

# Competency Developmental Achievement Levels (DALs) of the National Council of Schools and Programs in Professional Psychology (NCSPP)

The competency developmental achievement levels (DALs) were approved by the membership on August 15, 2007 for inclusion in the NCSPP education and training model in professional psychology.

## NCSPP Competency Model of Education and Training

The NCSPP competency model of education and training identifies seven competencies required for entry level practice in professional psychology. The seven competencies are 1) Relationship, 2) Assessment, 3) Intervention, 4) Diversity, 5) Research/Evaluation, 6) Management/Supervision, and 7) Consultation/Education. The DALs describe the knowledge, skills and attitudes within each competency across three stages of training (begin practicum, begin internship, completion of degree).

## Background and Development of the DALs

The competency DALs represent work products of the NCSPP January 2007 “Developing our Competencies in Clinical Training” Conference and the seven competency revision groups that oversaw further development. Over 165 Conference participants, including doctoral program faculty, students, practicum and internship supervisors, administrators and invited guests, were divided into seven competency work groups. Practicum and internship supervisors working with NCSPP students were invited to attend the Conference and fully participate in creation of the work products.

During Conference registration, participants noted their work group preferences. Upon registration confirmation, participants were notified of competency work group assignment. Members of each work group received competency specific readings by email in advance of the Conference. Readings included articles and book chapters describing the competency and additional readings recommended by work group facilitators. Each work group had a facilitator and a recorder. The Conference Committee regularly communicated with the facilitators before the Conference, meeting with facilitators and recorders over dinner before the Conference to review work group tasks.

Before launching the work groups on the first day of the Conference, all Conference attendees participated in an experiential exercise to bring the voices of important stakeholders into Conference activities. Participants were divided into small groups; each small group was assigned a stakeholder perspective. Stakeholder perspectives included: 1) practicum supervisors, 2) internship supervisors, 3) clients served by student trainees, 4) credentialing bodies (i.e., APA, ASPPB, National Register), 5) students, 6) faculty, 7)

administrators, 8) future employers of graduates, 9) general public, 10) multicultural and diverse populations, 11) practicing psychologists who will be colleagues of graduates and 12) interdisciplinary professionals who will collaborate with graduates. Each stakeholder group was asked to discuss their stakeholder's priorities for the clinical training of NCSPP students and briefly report on that discussion to the large group. Members of each stakeholder group were then charged to carry that perspective into their work at the Conference to best insure that their stakeholder's viewpoint was considered during Conference activities.

Conference work groups were given a grid format and asked to fill in the knowledge, skills and attitudes across 3 levels of clinical training for their specific competency. Work groups met three times during the Conference, also meeting once to share results with all Conference participants. Each evening, work group recorders turned in the day's draft of their group's competency DALs. Drafts were collected, cleaned and copied by the Conference Committee and distributed to all participants at breakfast the next day with a request that participants review the documents and forward feedback to work groups or the Conference Committee. In total, 3 versions of the work group competency DALs were distributed to participants during the Conference. In addition to draft review, Conference participants were invited to attend 2 conversation hours with work group facilitators to discuss any additional feedback they chose to offer.

At the close the Conference, participants discussed the experience of DAL construction, noting the excellent work conducted in such a short time. The Conference Committee proposed that it create and coordinate small competency revision groups to continue development of the competency DALs for consideration at the next Conference. The Conference Committee proposed 3 cycles of public comment that would inform those efforts. Membership supported the proposed plan and planned to review the competency DALs at the Summer Conference for inclusion in NCSPP's educational model.

Small competency revision groups were created that continued to develop and refine the DALs. Revision groups of 2-6 people revised the Conference work products across six months. Every six weeks, revised versions of the DALs were posted on the NCSPP web site for public comment. NCSPP delegates and list.serve members received regular reminder emails to offer feedback on the revised documents and were asked to distribute calls for public comment to their students, faculty, and practicum and internship supervisors. The final cycle of public comment asked different stakeholder groups to examine specific components of the DALs. Practicum supervisors were asked to examine all DALs at the level of entry to practicum. Internship supervisors were asked to examine all DALs at the level of entry to internship. Students and faculty were asked to examine all DALs at the level of completion of degree. Once the revision group incorporated the final round of public comment, the Conference Committee reviewed and revised all seven competency DAL documents to ensure consistency and clarity.

On August 15, 2007, the DALs were approved by the membership for inclusion in NCSPP's model of education and training. Upon this approval, membership asked the Executive Committee of NCSPP to implement a cycle of regular review of the DALs. Given that the competency DALs are considered to be dynamic and evolving, a regular cycle of review and revision will ensure that the DALs reflect the most up-to-date understanding of the seven competencies and the NCSPP educational model.

### Contributors

All January 2007 Conference attendees and individuals offering public comment contributed to the creation of the DALs. Listed below are special contributors who served as work group facilitators, recorders, revision group members and conference committee members, and who provided important administrative support.

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### Assessment Competency

Psychological assessment is a complex, integrative and conceptual activity that is a central component of clinical psychology (Krishnamurthy et al., 2004). It involves deriving inferences from multiple sources of information to achieve a broad and cohesive understanding of a psychological system (Meyer et al., 1998) such as an individual, a couple, a family, a group, or an organization. This understanding is often used to plan effective interventions within that system. The psychological assessment process includes developing and evaluating hypotheses, collecting data (which may or may not include formal psychological testing), problem solving, decision making, and addressing specific referral questions (e.g., Groth-Marnat, 2003; Turner, DeMers, Fox, & Reed, 2001).

Assessors utilize a scientific method of evaluating, identifying, and responding to clinical problems through the various knowledge, skills, and attitudes that define its primary applications in testing and interviewing. Assessors use their competencies, for example, to measure and formulate degree of need and mental status, develop psychological profiles in response to particular referral problems,

and evaluate outcome with tests and measures (e.g., Groth-Marnat, 2003) and diagnostic interviewing skills across a broad client base (e.g., Craig, 2004; Lopez, 2002; Turchik, Karpenko, Hammers, & McNamara, 2007). Assessors must integrate data from multiple sources to effectively address referral questions, and they must communicate their inferences and recommendations clearly. Assessors operate from an informed ethical base (Bennett et al., 2006; Bricklin, 2001) and consider multiple variables when developing inferences from assessment data that affect the welfare of clients and the public’s perception of assessment applications.

The assessment competency rests on the assessor’s foundation of knowledge, skills, and professional attitudes in the areas of human development, human diversity, psychopathology, tests and measurements, statistics, qualitative methods, and experimental design. Achievement of competency requires assessment coursework, supervised practice, and continuing education. The competency of assessment is composed of four domains: 1) interviewing and relationships, 2) case formulation, 3) psychological testing, and 4) ethics and professionalism. Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge (K), skills (S), and attitudes (A). The interviewing and relationships domain addresses a student’s ability to gather appropriate information through clinical interview and to create and maintain an empathic and flexible interpersonal stance. The domain of case formulation relates to a student’s ability to understand a client’s presenting problem, diagnose and conceptualize psychopathology and clearly communicate that conceptualization to a range of audiences. The domain of psychological testing relates to the choice, use, scoring and interpretation of assessment tools. The fourth domain of ethics and professionalism addresses the integration of ethical and professional decision making in all assessment activities.

	Begin Practicum	Begin Internship	Complete Doctoral Degree
<b><i>Interviewing and Relationships</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Familiarity with models and techniques of interviewing, treatment planning, and goal setting</li> <li>2. Familiarity with how the reason for referral drives the assessment</li> <li>3. Working knowledge of how to appreciate own limitations (know what you do not know)</li> </ol>	<ol style="list-style-type: none"> <li>1. Working knowledge of models and techniques of clinical interviewing (e.g., structured, semi-structured, mental status exams)</li> <li>2. Knowledge of the content of psychosocial history and mental status exam</li> </ol>	<ol style="list-style-type: none"> <li>1. Broad range of knowledge of models and techniques of interviews and relationships</li> <li>2. Understanding of how a broad range of referral questions shapes interview</li> <li>3. Broad knowledge of one’s personal characteristics, as they impact on the assessment process</li> </ol>

S	<ol style="list-style-type: none"> <li>1. Application of active listening to interviews and assessment</li> <li>2. Use of empathic responses</li> <li>3. Ability to begin to conduct a basic biopsychosocial evaluation or interview, with support/supervision</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to conduct a detailed assessment interview and gather data for a psychosocial history and mental status exam</li> <li>2. Ability to assist client and referral source in developing a referral question and clarifying limitations of assessment</li> <li>3. Ability to obtain historical information from collateral sources and to integrate it with self-report data</li> <li>4. Ability to consult with supervisor as appropriate</li> </ol>	<ol style="list-style-type: none"> <li>1. Sophisticated integration of information and critical analysis of models</li> <li>2. Flexible, empathic, and accurate utilization of a broad range of interview models and techniques based on referral question, client characteristics, and own self-knowledge</li> </ol>
A	<ol style="list-style-type: none"> <li>1. Respectful attitude toward others as part of enhancing assessment product</li> </ol>	<ol style="list-style-type: none"> <li>1. Willingness to tolerate ambiguity, conflict and stress</li> </ol>	<ol style="list-style-type: none"> <li>1. Openness to the assessment information that can be derived from other disciplines</li> </ol>
<b><i>Case Formulation</i></b>			
K	<ol style="list-style-type: none"> <li>1. Basic knowledge of the process of hypothesis generation and testing</li> <li>2. Knowledge of information needed to formulate conceptualization</li> <li>3. Working knowledge of the person in context</li> <li>4. Basic familiarity with human diversity, relative to the assessment process</li> <li>5. Basic knowledge of psychopathology</li> </ol>	<ol style="list-style-type: none"> <li>1. Working knowledge of diagnostic systems and awareness of the strengths and weaknesses of those systems</li> <li>2. Working knowledge of models of psychological strength and psychological problems</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of broad range of individual and system characteristics, (eg., diversity, psychopathology, development, and social context) and how they impact case formulation and diagnosis</li> </ol>

S	<ol style="list-style-type: none"> <li>1. Ability to formulate and test hypotheses</li> <li>2. Ability to collect and integrate information gathered in an organized manner</li> <li>3. Ability to communicate findings clearly</li> <li>4. Ability to utilize integrative and organizational skills to understand the referral question</li> <li>5. Ability to consider diagnostic options when reflecting on assessment data</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to generate differential diagnostic possibilities</li> <li>2. Ability to communicate findings in written form</li> <li>3. Ability to identify strengths and weaknesses of individuals and systems being assessed</li> <li>4. Ability to conduct a feedback session with the client and other relevant parties</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to integrate information gained from interview, collateral sources, and test data for case formulation and diagnosis</li> <li>2. Ability to appropriately communicate, in writing and orally, to relevant audience</li> <li>3. Ability to discuss strengths and limitations of assessment measures in report as needed</li> <li>4. Ability to make appropriate referrals, based on assessment outcome</li> </ol>
A	<ol style="list-style-type: none"> <li>1. Commitment to curiosity and reflective thought to enhance understanding of assessment product</li> </ol>	<ol style="list-style-type: none"> <li>1. Willingness to think critically and with an open mind about alternative hypotheses</li> </ol>	<ol style="list-style-type: none"> <li>1. Commitment to systematically incorporate data from a broad range of sources into case formulation</li> </ol>
<b><i>Psychological Testing</i></b>			
K	<ol style="list-style-type: none"> <li>1. Basic knowledge of psychometric test and measurement theory (e.g., test construction, validity, reliability)</li> <li>2. Basic knowledge of model of assessment/strategy for assessment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of constructs and theories underlying tests and testing methods</li> <li>2. Knowledge of strengths, weaknesses and limits of applicability of standard intellectual and personality measures</li> <li>3. Knowledge of the methods of norming tests and implications for test usage with diverse populations</li> <li>4. Knowledge of constructs and theories underlying psychological tests and psychological testing methods</li> </ol>	<ol style="list-style-type: none"> <li>1. Advanced knowledge of strengths, weaknesses and appropriateness of a broad range of psychological tests across a wide variety of individuals (diversity, psychopathology, development, and social context)</li> </ol>

