

PETITION FOR THE RECOGNITION OF A SPECIALTY IN PROFESSIONAL PSYCHOLOGY

THIS PETITION gives guidance to the types and amounts of information necessary for a formal decision to be reached. Petitioning organizations may use additional pages where necessary. The petitioning organization is free to provide any additional material deemed relevant.

AMERICAN PSYCHOLOGICAL ASSOCIATION
750 First Street, NE
Washington, D.C. 20002-4242
(202) 336-5500

PETITION PACKAGE

Name of Proposed Specialty: **Counseling Psychology**

Definition: A specialty is a defined area of psychological practice which requires advanced knowledge and skills acquired through an organized sequence of education and training. The advanced knowledge and skills specific to a specialty are obtained subsequent to the acquisition of core scientific and professional foundations in psychology.

Although the specific dimensions of specialty programs may vary in their emphases and in available resources, every defined specialty in professional psychology will contain: (a) core scientific foundations in psychology; (b) a basic professional foundation; (c) advanced scientific and theoretical knowledge germane to the specialty; and (d) advanced professional applications of this knowledge to selected problems and populations in particular settings, through use of procedures and techniques validated on the same.

The relationship between a body of knowledge and a set of skills in reference to each of the parameters of practice specified in Criterion VI below represents the most critical aspect of the basic definition of a specialty.

Please check one:

- Petition for Initial Recognition
 Petition for Renewal of Recognition

Petition Sponsor

Criterion I. Administrative Organizations. The proposed specialty is represented by a specialty council or one or more organizations that provide systems and structures which make a significant contribution to the organized development of the specialty.

1. Please provide the following information for the organization or specialty council submitting the petition:

Name of organization or specialty council: **Society of Counseling Psychology (Div. 17, APA)**

Address: **4440 PGA Boulevard, Suite 600**

City/State/Zip: **Palm Beach Gardens, FL 33410**

Phone: **561-472-0066**

FAX: **561-472-8401**

E-mail address: dnolan@div17.org

Website of organization: <http://www.div17.org>

2. Please provide the following information for the President, Chair, or representative of the organization or specialty council submitting the petition:

Name: **Arthur M. Horne, Ph.D.**

APA membership status: **Fellow**

Address: **380 Red Fox Run**

City/State/Zip: **Athens, GA 30605**

Phone: **706-247-3765**

FAX: **706-369-1245**

E-mail address: ahorne@uga.edu

3. Please provide the following information for the organization or specialty council submitting the petition:

Year founded? **1946**

Incorporated? Yes _____ No **XX**

State incorporated _____

Describe the purpose and objectives of the administrative organization or specialty council submitting the petition.

The Society of Counseling Psychology of the APA is an organization that promotes the science and practice of counseling psychology through a broad array of professional goals and activities. Specifically, the mission of the Society is to (1) continue to define and promote the specialty of counseling psychology as the science and profession of psychology evolve and social issues change, (2) bring together psychologists who specialize and/or have an interest in counseling psychology, (3) advocate for counseling psychology within the field of psychology and in the public sphere, and provide leadership in all issues pertaining to the well-being and growth of counseling psychology, (4) support, encourage, and promote diversity of member characteristics, work settings, roles and activities, (5) promote the integration of science and practice and further evaluative, scientific and applied activities in counseling psychology, (6) define, promote and support the education and training of counseling psychologists throughout the professional life span, (7) establish and maintain standards of professional service offered by counseling psychologists, and (8) promote the application of counseling psychology in the public interest.

Please append the bylaws for the petitioning organization or specialty council if bylaws are not provided on the website.

Bylaws are available through on the SCP/Division 17 governance webpage:

http://www.div17.org/about_governance.html

Outline the structure and functions of the administrative organization or specialty council (frequency of meetings, number of meetings per year, membership size, functions performed, how decisions are made, types of committees, dues structure, publications, etc.). Provide samples of newsletters, journals, and other publications, etc.

There is an annual meeting of the Society membership for the transaction of the business of the Society. This meeting is held during the annual convention of the APA and in the same locality. Throughout the year, the ongoing business of the Society is transacted by the Society's Executive Board (EB), the members of which are elected by the membership, and by various standing committees of the Society (Awards, Fellowship, Membership, Nominations) and special task groups (STGs) and advisory committees appointed by the President.

The EB consists of the President; Past-President; President-Elect; Secretary; Treasurer; the Vice Presidents for Professional Practice, Science, Education and Training, and Diversity and Public Interest; and the Society's APA Council Representatives. The EB meets immediately prior to and following the annual meeting of the Society, as well as once at mid-year (February). The functions of the various members of the EB are described in the Society's Handbook (see position descriptions). The person(s) or groups involved in Societal decision making depend on the nature of the issue being decided.

Dues and assessments beyond those regulated by the APA are recommended by the EB and are decided by a majority vote of the members voting by mail ballot or of those present and voting at the annual business meeting.

Societal membership is approximately 2000, not including affiliates.

Societal publications are *The Counseling Psychologist* (<http://tcp.sagepub.com/>) and the *Division 17 Newsletter* (http://www.div17.org/pubs_newsletters.html). Copies of journal articles and of the newsletter are available through these websites.

Present a rationale that describes how your organization or specialty council provides systems and structures which make a significant contribution to the organized development of the specialty.

