoral programs to honor undergraduate foundation in psychology as prerequisite to graduate school admission
  - address any disconnection between the demands of the marketplace and training provided in graduate programs
  - advocate with insurers, employers, employee benefit programs, government plans about the cost-effectiveness of psychological assessment (Eisman et al., 1998, Meyer et al., 1998, Meyer et al., 2001)
  - encourage training programs to respond to advances in technology as these impact on psychological assessment

- encourage test developers and publishers to incorporate innovations in technology into assessment measures and methodologies
- encourage accrediting bodies in psychology to acknowledge the diversity of methods in which psychological assessment can be taught and trained and to allow programs latitude in demonstrating their successes

**Issues and Questions Addressed in Relation to  
Psychological Assessment  
During Integration Across Workgroups Session  
November 9, 2002<sup>5</sup>**

- Connections between professionally-driven and defined competencies and regulatory and accrediting bodies
- More attention paid to assessment of families, systems and organizations
- Inter-dependency of diagnosis and intervention – must know what it is you are treating as a prerequisite to treating it
- Belief that there are core competencies in assessment that are essential to all health service practice in psychology and transcend specialties
- Psychometric theory and measurement has been, and continues to be, foundation and defining feature of profession -should be consensus on this point
- Importance of assessing knowledge and skill – how to assess competency in psychological assessment
- Emphasis on self-assessment – cultural self awareness (reflect on biases, assumptions, values and impact on client and process of psychological work); importance of training in use of emerging culturally-sensitive measures; psychological data understood in context of clients' multiple contexts; incorporation of cultural measures in mainstream assessment; importance of training in psychometrics and psychological measurement
- Supervisor needs knowledge in content domain of what supervising; need training in testing tools – range of tools, interview is a projective-type measure; assessment is contextual – constraints of time and resource (cost-benefit factors of administering certain tests, what is the yield?) - consequently need flexibility and breadth in assessment tools and preparation; necessity of attention to training in timeliness of reports and feedback

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<sup>5</sup> These notes were read to “Integration Across Workgroups” participants at the end of the session.

- Needs assessment essential component of consultation – as reflected in generic core competencies as defined by assessment group; need training in evaluation techniques and outcome evaluation; importance of self assessment
- What is the foundation base of psychological assessment; how do you know what you know?; a course does not ensure competency in a foundation; developmental model, preparation at undergraduate level and continuity between stages of education;
- **Consensus on need to have foundation of knowledge and skill with which to assess cognitive, affective, behavioral dimensions of human experience and systems – assessment not an optional exercise; need foundation in assessment of outcomes; need foundation in basics of psychometric theory as prerequisite to understanding and communicating assessment results**
- Value added competency of being able to determine/show effectiveness of assessment
- **Is support for requirement that every practicing psychologist be trained in use of specific tests (e.g. intelligence tests); training and exposure versus competence to administer specific tests; training in problem identification and nosology (e.g. DSM)**
- Importance of public and legislative perception of who is qualified to “test”
- Conceptual understanding of traditional (e.g. WAIS) and recent developments (e.g. Item Response Theory) in testing
- Importance of client’s functioning within own environment and relevance of assessment to client in that context; importance of coordinating and interpreting multiple data points (both within and across disciplines) – especially when some symptoms might be variably presented (i.e. presented in one situation and not another)

## **Workgroup 5 Individual and Cultural Diversity**

### Workgroup members:

Jessica Henderson Daniel, Group Leader  
Kelly Ducheny, Recorder  
Linda Forest, Steering Committee Representative

Norm Abeles	Jeff Baker
Cyndy Boyd	Robin Buhrke
Robert Hall	Robert Knight
Gargi Roysircar-Sodowsky	Juan Jose Sanchez Sosa
Derald Wing Sue	Karen Taylor

Workgroup charge: “to address issues related to individual and cultural diversity.”

### **PREAMBLE POINTS**

The title of this competency is entitled “Individual and Cultural Difference” (ICD). This competency pervades all areas of psychological service. Competency in the application of individual and cultural diversity is a core value of the field of psychology. Issues of individual and cultural difference are at play in interactions with every client and community, regardless of whether the identified client(s) appears culturally similar to the provider. Areas of ICD include, but are not limited to, the following: gender, ethnicity, gender identity, social class, race, level of acculturation, able-ness, age, sexual orientation, severe mental illness and religion/spirituality<sup>6,7</sup>. ICD competency enriches and enables psychological services; its absence may produce harm.<sup>8</sup> Competency in ICD should be conceptualized on a continuum, ranging from not competent to minimally competent to extremely competent.<sup>9</sup> ‘Self-Awareness’ and ‘Foundations and Frameworks’ competencies, described herein, are fundamental. Knowledge of diverse groups is built on these foundations. Knowledge of ICD is part of the psychologist’s life-long learning.<sup>10</sup>

### **IDENTIFICATION**

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<sup>6</sup> The term “multicultural” was purposively not used since it has commonly been used to denote issues of race and ethnicity alone. In addition, ICD captures the intersection of individual and cultural factors and the incorporation of multiple identities. This definition was seen as fluid and evolving since our professional knowledge base and societal understanding will continue to evolve.

<sup>7</sup> The majority of other competency working groups identified ICD as a “meta-awareness,” a “super-ordinate competence,” as an element of “figure” rather than ground, or as an area that should be embedded across all areas of thinking. The language varied significantly across the working groups, but ICD was consistently seen as a critical foundation in the other areas.

<sup>8</sup> The working group should look at research evidence to see what values or beliefs have a high likelihood of causing harm.

<sup>9</sup> The working group will need to determine what constitutes a minimally acceptable level of competence and whether expectations (or levels) of minimal competence evolve across stage of training or year in graduate school (we seemed to agree they should).

<sup>10</sup> ICD competency should be addressed throughout the entire graduate curriculum and professional career rather than be addressed at one point in time or in one specific course. Faculty, professional staff and students all share the responsibility for emphasis and learning in ICD.

Seven subcompetencies were identified. The first two competencies of ‘Foundations and Frameworks’ and ‘Self-Awareness’ receive first emphasis. The remaining subcompetencies can then build on that beginning base.

1. Foundations and Frameworks

This subcompetency addresses knowledge, skills, and attitudes (or values) in four main areas: A) the cultural context of clients, society, and the field of psychology. This includes US and international demographics, immigration and acculturation issues, history, and the Euro-centric nature of the field of psychology; B) the impact of systemic power, privilege, racism, and oppression; C) the intersection of multiple identities (i.e., gender, race, and sexual orientation) and a recognition that figure-ground relationships or salience of an individual’s various identities may shift based on context; D) the nature and components of worldview, which include an appreciation that other people may have a significantly different view of reality, different assumptions and values, and how worldviews may impact the lived experience of people and groups; and E) a willingness and ability to remain open and receptive to learning (like “stepping into the fire”). A personal commitment to learning in this area and/or a trusting relationship with an instructor, supervisor, or mentor with whom one can process this material will give a ‘learner’ the resilience to return to the struggle of learning when it becomes difficult, receptivity, and an ability to incorporate an alteration or modification in perspective.

2. Self-Awareness

This subcompetency addresses four main areas. The first includes (A) a willingness and openness to tolerate and work through strong personal emotional and affective responses. The second area of ‘awareness’ (B) is made up of two elements: i) recognition of own bias and stereotypes, personal limitations, and areas for future growth, including the recognition of what is not known, and ii) understanding of self as a cultural being with a worldview, cultural context, and beliefs; and the ownership of one’s racism or privileged status. The third area is sensitivity (C) to the impact of own biases and stereotypes on others. The fourth incorporates self-reflection and meta-knowledge (D) about cultural and individual diversity.

The minimal competency standard in this subcompetency requires that an individual be aware of personal emotional reactions to diversity; understand those reactions and their impact; and take action to reduce the tendency to be biased, to respond with stereotypes, and act in prejudicial ways, with a resulting outcome of increased understanding and empathy. An unwillingness or inability to identify areas of differentiation across and within groups (i.e., race or ethnicity invisibility) is not acceptable and is not considered competent.

3. Relationship

The subcompetency of relationship includes 6 elements: A) working alliance; B) emotional connection and empathy; being free from negative affect and fears as a result of the differences or unknown aspects within a relationship, facilitating a smooth interpersonal connection and responsiveness to another individual’s multiple identities and contexts; C) openness to countertransference to power and diversity issues; D) effectively responding to a client’s mistrust, negative help-seeking behaviors, and hesitation to self-disclose; E) being present and engaged in the midst of conflict; F) adapting behavioral responses to match the behaviors of the client and the

client's cultural norms; and G) being able, if necessary, to refer without harm to the client and to taking action to improve one's ability to work with a diverse clientele.

4. Culturally Responsive Assessment Options and Interventions

This subcompetency consists of eight elements: A) the adaptation or tailoring of interventions to be culturally relevant and the modifications of mainstream treatment methods; B) knowledge regarding how to assess for cultural diversity and modify test data and interpretation accordingly; C) the ability to implement interventions or strategies that might reduce client discomfort stemming from cultural and individual characteristics; D) the ability to use knowledge and values related to cultural and contextual issues in practice settings with a wide range of diverse clients; E) the generation and application of creative, culture-specific interventions and practices; F) the ability to determine when a psychological theory should be adjusted before use with underrepresented populations; G) awareness of the applicability of assessment instruments for different groups; and H) the ability to consider cultural context appropriately in diagnosis and conceptualization.

5. Knowledge of Specific Groups

This subcompetency addresses knowledge of specific cultures and diversity variables and the way these features interact and impact both the provider and the recipients. Diversity variables include, but are not limited to, racial identity, ethnic or cultural identity, gender, level of acculturation, gender identity, sexual orientation, abledness, age, spirituality/religion, social class, and language. These factors include a life span perspective. Knowledge of specific groups should assist providers to minimize type 1 (overestimate pathology) and type 2 (underestimate pathology) clinical errors when examining behavior across the continuum, from functional to dysfunctional.