S	<ol style="list-style-type: none"> <li>1. Basic foundation skills when performing psychological testing (e.g., administration, scoring, guided interpretation)</li> <li>2. Ability to understand and convey results from individual tests</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to administer and score intellectual and personality measures, and to begin the process of integrated interpretation, under supervision</li> <li>2. Ability to identify appropriate measures and sources of information for referral questions in order to answer the questions</li> <li>3. Ability to identify and adapt assessment methods for unique individuals and systems, with supervision</li> <li>4. With supervision, ability to use critical thinking in evaluating all sources of data in order to prepare an integrative report and offer feedback</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to choose, administer, score and interpret tests, appropriate to the referral question, with increasing levels of autonomy</li> </ol>
A	<ol style="list-style-type: none"> <li>1. Respectful objectivity and inquiry when conducting an assessment</li> </ol>	<ol style="list-style-type: none"> <li>1. Respect for value of psychological testing and assessment</li> </ol>	<ol style="list-style-type: none"> <li>1. Commitment to looking at the short-term and long-term usefulness of one's assessment work</li> <li>2. Willingness to develop competency in administration and interpretation of new or revised tests that the psychologist intends to incorporate into own practice</li> </ol>
<b><i>Ethics and Professionalism</i></b>			
K	<ol style="list-style-type: none"> <li>1. Basic knowledge of ethical assessment</li> <li>2. Familiarity with ethical issues and potential conflicts</li> <li>3. Familiarity with external resources,</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of legal and ethical principles and guidelines involved in assessment, and knowledge of potential courses of action</li> </ol>	<ol style="list-style-type: none"> <li>1. Refined and sophisticated knowledge of ethical and legal issues related to assessment</li> </ol>

	including supervisor, and how to access them		
S	<ol style="list-style-type: none"> <li>1. Ability to support decisions about actions</li> <li>2. Ability to differentiate self needs from client needs when considering ethical dilemmas</li> <li>3. Ability to use supervision constructively to further training and assessment goals</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to identify potential legal and ethical issues and address these, with supervision</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to apply relevant legal and ethical principles to the assessment situation, and seeks supervision or consultation, as appropriate</li> <li>2. Ability to make referrals based on legal and ethical principles</li> <li>3. Ability to seek consultation as needed</li> <li>4. Ability to delineate limitations of assessment data sources in report</li> </ol>
A	<ol style="list-style-type: none"> <li>1. Respect for operable ethical standards throughout the assessment process</li> </ol>	<ol style="list-style-type: none"> <li>1. Willingness to critically examine test results, in light of diverse populations and normative data</li> <li>2. Willingness to examine the applicability of ethical and legal issues in the context of assessment with diverse populations</li> </ol>	<ol style="list-style-type: none"> <li>1. Integration of respectful attitudes and objectivity, such as curiosity, reflective thought into an ethical professional identity, with a commitment to lifelong learning</li> </ol>

Relationship Competency

“Relationship is essentially the capacity to develop and maintain a constructive working alliance, and includes the ability to work collaboratively with peers, colleagues, students, supervisors, members of other disciplines, consumers of services, and community organizations. The relational functioning of professional psychologists is greatly impacted by their awareness and connection to their self-identity” (Peterson, 2007, p. 11). The relationship competency is foundational to, and supportive of, all other competencies (Polite & Bourg, 1992). It involves the whole person and thus may include intellectual, emotional, cognitive, physical, cultural, and spiritual aspects, as well as the context or environment surrounding the person. The conceptualization and the living out of this competency may be more embedded in one’s background and personhood than most other competencies. Given that, the ambiguity and subjectivity of aspects of relationship bear noting and some of the competency definitions could invite a spectrum of interpretations.



The knowledge, skills, and attitudes (KSAs) of this competency are described as follows (Peterson, 2007):

The relationship competency area is particularly informed by, but not limited to: (1) theories of individual and systems functioning and change, cultural bases of behavior, life span development, dysfunctional behavior and psychopathology, and professional ethics and standards; (2) knowledge of the self; and (3) knowledge of others. Curriculum design and implementation should include education and training in attitudes essential for the relationship competency, including but not limited to: (1) intellectual curiosity and flexibility, (2) open-mindedness, (3) belief in the capacity for change in human attitudes and behavior, (4) appreciation of individual and cultural diversity, (5) personal integrity and honesty, and (6) a value of self-awareness. Curriculum design and implementation should include education and training in the development of interpersonal skills, including empathy, respect for others, and personal relatedness (p. 11-12).

A certain degree of relational competency must exist prior to entering a graduate program. Thus, this competency calls for an admissions level of baseline competency in areas such as respectful communication, self-awareness, basic relationship skills, openness to others, and lack of obvious psychopathology. There should be growth in this competency in each year of the program, and it should be addressed in all courses and activities. However, the greatest challenge may well be in the more advanced years, late practicum through internship, when students are asked to more actively utilize their relational abilities and knowledge. Relationship should be addressed as a normal part of the curriculum for all students and not just when problems arise.

The six domains under relationship include professional demeanor, self, other, interpersonal connection, cultural adaptability and ethics. Professional demeanor includes issues of boundaries, role comfort and courtesy. The self domain concerns issues of self-awareness and self-understanding, which is extended in the domain of other to an understanding and appreciation of varied individuals. Interpersonal connection deals with relational facets such as perspective taking, communication, and negotiation. Cultural adaptability addresses the importance of appreciating individual and cultural differences and acquiring the relevant KSAs in training. Ethics involves respect and care, but also legal and ethical standards. Ethics and cultural adaptability/diversity vis-à-vis relationship are given a more definite emphasis here than in the past and are seen as infusing the competency and involving the whole of the person and relationships (Mangione & Nadkarni, 2006). The six domains are intimately connected as, for example, knowledge of self necessarily involves knowledge of diversity, and skill in interpersonal connection is predicated upon knowledge of self and knowledge of other. Domains of ethics, diversity, and professional demeanor may be the earliest ones to be addressed in training, before practicum, while self and other are greatly developed during practicum, and interpersonal connection should be increasingly emphasized in late practicum and internship training. The ability to use a metaperspective or take a reflective position within

relationships sits at the heart of the more advanced levels of relationship competency (Hawes, 1998; Mangione & Nadkarni, 2006; Safran & Muran, 2000; Singer et al., 1992; Yalom, 2005). Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge (K), skills (S), and attitudes (A).

	Begin Practicum	Begin Internship	Complete Doctoral Degree
<b><i>Professional Demeanor</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Understanding of the meaning of professional demeanor</li> <li>2. Understanding of basic social skills</li> <li>3. Understanding of the importance of the role of psychologist</li> <li>4. Understanding of professional boundaries</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of how relationships are central to the multiple roles of professional psychologists</li> <li>2. Knowledge of norms for professional relationships</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of the intersection of diversity and professional demeanor and the significance of context</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Development of basic social skills</li> <li>2. Ability to be organized, on time, on task, courteous</li> <li>3. Demonstration of professional clothing/appearance and good personal hygiene</li> <li>4. Ability to comfortably converse with others and convey support and acceptance</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstration of comfort and confidence in role of psychology trainee and recognition of when that comfort and confidence is lacking</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to interact with others with respect and appropriate assertiveness</li> <li>2. Ability to reflect on the impact of oneself on others</li> <li>3. Flexibility in conveyance of professional demeanor based on context and diversity</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Valuation of honesty and integrity</li> <li>2. Maintenance of a sense of hope and desire to be helpful</li> <li>3. Maintenance of an attitude of inquiry and openness to experience and ideas</li> </ol>	<ol style="list-style-type: none"> <li>1. Initiation of integration between professional identity and sense of self</li> </ol>	<ol style="list-style-type: none"> <li>1. Respect/manners/etiquette with those above and below the person in the chain of command</li> </ol>

<i>Self</i>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Knowledge of self boundaries as they relate to client/therapist roles</li> <li>2. Understanding of self-based affect, motives, and causes of conflicts</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of theories and models for personal and cultural identity</li> </ol>	<ol style="list-style-type: none"> <li>1. Adequate knowledge of self in role as therapist</li> <li>2. Knowledge of self and how one responds to specific groups and individuals</li> <li>3. Knowledge of personal strengths and limits</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Ability to listen and be empathic to others</li> <li>2. Beginning ability to tolerate affect, conflict, and ambiguity</li> <li>3. Beginning ability to be aware of own motives, attitudes, behaviors, and effects on others</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to identify own strengths and weaknesses vis a vis relationship</li> <li>2. Engagement in appropriate self care especially as it relates to ability for professional relationships</li> <li>3. Awareness of biases and blind spots with regard to relationships</li> <li>4. Participation in honest and productive self reflection</li> <li>5. Comfort in varying roles, or ability to address its lack</li> <li>6. Ability to recognize, tolerate, &amp; use one's affect in professional relationships</li> <li>7. Ability to seek support when needed, including being able to collaborate, do a realistic self assessment, and recognize relationship ruptures</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to avoid blind spots and biases in relationships</li> <li>2. Engagement in regular self-reflection about one's role as therapist and as professional</li> <li>3. Formation of a positive self identity about one's professional role</li> <li>4. Ability to engage in fairly advanced self evaluation and self reflection</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Openness to feedback</li> <li>2. Openness to new ideas or perspectives</li> <li>3. Desire to help others</li> <li>4. Inquisitiveness</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to tolerate ambiguity in relationships, including not knowing and not having the answers</li> <li>2. Attainment of a strong sense of</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintenance of objectivity about self</li> <li>2. Openness to others' input and views about oneself</li> </ol>

	5. Self-reflectiveness	flexibility within relationships including intervening flexibly 3. Involvement in the development of a sense of professional identity	3. Commitment to lifelong learning and the fact that professional development will continue to occur
<i>Other</i>			
<b>K</b>	1. Achievement of beginning level knowledge of other people from the literature in diversity, social psychology, and therapeutic relationships 2. Knowledge and distinguishing of others as different	1. Knowledge of, and respect for, the complexity of diversity across different cultural groups, and perspectives 2. Understanding of a systems perspective and the contextual nature of relationships 3. Acquisition of a broad fund of knowledge of personality styles and ability to adjust relationships based on those styles 4. Knowledge of norms in a variety of contexts (broadly defined, and relevant to student's specialty and previous work, cultural, professional, by setting) 5. Attainment of a theoretical understanding of how relationships apply to treatment	1. Knowledge of the theoretical interpersonal literature and literature on various models of relationship 2. Deeper knowledge of specific others who are different from self
<b>S</b>	1. Ability to engage in perspective taking 2. Ability to articulate aspects of self and other in the therapy relationship	1. Ability to evaluate norms in a variety of contexts (broadly defined, and relevant to student's specialty and previous work, cultural, professional, by setting) 2. Application of contextual information	1. Ability to step back affectively and cognitively from a relational process 2. Integration of experience with literature to understand relationships 3. Ability to form collegial relationships with others

		to adjust and enhance professional relationships	
<b>A</b>	1. Respect for and interest in other cultures and other perspectives	1. Recognition of autonomy and values differences of clients 2. Appreciation of other disciplines and professions	1. Flexibility, tolerance of affect, and curiosity about others
<b><i>Interpersonal Connection</i></b>			
<b>K</b>	1. Knowledge of basic relationship skills 2. Understanding of the importance of relationship as a foundation for psychologists	1. Knowledge of therapeutic alliance 2. Knowledge of groups and their dynamics 3. Knowledge of the importance and process of metacommunication, reflexivity, or processing of relationships 4. Awareness of the possibility of taking a metaperspective on, or stepping back to view, oneself and one's relationships.	1. Understanding that relationships provide useful data 2. Knowledge of varied population-specific and setting-specific relationships
<b>S</b>	1. Demonstration of basic skills in rapport building, expressing empathy, listening	1. Ability to form a therapeutic alliance 2. Basic ability to engage others around difficult issues 3. Basic ability to work with others to reflect upon the nature of one's relationship with them 4. Beginning ability to negotiate/accept disagreements 5. Developing ability for metacommunication to repair or learn about relationship ruptures 6. Ability to communicate hope	1. Ability to tolerate affect, stay with others' pain 2. Ability to discuss the relationship with others, to reflect what's happening in the relationship 3. Ability to form a working alliance across contexts and roles 4. Participation in more independent decision making about handling relationships 5. Ability to understand things in the moment, not just upon reflection;