The Counseling Psychology Specialty Council/ Synarchy is comprised of representatives from ten stakeholder organizations that determine the dominant views and practices of Counseling Psychology specialty. In addition to the Society of Counseling Psychology/APA Division 17 (SCP), membership includes representatives from the following: the Council of Counseling Psychology Training Programs (CCPTP), the Association of Counseling Center Training Agencies (ACCTA), the American Academy of Counseling Psychology (AACPP), the American Board of Professional Psychology (ABPP), the Association for University and College Counseling Center Directors (AUCCCD), the American College Health Association (ACHA) Mental Health Section, the Commission for Counseling and Psychological Services of American College Personnel Association (CCAPS), the International Association of Applied Psychology (IAAP) Counseling Psychology Division, and the SCP Student Affiliates of Seventeen (SAS). The Counseling Psychology Specialty Council/ Synarchy holds an annual meeting during the APA convention, hosted by SCP. SCP pays the annual dues to the Council of Specialties in Professional Psychology (CoS) and supports the travel of the Counseling Psychology Specialty Council/ Synarchy Representative to attend the annual CoS meeting in Washington, D.C. The Counseling Psychology Specialty Council/ Synarchy elects a chairperson who serves a three-year term and represents the specialty on CoS. The Synarchy has the responsibility to review and further describe the specialty and appropriate policies for education and training in the specialty. In addition to the annual meeting, the Counseling Psychology Specialty Council/ Synarchy communicates and conducts business via a designated Listserv.

4. Signatures of official representing the organization or specialty council submitting the petition:

name	title	date
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Members of the Div. 17/SCP task group that prepared this petition were:

James Lichtenberg, Ph.D. (chair)

Jaquie Resnick, Ph.D.

Takuya Minami, Ph.D.

Public Need and Distinctiveness

Criterion II. Public Need for Specialty Practice. The services of the specialty are responsive to identifiable public needs and attend to human diversity.

1. Describe the public needs that this specialty fulfills with relevant references. Under each need specify the populations served and relevant references.

The Joint Interim Committee for the Identification and Recognition of Specialties and Proficiencies states that historically, APA acknowledges counseling as a general practice specialty in professional psychology, noting “The public will continue to need the services of general practice specialists, such as those offered by clinical, counseling, school and industrial/organizational psychologists” (APA, 2008). In order to best serve public need, counseling psychology continually monitors and integrates new professional knowledge and areas of application within the framework of the specialty.

Reference

American Psychological Association, Joint Interim Committee for the Identification and Recognition of Specialties and Proficiencies. (2008). *Principles for the Recognition of Specialties in Professional Psychology*. Retrieved from <http://www.apa.org/about/governance/council/policy/principles-recognition.pdf>

2. Describe what procedures this petitioning organization and/or other associations associated with this specialty utilize to assess changes public needs.

Counseling psychology has a history of attending to societal trends and tailoring offerings to fit specific problems and issues for society as a whole. Public needs are identified through practice, research, and public service. Some trends become obvious through clinical work and the kinds of problems that clients are presenting. Others are identified through counseling psychology research. Public service and broader involvement with the community and culture further inform the specialty. Information regarding needs and interventions are further defined and shared through task forces, committees, workshops, conferences, journal and books. The SCP governance structure supports changing and emerging needs through its organization of Sections and Special Interest (SIGS). For example, the Society now has 14 sections: Advancement of Women; Animal Human Interaction: Research and Practice; Counseling Health Psychology; Ethnic and Racial Diversity; Independent Practice; International; Lesbian, Gay, Bisexual and Transgender Issues; Prevention; Positive Psychology; Promotion of Psychotherapy Science; Student Affiliates of Seventeen; Supervision and Training; University and College Counseling Centers; Vocational Psychology; and eight SIGS: Adoption Research and Practice; Counseling Psychology Faculty at 4-year Institutions; Hypnosis; Men, Masculinity, and Men’s Studies; Older Adults and Aging; Organizational Counseling Psychology; Religious and Spiritual Issues in Counseling Psychology; and Rural Practice and Scholarship.

The fourth national counseling psychology conference was held in Houston in 2001 and was the largest meeting of counseling psychologists to date. A major purpose of the conference was to examine the broader political, economic, cultural and historical circumstance of a set of critical social issues to situate counseling psychology concerns in the natural context. The conference was an outgrowth of commitment to addressing racism, sexism, and other forms of oppression in counseling psychology training and practice (Fouad et al, 2004).

Counseling psychology has been very involved in the establishment of guidelines related to diverse populations. Division 17 was a major collaborator in the establishment of the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003) and the Guidelines for Psychological Practice with Girls and Women (APA, 2007). In addition, several counseling psychologists were involved in the establishment of the practice guidelines for working with lesbian, gay, and bisexual clients (APA, 2011) and with older adults (2004).

Several of the stakeholder organizations that belong to the Counseling Psychology Specialty Council/Synarchy conduct annual national surveys and needs assessments. For example, the Association for University and College Counseling Center Directors conducts annual surveys on the status of college student mental health. The

American College Health Association conducts an annual survey on college student health concerns, as well as targeted surveys on special topics. The results are regularly communicated to the Synarchy and beyond, and have garnered national attention for treatment issues regarding eating disorders, depression, suicide, and alcohol use/abuse.