6. Research and Scholarly Inquiry

This subcompetency is composed of five elements: A) the consideration of cultural issues when designing and conducting research and scholarly inquiry; B) formulated research questions shall reflect awareness of individual and cultural differences of the participants, as well as within group (emic) and between group (etic) differences; C) research designs should include sufficient numbers of target groups to conduct meaningful and powerful analyses; D) feedback from members of the identified group should be included in the design and formulation of the research or inquiry; E) research or scholarly inquiry should offer a benefit to the community in which it occurs; F) consider the impact of the research or inquiry on public policy and society, anticipating and avoiding adverse impact if possible; and G) all creation of knowledge in the area of ICD should be informed by a scientific and scholarly approach. The working group plans to examine the APA Multicultural Guidelines to better inform this subcompetency.

7. Giving Voice

This subcompetency addresses the ability to actively participate in discussions and explorations regarding the incorporation and impact of ICD, in both public and private arenas. However, mere participation does not meet the requirements of this subcompetency. Instead, 'learners' should demonstrate an investment in and support of others' voices. This includes the facilitation of discourse and possibly acting as an 'ally' when oppression or poor treatment is imposed on stigmatized groups. At the far end of the continuum, giving voice would include broad based advocacy and social change activities, and attempts to influence public policy. This

subcompetency could also include an emphasis on the ability to facilitate organizational change to increase ICD receptivity and the ability of a ‘learner’ to advocate for positive change through teaching, clinical work, research, personal and professional choices, and legislative action.

## **TRAINING**

The Working Group brainstormed a range of basic components that are critical to effective training in the ICD area that follow:

1. **Personalized Appreciation:** Training is most effective when it helps each individual gain a personal appreciation for the impact of ICDs. Training should assist students to apply the learning to their personal context and to better understand the impact of ICDs on their lives.
2. **Experiential:** Training must contain a significant experiential component; it will not be effective if only content is addressed.
3. **Discontinuity:** Instructors should anticipate and plan for discontinuity in what learners share in class and what they believe/experience. Sometimes, the necessary learning and self-examination is too difficult or too much work to address in public, even though a student understands the importance of the learning.
4. **Discomfort:** Instructors should anticipate that ICD issues will raise ‘danger signals’ for learners that could result in feelings of anxiety, worry, fear, and guilt. These feelings may be very hard for students to tolerate since students typically work towards a smooth interaction with instructors/clients. It will be important for faculty, professional staff, supervisors, and students to take responsibility for dealing with the ICD issues, even when those issues are not of their own lived experience. Learners often voice a fear of being labeled, while a deeper fear may be a realization that, even without intent, they have been responsible for perpetrating harm. Instructors and learners need to understand that different cultures engage in critical conversations and voice passion very differently. Effective training in ICD issues activates learners’ emotional reactions to pave the way for perceptual change.
5. **Developmental:** Training in ICD issues is process oriented and geared toward a developmental progression to greater levels of competence. In-depth learning in this area changes each participant as a person and raises profound issues about self, identity, and family of origin. Self-reflection forms a critical foundation and can be used to raise a broader range of professional identity issues at later stages of graduate education (i.e., theoretical orientation or interventions chosen, populations or areas of interest).
6. **Up and down the ladder:** It is a real challenge to work with informed, culturally competent students. The creation of an informed student body requires that faculty, professional staff and supervisors must be trained and proficient in the ICD subcompetencies. It can be very challenging to actualize these goals since change needs to occur on multiple levels (within the faculty, students, professional staff, supervisors and graduate program). A question was raised, although not elaborated upon, regarding whether psychologists had an obligation to teach clients how to be competent when dealing with issues of ICD.

7. **Personal Staff:** All psychologists, instructors and supervisors need to have a plan to deal with their own ICD issues that arise in clinical and academic situations. Pre-established boundaries are necessary so that a professional is not required to stay silent if abused (called derogatory names, being told one is doing well for a woman or that women are overly negative), while remaining as open and nonjudgmental as possible.
8. **Self-Assessment:** Techniques to help students identify and work through challenging ICD learning issues are critical; however, these skills are not consistently taught.
9. **Multiple Channels:** Teaching in the area of ICD should include a range of modalities to allow for the broadest range of learning and impact. Teaching could include instructor comment on personal reactions (self and student), class discussion, journaling, multimedia presentations, experiential activities, and personal reflection. Some classroom techniques should allow for semi-private exploration by students. In addition to classroom teaching, it is critical that a supervisor, faculty or professional staff member directly observe students' clinical work (video/audio tapes) to determine what a student can actually do and how well they can apply ICD learning in clinical environments.
10. **Safe Holding Environment:** Feelings of safety are required to effectively teach or learn in the area of ICD. Faculty, supervisors and professional staff must be able to tolerate hard issues being raised (our own errors, stereotypes) and offer appropriate self-disclosure to model self-assessment for students. Students will have very different ways of seeing a context as safe (some students equate passion with anger that they believe will lead to out of control behavior) as a result of cultural background. Instructors and trainers should concentrate on reducing student perception of threat while enhancing students' ability to tolerate and work through their own sense of danger and vulnerability.
11. **Wide Range of Specific Group Content:** ICD learning can include a dramatically broad range of information on specific cultural groups. Programs are typically better on some variables than others (i.e., good coverage of race, while sexual orientation not as well addressed). The broad definition of culture can leave some groups feeling short-changed when the focus expands to other components of culture (i.e., when learning expands to issues of spirituality after an emphasis solely on race/ethnicity) and activates issues of inclusion and exclusion.
12. **Impact of Instructor Variables:** Students can react very differently when a visible minority group member teaches this material. Instructor or supervisor variables have a significant impact on the dynamics in the learning environment.
13. **Recruitment:** To maximize ICD learning, it is critical to have as diverse a group of students as possible. The working group acknowledged that it is a significant challenge to recruit a diverse student body, especially when many programs don't include a diverse range of faculty. An organization's openness and overt support of ICD issues is critical when attempting to retain a diverse work force; programs can recruit, but faculty, students, supervisors and professional staff will leave if the environment isn't consistently supportive.

## **ASSESSMENT**

A well-rounded assessment approach of this competency should measure the different subcompetencies through the use of multiple tools and strategies. Assessment should include cognitive, affective, and behavioral components. In addition, assessment should include formative and summative assessments techniques.

Two main types of assessment should be conducted: self-assessment and programmatic assessment.

1) Self-Assessment:

- a. This type of assessment is intended to offer students personal insight and opportunity for growth in competence and self-awareness. The self-assessment results are provided directly to the student and are not used for grading or evaluation by the program. Self-assessment should occur longitudinally and should assist the student in developing self-reflective skills and a personal expectation of continued self-assessment.
- b. Techniques include: 360 degree feedback, writing and analyzing process notes on critical incidents related to individual and cultural difference, peer feedback, client feedback, journaling, Incomplete Sentence Blanks that offer students an opportunity to address some immediate thoughts or affective reactions to working with different groups, and attitudinal measures (affective and cognitive).

2) Program's assessment of student(s):

- a. A Program's assessment of a student, faculty member or professional staff is intended to evaluate his or her mastery of basic, intermediate or advanced skills within the competency area of individual and cultural difference. This type of assessment could address the "value added" by a program of study or professional development, although caution should be exercised in the use and public nature of these assessment results.
- b. Techniques include: Client outcome data; client satisfaction; knowledge base mastery through tests and quizzes; process note and report review; case example analysis to examine identification of significant cultural and individual issues effecting (or likely to effect) service provision; use of language that indicates bias, stereotypes, or intolerance regarding particular groups or variables of individual and cultural differences; differential treatment of clients in particular groups; ability to develop realistic, culturally appropriate treatment and assessment recommendations; responsiveness to feedback and ability to incorporate even difficulty feedback; dysfunctional levels of discomfort or avoidance of issues; vignettes or case presentations that require students to address critical areas of diagnosis, psychopathology, and specific issues to raise in providing culturally responsive treatment; direct observation and case discussion; practicum and internship evaluations; and attitudinal measures (affective and cognitive).

Standardized assessment tools can also be used to measure competency: Multicultural Awareness-Knowledge-Skills Survey (MAKSS), Multicultural Counseling Awareness Scale-Form B (MCAS-B), Cross-Cultural Competency Inventory-Revised (CCCI-R), Multicultural Counseling Inventory (MCI); tools could be used for a one time assessment or as a pre- and post-test comparison.

## **FUTURE DIRECTIONS**

The working group brainstormed the following future directions and dissemination projects.

### Written Products

1. Write an article that reviews the APA Multicultural Guidelines and their application to graduate training (although the Guidelines only address race and ethnicity).
2. Write an article that addresses the development of the subcompetencies, how they can be applied to various settings and offer recommendations for how the ICD competency can be addressed in a range of settings or programs (hospitals, college counseling centers, graduate programs).
3. Write an article or demonstration paper that describes the ICD competency, how to assess the subcompetencies and possibly best practice examples.
4. Develop an edited book that addresses the subcompetencies and ICD training in general.
5. Write an article that addresses the discrepancy between an individual's self-assessment and assessments that others (clients, peers, faculty, supervisors) make regarding the same individual's level of competency or mastery of the ICD subcompetencies (i.e., self assessment misses critical components, why is that, how can this be adjusted). This article could also address whether the assessment of self and assessment by others are representative of a different phenomenology, context, perspective or experience.
6. Written products should be translated into Spanish for wider access.
7. Write an article that addresses the challenge of conducting difficult dialogues and stories about how learners and instructors have been impacted through learning in the ICD areas.

### Collaboration

8. Meet with Multicultural Summit leaders to discuss the ICD competency to examine the level of support; include other organizations (reps from major groups) to respond to the Working Group's product and acknowledge the importance of the development of the competency at the Summit.
9. How could the Working Group collaborate with grad students around the ICD competency?
10. Position the Working Group or the Steering Committee to be involved in the development of standards in the ICD area if APA or other organizations decide to develop standards of competency.