			<p>can act in the moment sometimes</p> <ol style="list-style-type: none"> <li>6. Ability to manage conflict across a variety of professional relationships</li> <li>7. Ability to begin to relate to others as a professional, not as a student</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Openness to hearing about and understanding the experience of others.</li> <li>2. Valuation of communication</li> <li>3. Achievement off empathy for others</li> <li>4. Exhibition of basic compassion toward self and others</li> </ol>	<ol style="list-style-type: none"> <li>1. Attainment of a strong sense of flexibility within relationships including intervening flexibility</li> <li>2. Commitment to serving the needs of the client (not own needs)</li> <li>3. Curiosity and openness regarding interpersonal exchange</li> <li>4. Openness to giving and receiving feedback</li> </ol>	<ol style="list-style-type: none"> <li>1. Internalization of previously described, foundational attitudes</li> <li>2. Attainment of a greater sense of spontaneity within relationships</li> </ol>
<b><i>Cultural Adaptability</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Knowledge of how different worldviews impact relationships</li> <li>2. Knowledge of helping relationships within a social justice and cultural context</li> </ol>	<ol style="list-style-type: none"> <li>1. Explicit exploration of issues of power and privilege</li> <li>2. Empathic understanding of marginalization and differences in worldviews</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge about working with community healers/leaders</li> <li>2. Knowledge of different worldviews</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Attainment of flexible verbal skills</li> <li>2. Ability to express hope of working together given similarities and differences</li> <li>3. Ability to use the power of the helping role appropriately, given individual and cultural differences (ICDs)</li> <li>4. Ability to self-reflect</li> </ol>	<ol style="list-style-type: none"> <li>1. Attainment of flexible verbal and nonverbal skills</li> <li>2. Ability to negotiate expectations for working together given similarities and differences</li> <li>3. Ability to self-reflect and self-correct with help from others</li> </ol>	<ol style="list-style-type: none"> <li>1. Attainment of flexible, sensitive, and congruent verbal/non-verbal skills</li> <li>2. Ability to take the other's perspective when working with individuals from diverse groups</li> <li>3. Integration of different worldviews in the therapeutic relationship</li> <li>4. Ability to explore ICDs with ease most of the time</li> </ol>

A	<ol style="list-style-type: none"> <li>1. Valuation of exploration of personal history in relation to ICDs</li> <li>2. Openness to feedback</li> <li>3. Valuation of ICDs in self and others</li> </ol>	<ol style="list-style-type: none"> <li>1. Valuation of ICDs within the relationship</li> <li>2. Valuation of nondefensive and honest dialogue regarding ICDs</li> <li>3. Valuation of self-correction with help from others</li> </ol>	<ol style="list-style-type: none"> <li>1. Celebration of ICDs within the relationship</li> </ol>
<i><b>Ethics</b></i>			
K	<ol style="list-style-type: none"> <li>1. Basic knowledge of ethics</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of legal &amp; ethical requirements of the profession and how they relate to developing professional relationships</li> <li>2. Knowledge of common ethical dilemmas within populations in their experience</li> </ol>	<ol style="list-style-type: none"> <li>1. Adequate knowledge of recent judicial and legislative decisions regarding complex ethical issues in relationships</li> <li>2. Understanding of the complexities of ethical guidelines and models of ethical decision making with respect to relationships</li> </ol>
S	<ol style="list-style-type: none"> <li>1. Ability to identify and discuss some ethical issues surrounding relationships in class exercises</li> <li>2. Ability to usually self-reflect: <ul style="list-style-type: none"> <li>-Under stress</li> <li>-Regarding power/privilege</li> <li>-Regarding motivation</li> <li>-Regarding manipulation</li> <li>-Regarding cultural difference</li> <li>-Regarding systemic context</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to articulate some understanding of the legal and ethical requirements of a professional psychologist and see how they relate to developing professional relationships</li> <li>2. Ability to recognize ethical dilemmas and relational issues involved with them</li> <li>3. Ability to usually engage in self-correction of inconsistencies in verbal and nonverbal behavior and in use of power</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to apply ethics across a variety of situations with regard to relationship issues, particularly boundaries</li> <li>2. Consistent demonstration of appropriate use of power in relationships</li> <li>3. Appraisal and adoption of one's own ethical decision making model and ability to apply it with personal integrity and cultural competence in all aspects of professional activities</li> <li>4. Ability to seek and provide consultation around relationships when needed</li> </ol>

A	<ol style="list-style-type: none"> <li>1. Valuation of ethical behavior</li> <li>2. Valuation of basic self-care</li> <li>3. Valuation of care of others</li> <li>4. Valuation of the training role and the profession</li> <li>5. Respect for self, others, role/profession</li> </ol>	<ol style="list-style-type: none"> <li>1. Recognition of others' autonomy and differences</li> <li>2. Demonstration of respect for self, others and the profession both verbally and nonverbally</li> </ol>	<ol style="list-style-type: none"> <li>1. Valuation of social justice as a value</li> <li>2. Internalization of ethics code and sense of principled judgment, and the ability to apply it in most situations</li> <li>3. Valuation of life-long learning about relationships and ethics</li> </ol>
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Intervention

Intervention is broadly defined to include “activities that promote, restore, sustain, and/or enhance positive functioning and a sense of well-being in clients through preventive, developmental, and/or remedial services” (Peterson, Peterson, Abrams & Stricker, 1997, p. 380). Development of competence in intervention requires understanding of theory and its application in personality, psychopathology, change processes, and the interactions and influences of social, environmental, cultural, and physiological factors (Castonguay & Beutler, 2006; Nathan & Gorman, 1998; Norcross, 2002; Norman, Eva, Brooks, & Hamstra, 2006; Peterson et al., 1991).

Intervention knowledge, skills and attitudes have been conceptualized in four domains: 1) planning, 2) implementation, 3) evaluation and 4) ethics (Des la Fuentes, Willmuth & Yarrow, 2005; Spruill et al., 2004). Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge (K), skills (S), and attitudes (A). Planning is comprised of the assessment of therapeutic needs, case formulation, selection of the best strategy to match the client’s needs, such as evidenced based practice rationale for strategies (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006), influence of individual, cultural and contextual differences, knowledge base of possible interventions and ability to integrate and think critically. Implementation is comprised of flexibility to adapt/modify strategies, utilizing consultation and adjunctive/alternative sources, ability to manage the therapeutic relationship/process and termination. Evaluation is comprised of performance appraisal/self-evaluation, use of supervision and consultation, knowledge of methods of evaluation, and attitude, e.g. operating as a local clinical scientist. The ethics domain is comprised of practice management, life-long learning, self-awareness and self-care, ethical, legal and professional practice issues, licensure and specialization and management of special situations (e.g., danger to self or others and abuse).



	Begin Practicum	Begin Internship	Complete Doctoral Degree
<b><i>Intervention Planning</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Basic knowledge of theories &amp; their interventions</li> <li>2. Knowledge of biopsychosocial data necessary to diagnose</li> <li>3. Knowledge of biopsychosocial data necessary to plan interventions</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of ways biopsychosocial factors create and maintain risk and protective factors involved in mental health</li> <li>2. Knowledge of theories and their application</li> <li>3. Understanding of history, benefits &amp; limitations of Evidence Based Practice (EBP) and other interventions</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of biopsychosocial factors across variety of populations, presenting problems, contexts &amp; settings, and their impact on presenting problem</li> <li>2. Understanding of the mutual influence of chosen theory and intervention on the process of therapy</li> <li>3. Reliable understanding of factors that limit or influence one's own ability to carry out a treatment plan</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Ability to identify relevant biopsychosocial data to diagnose and intervene</li> <li>2. Ability to apply basic diagnostic information</li> <li>3. Display of empathy, active listening, rapport building, history taking and information gathering and appropriate interviewing ability</li> <li>4. Beginning ability to apply theory and interventions to a case vignette or role play</li> <li>5. Ability to select appropriate interventions for a case vignette</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to prioritize biopsychosocial factors maintaining the presenting problem</li> <li>2. Ability to apply a theory to guide interventions in treatment plan</li> <li>3. Ability to apply increasingly sophisticated interviewing skills across broader range of populations &amp; settings</li> <li>4. Ability to modify case formulation in collaboration with supervisor</li> <li>5. Ability to collaborate with clients on treatment plan &amp; orient client to treatment process</li> <li>6. Ability to explain rationale for</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to reliably prioritize biopsychosocial factors across variety of populations, presenting problems, contexts &amp; settings</li> <li>2. Ability to modify treatment plan when necessary</li> <li>3. Ability to negotiate challenges to a treatment alliance and integrate nonspecific factors into treatment approach</li> <li>4. Ability to seek and utilize consultation strategically when formulating cases</li> <li>5. Ability to independently collaborate with client on treatment plan and</li> </ol>

	based on diagnostic considerations	<p>selection of treatment strategy and Ability to change as necessary</p> <ol style="list-style-type: none"> <li>7. Ability to utilize appropriate interventions with clients based on diagnostic considerations</li> <li>8. Ability to conceptualize a case from one theoretical model</li> </ol>	<p>collaborate on changes to treatment plan or process of therapy</p> <ol style="list-style-type: none"> <li>6. Ability to integrate interventions from more than one theoretical model considering diagnoses</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Curiosity, openness, empathic stance, desire to serve, respect, nonjudgmental attitude</li> <li>2. Appreciation for complexity &amp; ambiguity of clinical problems.</li> <li>3. Acceptance of range of possible interventions and ability to change course</li> </ol>	<ol style="list-style-type: none"> <li>1. Openness to: multidisciplinary consultation, multiple sources of information &amp; scientific inquiry</li> <li>2. Appreciation of affective nature of treatment and potential ambiguity, ambivalence &amp; negative feeling states</li> <li>3. Belief in possibility of change &amp; attitude of hope &amp; optimism</li> <li>4. Increased acceptance of use of self as instrument of change</li> <li>5. Deepened appreciation of client's life experience</li> </ol>	<ol style="list-style-type: none"> <li>1. Valuation of &amp; desire for multidisciplinary consultation, seeking additional sources of information</li> <li>2. Intellectual curiosity</li> <li>3. Greater commitment to incorporating affect into therapy &amp; commitment to therapist self-development to increase this awareness</li> <li>4. Realistic sense of what is possible in therapy &amp; one's own ability/limitations to create change</li> <li>5. Balance of humility &amp; confidence.</li> <li>6. Increased tolerance of successful &amp; unsuccessful outcomes</li> </ol>
<b><i>Intervention Implementation</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Knowledge of how outcomes are affected by the treatment alliance, relational and communication skills</li> <li>2. Awareness of multiple psychological theories and modes of intervention</li> </ol>	<ol style="list-style-type: none"> <li>1. Expanding knowledge of appropriate treatment interventions for various clients &amp; presenting problems, based in the scientific literature and clinical experience</li> <li>2. Advanced knowledge of therapeutic processes</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of the appropriate treatment intervention for particular clients and presenting problems (including some knowledge of appropriate psychopharmacotherapy)</li> <li>2. Knowledge of the rationale for</li> </ol>