Selected References

- Fouad, N. A., McPherson, R. H., Gerstein, L., Blustein, D. L., Elman, N., Helledy, K. I., & Metz, A. J. (2004). Houston, 2001: Context and legacy. *The Counseling Psychologist*, 32, 15-77.
- American Psychological Association. (2003). Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. *American Psychologist*, 58, 377-402.
- American Psychological Association. (2004). Guidelines for Psychological Practice with Older Adults. *American Psychologist*, 59, 236-260.
- American Psychological Association. (2007). Guidelines for Psychological Practice with Girls and Women. *American Psychologist*, 62, 949-979.
- American Psychological Association. (2011). Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients. Retrieved from <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>

3. Describe how practitioners in the specialty attend to public need and through the application of ethical principles address issues of human diversity in training, CE, research, and practice (research reports, needs assessment, market surveys, etc., are examples of some types of appropriate documentation). How does this specialty add to knowledge in the area of human diversity? Provide evidence that the specialty is monitoring developments and has moved to meet identified emergent needs and changing demographics in training, research, and practice.

Counseling psychology has been at the forefront of adding knowledge in the area of human diversity, providing some of the major leaders and seminal publications in this area (see References below for examples). Built on the work by many counseling psychologists related to multicultural counseling guidelines, and in the process of development for 22 years, the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists were approved as APA policy by the Council of Representatives in 2002. The guidelines document is the result of a joint task force between Counseling Psychology/APA Division 17 and The Society for the Study of Ethnic Minority Issues/APA Division 45. The guidelines “reflect knowledge and skills needed for the profession in the midst of dramatic historic sociopolitical changes in U.S. society, as well as needs of new constituencies, markets, and clients” (APA, 2003, p. 377). As noted in the response to #2 above, counseling psychology also has co-authored the Guidelines for Psychological Practice with Girls and Women (APA, 2007); counseling psychology’s long time involvement in this area can be traced to the pioneering Division 17 Principles Concerning the Counseling and Psychotherapy with Women (APA, 1979).

Another example of the specialty adding to knowledge of human diversity, monitoring developments, and moving to meet emergent needs and changing demographics is its role as a co-founder and co-host of the National Multicultural Conference and Summit (NMCS). The NMCS, meeting bi-annually since its inception in 1999, addresses the growing mental health needs of historically marginalized groups and disenfranchised individuals, bringing together researchers, practitioners, scholars, and students to inform multicultural theory, research and practice, and better serve our diverse country (<http://www.multiculturalsummit.org/>). To solidify its commitment to this area, the Society of Counseling Psychology holds its midwinter meeting in conjunction with the NMCS, fostering ongoing professional development opportunities.

The handbook of counseling psychology (Brown & Lent, 2008) and *The Oxford handbook of counseling psychology* (Altmaier & Hansen, 2012) present literature reviews and updates on important areas in the specialty, serving as a valuable resource on prevention and treatment of various problems. Examples of timely topics include health promotion/disease prevention and reduction, school violence and bullying prevention, preventing eating and weight related disorders, substance abuse prevention and treatment, suicide prevention, understanding and promoting work satisfaction, understanding the impact of poverty. *The handbook of multicultural counseling*, now in its fifth edition (Ponterotto, Casas, Suzuki & Alexander, 2010) is another important resource for keeping current. Topics addressed in the most recent volume include ethics in multicultural counseling practice, African and Afro-Caribbean American identity development, Latino/a identity development, multiracial-heritage

awareness and personal affiliation, counseling Muslims and Sikhs in a post-9/11 world, to name a few.

The Counseling Psychologist (TCP) (<http://tcp.sagepub.com/>) is the official publication of the Society of Counseling Psychology and one of the premier journals in the field, publishing high-quality, scholarly articles relevant to counseling psychologists, increasing the knowledge base of counseling psychology through thoughtful debate and comprehensive coverage of new and developing areas of research and practice. The TCP major contributions (several articles focusing on aspects of select topic) exemplify how the specialty attends to public need and addresses issues of human diversity. Some examples include: vocational psychology and social justice (March 2005); perspectives on race in counseling psychology practice, training and research (July 2005); on-line counseling: challenges for the information era (November 2005); race-based traumatic stress (January 2007); culturally sensitive health care (September 2007); culturally relevant prevention (November 2007); international forum (March 2008); men's gender role conflict (May 2008); internalized heterosexism (July 2008); contextual factors in training and practice (August 2009), Asians and Asian Americans (May 2010); sexual objectification of women (January 2011), and white dialectics (April 2011). Practitioners can earn continuing education credits for reading articles in TCP. Many other CE opportunities exist through intentional programming during the annual APA convention and at various regional counseling psychology conferences.