### Dissemination and other Conference Activities

11. Forward the executive summary, Working Group product, or other written materials to the Latin American Association of Deans and Department Chairs of Psychology, and/or hold another international competencies conference that includes international colleagues.
12. Facilitate a conference on the ICD competency assessment to continue the discussion.
13. Assemble a team of professionals to travel to different areas of the country to offer high quality continuing education in the development and assessment of the ICD competency.

### Other Actions

14. Assemble a collection of critical incidents (vignettes, simulations) (i.e., Jose Abreu's or Paul Pedersen's work) to develop a training tool that uses literature, text and video to assist in the development of the subcompetencies. This tool could be used for assessment or teaching activities.
15. Encourage or support required continuing education in the area of ICD for professionals. The US could also frame it as "continued competence" rather than CE (as Canada is considering).

Competencies Conference

Individual and Cultural Difference Working Group

November 2002

**PREAMBLE**

- Competency pervades all areas of psychology
- ICD Competency is a core value of psychology
- Issues related to ICD are at play in interactions with every client and community, even if the client appears similar to the provider
- ICD competency may enrich and enable the delivery of psychological services
- The absence of ICD may produce harm
- Competency in ICD is on a continuum—from not competent, minimally competent to extremely competent
- ICD knowledge is a life-long learning process
- Areas of ICD include, but are not limited to the following: gender, ethnicity, gender identity, social class, able-ness, age sexual orientation, severe mental illness and religion/spirituality

## IDENTIFICATION

### *Foundations and Frameworks*

Knowledge, skills and attitudes that include the cultural contexts of clients, the impact of power based on personal characteristics and the possible existence of multiple identities in one person

### Self Awareness

The willingness to work on understanding one's own biases and stereotypes, to see oneself as a cultural being and to acknowledge feelings about the impact of ICD on one's professional work

### Relationship

An understanding that a working alliance may be influenced by one's level of self-awareness.

### Cultural Responsive Assessment Options and Interventions

The knowledge and skills to appropriately select and use assessment instruments with individuals who are members of the ICD group

### Knowledge of Specific Groups

Acquisition of information to enhance understanding of how the individual and cultural factors may influence the delivery of services

### Research and Scholarly Inquiry

The conceptualization and implementation of research that reflects an integration of individual difference factors so that the results will contribute to our knowledge base. Participation of members of different groups as researchers is strongly encouraged.

## TRAINING

-Experiential- Training includes cognitive and affective engagement

-Discomfort and a Safe Context-Discussions about ICD can be affectively loaded. Instructors need to be prepared to deal with the range of responses to this reality and seek to create a learning context that has a reasonable level of safety

-Developmental- Training in ICD issues is a process, with individuals progressing through the various components at different rates

-Faculty Professional Staff and Supervisors-These individuals need to be included in the training to support the development of students and interns and to manage the range of situations they will encounter in professional practice

-Varied Instructional Techniques and Materials-Trainers may use a range of strategies to engage students in learning about ICD

-Instructor Variables-Reactions to the materials may be impacted by the characteristics of the instructor

-Recruitment-The presence of students, faculty, staff and supervisors who represent the ICD groups can enrich the program and impact the recruitment and retention of different individuals in the program.

-Impact of Instructor Variable-Members of the ICD groups may have teaching experiences which derive from perceptions about their ICD status.

### ASSESSMENT

-Multiple tools and strategies—Mechanisms to measure the different subcompetencies

-Assessment-  
Cognitive, affective and behavioral components  
Formative and Summative

-Self-Assessment  
To provide feedback to the students regarding their growth in competence and self-awareness.  
A range of techniques to be used

-Program Assessment of Students  
To assess mastery of the materials and development  
A range of techniques to be used

### FUTURE DIRECTIONS

#### *Written Products*

-Articles— e.g. Review of the Multicultural Guidelines and their application to graduate training

Focus on Difficult Dialogues

-Develop an edited book on ICD training

-Written products translated into Spanish

#### Collaboration

-Meet with Multicultural Summit and Conference Leaders to share products and explore inclusion of work in next NMCSC IV

-Meet with APAGS representatives to discuss implications of work

-Position group to work with whatever entity that may develop standards of competency

#### Dissemination

-Forward materials to international organizations

-Facilitate a conference on ICD

-Assemble a team to provide ICD training

Other Actions

-Assemble a collection of critical incidents to develop training tools

-Support the requirement of CE in ICD

**Workgroup 6  
Intervention**

Workgroup members:

Varda Shoham, Group Leader  
Greg Keilin, Recorder  
Melba Vasquez, Steering Committee Representative

Laura Barbanel  
Sandra Brown  
Doug Epperson  
Ron Rozensky  
Tom Stigall

Rosie Phillips Bingham  
Gladys Croom  
Cindy Olvey  
Jean Spruill

Workgroup charge: “to address issues related to interventions.”

Scope of Task: Define competencies in knowledge, skills, and values consistent with the science and application of psychology to interventions with diversified settings and populations.

Definition: For this purpose, “Intervention” is defined as preventive (primary, secondary, tertiary), developmental, and remedial interventions.

Limitations: This document is a “work in progress,” given time limitations and the comprehensive nature of this area.

**IDENTIFICATION OF COMPONENTS**

	Knowledge	Skills	Values
<b>I. Foundational Competencies</b>			
A. Scientific Foundations	X	X	
B. Individual and Cultural Differences	X	X	X
C. Relationship Skills	X	X	
D. Communication Skills	X	X	
E. Ethical and Legal Principles	X		X
F. Critical Analysis	X	X	X
<b>II. Intervention Planning Competencies</b>			
A. Use of Assessment to Plan Intervention	X	X	
B. Problem / Case Formulation	X	X	
C. Intervention Plan Formulation	X	X	
<b>III. Intervention Implementation Competencies</b>			
A. Implementation of Treatment Plan	X	X	
B. Management of Special Situations	X	X	
C. Termination Skills	X	X	
D. Working with Other Systems of Care	X	X	
E. Case Management	X	X	
<b>IV. Intervention Evaluation Competencies</b>			

A. Performance Appraisal	X	X	X
B. Self-Evaluation Skills	X	X	X
C. Utilization of Supervision and Consultation	X	X	X
D. Process and Outcome Evaluation (at individual and program level)	X	X	
V. Other			
A. Practice Management	X	X	

NOTE: Foundational Competencies cut across all other competencies / categories. We have identified the primary emphases (i.e., knowledge, skills, and values) with regard to intervention for each component.

The following topics were discussed. These points elaborate the five major intervention competency components.

## I. Foundational Competencies

1. Establishing a relationship
  - Relationship skills relevant across all models: Empathy, warmth, genuineness, unconditional positive regard
  - Cultural aspects of how a relationship is developed
  - Listening to the client/patient; valuing the client/patient perspective
  - Basic communication skills
  - Being present, engaged with the client/patient, non-judgmental
2. The ability to seek out, read, access, and apply professional literature related to intervention.
  - Knowledge of relevant scientific literature and basis for what you're doing
  - Literature informs treatment planning
3. Ability to understand the context (societal, cultural, family,...)
4. Communication
  - Ability to communicate the effectiveness of your psychological intervention (how an intervention is perceived by the client/patient)
  - Communicating with others about the benefits, myths, etc. regarding therapy
5. Empirically-supported / evidence-based interventions
  - Knowing what those interventions are
  - How does one decide when to use these interventions and when not?
6. The knowledge of theoretical models and the knowledge of evidence-based interventions within the problem area, followed by the ability to make an informed choice of the intervention-planned formulation.

## II. Intervention Planning Competencies

1. Intervention is highly linked to assessment / problem & issue formulation, critical analysis and thinking, and diagnosis.

2. Competence involves having a conceptual model from which one operates (includes a theory of the problem and a theory of change)
  - Explanation / Theory – Plausible to the client/patient
  - Knowing strengths and limitations of the model
  - Knowledge of major theoretical models, underlying assumptions, change mechanisms, when it applies or doesn't apply (also could be included under Foundational Competencies)
3. Treatment plans & formulation of goals
  - Flexibility – and knowledge of when you need to change your approach

### III. Intervention Implementation Competencies

1. Ability to handle crisis situations
2. Ability to effectively manage common clinical problems and the unique complexity of each individual including issues of diversity and difference, and the contextual issues for each person (being a generalist?).
  - Skill of case management – how does one handle cases

### IV. Intervention Evaluation Competencies

1. Self-awareness
  - Awareness of own strengths/weaknesses, biases, “isms”, counter-transference, affect
  - Impact of own values and beliefs on the client/patient
2. Performance appraisal
  - Evaluating the client/patient's progress, success/failure of your interventions
  - Ability to simultaneously monitor oneself, the client/patient, the process
3. Intentional, reflective, self-critical, knowing what you know/don't know
  - Knowledgeable yet humble
4. Seeks out and effectively uses supervision / professional consultation, get records

### V. Other

1. Practice Management
  - The business of practice
  - Ability to market oneself; practice management

- (No consensus reached): Upon completion of graduate / professional education and training in psychology and licensure, the individual should possess the knowledge, skills, and values that will enable him or her to earn a living as a professional psychologist
- Concerns: (1) Competent people can bring in little income, (2) “Incompetent” people can be very successful business people
- Can one measure competency via the ability to retain clients/patients?