	<ol style="list-style-type: none"> <li>3. Knowledge of the sources and utility of scientific literature</li> <li>4. Knowledge of therapeutic processes</li> <li>5. Knowledge of issues involved in termination</li> </ol>	<ol style="list-style-type: none"> <li>3. Growing awareness of one's personal abilities and limits in regard to various interventions</li> <li>4. Advanced knowledge of issues &amp; tasks in termination</li> </ol>	<p>clinical decisions, based in the scientific literature and clinical experience</p> <ol style="list-style-type: none"> <li>3. Advanced awareness of one's personal abilities and limits in regard to various treatment interventions and their outcomes</li> <li>4. Knowledge of complex termination issues and interventions to address them</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Ability to use appropriate and effective relational skills to establish and maintain relationships</li> <li>2. Ability to use appropriate and effective communication skills</li> <li>3. Ability to build a treatment alliance</li> <li>4. Ability to tolerate and deal with ambiguity</li> <li>5. Ability to role-play basic clinical interventions</li> <li>6. Ability to identify clinical issues through vignettes &amp; role-plays</li> <li>7. Ability to use supervision, consultation and/or literature to guide or modify interventions</li> </ol>	<ol style="list-style-type: none"> <li>1. Increased mastery of communication and relational skills</li> <li>2. Ability to carry out more complex interventions in context of a working professional relationship</li> <li>3. Ability to build and maintain a treatment alliance</li> <li>4. Ability to consider various interventions for client &amp; presenting problem</li> <li>5. Ability to prioritize problems to be addressed</li> <li>6. Ability to plan, evaluate or modify interventions using supervision, consultation and/or the literature</li> <li>7. Ability to be reflective and mindful of one's abilities and limits, and how they affect interventions and outcomes</li> <li>8. Ability to reflect more globally on one's own self in relation to clinical</li> </ol>	<ol style="list-style-type: none"> <li>1. Proficiency of communication and relational skills</li> <li>2. Ability to carry out complex interventions in context of a working professional relationship</li> <li>3. Ability to build and maintain a treatment alliance while addressing complex clinical issues</li> <li>4. Ability to select appropriate interventions for client &amp; presenting problem</li> <li>5. Ability to prioritize problems to be addressed and plan interventions accordingly</li> <li>6. Ability to flexibly apply various interventions</li> <li>7. Ability to plan, evaluate or modify interventions with increasing independence</li> <li>8. Ability to recognize and appreciate the similarities and differences of</li> </ol>

		<p>work</p> <p>9. Ability to terminate appropriately, with sensitivity to the issues at hand</p>	<p>self and client(s) and have the ability to address these in clinical work (i.e. adjusting clinical formulations and interventions)</p> <p>9. Ability to use the self as a clinical instrument, and understand how oneself may affect interventions and outcomes</p> <p>10. Ability to more independently guide interventions and to reflect more globally on one's own self in relation to clinical work</p> <p>11. Ability to terminate appropriately, with sensitivity to the issues at hand</p> <p>12. Ability to educate others to promote and improve aspects of mental health (i.e. clients, institutions, systems and society)</p>
A	<ol style="list-style-type: none"> <li>1. Desire to help others resolve problems</li> <li>2. Appreciation of client strengths, resiliency and effectiveness</li> <li>3. Openness to new experiences and new learning</li> <li>4. Willingness to explore one's own role and influence in the clinical encounter</li> <li>5. Openness to receiving supervision and direction from others</li> <li>6. Appreciation of the empirical</li> </ol>	<ol style="list-style-type: none"> <li>1. Desire to help others resolve problems within the bounds of a professional relationship</li> <li>2. Appreciation of client strengths, resiliency and effectiveness</li> <li>3. Appreciation of the value of continued new experiences and learning</li> <li>4. Willingness to explore attitudes and feelings about therapeutic process issues</li> <li>5. Desire to explore one's own role and influence in the clinical encounter</li> </ol>	<ol style="list-style-type: none"> <li>1. Desire to help individuals and the systems in which they reside</li> <li>2. Appreciation of the roles, responsibilities and boundaries of being a helping professional</li> <li>3. Appreciation and acceptance of one's own knowledge and experience in understanding human differences</li> <li>4. Appreciation of client strengths, resiliency and effectiveness</li> <li>5. Appreciation of the value of a lifelong pursuit of new experiences</li> </ol>

	basis for clinical intervention	6. Appreciation of the value of receiving supervision, consultation and guidance 7. Openness to reflecting on clinical errors and a desire to adjust interventions as necessary 8. Openness to negative or critical feedback 9. Appreciation of the empirical basis for clinical intervention, and a desire to integrate this with professional experience	and learning 6. Appreciation of the ongoing value of exploring attitudes and feelings about therapeutic process issues 7. Commitment to ongoing exploration of one's own role and influence in the clinical encounter 8. Valuation of ongoing consultation and guidance, and appreciation of the value of being a supervisor or consultant to others 9. Openness to reflecting on critical feedback or clinical errors, and a desire to adjust interventions as necessary 10. Appreciation of the empirical basis for clinical intervention, a desire to integrate this knowledge, and contribute to it
<b><i>Intervention Evaluation</i></b>			
<b>K</b>	1. Rudimentary knowledge of theoretical, methodological & research literature relevant to approaches to intervention evaluation 2. Understanding of research relevant to appropriate diagnostic procedures 3. Knowledge of research on emotional states, associated	1. Knowledge of research methodology 2. Knowledge of broad repertoire of conceptual/theoretical frames that inform and structure intervention evaluation	1. Awareness of the connection between own issues & effectiveness of interventions 2. Meta-knowledge—knowing what one knows and does not know 3. Knowledge of application of research to specific treatment populations & associated treatment issues 4. Deepening knowledge of specialized

	treatment paradigms & outcomes		theoretical treatment paradigms 5. Knowledge of a range of methods for self-evaluation
<b>S</b>	<ol style="list-style-type: none"> <li>1. Familiarity with instruments that inform interventions</li> <li>2. Basic ability to discuss clinical intervention skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to ask for, incorporate &amp; implement critical feedback</li> <li>2. Ability to monitor ongoing treatment program</li> <li>3. Ability to seek evidence for and against treatment effectiveness</li> <li>4. Ability to discriminate errors in outcome assessment measures</li> </ol>	<ol style="list-style-type: none"> <li>1. Consolidation of prior experience &amp; expanding into practice &amp; identity as a professional</li> <li>2. Ability to discern appropriate evaluation methods</li> <li>3. Ability to self-monitor &amp; self-correct with regard to intervention efficacy</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Intellectual curiosity &amp; openness to multiple perspectives, contexts, and approaches to evaluation</li> </ol>	<ol style="list-style-type: none"> <li>1. Openness and non defensiveness of examining one's own attitudes, behaviors &amp; impact on others</li> <li>2. Appreciation of the impact of one's internal states on assessment of clinical outcomes</li> <li>3. Tolerance of ambiguity and affect</li> <li>4. Willingness to incorporate &amp; discern multiple perspectives &amp; approaches to evaluation</li> </ol>	<ol style="list-style-type: none"> <li>1. Greater comfort in role of professional psychologist related to trusting one's judgment on intervention, process &amp; outcome</li> <li>2. Commitment to ongoing evaluation of knowledge, skills &amp; attitudes toward development of professional identity</li> <li>3. Commitment to integrating &amp; discerning emerging approaches to evaluation</li> </ol>
<b><i>Ethics</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Knowledge of the ethical/legal guidelines that inform practice</li> <li>2. Awareness of licensure requirements without knowledge of specifics</li> <li>3. Awareness of basic documentation procedures,</li> </ol>	<ol style="list-style-type: none"> <li>1. Expanded knowledge of ethical/legal guidelines based on real experience with clients</li> <li>2. Knowledge of practice management skills across various settings</li> <li>3. Knowledge of strategies for self-reflection and self-care</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of ethical &amp; legal guidelines from various sources (e.g., APA, state board, various clinical settings)</li> <li>2. Knowledge of practice management skills from an administrative perspective</li> </ol>

	<p>agency policies and other practice management skills</p> <ol style="list-style-type: none"> <li>4. Understanding of importance of self-awareness in terms of own biases and their possible effects on client(s)</li> <li>5. Initial exposure to specialization options in the field</li> </ol>	<ol style="list-style-type: none"> <li>4. Increased knowledge of specific licensure requirements</li> <li>5. Awareness of clinical interests and strengths</li> <li>6. Awareness of the legal and ethical considerations in handling special situations (e.g., homicidality, suicidality, abuse, neglect, ethical challenges), and the need for supervision in handling them.</li> </ol>	<ol style="list-style-type: none"> <li>3. Self-knowledge at an advanced level that allows one to utilize this information to impact one's behaviors</li> <li>4. Knowledge of specific licensure requirements</li> <li>5. Knowledge of specialization options</li> <li>6. Knowledge of legal and ethical considerations in handling special situations in the applicable jurisdictions (e.g., homicidality, suicidality, abuse reporting, neglect, ethical challenges)</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Ability to apply the ethical/legal guidelines to vignettes</li> <li>2. Identification of practice and case management skills</li> <li>3. Ability to recognize special situations (e.g., homicidality, suicidality, abuse, neglect, ethical challenges) and report them with supervision</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to apply the ethical/legal guidelines to real clients with supervisory assistance</li> <li>2. Demonstration of professional management skills in applied setting with regular supervision</li> <li>3. Ability to observe and discuss one's responses to therapeutic interventions or clients with supervision</li> <li>4. Ability to recognize special situations (e.g., homicidality, suicidality, abuse, neglect, ethical challenges), report them when appropriate, and with supervision, address them clinically</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to integrate ethical &amp; legal guidelines from various sources (e.g., APA, state board, various clinical settings)</li> <li>2. Ability to maintain self-care and self-awareness sufficient for ethical practice</li> <li>3. Ability to apply the ethical/legal guidelines to real clients more independently (occasional seeking consultation or supervision)</li> <li>4. Demonstration of practice management skills in applied settings with occasional supervision</li> <li>5. Implementation of practice management skills sufficient for ethical practice</li> <li>6. Ability to recognize special</li> </ol>

			<p>situations (e.g., homicidality, suicidality, abuse, neglect, ethical challenges), handle the situations with appropriate forethought, a reasonable strategy and rationale (including getting consultation when necessary) and integrate these procedures with clinical considerations</p> <p>7. Appropriate advocacy for clients and consumer groups (i.e. in institutions, systems, and society)</p>
A	<ol style="list-style-type: none"> <li>1. Appreciation of professional responsibility and ethics</li> <li>2. Willingness to comply with ethical/legal guidelines</li> <li>3. Awareness of necessity of practice management skills</li> <li>4. Openness to self-exploration and self-critique, especially as relates to own beliefs and biases</li> <li>5. Valuation of higher education</li> </ol>	<ol style="list-style-type: none"> <li>1. Valuation of ethical/legal guidelines</li> <li>2. Appreciation of practice management skills across various settings</li> <li>3. Willingness to self-reflect through supervision</li> <li>4. Appreciation of the concept of lifelong learning</li> <li>5. Internalized sense of professional responsibility and ethics</li> </ol>	<ol style="list-style-type: none"> <li>1. Internalization of moral duties and ethical decision-making</li> <li>2. Commitment to ongoing self-reflection and self-care</li> <li>3. Commitment to lifelong learning</li> <li>4. Internalized sense of professional identity, including legal and ethical responsibilities</li> <li>5. Desire to create healthier atmospheres</li> </ol>

Diversity

The diversity competency requires the ability to identify and understand issues of individual and cultural difference (ICD), and issues of power, privilege and oppression. This understanding informs and influences all professional functions and activities, including assessment, conceptualization, intervention, consultation and evaluation approaches (NCSPP, 2002). Competency in diversity requires an affirmation of the richness of human differences, ideas, and beliefs. Important dimensions of diversity include (but are not limited to) age, disability and health, ethnicity, gender, language, national origin, race, religion and spirituality, sexual orientation, and social economic status, as well as the intersection of these multiple identities and multiple statuses. Exploration of power differentials, power dynamics, and privilege is at the core of understanding diversity issues and their impact on social structures and oppression (Kupers,



1997). Attention to social and cultural values influencing the profession, as well as the development of awareness of individual and cultural differences and values within the practitioner, are themes to be interwoven across all stages of training (Peterson, Coleman, Dobbins & Boyce, 2002). The need to adapt or integrate traditional models of treatment and conceptualization to best work with diverse, marginalized or underserved populations is central to culturally competent practice (Sue, Ivey & Petersen, 1996). The diversity competency is composed of five main domains of knowledge, skills and attitudes (KSA) related to individual and cultural difference (ICD): 1) multiple identities; 2) issues of power, oppression and privilege; 3) ICD specific knowledge base; 4) culturally competent service provision; and 5) ethics. Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge (K), skills (S), and attitudes (A). The first domain includes an understanding of how students identify and understand themselves and others as having multiple identities, and how they use that knowledge in their professional activities. The second domain includes an understanding of the constructs of power, oppression and privilege, their impact and psychology's role in social justice. The third domain includes the ability to understand and critique the scientific, theoretical and applied ICD knowledge base, including an understanding of evidence-based scholarship and its appropriate application to diverse populations. The fourth domain includes students' ability to provide culturally competent services in all of their professional roles. The fifth domain includes students' ability to integrate an awareness of ICD into ethical decision making.