Selected References

- Altmaier, E.M., & Hansen, J.C. (Eds.). (2012). *The Oxford handbook of counseling psychology*. New York: Oxford.
- American Psychological Association. (1979). Principles concerning the counseling and psychotherapy of women. *The Counseling Psychologist*, 8, 21.
- American Psychological Association. (2003). Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. *American Psychologist*, 58, 377-402.
- American Psychological Association. (2007). Guidelines for Psychological Practice with Girls and Women. *American Psychologist*, 62, 949-979.
- Chwalisz, K., & Obasi, E. (2008). Promoting health and preventing and reducing disease. In S.D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 517-534). Hoboken, NJ: Wiley.
- Espelage, D.L., & Horne, A.M. (2008). School violence and bullying prevention: From research-based explanations to empirically based solutions. In S.D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 588-606). Hoboken, NJ: Wiley.
- Helms, J. E. (1990). *Black and White racial identity: Theory, research, and practice*. Westport, CT: Greenwood.
- Lent, R.W. (2008). Understanding and promoting work satisfaction: An integrative view. In S.D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 462-482). Hoboken, NJ: Wiley.
- Pedersen, P. (1999). *Multiculturalism as a fourth force*. Philadelphia, PA: Brunner/Mazel.
- Liu, W.M., & Ali, S.R. (2008). Social class and classism: Understanding the psychological impact of poverty. In S.D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 159-175). Hoboken, NJ: Wiley.
- Martens, M.P., Neighbors, C., & Lee, C.M. (2008). Substance abuse prevention and treatment. In S.D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 552-569). Hoboken, NJ: Wiley.
- Mintz, L.B., Hamilton, E., Bledman, R.A., & Franko, D.L. (2008). Preventing eating and weight-related disorders: Toward an integrated best practices approach. In S.D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp.570-587). Hoboken, NJ: Wiley.
- Ponterotto, J.G., Casas, J.M., Suzuki, L.A., & Alexander, C.M. (Eds.). (2010). *Handbook of multicultural counseling* (3rd ed). Thousand Oaks, CA: Sage.
- Sue, D.W., Arredondo, P., & McDavis, R.J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70, 477-483.
- Sue, D.W. (2003). *Overcoming our racism: The journey to liberation*. San Francisco: Jossey-Bass.
- Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: Wiley.
- Vasquez, M. J. T. (2010). Ethics in multicultural counseling practice. In Ponterotto, J.G., Casas, J.M., Suzuki, L.A., & Alexander, C.M. (Eds.). (2010). *Handbook of multicultural counseling* (3rd ed) (pp.127-146). Thousand Oaks, CA: Sage.
- Werth, J.L. Jr., Cummings, D.L., & Thompson, M.N. (2008). Legal and ethical issues affecting counseling psychologists. In S.D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 3-20). Hoboken, NJ: Wiley.
- Westefeld, J.S., Range, L.M., Rogers, J.R., & Hill, J.M. (2008). Suicide prevention. In S.D. Brown & R.W. Lent (Eds.),

Handbook of counseling psychology (4th ed.) (pp. 535-551). Hoboken, NJ: Wiley.

Criterion III. Distinctiveness. A specialty differs from other existing specialties in its body of specialized scientific knowledge and professional application, and provides evidence of these distinctions within each parameter of practice as described in Criterion VI.

1. Provide a brief description of the specialty by responding to the question below (limit 400 words). This provides the foundation for what will appear on the APA website upon recognition of the specialty and should be understandable to the general public. Descriptions will be edited for consistency to conform to the CRSPPP website standards.

a. Provide a brief (2-3 sentences) definition of the specialty.

Counseling psychology is a general practice and health service provider specialty in professional psychology. It focuses on personal and interpersonal functioning across the life span and on emotional, social, vocational, educational, health-related, developmental and organizational concerns. Counseling psychology centers on typical or normal developmental issues as well as atypical or disordered development as it applies to human experience from individual, family, group, systems, and organizational perspectives. Counseling psychologists help people with physical, emotional, and mental disorders improve well-being, alleviate distress and maladjustment, and resolve crises. In addition, practitioners in this professional specialty provide assessment, diagnosis, and treatment of psychopathology.

b. What specialized knowledge is key to the specialty?

Within the context of life span development, counseling psychologists focus on healthy aspects and strengths of the client (individual, couple, family, group, system, or organization), environmental/situational influences (including the context of cultural, gender, and lifestyle issues), the role of career and vocation on individual development and functioning and on issues of diversity and social justice.

c. What problems does this specialty specifically address?

The problems addressed by the specialty of counseling psychology are varied and multifaceted and are addressed from developmental (lifespan), environmental, and cultural perspectives. They include, but are not limited to:

- Educational and vocational career/work adjustment concerns
- Vocational choice, and school-work-retirement transitions
- Relationship difficulties-including marital and family difficulties
- Learning and skill deficits
- Stress management and coping
- Organizational problems
- Adaptation to physical disabilities, disease, or injury
- Personal/social adjustment
- Identity development
- Personality dysfunction
- Mental disorders

d. What populations does this specialty specifically serve?

Client populations served by counseling psychologists can be organized along three dimensions: individuals, groups (including couples and families), and organizations. Counseling psychologists work with individual clients of all ages such as children who have behavior problems; late adolescents with educational and career concerns or substance abuse problems; adults facing marital or family difficulties, career shifts, or overcoming disabilities; older adults facing retirement. They work with groups in a variety of settings toward achieving solutions to many of these same problems, as well as toward enhancement of personal and interpersonal functioning. Counseling psychologists also consult with organizations and work groups to help provide a work environment conducive to

human functioning and to enhance the ability of organizations to increase productivity and effectiveness.

e. What are the essential skills and procedures associated with the specialty?