## **TRAINING FOR INTERVENTION COMPETENCE**

Principles:     Learning is life-long  
                   Developmental aspects of training are important  
                   Training should include didactic, experiential, and mentoring components

Examples of training approaches:

### 1A – Scientific Foundations for intervention

- Didactic: Courses, workshops, literature reviews
- Experiential: Single Case Design studies, research projects (incl. faculty research groups, thesis, dissertation)
- Mentoring: Collaborative research with mentors, research teams / peer mentoring

### 1B – Individual and Cultural Differences

- Didactic: Courses, literature review
- Experiential: Self-exploration, exposure to diverse populations, intervention with diverse clients / patients
- Mentoring: Directed readings, exposure to diverse faculty / students

### 1C – Relationship Skills

- Didactic: Courses / workshops
- Experiential: Self-exploration activities, empathy training role plays, client/patient simulation, see a lot of clients/patients with good supervision
- Mentoring: Clinical supervision with a portion including observation, peer group consultation, observation of others’ interventions

### 1D – Communication Skills

- Didactic: Courses / workshops
- Experiential: Supervised activities that focus on development of oral and written communication skills, self-exploration activities, empathy training role plays, client/patient simulation, see a lot of clients/patients with good supervision
- Mentoring: Clinical supervision with a portion including observation, peer group consultation, observation of others’ interventions

### 1E – Ethical and Legal Principles

- Didactic: Courses / workshops / readings regarding national standards, ethics codes, state laws, risk management, professional conferences (early exposure is important)

- Experiential: Case discussions of vignettes and ethical dilemmas, role plays, professional involvement
- Mentoring: Consultation and supervision

#### 1F – Critical Analysis

- Didactic: Coursework (e.g., “Human judgment and decision-making”, research methods)
- Experiential: Case presentations and discussions, reviews of others’ work
- Mentoring: Clinical and research supervision

#### 2A, B, C – Intervention Planning Competencies

- Didactic: Course work / seminars / workshops
- Experiential: Supervised clinical experience, observation of others
- Mentoring: Directed studies, Clinical supervision with a portion including observation

#### 3 A-E – Intervention Implementation Competencies

- Same as 2A, B, C

#### 4 A-D – Intervention Evaluation Competencies

- Didactic: Coursework, literature review (for comparative information)
- Experiential: Quality improvement, practicum / internship, clinical research studies, client/patient feedback
- Mentoring: Clinical supervision

#### 5A – Practice Management (lack of consensus: when this training should occur – grad school vs. internship / postdoc)

- Didactic: Coursework / seminars (e.g., Professional Development, “Toolbox” from Practice Directorate)
- Experiential: Exposure to professionals with diverse practice approaches & diverse intervention activities
- Mentoring: Clinical experiences in diverse settings

### **ASSESSING INTERVENTION COMPETENCE**

#### Principles:

1. Some portion of evaluation should include direct observation
2. Assessment should be developmentally appropriate to the individual
3. Assessment should be a lifelong process
4. Measures should be valid
5. Assessment should be flexible (to allow for model-specific competency assessment)
6. Assessment should include multiple measures (including observation)
7. Assessment should include repeated measures over time
8. The assessment modality (e.g., toolbox concept) should be appropriate to the training modality and content.

#### Toolbox (examples):

Knowledge exam  
 Written / presented case analyses  
 Literature reviews – critical  
 Ratings: Self, peer, and supervisor / instructor, client/patient satisfaction  
 Measures from interventions  
 Work sample evaluations  
 Client/patient retention  
 Acquiring and doing well and completing internship; getting job/work; “being successful”  
 EPPP - given earlier in training (e.g., pre-internship)  
 ABPP examination / other models of case / intervention / presentations (e.g., provide an ABPP type exam ("mini-ABPP") at the end of doctoral training and then again during the last quarter of internship training. This peer reviewed / mentor reviewed presentation would mirror the board certification exam including ethics, professional issues, and specific skills such as assessment and intervention. It would prepare the trainee for eventual board certification.  
 Continuous peer evaluations as well as formal evaluations – acquire rating data

### **FUTURE DIRECTIONS**

- Inform the public regarding new knowledge
- Develop mechanisms for practice to inform science (e.g., APA Monitor? E-mail lists?)
  - Organize APA e-mail lists around topics / subjects that supplement division e-mail lists
- Develop and promote innovative training to promote specific competencies
- Develop and promote innovative technologically based interventions
- Promote life-long professional development through an individualized competency-based developmental training plan
- Organize vehicles for sharing models – Councils, conferences
- Develop a compendium / summary of validated procedures for various interventions
- Reaffirm critical thinking and science & better integration with practice intervention
  
- (No consensus): The public should be informed regarding gaps of our knowledge

## Workgroup 8 Consultation

### Workgroup members:

Patricia Arrendondo, Group Leader  
Louise Douce, Recorder  
Joe Rallo, Steering Committee Representative

Sharon Berry  
Nancy Garfield  
Mike Neale  
Nancy Tippins  
Jack Wiggins

Lisa Bischoff  
Sharon Robinson Kurpius  
Craig Shealy  
Barbara Van Horne  
LaPearl Logan Winfrey

Workgroup charge: “to address issues related to consultation.”

### Working Definitions

- Psychological consultation focuses on the needs of individuals, groups, programs and organizations. Psychological consultation refers to the planned interaction in one’s area of expertise between the professional psychologist (consultant) and one or more representatives of organizations, clients or colleagues (consultees) in relation to a problem, person, area, or program. Psychological consultation is based on principles and procedures found within psychology and related disciplines, in which the professional psychologist responds to presenting needs and stated objectives of the consultees.
- Interprofessional education, training, and scholarship prepares psychologists to work:
  - 1) in a respectful, collaborative, integrative, and informed manner within our own field and with other disciplines and professions; and
  - 2) with individuals groups, systems, and organizations that may have diverse values, ethical perspectives worldviews, and may be accountable to different constituencies.

### Points of Consensus:

**Psychologists are experts in human behavior (which they can assess and influence through practice in a wide range of settings and across units of focus i.e. individual, groups, systems)**

**Consultation is a core competency for education and training for professional psychology**

**Interprofessional (disciplinary) relationships (both within and external to psychology) are core competencies for all psychologists**

### Points of Divergent Opinion:

**Consultation is a core competency for all psychologists.**

### Consensus Points: The Distinctive Contributions of Psychologists as Consultants

- **Practiced by scientifically trained psychologists.**
- **Possess relational skills, cultural competence, values, social justice orientation.**
- **Psychological assessment competencies (i.e., psychometrics, measurement, and evaluation).**

### I. IDENTIFICATION OF COMPONENTS

#### **Foundational knowledge required for competency in consultation:**

- **Different modes of consultation**
- **Organizational theory(s)**
- **Social policy, system issues and economic factors**
- **Relevant research in consultation**
- **Group dynamics/theory**
- **Relevant laws and legislation**
- **Determining public need for services**
- **Marketing services**
- **Relevant business practices and knowledge**

#### **A culturally and self aware consultant as an interdisciplinary practitioner:**

- **Reflects awareness of own beliefs/values and how their personal history may impact their consultation activities**
- **Understands what they know and don't know vis a vis consultation/interdisciplinary practice across varying settings, contexts and units of focus (i.e. individual, group, systems)**
- **Recognizes that such competence inevitably requires a life-long commitment to continued education and training**
- **Demonstrates capacity to work in and manage multiple and sometimes conflicting world views and is able to reflexively to understand what is "happening" across contexts/systems and translate that understanding into skillful interventions**

**Interpersonal skills defined as listening, empathy, contextual understanding, flexibility, sense of humor, and ability to help people "play well with others" in providing assistance to clients**

**Communication skills defined as the ability to be responsive to and interact with individuals, groups and systems including:**

- **Listening, observing, speaking and writing**
- **Data gathering and reporting**
- **Awareness of world view, language, context and values of self and others**
- **Advocacy**

- **Use of technology**
- **Ability to understand and be understood**

**Collaboration in the context of consultation involves:**

- **Valuing knowledge and skills of clients and other professionals**
- **Ability to work in teams across traditional/disciplinary lines**
- **Ability to establish working relationships with other disciplines**
- **Facilitation skills**
- **Contracting**
- **Negotiating**
- **Hands on Experiences**

**Application/Implementation in the context of consultation involves project management including:**

- **Time management, setting and meeting deadlines**
- **Resource allocation – human resource management, budgeting**
- **Process planning – introduction, intervention, evaluation**
- **Communication**
- **Client management**

**Ability to work with individuals, groups and systems to solve problems and effect change defined as:**

- **Knowledge of needs assessment; behavior of individuals, groups and systems; problem solving models; methods to effect change in individuals, groups and systems; and ethics and legal issues**
- **Skill in defining needs, thinking critically, developing hypotheses, formulating solutions, choosing from available strategies and evaluating outcomes.**
- **Values to empower client(s), integrate stakeholder interest, maintain objectivity and use evidence based strategies**

**Research skills including assessment; task and process evaluation; and data collection and analysis at all units of focus (i.e. individual, group and system)**

## **II. TRAINING**

**Graduated practical, supervised experience**

**Knowledge, self-awareness, awareness of others**

**Role models of change agents**

**In-vivo experience; role plays/ in vivo experiences with feedback – pre-practice**

**Supervised experience**

**Advocacy from a consultative base**

**Experiential Projects**

**Formal course work in systems theory**

**Meaning of change agent across contexts; fields**

**Consultation Models – internal/external; level of setting**

**Understanding life span development across the unit of focus (i.e. individual, group, system)**

**Personal motivation/career development/meta-cognitive process**

**Taking risks – new ideas; process the experience/outcome with appropriate balance of support and challenge**

**Self-assessments**

**Ethics, integrity and confidentiality**

**Training in evaluation techniques; outcome research;**

**Additional considerations**

**Establishing sustainable change – transfer of skills, empowerment**

**Readings, literature reviews and textbooks**

**Critical review of the research**

**Case studies, reports and presentations**

**Evaluation Practices**

**III. ASSESSMENT OF CONSULTATION COMPETENCIES**

Possible Methods

- **Feedback/evaluation from the organization/unit**  
**Performance evaluation – criteria based**  
**Research/evaluation**  
**Qualitative approach**  
**Outcomes at organization/individual levels**
- **Peer/faculty/system/client**
- **Ability to articulate the problem and process; case analysis; rationale for psychologist to provide**
- **Ongoing self-assessment for fit (beliefs/values); practice within expertise**
- **Consultation report**  
**Problem identification**  
**Intervention plan and implementation**