	Begin Practicum	Begin Internship	Complete Doctoral Degree
<b><i>Multiple Identities</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Understanding of an individual's identity as an integration of multiple identities, including, but not limited to, race/ethnicity, gender, sexual orientation, etc</li> <li>2. Knowledge that everyone (including the student) has a perspective resulting from his/her unique identity that inherently creates bias</li> <li>3. Understanding of how multiple identities impact his/her interactions with others</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of multiple identities and their impact on professional work</li> <li>2. Understanding of how one's own identities and experiences create unique biases</li> </ol>	<ol style="list-style-type: none"> <li>1. Recognition that professional and institutional roles interact with personal identities and biases, which impact professional work</li> <li>2. Understanding of how to continually monitor one's own biases throughout one's lifetime</li> </ol>

S	<ol style="list-style-type: none"> <li>1. Ability to articulate one's multiple identities, as well as those of others</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to appropriately use and apply the knowledge, perceptions, assumptions, values and biases that result from own multiple identities into clinical, professional, and scholarly work</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to be self reflective and articulate own attitudes, biases and conflicts around ICD</li> </ol>
A	<ol style="list-style-type: none"> <li>1. Demonstration of appreciation, curiosity and respect for one's own multiple identities</li> <li>2. Investment in understanding how own multiple identities impact clinical work</li> <li>3. Appreciation that one's practice must incorporate an understanding of the impact of multiple identities.</li> <li>4. Acknowledgement of multiple identities and ICD as important in understanding human behavior</li> </ol>	<ol style="list-style-type: none"> <li>1. Valuation of differences among diverse groups of people</li> <li>2. Openness to feedback on issues related to ICD</li> </ol>	<ol style="list-style-type: none"> <li>1. Valuation of the need for ongoing examination of identities and biases throughout lifetime</li> <li>2. Awareness of limits to one's own ability in the domain of ICD</li> </ol>
<b><i>Power, Oppression and Privilege</i></b>			
K	<ol style="list-style-type: none"> <li>1. Knowledge that injustice exists and that it differentially affects diverse groups</li> <li>2. Understanding of how oppression is often related to a history of colonization and trauma</li> <li>3. Understanding of the constructs of power, oppression, and privilege, and their impact on the experiences of diverse individuals, including the self</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of the complexity of power, oppression, and privilege, and their interaction with multiple identities of self and others</li> <li>2. Knowledge of how professional psychology, even if inadvertently, may contribute to injustice</li> <li>3. Understanding of the need to incorporate the history of marginalized groups, including the historical impact of oppression and</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of the impact of power, oppression, and privilege evolves over time</li> <li>2. Understanding of why issues of power, oppression and privilege require attention throughout one's professional lifetime and across all stages of professional services</li> <li>3. Understanding of the need to impact systems that perpetuate</li> </ol>

		<p>trauma, into professional conceptualizations</p> <p>4. Understanding of how power, a history of oppression, and privilege impact client experience, clinical presentation, and professional relationships</p>	<p>oppression and privilege</p>
<b>S</b>	<p>1. Ability to recognize and discuss the impact of social injustice</p>	<p>1. Ability to recognize and discuss the impact of social injustice on an individual in case material</p> <p>2. Ability to integrate the impact of the history of marginalized groups, including the historical impact of oppression and trauma, into professional conceptualizations, assessments and interventions</p>	<p>1. Ability to reflect on and responsibly use own experiences of power, oppression, and privilege in professional roles to promote social justice</p> <p>2. Ability to seek out continuing education related to ICD through consultation, education, and exposure to a diversity of experiences and populations</p>
<b>A</b>	<p>1. Exhibition of curiosity and openness regarding power, oppression and privilege in self and others</p> <p>2. Exhibition of openness and willingness to examine own biases and assumptions about differences</p>	<p>1. Valuation of addressing power, oppression and privilege in multiple professional roles (e.g., organizational consultant, supervisor, colleague, therapist)</p> <p>2. Openness to discussing conflicts and/or personal impact of ICD issues with supervisors and colleagues</p> <p>3. Willingness to discuss internal conflicts in supervision that arise in discussion of issues of ICD w/ clients</p>	<p>1. Confident expression of, and consistent commitment to, the promotion of social justice in all professional roles</p> <p>2. Courage and willingness to address power, oppression and privilege in multiple professional roles (e.g., organizational consultant, supervisor, colleague, therapist)</p>

<i>ICD Specific Knowledge</i>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Understanding of the socially constructed nature of identity</li> <li>2. Knowledge of the scientific, theoretical and application-based literature related to ICD (i.e., models of psychopathology, diagnosis, individual development, systems, etc.)</li> <li>3. Familiarity with the existing knowledge base, including, but not limited to, Evidence Based Practice (EBP), and the importance of its application in the context of client characteristics, culture, and preferences</li> <li>4. Knowledge of the APA Multicultural Guidelines (APA, 2002)</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of the complexity and practice implications of the scientific, theoretical and application-based literature related to ICD (i.e., models of intervention, psychopathology, diagnosis, individual development, systems, etc.)</li> <li>2. Understanding of the complexity of the interaction between ICD and EBP</li> <li>3. Understanding of the limitations of existing theories and how to apply those theories to diverse populations</li> <li>4. Understanding of the limitations of exiting theories</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of how the knowledge base related to ICD continues to evolve, requiring a commitment to life long learning</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Ability to determine how ICD knowledge applies to one's identity and experiences as well as those of others</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to analyze, synthesize, critique, and apply major scientific theoretical and contextual bodies of knowledge related to ICD and professional work (i.e., models of psychopathology, diagnosis, individual development, systems, etc.) under guidance and supervision</li> <li>2. Ability to review and critique EBP to determine if they are appropriate for use with diverse populations</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to critique and modify traditional models of intervention and assessment to best fit diverse populations.</li> <li>2. Ability to review and critique the ICD literature, including evidence based scholarship on treatment, and to determine its appropriate application to diverse populations.</li> </ol>

A	1. Valuation of learning about issues related to ICD	1. Appreciation of the need to stay abreast of ICD-related scholarship that informs professional development	1. Commitment to remaining informed of and to contribute to ICD scholarship
<b><i>Culturally Competent Service Provision</i></b>			
K	1. Beginning knowledge of alternative theories and models of healing 2. Knowledge that ICD should be integrated into case conceptualization 3. Understanding of the potential impact of variables related to ICD on the efficacy of intervention	1. Understanding of alternative theories and models of healing 2. Knowledge of culturally competent treatment approaches	1. Understanding of how to competently integrate knowledge of ICD into all professional services
S	1. Ability to establish rapport with individuals from diverse groups	1. Ability to conceptualize and articulate the psychological impact of injustice in multiple professional activities 2. Ability to discuss ICD related internal conflicts that arise with clients and in supervision 3. Ability to synthesize cultural information and integrate it into case conceptualization and treatment planning 4. Ability to apply alternative theories and models of healing 5. Ability to articulate the impact of culturally specific variables on the therapeutic alliance	1. Ability to demonstrate the relevance of ICD knowledge in understanding self and others through analysis, synthesis and application 2. Integration of alternative models of healing into interventions when indicated 3. Ability to integrate community healers/leaders and negotiate professional roles to include indigenous health practices 4. Ability to evaluate and critique typical models of intervention and their applicability to diverse populations 5. Routine integration of ICD information in development of case conceptualization,

			treatment planning, assessment and intervention 6. Ability to seek consultation regarding ICD when needed
A	1. Willingness to make active attempts to interact with persons of diverse backgrounds 2. Awareness that ICD issues should be considered in the provision of professional services	1. Openness to the integration of cultural information in development of case conceptualization, treatment planning, assessment and intervention 2. Openness to integrating alternative models of healing into interventions when indicated	1. Commitment to the critique and modification of traditional models of intervention for use with diverse populations 2. Valuation of life-long learning related to ICD
<b><i>Ethics</i></b>			
K	1. Basic knowledge of ethical principles and guidelines that address professional relationships and issues of ICD	1. Understanding of how ICD issues play an important part in ethical decision making	1. Understanding of how ethical guidelines and their application are influenced and informed by ICD
S	1. Ability to discuss ethical guidelines and expectations pertinent to issues of ICD	1. Application of ethical guidelines and ICD knowledge in conceptualization, assessment and intervention	1. Ability to integrate ICD issues into ethical decision making
A	1. Investment in behaving in an ethical and respectful manner with all people	1. Committed to understanding and incorporating ICD into personal ethical values and into ethical principles in all professional activities	1. Belief that one's practice is ethical only if it includes decision making that integrates ICD

### Research and Evaluation

The research and evaluation competency is grounded in the assumption that students are trained to function as a *local clinical scientist* as described by Trierweiler and Stricker (1992) in the initial statement of NCSPP core competencies. Trierweiler and Stricker (1998) suggest that the local clinical scientist model is both an alternative to and a further articulation of the scientist-practitioner or Boulder model (Raimy, 1950). The local clinical scientist is conceptualized as a professional psychologist who is an investigator of local psychological phenomena who engages in rigorous, critical, and disciplined thought as he or she acquires, organizes, and evaluates

clinical information. Within this model, critical and analytical thinking is the vehicle by which psychologists integrate clinical observations with self-reflection and current knowledge. As a local clinical scientist, the psychologist trained in this framework is competent to evaluate different research methodologies as they support the evidence-based practice of psychology, and to contribute to the knowledge base for evidence-based practice (APA Presidential Task Force on Evidence-Based Practice, 2006). Within the research and evaluation competency, programs broadly train students in research methodology and statistics so as to allow them to critically evaluate published research and to conduct research in applied clinical settings (e.g., program evaluation, outcome research). The research and evaluation competency is informed by ethical practices and knowledge of cultural and individual differences. The acquisition of the knowledge, skills, and attitudes associated with this competency build upon each other in a developmental sequence.

The research and evaluation competency is made up of three domains: 1) critical evaluation of research, 2) conducting and using research in applied settings, and 3) ethics and professional competence. Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge (K), skills (S), and attitudes (A). The first domain of critical evaluation of research addresses the ability to locate, evaluate, and titrate professional literature, and to determine the applicability of that literature to specific clinical questions. It requires an openness to multiple ways of knowing and an understanding of the strengths and weakness of different forms of research. The second domain of conducting and using research in applied settings addresses the ability to design, implement and interpret research and to use research in applied settings. It includes efforts to identify and minimize personal biases that can impact the design, implementation and application of clinical research results, and the use of clinical research in local clinical settings. The third domain of ethics and professional competence addresses compliance with ethical guidelines and students' identity as a local clinical scientist.