The procedures and techniques used within counseling psychology include, but are not limited to:

- Individual, family, group and systemic counseling
- Behavioral and psychotherapeutic interventions
- Crisis intervention, disaster and trauma management
- Psychodiagnostic assessment techniques
- Psychoeducational/preventive programming
- Organizational consulting
- Program evaluation and treatment outcome
- Training
- Clinical supervision
- Test construction and validation
- Methodologies for quantitative and qualitative inquiry

2. Identify how the following parameters may differentiate the specialty from others. Describe how these parameters define professional practice in the specialty.

a. populations (describe both overlap with other specialties and distinctiveness):

As noted in Criterion III above, client populations served by counseling psychologists can be organized along three dimensions: individuals, groups (including couples and families), and organizations. Counseling psychologists work with individual clients of all ages such as children who have behavior problems; late adolescents with educational and career concerns or substance abuse problems; adults facing marital or family difficulties, career shifts, or overcoming disabilities; older adults facing retirement. They work with groups in a variety of settings toward achieving solutions to many of these same problems, as well as toward enhancement of personal and interpersonal functioning. Counseling psychologists also consult with organizations and work groups to help provide a work environment conducive to human functioning and to enhance the ability of organizations to increase productivity and effectiveness. Since counseling psychology is a general practice specialty, there may be some overlap with other specialties in the population served.

b. problems (psychological, biological, and/or social that are specific to this specialty):

As noted in Criterion III above, the problems addressed by the specialty of counseling psychology are varied and multifaceted and are addressed from developmental (lifespan), environmental, and cultural perspectives. They include, but are not limited to: educational and vocational/career/work adjustment concerns; vocational choice, and school-work-retirement transitions; relationship difficulties-including marital and family difficulties; learning and skill deficits; stress management and coping; organizational problems; adaptation to physical disabilities, disease, or injury; posttraumatic stress; personal/social adjustment; personality dysfunction; and mental disorders. Since counseling psychology is a general practice specialty, there may be some overlap with other specialties in the problems addressed.

c. procedures and techniques (that both overlap and differentiate this specialty):

The procedures and techniques used by counseling psychologists include individual, family, group, and systemic counseling and behavioral and psychotherapeutic management; psychoeducational/ preventive programming; advocacy; organizational consulting; program and treatment evaluation; teaching and training; clinical supervision; test construction and validation; and methodologies for quantitative and qualitative inquiry. Intervention procedures and techniques have as their focus change in client cognitions, feelings and behavior, and may be preventive, skill-enhancing, or remedial. The intervention procedures may range from short-term or time-specified to longer-term approaches, and may include community-based advocacy. As a general practice specialty, these procedures and techniques may overlap with other specialties. The APA Joint Interim Committee for the Identification and Recognition of Specialties and Proficiencies acknowledges a shared core of scientific

and professional knowledge, skills, and attitudes common to professional specialties, and notes that a psychological services provider may use methods of any specialty as long as they do so in adherence with the APA Ethical Principles of Psychologists and Conduct (APA, 2008).

Procedures and techniques used by counseling psychologists are informed by the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003). As noted above, these guidelines were drafted by a joint task force of APA Divisions 17 and 45. Division 17 also developed and endorsed guiding principles of empirically-supported interventions in counseling psychology (Wampold, Lichtenberg, & Waehler, 2002). Subsequently, several counseling psychologists were involved in drafting the APA policy statement on evidence based practice (APA, 2006), which considers a full range of evidence to be considered (research, clinical expertise, and patient characteristics) as relevant to good outcomes.

Selected References

- American Psychological Association. (2003). Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. *American Psychologist*, 58, 377-402.
- American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 27.
- American Psychological Association, Joint Interim Committee for the Identification and Recognition of Specialties and Proficiencies. (2008). *Principles for the Recognition of Specialties in Professional Psychology*. Retrieved from <http://www.apa.org/about/governance/council/policy/principles-recognition.pdf>
- Wampold, B.E., Lichtenberg, J.W., & Waehler, C.A. (2002). Principles of empirically-supported interventions in counseling psychology. *The Counseling Psychologist*, 30, 197-217.

3. In addition to the professional practice domains described above, describe the theoretical and scientific knowledge required for the specialty and provide references for each domain as described below. For each of the following seven core professional practice domains, provide a brief description of the specialized knowledge that is required and provide published references in each area (e.g., books, chapters, articles in refereed journals, etc. -both current and classic). Add any relevant additional core professional practice domains.

NOTE: For each of the domains below, reference citations are made primarily to the most recent reviews of the theoretical and scientific knowledge that have been compiled in handbook chapters. We believe these reference chapters—each of which is anchored by a reference list of recent theoretical and empirical publications—provide the clearest, broadest perspective, and most critical evaluation of our specialty’s supporting literature.

a. assessment:

- Knowledge of theories and scientific bases of psychometric assessment of human behavior, developmental tasks and stages of human development across the life span, objective and projective assessment using psychological tests, and formal interview protocols to assess specific conditions or experiences.
- Competence to design research to evaluate the applicability (including limitations), reliability, validity (including ecological validity), and accuracy of existing tests and measurements and to develop new measures.
- Competence to select, administer and interpret tests within a multiculturally sound theoretical framework.
- Competence to select and apply a variety of assessment methods designed to describe, conceptualize and characterize client concerns and to enhance professional decisions and the delivery of services.