**Appropriate cost benefit analysis**

**Evaluation – how did you answer the referral question?**

**What change was effected?**

- **Are you asked back, given referrals, invited to be part of team again**

**Observations**

**Documentation of professional development**

**Continuing education**

**Outcome based measures (objective)**

**Capstone experience**

**Ability to teach**

**FUTURE DIRECTIONS – ACTION ITEMS**

**Public Relations statement regarding consultation and interprofessional relationships:**

**The professional, sociocultural, and economic viability of psychology in the 21<sup>st</sup> century depends upon the preparedness, commitment, and willingness of practitioners to 1) serve as competent and engaged consultants who bring value to a broad range of settings, contexts, and systems that can benefit from skillful application psychological knowledge, and 2) collaborate in respectful, informed relationships across practice areas in our own field and with other disciplines and professions that can benefit from understanding of and expertise in human development, the behavior of individuals, groups, and systems, and the establishment of interventions through which measurable and desired outcomes can occur.**

## Future Directions

1. Complete a good coherent document.(ST)
  - **Determine to what extent competencies for consultation are shared by other professional psychologists by**
  - **Eliciting feedback from related groups and entities, (i.e.,Divisions, credentialing and accreditation bodies) to enrich the competency development process. (ST)**
  - **Powerpoint presentation available through APPIC.(ST)**
2. Articulate consultation education and training domain from developmental perspectives defined as core elements (included in all professional psychology training ) and specialty elements (advanced elements that define the specialty of consultation)
  - Development of modules.
  - Assessment of education & training competencies for reliability and validity.
3. Establish a taskforce to define and implement systems that professional psychology can define and sell.
  - **Communication from academic programs that consultation is one of the service areas of the department, a benefit to students and communities.**
4. APA presentation (Conversation Hour) through BEA, BPA, Divisions and other entities.
5. Proposals to include the core consultation elements in model training programs to all training councils.
6. Steering Committee prepare a presentation package as a product of this conference.
7. Practice-Research Network.
8. Consultation-based conference involving specialty areas.
9. Article representing the consultation domain in professional psychology.
10. Bibliographies, training modules, dictionary of psychology-relevant consultation terms, continuing education.

## Workgroup 8 Professional Development

### Workgroup members:

Nancy Elman, Group Leader  
Michael Rohrbaugh, Recorder  
Joyce Illfelder-Kaye, Steering Committee Representative

James Dobbins	Carrie George
Christine Hall	Andrea Morrison
John Muller	Bill Robiner
Ed Sheridan (Day 1)	Erica Wise

Workgroup charge: “to address issues related to Professional Development.”

### Day 1

- Much of our initial discussion focused on possible definitions of “professional development.” These two were offered:

“A developmental process of forming judgments and habits in carrying out one’s tasks as a psychologist in a responsive manner as part of a culture and organizational system.

“Functioning within a set of (prescribed) roles that lead to or support a process of internalizing an identity that facilitates or accrues credibility within the cultural context of the psychologist and his/her work.”

- The group distinguished professional development competencies in the broad categories of (a) social judgment and (b) critical thinking skills.
- We agreed that professional development is probably super-ordinate to the other seven areas in Frank Collins’ Big 8 because professionalism competencies are necessary (though not sufficient) for applying the other competencies.
- A related point of consensus was that “professional development” may be more concerned with developing generative capacities than with performing specific skills or competencies.
- We saw many connections between professional-development and multi-cultural competencies, especially in the broad area of social judgment.
- Professional development competencies (capacities) should be conceptualized and defined in both categorical (dichotomous) and continuous (dimensional) ways. The former is essential to knowing when a psychologist is NOT competent (e.g., impaired), while the latter is essential to any coherent developmental framework.
- The question “What can we learn from impaired trainees?” suggested a number of approaches to understanding professional development needs.
- In a relatively brief discussion of training, the group reviewed a number of specific ways to use professional development seminars (e.g., reviewing controversies in the field, how to balance family and career, preparing a vita).

- Also discussed were (a) the importance of modeling (showing your “process”), (b) structuring case conferences so that students present ‘consultation questions’, (c) creating experiences that foster awareness of dynamics in organizations and larger systems, (d) approaches to teaching oral presentation and writing skills, and more.
- The group resolved to review relevant literature in the Conference Readings and Resource Library (e.g., on critical thinking) prior to tomorrow's meeting so as to not reinvent the wheel.

**Day 2**

- The group made good on its resolution to review relevant readings and found the articles by Peterson et al. (1997) and Epstein & Hundert (2002) particularly helpful. Our discussion was also informed in useful ways by the morning plenary session and several of the resource papers on critical thinking.
- Attempts to elaborate and sharpen a definition of professional development yielded the following:
  - ⇒ Professional development may be construed as a superordinate aspect of personal functioning that has the potential to affect virtually every aspect of a psychologist's competence.
  - ⇒ Sometimes referred to as “professional socialization” or “professional identity development,” professional development is concerned with varied aspects of one’s maturing into the professional role. Of particular interest has been the developmental process through which psychologists pass, especially during their formal training. Various developmental schemas have been advanced, such as Dreyfus’ 5 stages of development from beginner to expert, and several empirical studies have attempted to refine this construct (e.g., Skovholt & Ronnestad, 1992).
  - ⇒ Professional development is receiving increased attention, both in the psychological literature (e.g., Ducheny, Alletzhauser, Crandell, & Schneider, 1997) and from professional organizations (e.g., APAGS, NCSPP).
  - ⇒ Whereas professional development has no consensually-agreed upon definition, aspects typically addressed include the role of training; the influence of peers, mentors, and supervisors; becoming conversant with the psychological literature; and thinking like a psychologist.
- Bloom’s conceptualization of “thinking, doing, and being” provides a useful lens for thinking about professional development, although these distinctions do not map perfectly onto the competency components outlined below.
- On most points of discussion the group reached consensus, though different perspectives emerged on the degree of overlap between the personal and professional aspects of professional development. This overlap may vary appreciably depending on the nature and goals of training (e.g., practice v. clinical science).
- The second half of Day 2 was devoted to getting specific about professional development competencies and related aspects of training and assessment. This task remained a work in progress (see table).

<i>Competency</i>	<i>Training</i>	<i>Assessment</i>
Critical thinking and	<ul style="list-style-type: none"> <li>• Critiquing published research</li> </ul>	<ul style="list-style-type: none"> <li>• Portfolio review</li> </ul>

analysis	<p>reports (e.g., internal and external validity)</p> <ul style="list-style-type: none"> <li>• Critiquing clinical formulations and treatment plans</li> <li>• Applying standards of evidence(exercises)</li> <li>• Brief generative writing assignments (e.g., minute paper)</li> <li>• Individual or group coaching, Socratic dialogue, goal-directed problem solving</li> <li>• Group problem-solving exercises</li> <li>• Courses and seminars in teaching methods for faculty and supervisors</li> </ul>	<ul style="list-style-type: none"> <li>• Mentored self-assessment (like Jane’s questions)</li> <li>• Goal-attainment scaling</li> <li>• Faculty and supervisor ratings</li> <li>• Peer ratings</li> </ul>
Using resources (e.g., published evidence, colleagues, technological resources)	<ul style="list-style-type: none"> <li>• Integrate w course work</li> <li>• Integrate w practicum/case conference: triple-jump method (case presentation, independent lit search, oral or written post-encounter exam)</li> <li>• Internet search exercises promoting computer and internet literacy</li> </ul>	<ul style="list-style-type: none"> <li>• Graded written exercises</li> <li>• Faculty and supervisor ratings</li> </ul>
Responsibility and accountability relative to one’s level of training	<ul style="list-style-type: none"> <li>• Setting clear expectations in advance of activity (e.g., don’t miss appointments, showing up to teach, taking on appropriate workload)</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisor evaluations (include evaluation of competency and clear feedback)</li> </ul>
Time management	<ul style="list-style-type: none"> <li>• Expecting trainees to maintain a rigorous schedule</li> <li>• Teaching time management skills</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping appointments</li> <li>• Getting work done on time</li> </ul>

<i>Competency</i>	<i>Training</i>	<i>Assessment</i>
Self-understanding and self reflection	<ul style="list-style-type: none"> <li>• Making clear the value of examining one’s cognitive and emotional biases</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisor evaluations (discussed with trainees)</li> <li>• Annual performance evaluations</li> </ul>
Self-care	<ul style="list-style-type: none"> <li>• Modeling and mentoring by faculty, trainers, supervisors (relatively subjective)</li> <li>• Checklist for student self-assessment</li> <li>• Building socialization opportunities</li> <li>• Creating self-care expectations and realistic work expectations</li> <li>• Stress management training</li> <li>• Teaching sleep hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• Periodic self assessment</li> </ul>
Awareness of personal identity	<ul style="list-style-type: none"> <li>• Attitudinal courses on gender, ethnicity, culture, race, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Tests</li> <li>• Content assessment</li> <li>• Group projects</li> </ul>
Developing a professional identity (and general career development)	<ul style="list-style-type: none"> <li>• Regular professional development seminars covering a variety of relevant topics (e.g., vita preparation, developing portfolios, controversial topics in field)</li> <li>• Career development course on becoming a psychologist (e.g., credentialing process, legal and ethical issues)</li> <li>• Practice job talks, interviews, etc.</li> <li>• Field trips to licensing board meetings, mental health and court hearings, etc.</li> <li>• Exposure to emerging roles (e.g., interdisciplinary health care teams) and ways to earn income</li> </ul>	<ul style="list-style-type: none"> <li>• Self-evaluation</li> <li>• Peer ratings</li> <li>• Job attainment</li> <li>• Retention in field</li> <li>• Job satisfaction</li> <li>• Conference participation (presentations)</li> <li>• Membership in professional associations</li> <li>• Professional publications</li> </ul>
Social intelligence	<ul style="list-style-type: none"> <li>• To be developed</li> </ul>	
Empathy, warmth, genuineness	<ul style="list-style-type: none"> <li>• To be developed</li> </ul>	
Willingness to acknowledge and correct errors	<ul style="list-style-type: none"> <li>• To be developed</li> </ul>	