	Begin Practicum	Begin Internship	Complete Doctoral Degree
<b><i>Critical Evaluation of Research</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Familiarity with different research methodologies (e.g., qualitative, quantitative)</li> <li>2. Foundation knowledge of psychometric theory underlying frequently used measures (e.g., reliability and</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of the strengths and limitations of different research methodologies (i.e., quantitative and qualitative; efficacy and effectiveness) and sources of information</li> <li>2. Understanding of advanced</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding of different epistemologies, including an understanding of western science in its cultural context.</li> <li>2. Maintenance and expansion of breadth and depth of knowledge statistics and</li> </ol>

	<p>validity)</p> <p>3. Understanding of important link between critical thinking and clinical decisions</p>	<p>statistical procedures as they are found in the psychological literature</p> <p>3. Understanding of the process of psychometric research</p>	<p>research design</p>
<b>S</b>	<p>1. Ability to read research articles and critically evaluate truth claims at an introductory level</p> <p>2. Grasp of basic library search techniques and ability to locate appropriate sources of information</p>	<p>1. Ability to critically evaluate literature (discriminate solid and relevant articles from others) and apply to clinical work</p> <p>2. Grasp of advanced library search techniques</p> <p>3. Ability to independently conduct a comprehensive literature review on a topic of interest</p>	<p>1. Ability to critically evaluate research literature in terms of applicability to specific clinical questions</p> <p>2. Ability to smoothly explain relevant professional research literature to a client</p> <p>3. Ability to critically evaluate different epistemologies</p>
<b>A</b>	<p>1. Ability to distinguish scientific evidence from personal opinion</p>	<p>1. Recognition of the value of staying current in the literature</p> <p>2. Maintenance of an attitude of healthy skepticism</p> <p>3. Openness to multiple ways of knowing</p>	<p>1. Incorporation of scientific attitudes and values in work as a psychologist</p>
<b><i>Conducting and Using Research in Applied Settings</i></b>			
<b>K</b>	<p>1. Knowledge of basic statistical concepts</p> <p>2. Beginning understanding of how personal biases can limit inquiry and research</p>	<p>1. Recognition of own limitations in research</p> <p>2. Understanding of the importance and value of consultation</p>	<p>1. Understanding of how to build new practice methods and adjust interventions based on evidence</p>
<b>S</b>	<p>1. Beginning ability to identify personal biases that impact the design and implementation of research</p>	<p>1. Able to design appropriate data collection methods in local clinical settings</p> <p>2. Engagement in data analysis and</p>	<p>1. Ability to design and conduct outcome research (individual client and/or larger participant group) in an applied setting</p>



	<ol style="list-style-type: none"> <li>Ability to explain how a psychologist would collect data to address a “local” clinical issue</li> </ol>	<ol style="list-style-type: none"> <li>synthesis</li> <li>Ability to collect and analyze both qualitative and quantitative data</li> <li>Ability to detect and correct errors in conducting research</li> <li>Ability to develop and manage a major scholarly project</li> <li>Identification of personal biases that impact the design and implementation of research and the application of research findings in clinical settings</li> </ol>	<ol style="list-style-type: none"> <li>Ability to function as a peer consultant in research design and evaluation</li> <li>Completion of a major scholarly research project</li> <li>Dissemination of scholarly findings to the professional community.</li> <li>Ability to identify and attempt to control for personal biases that impact the design and implementation of research and the application of research findings in clinical settings</li> <li>Application of research in local clinical settings</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>Appreciation of the role of psychologists in conducting research in applied settings</li> </ol>	<ol style="list-style-type: none"> <li>Reflection on personal biases brought to the research process by oneself and by important stakeholders</li> <li>Ability to offer feedback to peers on research design through supervision or consultation</li> </ol>	<ol style="list-style-type: none"> <li>Assumption of a leadership role as an evaluator and/or researcher in applied settings</li> <li>Investment in the application of research findings in local clinical settings</li> </ol>
<b><i>Ethics and Professional Competence</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>Demonstration of a basic working knowledge of ethical principles of research</li> <li>Basic knowledge of the impact of individual and cultural diversity on research</li> </ol>	<ol style="list-style-type: none"> <li>Knowledge of ethical principles in research</li> <li>Understanding of the role of diversity issues in the evaluation design and analysis of research</li> </ol>	<p>Inclusion of diversity issues in the development, implementation, and interpretation of research</p>

S	<ol style="list-style-type: none"> <li>1. Ability to evaluate research with respect to conformity to ethical standards</li> <li>2. Description of epistemological model of the integration of science and practice in own program</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to design research in conformity with ethical standards</li> <li>2. Ability to make mid-course corrections in clinical and research practice based on data</li> <li>3. Application of ethical principles in research</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to conduct research according to accepted ethical principles and standards</li> <li>2. Ability to function as a “local clinical scientist” in an applied setting</li> </ol>
A	<ol style="list-style-type: none"> <li>1. Openness to IRB feedback and research ethics</li> </ol>	<ol style="list-style-type: none"> <li>1. Investment in presenting scientific work for the scrutiny of others</li> <li>2. Investment in offering constructive feedback to peers</li> <li>3. Commitment to mid-course corrections in clinical and research practice based on data</li> <li>4. Endorsement of the importance of the “local clinical scientist” model to own training as a psychologist</li> </ol>	<ol style="list-style-type: none"> <li>1. Commitment to the importance of research and evaluation in ongoing inquiry and lifelong learning</li> </ol>

### Management and Supervision

Management includes activities that direct, organize or control the services of psychologists and others offered to the public (Bent, Schindler, and Dobbins, 1992). Management includes understanding of and effective functioning within organizations, understanding financial management and strategic planning, and influencing public and organizational policy (Dyer, 1999; Freeman, 1999; Swift, 1996). “Supervision is a form of management and represents an intervention provided by a more senior member of a profession to a more junior member or members of the same profession. The relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered to the client, and serving as a gatekeeper of those who are to enter the particular profession” (Bernard & Goodyear, 2004, p. 8).

Acquiring supervision competencies is a life long, cumulative process that attends to all aspects of diversity, legal and ethical process,

and that is influenced by professional and personal factors to the extent that skills must reflect both the ability to evaluate oneself and to be open to being evaluated by peers (Watkins, 1997; Falender et al., 2004).

For purposes of this document, 5 domains of Management and Supervision are developed: 1) “assuring the well being of the client or organization,” which we place first to emphasize the primary duty of supervisors to client welfare; 2) “training and mentoring of supervisees and those being managed,” which refers to the educative/facilitative dimensions of the supervisor/manager role; 3) “evaluation/gatekeeping,” which refers to the responsibilities associated with formative and summative feedback to supervisees and communicating evaluative messages to external groups such as academic programs, administrative personnel, and licensing boards; 4) “ethics,” functioning within the standards of the profession which cuts across all aspects of the competency and 5) “health care leadership and advocacy,” which refers to the roles and functions associated with managing programs or organizations as well as influencing organizational, governmental and societal values and policies in the health care arena. Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge (K), skills (S), and attitudes (A).

	<b>Begin Practicum</b>	<b>Begin Internship</b>	<b>Complete Doctoral Degree</b>
<b><i>Assuring Client and Organizational Welfare</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Understanding of need for supervision</li> <li>2. Understanding of that diversity plays a role in organizations</li> <li>3. Knowledge of one’s limitations in functioning within an organization</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of one or more models of supervision</li> <li>2. Basic knowledge of how personal and cultural values can influence supervision and management</li> <li>3. Knowledge of organizational operations and the functions and limitations of roles therein</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of supervision practices and agency policies that enhance client and staff welfare</li> <li>2. Knowledge of at least one model or theory and associated research and applications.</li> <li>3. Sophisticated knowledge of how diversity issues and personal and cultural values influence supervision and management</li> </ol>

S	<ol style="list-style-type: none"> <li>1. Demonstration of awareness of self and others in relationship to leaders</li> <li>2. Articulation of the importance of diversity in organizations</li> <li>3. Demonstration of self-control and flexibility in new situations</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstration of ability to think critically and analytically about self and others as a manager, supervisor and as supervisee</li> <li>2. Attention to issues of diversity within the organization</li> <li>3. Demonstration of ability to determine when seek extra supervision is needed</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to implement at least one model of supervision</li> <li>2. Integration of knowledge of diversity issues into supervisory and management process</li> <li>3. Management and maintenance of own self-care and promotes the wellness of others</li> <li>4. Effective work with organizational structure, hierarchical relationship, and multidisciplinary colleagues</li> </ol>
A	<ol style="list-style-type: none"> <li>1. Appreciation for diversity</li> <li>2. Enthusiasm for learning to function in clinical role</li> <li>3. Valuation of leaders and supervisors as guides for effective service delivery</li> <li>4. Active approach to learning about self in systems</li> </ol>	<ol style="list-style-type: none"> <li>1. Awareness of self and role in larger system</li> <li>2. Interest in learning about organizational systems and how they influence individuals within them</li> </ol>	<ol style="list-style-type: none"> <li>1. Concern for and commitment to well being of supervisees' clients</li> <li>2. Tolerance of role expectancies and ambiguities</li> <li>3. Valuation of the incorporation of diversity issues in supervisory and organizational decision making</li> </ol>
<b><i>Training/Mentoring</i></b>			
K	<ol style="list-style-type: none"> <li>1. Knowledge of the purpose of training and the roles of apprentice and supervisee</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of multiple roles in the supervisory process</li> <li>2. Knowledge of research evidence relevant to supervision and to management of organizations</li> <li>3. Knowledge of individual and cultural differences in supervision</li> <li>4. Knowledge of and developing expertise in clinical areas in which one is supervising</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic knowledge of monetary implications of a healthcare service delivery system</li> <li>2. Knowledge of at least one business model that lends itself to healthcare delivery systems</li> <li>3. Understanding of the importance of training and mentoring in the professional development of individuals and in the quality</li> </ol>

			enhancement of organizations
<b>S</b>	<ol style="list-style-type: none"> <li>1. Ability to articulate basic roles of supervisor and supervisee</li> <li>2. Effective function within organizational context</li> <li>3. Active search for opportunities to learn from clinical placement and from supervisor</li> <li>4. Acceptance of and incorporation of feedback from instructors and peers</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstration of ability to think critically and analytically</li> <li>2. Ability to establish a supervisory alliance</li> <li>3. Ability to utilize and integrate feedback within the supervisory relationship</li> <li>4. Ability to apply research knowledge to healthcare systems and supervision</li> <li>5. Ability to articulate primary mission and limits of setting</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to take an active part in developing or changing public policy</li> <li>2. Ability to apply research findings to suggest changes in organizational policies and planning</li> <li>3. Ability to perform and balance multiple roles in supervision, e.g. teaching, evaluation, mentoring, and modeling.</li> <li>4. Ability to provide effective formative and summative feedback</li> <li>5. Ability to integrate and evaluate feedback within the supervisory relationship.</li> <li>6. Ability to assess learning needs of trainees.</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Demonstration of interest in learning</li> <li>2. Demonstration of interest in self reflection</li> <li>3. Openness to considering advocacy as a professional responsibility</li> </ol>	<ol style="list-style-type: none"> <li>1. Desire to supervise others</li> <li>2. Valuation of professional collaboration within supervisory relationships</li> <li>3. Valuation of flexibility</li> <li>4. Commitment to life long learning and quality improvement</li> <li>5. Interest in advocacy efforts</li> </ol>	<ol style="list-style-type: none"> <li>1. Willingness to take an active part in developing or changing public policy</li> <li>2. Valuation of training and mentoring as professional activities</li> </ol>
<b><i>Evaluation/Gatekeeping</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Understanding of purposes of evaluation</li> <li>2. Understanding of responsibilities of agencies to larger bodies for</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of basic formative and summative methods of evaluating clinical work of supervisees</li> <li>2. Knowledge of how diversity and</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of “best practices” in evaluation</li> <li>2. Knowledge of one’s own value system and the implications for</li> </ol>

	accreditation and approval	individual differences can influence approaches to evaluation 3. Knowledge of evaluation and feedback methods used in organizations	management 3. Knowledge of evaluation of healthcare delivery systems
<b>S</b>	<ol style="list-style-type: none"> <li>1. Appropriate response to supervisor and agency expectations</li> <li>2. Demonstration of constructive use of formative feedback</li> <li>3. Provision of basic constructive feedback to peers</li> <li>4. Provision of needed information in a timely manner</li> </ol>	<ol style="list-style-type: none"> <li>1. Assessment of clinical strengths and areas needing improvement for self and others</li> <li>2. Evaluation of how issues of diversity impact the supervision process</li> <li>3. Ability to seek, utilize, provide and integrate feedback</li> <li>4. Prompt response to supervisory requests</li> </ol>	<ol style="list-style-type: none"> <li>1. Development of new evaluative skills as needed to serve the healthcare organization</li> <li>2. Oversight of program evaluations with the aid of a more experienced manager</li> <li>3. Modeling of an accurate and reflective self-assessment process</li> <li>4. Stimulation of self reflection and self evaluation in others</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Demonstration of non-defensive openness to both formal and informal formative feedback</li> <li>2. Valuation of self-reflection and an active approach to self-discovery</li> <li>3. Demonstration of cooperative attitude regarding supervisor's priorities and agency's policies and expectations</li> </ol>	<ol style="list-style-type: none"> <li>1. Interest in increasing self-knowledge and experience</li> <li>2. Valuation of and respect for the dignity and autonomy of others</li> <li>3. Valuation of own skills</li> <li>4. Openness to providing and receiving feedback from peers and supervisors</li> </ol>	<ol style="list-style-type: none"> <li>1. Valuation of role in organizational system and has beginning comfort with role of manager/supervisor</li> <li>2. Investment in offering others feedback</li> <li>3. Investment in receiving feedback from others</li> </ol>
<b><i>Ethics</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Basic knowledge of ethics codes</li> <li>2. Understanding of need for and purpose of accurate recordkeeping</li> <li>3. Knowledge of own limitations in experience and skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of professional ethics, statutes, rules and regulations regarding supervision</li> <li>2. Knowledge of limits of one's supervisory and clinical skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of legal and ethical requirements, case law and risk management relevant to supervision</li> <li>2. Knowledge of limitations of one's own supervisory competence</li> </ol>