Selected References:

- American Education and Research Association. (1999). *Standards for Educational and Psychological Testing* (a joint publication Developed jointly by the American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education). Washington, DC.

- Arbona, C. (1998). Psychological assessment: Multicultural or universal? *Counseling Psychologist*, 26 (3), 911-921.
- Canino, I. A. & Spurlock, J. (2000). *Culturally diverse children and adolescents: Assessment, diagnosis, and treatment (2nd ed.)*. New York: Guilford Press.
- Dana, R. H (2003). Assessment training, practice, and research in the new millennium: Challenges and opportunities for professional psychology. *Ethical Human Sciences & Services*, 5, 127-140.
- Hackett, G., & Watkins, C. E. (1995). Research in career assessment: Abilities, interests, decision making, and career development. In B. Walsh & S. Osipow (Eds.), *Handbook of vocational psychology: Theory, research, and practice* (pp. 181-216). Mahwah, NJ: Erlbaum.
- Kaslow, N. J., Borden, K. A., & Collins, F. L. Jr. (2004) Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology. *Journal of Clinical Psychology*, 60, 699-712
- Lopez, S. & Edwards, L. (2008). The interface of counseling psychology and positive psychology: Assessing and promoting strengths. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp. 86-102). New York: Wiley.
- Suzuki, L. A., Ponterotto, J. G., & Meller, P. J. (2001). *Handbook of multicultural assessment: Clinical, psychological, and educational applications (2nd Ed.)*. San Francisco: Jossey-Bass.
- Swanson, J. (2012). Measurement and assessment in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 208-236). New York: Oxford.
- Whiston, S. (2009). *Principles and applications of assessment in counseling*. Belmont, CA: Brooks/Cole:

b. intervention:

- Knowledge and application of the principles of empirically supported interventions in counseling psychology endorsed by Division 17 (Wampold, Lichtenberg, & Waehler, 2002).
- Knowledge of theories and scientific bases for activities that promote positive client development or change, reflecting various psychological theories, procedures and techniques that address individuals, families, groups, and organizations.
- Competence to select and implement the appropriate intervention in the context of life span development, individual differences, and cultural context.

Selected references

- Chope, R. (2012). Career counseling. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 545-569). New York: Oxford.
- Conyne, R. (2012). Group counseling. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 611-646). New York: Oxford.
- Friedlander, M. & Diamond, G. (2012). Couple and family therapy. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 647-678). New York: Oxford.
- Fuertes, J. (2012). Multicultural counseling and psychotherapy. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 570-588). New York: Oxford.
- Heesacker, M. & Lichtenberg, J. (2012). Theory and research for counseling interventions. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 71-94). New York: Oxford.
- Hoffman, M. (2012). Individual counseling as an intervention. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 503-528). New York: Oxford.
- Imel, Z. & Wampold, B. (2008). The importance of treatment and the science of common factors in psychotherapy. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp. 249-266). New York: Wiley.
- Maltzman, S. (2012). Process and outcomes in counseling and psychotherapy. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 95-127). New York: Oxford.
- Morgan, M. & Vera, E. (2012). Prevention and psychoeducation in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 529-544). New York: Oxford.
- Wampold, B. (2000). Outcomes of individual counseling and psychotherapy: Empirical evidence addressing two fundamental questions. In Brown, S. & Lent, R. W. (Eds.), *Handbook of counseling psychology (3rd ed.)*. (pp. 711-739). New York: Wiley.

- Wampold, B. E., Lichtenberg, J. W., & Waehler, C. A. (2002). Principles of empirically supported interventions in counseling psychology. *Counseling Psychologist, 30*, 197-217.
- Warwar, S. & Greenberg, L. S. (2000). Advances in theories of change and counseling. In Brown, S. D. & Lent, R. W. (Eds.) *Handbook of counseling psychology (3rd ed.)*. (pp. 571-600). New York: Wiley.
- Whiston, S. & Rahardja, D. (2008). Vocational counseling process and outcome. In Brown, S. & Lent, R. (Eds), *Handbook of counseling psychology (4th ed.)* (pp. 444-461). New York: Wiley.

c. consultation:

- Competence in consultation process and methods, teaching skills and technology of knowledge dissemination.
- Knowledge of theories and research that emphasize a systems approach or person-environment interaction for individual, group, or organizational intervention.

Selected References:

- Brown, D., Pryzwansky, W.B., & Schulte, A.C. (2010). *Psychological consultation and collaboration (7th ed.)*. Boston: Allyn & Bacon.
- Conoley, J. C. & Conoley, C. W. (1992). *Consultation in schools: Theory, research and procedures*. New York: Academic Press.
- Cooper, S. & Shullman, S. (2012). Counseling psychologists as consultants. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 837-855). New York: Oxford.
- Gerstein, L., & Shullman, S. (1992). Organizational counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (pp. 581-625). New York: Wiley.
- Hesketh, B. (2000). Prevention and development in the workplace. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (3rd ed.)* (pp. 471-498). New York: Wiley.
- Shullman, S.L. (2002). Reflections of a consulting counseling psychologist: Implications of the Principles for Education and Training at the Doctoral and Postdoctoral Level in Consulting Psychology for the practice of counseling psychology. *Consulting Psychology Journal, 54(4)*, 242-251.

d. Supervision

- Knowledge and supervised experience in supervision methods, basic administrative principles and methods, ethics and professional standards. Specific emphasis on developmental growth oriented techniques, empirically validated methods and case management.