### Day 3: Summary and Future Directions

After reviewing input from "integration" groups, we formulated the following summary with recommendations for future directions:

- The field should continue to refine and build upon earlier definitions of professional development.
- Professional and personal development are essential yet under-emphasized aspects of professional training (as evidenced by the pervasiveness of professional development issues across multiple workgroups at this conference.)
- Training in professional development requires a culture that fosters self-examination and creates the safety necessary for this to happen.
- We recommend that the Board of Education Affairs (BEA) identify and promulgate “promising practices” for professional development and evaluate their effectiveness.
- We encourage the Council of Chairs of Training Councils (CCTC) to foster efforts in constituent groups to share materials, ideas, and promising practices in midwinter meetings, publications, etc.
- We encourage the Committee on Accreditation (COA) to enhance Domain E (Student/Faculty Relations) guidelines so that training programs will specify how they promote a safe environment within which self-awareness and self-reflective learning can occur. Programs should also specify in Domain B (Program Philosophy, Objectives, and Curriculum Plan) how they foster learning experiences that address critical functions in professional development (e.g., critical thinking, capacity for continuous learning).
- We encourage ASPPB and other regulatory agencies to find creative ways to monitor “continuing competence” (beyond traditional continuing education). Emerging regulatory innovations in Canada (e.g., portfolio and practice audits) may hold particular promise in this regard.
- We recommend that there be focused conferences on stages of professional development and related themes that bring together experts and incorporate cutting-edge research in this area.
- Finally, we encourage a scholarship of teaching and training about professional development in psychology training. This could include, but should not be limited to:
  - ⇒ applications in psychology of training and assessment methods used in medicine (e.g., simulated clients)
  - ⇒ participation in practice research networks
  - ⇒ consideration of safe ways to integrate personal psychotherapy with training
  - ⇒ advancement of models for identification and remediation of impaired trainees
  - ⇒ ....and more.

## **Workgroup 9 Specialties and Proficiencies of Professional Psychology**

### Workgroup members:

Emil Rodolfa, Group Leader  
Larry James, Recorder  
Paul Nelson, Steering Committee Representative

Russ Bent	Cindy Carlson
Elena Eisman	Tom Hammeke
Cheryl King	Sandra Koffler
Janet Matthews	Pierre Ritchie
Keith Yeates	

Workgroup charge: “to consider the implications of practice specialties and proficiencies for the identification, development, and assessment of competencies within and across competency domains (as defined in this conference).”

To provide a common orientation for the Workgroup, the following definitions of specialties and proficiencies (currently adopted by the APA Commission for Recognition of Specialties and Proficiencies in Professional Psychology/CRSPPP) were reviewed as a starting point for discussion:

*A specialty* is a defined area of psychological practice that requires advanced knowledge and skills acquired through an organized sequence of education and training. The advanced knowledge and skills specific to a specialty are obtained subsequent to the acquisition of core scientific and professional foundations in psychology. A specialty requires the advanced didactic and experiential preparation that provides the basis for services with respect to the essential parameters of practice: a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs.

*A proficiency* is a circumscribed activity in the general practice of professional psychology or in one or more of its specialties.

The Workgroup expressed concern about the definition of a proficiency and its meaning in the context of the Workgroup charge. Thus, the Workgroup tabled further discussion of proficiencies and offered a related recommendation to CRSPPP in a later section of this report.

### Principles Endorsed by Workgroup

The Workgroup reached consensus in endorsing the following principles about the relationship of specialties to core competencies in professional psychology.

- Acquisition of core competencies is to be completed by the attainment of the doctoral degree, which includes a one-year internship. At this point, graduates are ready to undertake the post-doctoral year(s) of supervised experience required for licensure.

- Acquisition of specialty competencies is attained by completion of an organized post-doctoral residency/fellowship, or an organized sequence of learning and supervision, as appropriate to specialty standards.
- Specialty preparation may begin at the pre-internship level, while maintaining the focus on the development of core competencies.

Hereafter in this document, when the term “competencies” is used in isolation (*e.g.*, as opposed to “specialty competencies”), it refers to the set of core competencies embodied in the knowledge, skills, and values deemed characteristic of education and training in all doctoral level professional programs.

### A Framework for Thinking About Development of Competencies

The Workgroup affirmed the set of competencies or competency domains identified for this conference as essential in the development of a professional psychologist. It also added a few and grouped the competency domains into two categories or dimensions, “functional competencies” and “foundational competencies.”

Functional competencies reflect what psychologists do, *i.e.*, their professional activities or functions. This category of competencies includes: a) assessment/diagnosis/case conceptualization; b) intervention; c) consultation; d) research/evaluation; e) supervision/teaching; and f) management/administration.

Foundational competencies reflect the knowledge, skills, attitudes, and values that serve as the basis for how or why psychologists do what they do, *i.e.*, they are foundational to professional functions. This category of competencies includes: a) reflective practice/self-assessment; b) scientific knowledge/methods; c) relationships; d) ethical/legal standards/policy; e) individual/cultural diversity; and f) interdisciplinary systems.

Consistent with this conceptualization of competencies and the preceding set of principles it endorsed, the Workgroup adopted the following definition of a specialty in preference to that in used by CRSPPP:

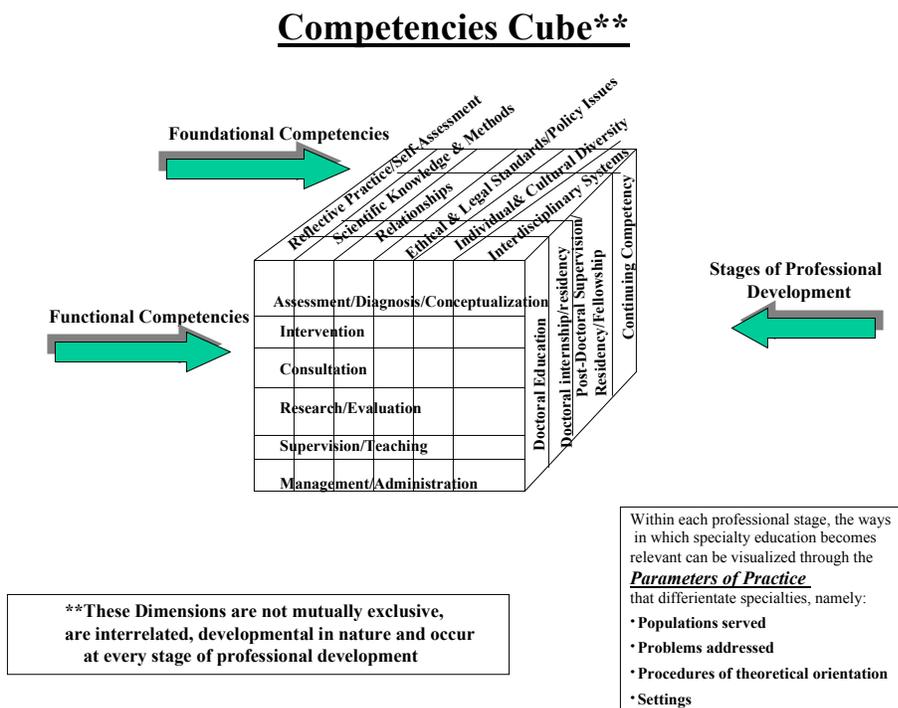
*A specialty* is a defined area of psychological practice that requires advanced competencies acquired through an organized sequence of education and training. The advanced competencies specific to a specialty are obtained subsequent to the acquisition of the common, doctoral level foundational and functional competencies. A specialty requires the advanced didactic and experiential preparation that provides the basis for services with respect to the essential parameters of practice: a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs.

In discussing the manner in which specialty preparation begins and continues to build upon foundational and functional competencies that are common to the development of professional psychologists at the doctoral level, the Workgroup developed what it referred to as a Competencies Cube Model of Professional Development. It is shown as Figure 1. The model is based on several assumptions and raises a number of questions for further reflection.

First, it is assumed that foundational competencies and functional competencies are orthogonal. It also can be reasoned, though it is not shown in the model as presented, that within each of these two categories the respective competency domains are not mutually exclusive, but rather are interdependent as well. Other questions that might be addressed by those responsible for professional education might include the following. Is there a hierarchical, linear structure to these competencies such that some are pre-requisite for others, within or across competency domain categories? Are there some competencies that are relatively invariant among specialties of practice while other competencies are sensitive to distinctions among specialties?

Second, the model is based on the assumption that when and how specialty competencies begin and further develop may vary by specialty in regard to the temporal dimension of professional development from doctoral education through continuing competency achieved by life-long learning. Although only a few stages are depicted in Figure 1 by way of example, a more detailed depiction of stages could be articulated, *e.g.*, multiple stages of development in attaining the doctoral degree alone. If specialty preparation may begin at the pre-internship level as the Workgroup submits, a more detailed analysis of stages of development during the doctoral education period itself may be worthwhile in assessing how and when this specialty orientation begins.

**Figure 1**



Whenever and however specialty orientation is introduced in the development of competencies for professional practice, the Workgroup suggested that it is likely to be introduced through a particular combination of the *Parameters of Practice*, distinct patterns of which define the boundaries of specialties, *i.e.*, populations served, problems addressed, procedures or theoretical orientation, and settings in which services are provided. Like the competencies, these parameters of practice also are not mutually exclusive but rather are interdependent. Nonetheless, within any particular stage of professional development, it is suggested that particular combinations of these parameters of practice define specialty orientations of development and, subsequently, specialty competencies.

Some specialty competencies may be common to other specialties in a particular area of professional practice, *e.g.*, health services, while other competencies may be more distinctively related to a particular specialty. In its discussions, the Workgroup focused somewhat more on the health services area of professional practice than on other areas (*e.g.*, industrial-organizational, engineering and technology, or educational) since more of the recognized specialties to date are in that practice area. Nonetheless, the Workgroup considered the Competencies Cube Model to be applicable generally to the preparation of psychologists for all areas of psychological practice.