		3. Knowledge of differences between therapy, consultation, supervision, and management roles	
<b>S</b>	<ol style="list-style-type: none"> <li>1. Ability to recognize legal and ethical issues in clinical and organizational contexts</li> <li>2. Ability to function within appropriate professional boundaries in an organizational context</li> <li>3. Beginning skill in accurate and useful record-keeping</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstration of appropriate professional assertiveness related to ethical issues</li> <li>2. Search for appropriate information and consultation about ethical issues in supervision</li> <li>3. Evaluation of and appropriate response to ethical and legal issues associated with supervision or organizational demands</li> <li>4. Ability to comply with legal requirements</li> <li>5. Ability to promptly complete necessary records with minimal supervision of methods</li> </ol>	<ol style="list-style-type: none"> <li>1. Integration of legal and ethical awareness in planning and implementation of programs</li> <li>2. Ability to help supervisees and others recognize ethical dimensions of clinical decision making</li> <li>3. Ability to develop record keeping methods that aid the organization's functioning</li> <li>4. Ability to resolve supervisory role conflicts.</li> </ol>
<b>A</b>	<ol style="list-style-type: none"> <li>1. Demonstration of appreciation for and commitment to ethical practice</li> <li>2. Recognition of the influence of value systems to ethical decision making</li> <li>3. Appreciation for the need to function within the policies and procedures of an organization</li> </ol>	<ol style="list-style-type: none"> <li>1. Commitment to ethical practice as supervisee and supervisor</li> <li>2. Appreciation for professional and business codes of conduct that influence service delivery</li> </ol>	<ol style="list-style-type: none"> <li>1. Commitment to ethical practice in all aspects of supervisory behavior</li> <li>2. Encouragement of supervisees and organizations in the development of ethical practices</li> </ol>

<i>Health Care Leadership and Advocacy</i>			
<b>K</b>	1. Basic knowledge about healthcare systems	1. Understanding of impact of reimbursement on treatment provided and service delivery system 2. Knowledge of one or more models of leadership/management 3. Basic knowledge of monetary implications in service delivery	1. Knowledge of systemic implications of financial issues for healthcare service delivery 2. Knowledge of leadership and management roles 3. Basic knowledge of healthcare service delivery system options 4. Knowledge of at least one business model that lends itself to healthcare delivery systems
<b>S</b>			1. Ability to take an active part in developing or changing public policy 2. Ability to apply research findings to suggest changes in organizational policies and planning 3. Beginning ability to provide leadership in program planning and development
<b>A</b>	1. Openness to considering advocacy as a professional responsibility	1. Interest in advocacy efforts	1. Willingness to take an active part in developing or changing public policy

Consultation/Education

The following definitions of consultation and education derive from the core curriculum proposed by NCSPP in 1992 and are still viable:

Consultation refers to the planned collaborative interaction between the professional psychologist and one or more clients or colleagues, in relation to an identified problem area or program. Psychological consultation is an explicit intervention process



that is based on principles and procedures found within psychology and related disciplines, in which the professional psychologist has no *direct* control of the actual change process. Psychological consultation focuses on the needs of individuals, groups, programs, or organizations. Education is the directed facilitation by the professional psychologist of the growth of knowledge, skills, and attitudes in the learner. (McHolland, 1992, p.165).

The development of the competencies of consultation and education may occur in graduate coursework, didactic and experiential seminars, practica and traineeships, mentoring experiences, and informal faculty-student interaction. According to Stanton (2007):

The recognized components of the consultation competency (Arredondo, Shealy, Neale, & Winfrey, 2004; Sears, Rudisill, & Mason-Sears, 2006) have now evolved into clusters: a) knowledge of theories, models, and interventions (Lowman, 2005); b) relationship skills (Glasser, 2002); c) diversity and cross-cultural competency in consultation (Manley & Holiwski, 2003; Rogers, 2000; Steward, 1996), d) problem-solving and implementation skills (Glasser, 2002; O'Roark, 2002); and e) ethical and professional practice skills (Glasser, 2002; Lowman, 1998) (p. 9).

For the NCSPP benchmarks, an additional relevant domain, integration of research and evaluation, has been added. The diversity and cross-cultural competency domain mentioned by Stanton is not addressed here, because it is adequately covered by the stand-alone NCSPP diversity competency.

Competency in education involves knowledge about models of learning and pedagogy, as well as the foundations of, and innovations in, instructional design and evaluation. It also involves skill building in facilitating student knowledge acquisition and scholarly and personal development through one or more learning formats, including individual mentoring, group and/or classroom discussion and lecture, and online, technologically-based platforms.

Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge (K), skills (S), and attitudes (A). The first domain of knowledge of evidence-based theories, models, and interventions refers to a developing understanding and application of the concepts, theories, and principles underlying the practice of consultation and education, including emerging evidence-based theories and practices. This includes an appreciation for a breadth of approaches, both traditional and innovative, their strengths and weaknesses, and their relationship to other core competences within professional psychology. The second domain of integration of research and evaluation refers to an appreciation for the research literature which supports and sustains the effective use of consultation and education in practice. This includes the ability to evaluate critically the existing literature and its application, and to conduct research. The third domain of building consultation and education relationships refers to an understanding of the *roles* of

consultant and educator and the cultivation of an effective and sensitive *relationship* with clients. This includes an appreciation of cultural differences in learning styles, a demonstration of flexibility and tolerance, the ability to build collaborative consultative relationships, and the ability to use and benefit from consultation and feedback. It also suggests an understanding of the difference between the role of educator and consultant and other roles of the professional psychologist. The fourth domain of problem-solving and implementation refers to an evolving understanding of the indications and contraindications for specific educational and consultative approaches as well as the development of skills and attitudes for implementing them. One aspect of this domain is the commitment and ability to apply consultation and education in advocacy and public policy. The fifth domain of ethical and professional practice refers to familiarity with the ethical principles and legal standards underlying the practice of consultation and education and operating according to those laws and standards. This includes maintaining a clear awareness of the extent and limits of one's own knowledge and skills in this area.

	Begin Practicum	Begin Internship	Complete Doctoral Degree
<b><i>Knowledge of evidence-based theories, models, and interventions</i></b>			
<b>K</b>	<ol style="list-style-type: none"> <li>1. Knowledge of consultation and education as core competencies of professional psychology</li> </ol>	<ol style="list-style-type: none"> <li>1. Familiarity with examples of consultation and education at the individual, group, organizational, and community levels</li> <li>2. Knowledge of a range of educational methods and approaches to the delivery of instruction (e.g., lecture, small group, tutorial, independent study, blended, online, etc.)</li> <li>3. Understanding of relevant principles applicable to consultation and education (e.g., learning theory)</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of how to select and apply appropriate consultation and education models and evidence-based interventions, taking into account contextual and diversity variables</li> <li>2. Understanding of the indications and contraindications for specific educational approaches, techniques, and technologies (e.g., lecture, small group, tutorial, independent study, blended, online, etc.)</li> </ol>

S	1. Ability to think conceptually and beginning ability to make sense of behavioral patterns	1. Beginning ability to utilize consultation and educational evaluation and assessment tools	1. Ability to recognize situations in which consultation and/or education is appropriate 2. Ability to select and conduct appropriate needs assessment and interventions taking into account individual and group differences, contextual and diversity variables 3. Ability to utilize appropriate consultation and educational evaluation and assessment tools
A	1. Interest in understanding principles of consultation and education	1. Curiosity about conceptual models of consultation and education	1. Motivation to sustain lifelong learning about methods/models of consultation and education
<b><i>Integration of research and evaluation</i></b>			
K	1. Basic understanding of the scientific method and its application to psychology	1. Basic understanding of relevant concepts and theories of consultation and education based upon the scientific literature, including foundational knowledge of systemic conceptualizations 2. General knowledge of outcome research and evaluation in consultation and education	1. Detailed knowledge of individual and programmatic outcome research and evaluation methods in consultation and education

S	1. Beginning ability to apply the scientific method to problems within psychology	<ol style="list-style-type: none"> <li>1. Beginning ability to write reports, under supervision, that provide useful recommendations to consultees</li> <li>2. Beginning skill in conducting and evaluating instructional activities provided by self and others using principles of instructional design</li> <li>3. Ability to participate in interdisciplinary and/or criterion-based evaluation of education and consultation</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to write consultative reports that are well organized, succinct and provide useful recommendations</li> <li>2. Ability to evaluate educational models utilizing existing and emerging technology, such as online course development software and collaborative learning environments</li> <li>3. Ability to develop and evaluate consultation and education evaluation and assessment tools and summarize/present results</li> <li>4. Ability to provide rationale based in scientific principles and theoretical understanding and experience for consultation interventions</li> </ol>
A	1. Appreciation of the importance of scientific evidence	1. Appreciation of the value of evaluation and assessment tools in education and consultation	1. Willingness to research and adopt innovative approaches to consultation and education
<b><i>Problem-solving and intervention</i></b>			
K	1. Recognition of the role of consultation and education in addressing social problems	1. Recognition of how consultation and education can address social problems	1. Knowledge of the roles and methods of consultation and education in seeking resolution of social problems

S	1. Development of basic relational skills prerequisite to consultation and educational interventions	1. Beginning ability to apply consultation and education processes, models, and approaches at multiple levels.	1. Ability to apply consultation and education to social issues for improving individual, small group, organizational, and societal functioning
A	1. Concern for others and respect for consultation and education competency	1. Commitment to recognizing and addressing social problems of individuals and groups in society	1. Motivation to use consultation and education as tools of psychology in the public interest, in social responsibility, and in addressing social problems
<b><i>Performing consultation and education roles and building relationships</i></b>			
K	1. Beginning knowledge of individual and cultural differences in learning styles	1. Knowledge of the educator and consultant's role and their unique features as distinguished from other professional roles	1. Basic understanding of the application of consultation and education theory to specific human context
S	<ol style="list-style-type: none"> <li>1. Ability to solicit and receive peer consultation</li> <li>2. Ability to develop positive relationship skills foundational to consultation and education</li> <li>3. Beginning development of appropriate professional conduct and identity (e.g., organization, awareness of self, professional presence)</li> <li>4. Ability to communicate basic respect regarding the fundamental worth and dignity of learners, clients, and</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to solicit and offer appropriate peer consultation</li> <li>2. Ability to accommodate individual and cultural differences in learning and consultee styles</li> <li>3. Ability to maintain personal control, tolerance, and integrity in routine practice situations</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to select and conduct appropriate consultation and education models and interventions taking into account individual and group differences, and contextual variables</li> <li>2. Ability to engage in a collaborative consultative relationship with others within psychology and other disciplines</li> <li>3. Ability to summarize and present results in a clear, useful manner</li> </ol>

	<p>consultees</p> <p>5. Mastery of fundamental oral and written communication skills foundational to consultation and education practice</p>		
<b>A</b>	<p>1. Attitude of curiosity toward others and one's personal impact in the context of consultation and education</p> <p>2. Readiness to participate in basic consultation and education activities with supervision</p> <p>3. Openness to supervision in consultation and education and willingness to problem solve with others</p> <p>4. Flexibility and tolerance of ambiguity in the context of consultation and education</p> <p>5. Belief in the ability of individuals, organization, institutions, and other social systems to change through collaborative planning and systematic consultation and/or educational intervention</p>	<p>1. Willingness to engage in critical thinking and openness to consideration of multiple perspectives within the complexities of consultation and educational problems</p> <p>2. Willingness to seek consultation or additional training as necessary</p>	<p>1. Adoption of the role of consultant and educator into one's professional identity as a psychologist</p> <p>2. Confidence in one's ability to function in the role of consultant or educator</p>
<b><i>Ethical and professional practice</i></b>			
<b>K</b>	<p>1. Understanding of the importance of ethical and legal issues in consultation and education.</p>	<p>1. Understanding of ethical and legal issues in consultation and education</p>	<p>1. Knowledge of the complexities of consultation and education, including ethical and legal issue</p>

<b>S</b>	1. Ability to ask questions and seek information relevant to ethical and legal issues in consultation and education	1. Beginning skill in formulating ethical and legal issues in consultation and education	1. Skill in the appropriate recognition and application of ethical and legal issues in education and consultation
<b>A</b>	1. Openness to consideration of legal and ethical issues in consultation and education	1. Care and concern regarding the appropriate application of legal and ethical issues in consultation and education	1. Recognition of the importance of life-long education and training and quality improvement in the maintenance of competence in education and consultation practice

References

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice and organizational change for psychologists*. Washington, DC: American Psychological Association.