Selected References:

- Bernard, J. M. & Goodyear, R. K. (2008). *Fundamentals of clinical supervision (4rd ed.)*. Needham Heights, MA: Allyn & Bacon.
- Bradley, L. J. & Ladany, N. (2001). *Counselor supervision: Principles, process, and practice (3rd ed.)*. New York: Brunner-Routledge.
- Ellis, M., Krenzel, M., & Beck, M (2002). Testing self-focused attention theory in clinical supervision: Effects on supervisee anxiety and performance. *Journal of Counseling Psychology, 49*, 101-116.
- Falender, C. & Shafranske, E. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Falender, C. A., Cornish, J.A., Goodyear, R., Hatcher, R., Kaslow, N. J., Leventhal, G., Shafranske, E., Sigmon, S., Stoltenberg, C., & Grus, C. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of Clinical Psychology, 60*, 771-785.
- Goodyear, R. K. & Guzzardo, C. R. (2000). Psychotherapy supervision and training. In Brown, S. D. & Lent, R. W. (Eds.). *Handbook of counseling psychology (3rd ed.)*. (pp. 83-108). New York: Wiley.
- Ladany, N. & Inam, A. (2008). Developments in counseling skills training and supervision. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp. 338-356). New York: Wiley.
- Ladany, N. & Inam, A. (2012). Training and supervision. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of*

counseling psychology (pp. 179-207). New York: Oxford.

Ladany, N. (2004). Psychotherapy supervision: What lies beneath. *Psychotherapy Research*, 14, 1-19

Ladany, N., Friedlander, M. L., & Nelson, M. L. (2005). *Critical events in psychotherapy supervision: An interpersonal approach*. Washington, DC: American Psychological Association.

e. research and inquiry:

- Counseling psychology is grounded in a scientist-practitioner model which emphasizes competence to design and evaluate research, including dimensions of reliability, construct validity, criterion and face validity and generalizability or applicability to specific questions. Both quantitative and qualitative designs are used, sometimes alone and sometimes jointly. Educational programs include experiential components to emphasize research, professional practice and, most importantly, the integration of research with practice and practice with research.

Selected References:

Betz, N., & Fassinger, R. (2012). Methodologies in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 237-269). New York: Oxford.

Gore, P. & Leuwerke, W. (2008). Technological advances: Implications for counseling psychology research, training and practice. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 38-54). New York: Wiley.

Heppner, P., Wampold, B., & Kivlighan, D. (2008). *Research design in counseling* (3rd ed.). Belmont, CA: Thomson Brooks/Cole.

Morrow, S. & Smith, M.L. (2000). Qualitative research for counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 199-232). New York: Wiley.

Ponterotto, J. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy. *Journal of Counseling Psychology*, 52, 126-136. (also see entire special issue)

Tracey, T. (2000). Issues in the analysis and interpretation of quantitative data: Deinstitutionalization of the null hypothesis. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 177-198). New York: Wiley.

f. consumer protection:

- Know and practice within the established ethical codes and professional standards of psychology.
- Know and practice within the established legal parameters of the relevant jurisdiction.
- Appreciate, respect, and design appropriate interventions for the full range of human diversity including gender, age, race/ethnicity, sexual orientation and physical and mental disability.
- Advocate for individuals and classes of individuals who have been harmed, oppressed and/or discriminated against.

Selected References:

Constantine, M., Miville, M., & Kindaichi, M. (2008). Multicultural competence in counseling psychology practice and training. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 141-158). New York: Wiley.

Croteau, J., Kieschke, R., Fassinger, R., & Manning, J. (2008). In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 194-211). New York: Wiley.

Kitchener, S. (2000). *Foundations of ethical practice, research, and teaching in psychology*. Mahwah, NJ: Erlbaum.

Knapp, S. & VandeCreek, L. (2006). *Practical ethics for psychologists: A positive approach*. Washington DC: APA.

Koocher, G. & Keith-Spiegel, P. (2008). *Ethics in psychology and mental health professions: Standards and cases*. New York: Oxford

Liu, W. & Ali, S. (2008). Social class and classism: Understanding the psychological impact of poverty and inequality. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 159-175). New York: Wiley.

- Nutt, R. & Brooks, G. (2008). Psychology of gender. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp. 176-193). New York: Wiley.
- O'Donohue, W. & Ferguson, K. (Eds.) (2003). *Handbook of professional ethics for psychologists: Issues, questions and controversies*. Thousand Oaks, CA: Sage.
- Okkin, R. (2012). Disabilities: A primer for therapists. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 460-479). New York: Oxford.
- Peterson, D. & Elliott, T. (2008). Advance in conceptualizing and studying disability. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp. 212-232). New York: Wiley.
- Pope, K. & Vasquez, M. (2007). *Ethics in psychotherapy and counseling: A practical guide (3rd ed.)*. San Francisco: Jossey-Bass.
- Speight, S. & Vera, E. (2008). Social justice and counseling psychology: A challenge to the profession. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 54-67). New York: Oxford.
- Vacha-Haase, T. & Duffy, M. (2012). Counseling psychologists working with older adults. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 480-502). New York: Oxford.
- Werth, J., Cummings, D., & Thompson, M. (2008). Legal and ethical issues affecting counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp. 3-20). New York: Wiley.