In summary, the minimal competencies required of a professional psychologist may be depicted at three levels of generalization, namely: (1) competencies expected of all professional psychologists; (2) competencies of professional psychologists in specialties of a particular area of practice (*e.g.*, health services); and (3) competencies distinctive to a particular specialty.

Workgroup Consensus Action Recommendations

1. That further reflection be given by various education, training, credentialing, regulatory, and practice constituencies in psychology to the issues of general and specialty competencies in professional psychology implicated by the Competencies Cube Model of professional Development. The following groups in particular were suggested as constituencies:
  - Commission for Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP)
  - Council of Specialties in Professional Psychology (COS)
  - Council of Chairs of training Councils (CCTC)
  - APA Committee on Accreditation (CoA)
  - Canadian (CPA) Accreditation Panel (CAP)
  - Council of Credentialing Organizations in Professional Psychology (CCOPP)
  - National Conferences of the Academic, Internship, and Postdoctoral Education Councils.
2. That the Workgroup prepare for publication an article to further develop the Competencies Cube Model and elucidate its implications for core and specialty competencies in various stages of the professional development of psychologists.
3. That neither the term “substantive areas” (used by the CoA) nor the term “general practice specialties” (recommended for use by CRSPPP) is meaningful to the profession or the public in reference to Clinical Psychology, Counseling Psychology, and School Psychology; rather, it is recommended that these areas be identified as areas of general health service practice in psychology, in that they prepare students in the core competencies for health service practice, beyond which additional preparation is required for specialty practice.
4. That associations responsible for accrediting or offering membership to postdoctoral education programs develop structures and guidelines to enhance the rigor of that education, thus addressing concerns about the relative lack of consistency of definition and programmatic standards in the profession about postdoctoral education (other than generic accreditation guidelines that exist at this time).
5. That those responsible for the maintenance of specialties should define the specialty competencies and develop the guidelines pertaining to education content and sequence necessary for their development, beyond the core competencies of professional psychology; and, that doctoral, internship, and postdoctoral programs that offer specialty education inform the public of how they meet the specialty education guidelines.

6. That, through such organizations as CCOPP, CRSPPP, ABPP, and COS, mechanisms be identified and strengthened to link specialty identification with program accreditation and the credentialing of persons who practice in specialties.
7. That enhanced coordination of efforts to identify and assess competencies in professional psychology be encouraged among professional psychology credentialing organizations, *e.g.*, the National Register, the Canadian Register, the American Board of Professional Psychology, and the Association of State and Provincial Psychology Boards.
8. That the APA, through CRSPPP, a) revisit the utility and meaningfulness of a formal process for identifying proficiencies of professional psychology, a matter the Workgroup did not find conceptually or pragmatically meaningful as presently implemented; and, b) consider for adoption the Workgroup's definition of specialty.
9. That routes to attainment of specialty competencies should be accessible and ensure that psychologists remain viable in the health care marketplace (or other areas of psychological practice).
10. That doctoral students in professional psychology should receive a broad orientation to different specialties of practice and that information on careers in psychology, prepared for students and others of the general public, should address the core competencies expected of all psychologists as well as information about specialties of professional practice.

**Workgroup 10**  
**Assessment of Competence**

Workgroup members:

Martha Dennis Christiansen, Group Leader  
Michael C. Roberts, Recorder  
Kathi Borden, Steering Committee Representative

Cynthia Belar	Lorraine Breault
Henry Edwards	Laura Hernandez Guzman
Robert Klepac	Shane Lopez
Asher Pacht	Lynn Rehm
I. Leon Smith	D. Gant Ward

Workgroup charge: “to focus on the assessment of competencies across domains, and to generate an effective plan or set of plans by which to assess the attainment of overall competence in professional psychology.”

The assessment of competence of the professional in psychology integrally requires a delineation of the competencies defined by the content areas being described by the other workgroups at this conference. However, this Workgroup draws notice to the definition of “professional competence” from the Epstein & Hundert (2002) article in JAMA: “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 “Professional competence is developmental, impermanent, and context-dependent.”

Importantly, the Workgroup noted that there remain to be resolved in the areas of professional competence such issues as how to evaluate competence related to equity and diversity (including language, culture, and disability). In the following are the Workgroup’s Principles of Assessment of Competence and the Recommendations for the Future.

Basic Principles of Assessment of Competence:

1. A developmental perspective underlies all assessment of competencies. Notably, there are different expectations for competence as a trainee develops and a professional matures, including differences in the specific competencies relevant to each stage of development, and the criterion levels set for the same competency at different developmental levels. There should be varying methods of assessment because of the changing goals at each developmental level as a trainee develops and a professional matures.
2. Multicultural considerations are required at all levels of competence assessment. We must attend to both cultural aspects of competence assessment as well as assessment of cultural competence. The role of these considerations needs to be developed further.
3. The minimum level of competence needs to be defined for the “threshold” of basic competence to function professionally. In addition, the delineation of aspirational levels of advanced competence needs to be made.
4. Assessment of competence should involve a combination of compensatory and noncompensatory models (e.g., person needs to meet a minimum overall competence score in total, and when a score below a certain level is received on one or more areas, he/she cannot compensate on another dimension to pass on the overall score)
5. Both formative assessment (e.g., while still in training and progressing through program or for continual career improvement) and summative assessment (e.g., for licensure) are needed in professional psychology. Thus, formative assessment is not only just a training level approach, but should be a process of evaluation throughout a career. Assessment should give feedback to the professional to assist him or her in continual learning across career developmentally.
6. Assessment of competence practices during training should *model* how professionals should continue assessment of competencies throughout one’s career. Specifically, assessment models should involve “self-assessment” that starts early in training and then continues throughout career (the field need to develop further appropriate models for self-assessment and evaluate methods to train these processes).
7. Assessment of competence should involve multivariate/multidimensional and multimethod input including multiple perspectives at all levels of professional development.
8. Assessment of competencies would be dictated by the type of settings and type of professional functioning required. A model of assessment should provide a lifetime plan for assessment of the professional that includes which types of assessment are needed for the different purposes at different career/life stages. Appropriate tools and approaches will need to be developed to accomplish appropriate assessment of competencies. In addition to developing and validating innovative ways of assessing, there is a need to improve upon “traditionally used” evaluations (e.g., supervisor feedback).

9. Assessment of competence will require a “culture shift” in trainers, trainees, and professionals. In a formative evaluation, supervisors/raters need to be free of “demand characteristics” to provide useful information (without pressures to produce favorable ratings when not justified). That is, the “context” and “interpersonal” aspects (“the politics”) of the assessment process must be recognized and possibly changed to improve the outcomes of assessment. As part of the culture shift toward more assessment of competence, a need exists to develop instrumental (tools) and environmental supports (program context) while giving feedback. Also, as part of this shift, there is a need to teach supervisors how to assess competence and respond to the interpersonal context of the supervision/assessment process (formative as well as summative). The assessment of competence needs to be more routine, systematic and “institutional” –that is, implemented into everyday series of events. In changing this “culture,” assessment of competence should be a higher valued priority among faculty and students.

The “culture of assessment” should be introduced early in professional development (i.e., in formal, replicable ways during training)

As the cultural shift toward enhanced assessment of competence is routinized and institutionalized over time, there will be eventually full cohorts of practitioners who were trained and accepting of continual assessment as a fundamental part of everyday life as a professional psychologist.

10. Competency based evaluation should include measurable indicators of behaviors, skills, and attitudes/values. Skills and objectivity in the raters are necessary for valid and useful assessment. Additionally, there should be an openness or “transparency” of assessment process to insure that the procedure is clearly outlined, with definition of expectations in advance, in order to clarify disagreements/ agreements. In particular to professional values and attitudes, this explicitness should involve definitions of the values provided in advance, clarification of how these values will be observed, and clarification of how these will be assessed comprehensively. Professional ethics and values will be manifested in the behaviors exhibited and the choices that trainees and professionals make. Assessment of these elements in competence is necessary. The stated values of the profession are described in the APA Ethical Principles and Code of Conduct. Personal preferences and values are not the concern in the assessment of competence in professional values. Yet, it should be recognized that the evaluator’s perceptions of professional ethics, attitudes, and values are inherently involved in the process of assessment of competence in this domain.

The assessment of competence would benefit from detailed behavioral goals (explicit and external criteria) while providing formative and summative feedback. To the extent possible, the purposes of assessment should be communicated based on pre-determined and clearly specified *objectives and criteria*. These objectives should be articulated and understood by the person being evaluated as well as the evaluator.

11. Although most assessment in training is formative, eventually there is a requirement for summative evaluation by trainers and by credentialing agencies. Thus, there is an inherent “dual role” in the

assessment models currently in use, and this role conflict must be acknowledged. This dual role involves (a) the developmental/affirmative functions of training and improving professional competence versus (b) the “gatekeeping” function (e.g., for threshold events such as internal training program requirements, graduation, licensure, ABPP credentialing).

12. Skills assessment needs to be done in an integrative approach not just a set of competencies singly assessed.
13. There are different purposes of assessment, and these purposes should be made explicit in any model of assessment developed.
14. Practicality issues of competence assessment must be considered (e.g., cost, efficiency, transferability, and mechanisms for modeling of assessment as a continual process that is trained in the professional at the earliest level and then manifested throughout career).
15. Skill is best evaluated by a sampling of behaviors (e.g., through direct evaluation / observation) through multiple perspectives including “experts,” peers, self, clients, community members. Specifically, clinical skills should be ideally assessed by a sample of clinical behavior. This assessment should be done with a valid and reliable method of observation and evaluation.
16. Assessment tools need include the ability to utilize appropriately all information gathered during the evaluation process.
17. Assessment of competence should not only be individually oriented, but also should be directed at assessing systems (e.g., training programs, service delivery programs), and impact of services to the community. That is, there should be multiple levels of assessment as part of practice, teaching, and training models. This should be an iterative process of feedback

## Future Directions and Recommendations

The training councils in profession of psychology (specifically the multiple graduate training councils and APPIC) should work together to develop better formative and summative assessment models and specific procedures (including such standards and procedures that meet current testing standards of validity, reliability, and fairness). This model and the procedures should be related to eventual functioning of graduates in their multiple roles. Joint task forces of those with common causes might solve some of the problems posed in the assessment of competence.