American Psychological Association Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice. *American Psychologist*, 61(4), 271-285.

Arredondo, P., Shealy, C., Neale, M., & Winfrey, L. L. (2004). Consultation and interprofessional collaboration: Modeling for the future. *Journal of Clinical Psychology*, 60(7), 787-800.

Bennett, B. E., Bricklin, P. M., Harris, E., Knapp, S., VandeCreek, L., & Younggren, J. N. (2006). *Assessing and managing risk in psychological practice: An individualized approach*. Rockville, MD: The Trust.

Bent, R., Schindler, N., Dobbins, J., Davis-Russell, E., Edwall, G., Polite, K., Stringer, D, & Stricker, G. (1992). Management and Supervision Competency. In R. Peterson, J. McHolland, & R. Bent (Eds.), *The Core Curriculum in Professional Psychology* (pp. 121-126). Washington, DC: American Psychological Association.

Bernard J., & Goodyear, R. (2004). *Fundamentals of Clinical Supervision* (3<sup>rd</sup> ed). Boston: Allyn and Bacon.

- Bricklin, P. M. (2001). Being ethical: More than obeying the law and avoiding harm. *Journal of Personality Assessment*, 77 (2), 195-202.
- Castonguay, L.G., & Beutler, L.E. (2006). *Principles of therapeutic change that work*. New York: Oxford University Press.
- Craig, R. (Ed.). (2004). *Clinical and diagnostic interviewing* (2nd ed.). New York: Jason Aronson, an imprint of Rowman & Littlefield.
- de la Fuentes, C., Willmuth, M., & Yarrow., C. (2005). Competency training in ethics education and practice, *Professional Psychology: Research and Practice*, 36( 4), 362–366.
- Dyer, R. L. (1999). Public policy administration and the psychologist. In W. O’Donohue & J.E. Fisher (Eds.), *Management and administration skills for the mental health professional* (pp. 261-274). San Diego, CA: Academic Press.
- Falender, C., Cornish, J., Goodyear, R., Hatcher, R., Kaslow, N., Leventhal, G., Shafranske, E., & Sigman, S. T. (2004). Defining competencies in psychology supervision: a consensus statement. *Journal of Clinical Psychology*, 60, 771-787.
- Freeman, R.K. (1999). Information management in behavioral healthcare. In W. O’Donohue & J.E. Fisher (Eds.), *Management and administration skills for the mental health professional* (pp. 313-340). San Diego, CA: Academic Press.
- Glasser, J. K. (2002). Factors related to consultant credibility. *Consulting Psychology Journal: Practice and Research*, 54, 28-42.
- Groth-Marnat, G. (2003). *Handbook of psychological assessment* (3rd ed.). New York: Wiley.
- Hawes, S. E. (1998). Positioning a dialogic reflexivity in the practice of feminist supervision. In B. Bayer and J. Shotter (Eds.), *Material transactions: Disciplinary practices and the making of subjects* (pp. 94-110). London: Sage Press.
- Kupers, T.A. (1997). The politics of psychiatry: Gender and sexual preference in DSM-IV. In M.R. Walsh (Ed.), *Women, men, and gender: Ongoing debates* (pp. 340-347). New Haven: Yale University Press.



- Krishnamurthy, R., VandeCreek, L., Kaslow, N. J., Tazeau, Y. N., Miville, M. L., Kerns, R., Stegman, R., Suzuki, L., & Benton, S. A. (2004). Achieving competency in psychological assessment: Directions for education and training. *Journal of Clinical Psychology, 60*, 725-739.
- Lowman, R. (Ed.). (1998). *The ethical practice of psychology in organizations*. Washington, DC: American Psychological Association.
- Lowman, R. (2005). Executive coaching: The road to Dodoville needs paving with more than good assumptions. *Consulting Psychology Journal: Practice and Research, 57*, 90-96.
- Lopez, S. R. (2002). Teaching culturally informed psychological assessment: Conceptual issues and demonstrations. *Journal of Personality Assessment, 79*, 226-234.
- Mangione, L., & Nadkarni, L. (in preparation). Relationship competency: Broadening and deepening. In M. B. Kenkel and R. L. Peterson (Eds.), *Standards and Processes for Education in Professional Psychology*.
- Manley, T., & Holiwski, F. (2003). Teaching on racism: Tools for consultant training. *Journal of Educational and Psychological Consultation, 14*, 387-399.
- McHolland, J. (1992). National Council of Schools of Professional Psychology Core Curriculum Conference Resolutions. In R. L. Peterson, J. D. McHolland, R. J. Bent, E. Davis-Russell, G. E. Edwall, K. Polite, D. L. Singer & G. Stricker (Eds.), *The core curriculum in professional psychology* (pp. 153-176). Washington, DC: American Psychological Association.
- Meyer, G. J., Finn, S. E., Eyde, L. D., Kay, G. G., Kubiszyn, T. W., Moreland, K. L., Eisman, E. J., & Dies, R. R. (1998). *Benefits and costs of psychological assessment in healthcare delivery: Report of the Board of Professional Affairs Psychological Assessment Work Group, Part I*. Washington, DC: American Psychological Association.
- Nathan, P.E., & Gorman, J. (1998). *A guide to treatments that work*. New York: Oxford University Press.
- National Council of Schools and Programs in Professional Psychology. (2002). Diversity Competency Statement. Retrieved August 6, 2007 from <http://www.ncspp.info/div.htm>.

- Norman, G., Eva, K., Brooks, L., & Hamstra, S. (2006). Expertise in medicine and surgery. In K.A. Ericsson, N. Charness, P.J. Feltovich, & R.R. Hoffman (Eds.), *The Cambridge handbook of expertise and expert performance* (pp. 339-353). New York: Cambridge University Press.
- Norcross, J.C. (Ed.). (2002). *Psychotherapy relationships that work*. New York: Oxford University Press
- O'Roark, A. (2002). The quest for executive effectiveness: Consultants bridge the gap between psychological research and organizational application. *Consulting Psychology Journal: Practice and Research*, 54, 44-54.
- Peterson, R. (2007). Standards for Education in Professional Psychology: National Council of Schools and Programs in Professional Psychology Resolutions Through 1996. Unpublished manuscript.
- Peterson, F., Coleman, F., Dobbins, J., & Boyce, J. (2002). Understanding the importance of cultural competency in consultation, psychotherapy and supervision. In L. VandeCreek, & T. Jackson, (Eds.), *Innovations in Clinical Practice: A Source Book* (Vol. 20) (pp. 343-354). Sarasota, FL: Professional Press.
- Peterson, R., McHolland, J., Bent, R., Davis-Russell, E., Edwall, G., Polite, K., Singer, D., & Stricker, G. (1991). *The Core Curriculum in Professional Psychology*. Washington, DC: American Psychological Association.
- Peterson, R.L., Peterson, D.R., Abrams, J.C., & Stricker, G. (1997). The National Council of Schools and Programs of Professional Psychology education model. *Professional Psychology: Research and Practice*, 28, 373-386.
- Polite, K., & Bourg, E. (1992). Relationship competency. In R. L. Peterson, J.D. McHolland, R. J. Bent, E. Davis-Russell, G.E. Edwall, K. Polite, D. L. Singer, & G. Stricker (Eds.) (pp. 83-88), *The core curriculum in professional psychology*. Washington, DC: American Psychological Association.
- Raimy, V. C. (Ed.) (1950). *Training in clinical psychology*. Englewood Cliffs, NJ: Prentice Hall.
- Rogers, M. (2000). Examining the cultural context of consultation. *School Psychology Review*, 29(3), 414-418.

- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic relationship*. New York: Guilford Press.
- Sears, R., Rudisill, J., & Mason-Sears, C. (2006). *Consultation skills for mental health professionals*. Hoboken, NJ: John Wiley & Sons
- Singer, D., Peterson, R., & Magidson, E. (1992). The self, the student, and the core curriculum: Learning from the inside out. In R. L. Peterson, J. D. McHolland, R. J. Bent, E. Davis-Russell, G. E. Edwall, K. Polite, D. L. Singer, & G. Stricker (Eds.), *The core curriculum in professional psychology* (pp. 133-139), Washington, DC: American Psychological Association.
- Spruill, J., Rozensky, R., Stigall, T., Vasquez, M., Bingham, R. P., & Olvey, C. (2004). Becoming a competent clinician: Basic competencies in intervention. *Journal of Clinical Psychology, 60* (7), 741-754.
- Stanton, M. (in preparation). Consultation and education competency. In Mary Beth Kenkel and Roger L. Peterson (Eds.), *Standards and Processes for Education in Professional Psychology*.
- Steward, R. (1996). Training consulting psychologists to be sensitive to multicultural issues in organizational consultation. *Consulting Psychology Journal: Practice and Research, 48*(3), 180-189.
- Sue, D., Ivey, A., & Petersen, P. (1996). *A theory of multicultural counseling and therapy*. Pacific Grove, CA: Brooks Cole.
- Swift, M. (1996). Clinical psychologists and the business of psychology: A training innovation. *Innovations in Professional Psychology Education and Practice: Preparing for the New Millennium*. Paper presented at the National Council of Schools and Programs in Professional Psychology Midwinter Conference, Clearwater, FL.
- Trierweiler, S., & Stricker, G. (1992) Research and evaluation competency: Training the local clinical scientist. In R. L. Peterson, J.D. McHolland, R. J. Bent, E. Davis-Russell, G.E. Edwall, K. Polite, D. L. Singer, & G. Stricker (Eds.) (pp. 103-113), *The core curriculum in professional psychology*. Washington, DC: American Psychological Association.
- Trierweiler, S., & Stricker, G. (1998). *The Scientific Practice of Professional Psychology*. New York: Plenum Press.

- Turchik, J. A., Karpenko, V., Hammers, D., & McNamara, J. R. (2007). Practical and ethical assessment issues in rural, impoverished, and managed care settings. *Professional Psychology: Research & Practice, 38*, 158-168.
- Turner, S. M., DeMers, S. T., Fox, H. R., & Reed, G. M. (2001). APA's guidelines for test user qualifications. *American Psychologist, 56*, 1099-1113.
- Watkins, C. E. (1997). Defining psychotherapy supervision and understanding supervisor functioning. In C.E. Watson (Ed.), *Handbook of psychotherapy supervision* (pp. 3-10). New York: Wiley.
- Yalom, I. (2005). *The theory and practice of group psychotherapy*. New York: Basic Books.