A new conference on competency-based assessment (perhaps smaller than this one) could be developed by the training councils with coordination with the Education Directorate.

Assessment “tools” (devices and procedures) must be developed that meet current and evolving standards of validity, reliability, and fairness with consistency across tools. Of particular interest would be the improvement of supervisor evaluation methods and a cost-efficient methodology for assessment through simulation. In addition, the Workgroup proposed that additional research attention be given to “self-assessment” as a continual and developmental process. Funding will be needed to develop and standardize effective assessment tools.

“Information management and evaluation of the nature and quality of information” needs to be added to the “Big 8” content areas of competence. This new content area includes such things as accessing and evaluating information sources, knowledge transfer to new situations, information dissemination (e.g., communication skills), problem-solving, decision-making, hypothesis generating, and self-assessment skills.

Personal suitability or fitness to the profession should be considered as a new content area of competence (some elements are trainable and others are more inherent, e.g., interpersonal skills and relationship building). This content area should not only be imbedded within the new “Big 9,” but also as a new category in and of itself to make new “Big 10 content areas.” (See also Professional Development workshop report for Thursday Day #1)

Knowledge is more easily assessed, but more attention should be given by the psychology profession to developing appropriate assessment of attitudes and values as well as skills.

“Professional values” and attitudes need to be better articulated and clarified by the profession in order to assist in the assessment process of competence. Once clarified into tangible language, assessment tools will need to be developed for evaluating competencies at all levels.

Encourage the development of assessment instruments that could be made available to programs on a voluntary basis when those programs sought more uniform assessment at points in the program that are in between the GRE and the EPPP. The utility, reliability, and validity should be comprehensively researched.

Possible product: bring together in a “best practice” or more accurately, “promising practices” book (or website) which includes published tools and procedures for competencies assessment within training programs at different levels. This product would include various examples of current practices

that meet the “principles of assessment” as outlined by the workgroup. The question must be raised about whether these meet criteria for validity and reliability, specificity, sensitivity; and empirical supported. Thus, there needs to be careful attention to what gets included because the publication will imply endorsement—especially when applications and decisions are made that is “life-altering.” These “promising practices” can be selected based on as much research literature as possible, and could form the research agenda for the future in establishing them as “optimal practice.”

The culture shift to more institutionalized assessment of competence needs to be infused throughout all aspects of professional psychology.

In the context of the increasing importance of four types of accountability, the Workgroup recommended attention to:

1. accountability to ourselves as evolving professionals;
2. accountability to our students and supervisees;
3. accountability to our professional institutions;
4. accountability to the public and communities served by professional psychology.

The Workgroup recommends that a special issue of the journal, *Professional Psychology: Research and Practice*, be proposed to the topic of Assessment of Competence in Professional Psychology.

The Workgroup recommends requesting that the Education Directorate/Executive Director include “assessment of competence” as a topic for further work in the Educational Leadership Conference.

The Workgroup proposes that all training councils be invited to join in a new journal (perhaps electronic/web-based) devoted to issues of professional training, including assessment of competence.

## GAPS

To paraphrase every student’s dissertation: *More research is needed.*

In particular, the Workgroup noted that research is needed to validate the assessment process about how information gained in assessment of competence can be effectively used in a way that is iterative (a process of feedback), cyclical, uniform, and facilitative of the internalizing of self-assessment habits.

Research is needed into how cultural competence can and should be fully assessed. This consideration is highly critical for professional psychology.

A research agenda for professional psychology should also attempt to answer the questions:

- Should assessment involve “360 degree” evaluation? In this the trainee and professional should receive evaluative feedback from: Peers, trainers, colleagues, clients/patients, “superiors” Can this be developed in an efficient, valid method for professional psychology? What are the interpersonal and social effects of this process, such as effects on group cohesion, competition vs. cooperation, etc.?
- What role should “simulations” take in the assessment of competency?
- How can the field improve the validity and utility of supervisor evaluations?

- Because of the dual role of trainers providing both formative and summative assessment of competence, how can the field develop innovative ways for improving the process?
- Person--environment “fit” is an important construct that is difficult to measure so how can this be given more attention in evaluation of competence in a useful and appropriate manner.
- Finally, the research agenda should ask the question: Are current assessment approaches used by trainers and credentialers are truly inadequate?

The financial resources needed to accomplish improved tools for the assessment of competence should be investigated, perhaps partnering with other groups having conjoint interests (e.g., the health care institutions, federal agencies, testing companies, and managed care organizations, and in cost-recovery arrangements). This should be done after developing a carefully prepared plan. The Workgroup recommends that BEA should consult with the relevant training councils about developing this aspect further.

#### **Additional comments:**

- Science-minded practitioner is at the core of competence as a professional psychologist (i.e., collecting data, making decision based on evidence, using the literature well) but there is a gap from ideal.
- More attention needs to be the issues of translating research into practice during training as well as continually throughout a professional psychology career. Faculty might benefit from “teaching skills” tips and competence about how to extrapolate research, such as in enhancing knowledge and utility empirically supported assessment and treatments. Future practitioners (i.e., trainee) might benefit from gaining lifelong skills, not just in being skeptical in the research process, but from how to use the information.
- The group assessed positively the computer competence skills evidenced in the “Nelson’s competency cube”
- The competencies domains may not be the same through out the professional psychologist’s career and domains become differentiated at various points.
- humans are not perfect and, inevitably, there will be errors in the assessment/evaluation process.
- There is currently “inflation” in supervisory evaluations that are constantly positive. Perhaps there should be added an ethical standard for recommenders and evaluators to be balanced in their ratings and comments. They should be held responsible for how they evaluate. Additionally, perhaps the profession should consider adding to CoA criteria to make evaluations more accurate (e.g., for internship letters of recommendation)
- The consumer of scientific psychological information should be valued as is the producer of scientific knowledge.

#### **A Possible Beginning for a Model of Competence Assessment**

The Workgroup discussed the development of a map or model for the future of competence assessment. The following draft of a model might be taken to assessing knowledge, skills, attitudes, and values.

In this model, there are levels of lifespan development when assessment takes place

Level 3 – graduate student

Level 2 – licensed professional

Level 1 - administration

Although reified, these levels have more fluidity than “levels” imply.

There are some expectations that competent performance will be maintained across time, but will add further competencies as develop through the levels (thus an additive model). Additionally, there is some circularity for an “impaired professional” and all professionals start back at the beginning of the process to develop new skills (e.g., at basic level) when new phenomena arrive within the profession. This matrix model is neither linear nor invariant in development.

Within this model, there is maximum breadth of knowledge/skills at graduation (core competencies), with increasing depth as professional develops further in his or her career (and some competencies may not be needed or assessed later on).

Purposes of assessment:

*Formative*

Education & Training  
 Quality  
 Constructive  
 Intra-training implementation  
 Career development

*Summative*

Markers  
 Thresholds  
 Minimum acceptable performance  
 Protection of the public  
 Licensure  
 Degrees

Detail on summative

Profiles

- compensatory
- pass/fail or interval scoring
- consistency/uniformity
- standard scores
- integration vs. individual competence

Formative & summative

Fairness, including cultural diversity

Focus on: Knowledge, skills, and attitudes (values), but recognize the personal characteristics the graduate student and professional bring to their functioning.

Matrix model of assessment

Levels x tools x competences (cube or double helix)

The Workgroup also noted with favor, the Epstein and Hundert (2002) article in which there is outlined a “framework for assessment.”

**Assessment of Competence Workgroup  
Talking Points for Large Group Discussion of FUTURE DIRECTIONS**

***17 Principles of Assessment of Competence***

examples:

1. Developmental perspective underlies all assessment of competencies.
2. Multicultural considerations are required at all levels of competence assessment.
5. Both formative assessment and summative assessment are needed.
7. Assessment of competence should involve multivariate/multidimensional and multimethod input including multiple perspectives.

***Culture shift (position statement)***

\*Assessment of competence will require a “culture shift” in trainers, trainees, and professionals.

\*Recommendation: This conference should move the agenda forward to the institutions of the professional community for a commitment and the investment of economic and human resources in support of effecting a culture shift that insures assessment of competencies across the professional life-span in a multimodal, multifaceted manner.

***Tools/ methods/ model***

Self-assessment;  
Skills assessment;  
Attitudes/values (once defined);  
Tools that meet current and future testing standards including reliability and validity;  
Uniformity;  
Fairness

***Research***

To develop effective, valid, reliable, and fair methodologies

***Additional Competency (the workgroup proposed)***

Information management and assessment of quality of information

***Recommendations:***

The training councils should be asked to work together to develop better formative and summative assessment models and specific procedures for the assessment of competence. Joint task forces or conferences of those groups with common goals might solve some of the problems posed in the assessment of competence.

The Workgroup recommends that a special issue of the journal, *Professional Psychology: Research and Practice*, be proposed to address the topic of “Assessment of Competence in Professional Psychology.”

The Workgroup recommends requesting that the Education Directorate/Executive Director include “assessment of competence” as a topic for further work at the Educational Leadership Conference.

The Workgroup recommends the development of book or web-based clearinghouse on the “promising practices” including tools and procedures for competencies assessment for training programs at different levels.

The Workgroup proposes that a new journal be established (perhaps electronic/web-based) devoted to issues of professional training, including the assessment of competence.

As an example of the specific things needing to be done, the Workgroup endorsed seeking funds for the development of more effective methods of assessment such as standardized vignettes, simulations, etc.

Additionally, the Workgroup endorsed the enhancement of procedures for training self-assessment through the training and careers of professional psychologists.