g. professional development

- Understand the evolving nature of knowledge and practice in psychology, the reciprocal roles of research informing practice and practice guiding research, and the consequent importance of lifelong learning for responsible psychological practice.
- Commit to on-going development in professional competence through processes that include, but are not limited to, continuing education, self-reflection, review of professional literature, personal consultation, and peer review

Selected References:

- Fouad, N. (Ed.). *The Counseling Psychologist* (the journal of The Society of Counseling Psychology [Div. 17] of the American Psychological Association). Thousand Oaks, CA: Sage.
- Hall, J. (2012). Professional issues. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 11-32). New York: Oxford.
- Hayes, S., Follette, V., Dawes, R., & Grady, K. (Eds.) (1995). *Scientific standards of psychological practice: Issues and recommendations*. Reno, NV: Context Press.
- Heppner, P. P., Casas, J. M., Carter, J., & Stone, G. L. (2000). The maturation of counseling psychology: Multifaceted perspectives 1978-1998. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (3rd ed.)* (pp. 3-36). New York: Wiley.
- Heppner, P., Leong, F., & Chiao, H. (2008). A growing internationalization of counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp. 68-85). New York: Wiley.
- Lichtenberg, J. W., & Goodyear, R. K. (2012). Informal learning, incidental learning, and deliberate continuing education: Preparing psychologists to be effective lifelong learners. In G. J. Neimeyer, & J. M. Taylor (Eds.), *Continuing education: Types, roles, and societal impacts* (pp. XXX-XXX). Hauppauge, NY: Nova Science Publishers.
- Lichtenberg, J., Goodyear, R., & Genther, D. (2008). The changing landscape of professional practice in counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology (4th ed.)* (pp.21-37). New York: Wiley.
- Roberts, M. (Ed.). *Professional Psychology: Research and Practice (a publication of the American Psychological Association)*. Washington, DC.
- Rodolfa, E. (Ed.). *Training and Education in Professional Psychology* (a publication of the American Psychological Association). Washington, DC
- Tracey, T. J. G. (Ed.). *The Journal of Counseling Psychology* (a publication of the American Psychological Association). Washington, DC

4. Define up to a maximum of ten professional practice activities associated with the specialty area in each of the seven core professional practice domains listed below. Each activity should be operationally defined in as concrete and

succinct a fashion as possible. Note whether the activity is shared with professional psychology in general or is distinctive to this specialty.

a. assessment:

- 1) Using culturally appropriate, objective assessment instruments and structured interview protocols to determine level of function, methods of adaptation, and probable coping strategies used to deal with life events.
- 2) Using culturally appropriate, objective assessment instruments, methods and structured interview protocols to assess stage of career development, effective career choice, and career/work adjustment.
- 3) Using culturally appropriate objective assessment instruments to assess and facilitate educational development.
- 4) Using structured questionnaires and interview protocols to determine levels of positive identity development in race/ethnicity, gender, sexual orientation, and adjustment to accidents and/or disability.
- 5) Using culturally appropriate objective, projective or structured interview protocols to assess and diagnose dysfunctional behavior and psychopathology.
- 6) Using appropriate research paradigms to conduct needs assessments, to assess the effectiveness of intervention strategies, to conduct outcome studies, and to conduct overall program evaluation.
- 7) Using culturally appropriate objective assessment instruments and structured interview protocols to determine level of cognitive functioning, including intelligence testing, assessment of learning disability, assessment of dementia, and assessment of attention deficit hyperactivity disorder
- 8) Using culturally appropriate structured questionnaires, interview, and observational techniques to assess levels of function, adaptive and maladaptive group dynamics, structural components and organizational climates of systems, including groups and organizations.
- 9) Using culturally appropriate objective assessment instruments and structured interview protocols and observational techniques to determine the impact of disaster, trauma, and acute events on individuals, families, groups, and organizational systems.
- 10) Using culturally appropriate objective assessment instruments, structured interview protocols and observational techniques to assess levels of function, adaptive and maladaptive behavior patterns, and sources of dysfunction and psychopathology in couples and families.

b. intervention:

- 1) Culturally appropriate individual, group, couple, and family psychoeducational interventions designed to promote healthy functioning and to prevent dysfunction by facilitating
 - a) interpersonal communication and social/relationship skills
 - b) career/occupational choice and adaptation
 - c) role of work in psychological health
 - d) stress management
 - e) cognitive and behavioral coping skills
 - f) problem solving and decision making
2. Culturally appropriate individual, group, couple, family and systems therapeutic and psychoeducational interventions to promote personal growth and positive adaptation to typical life events across the lifespan, including:
 - a) development of a positive self-concept with a balance of individuation/separation and affiliation/connectedness
 - b) career development and choice, work adjustment and retirement
 - c) relationship enhancement
 - d) performance enhancement in areas requiring demonstrated skill (e.g., art, sport, entertainment performance)
 - e) development and incorporation into lifestyle of leisure activities
 - f) grief and loss

3. Culturally appropriate individual, group, couple, family and systems interventions designed to promote appropriate coping strategies and positive integration of atypical or traumatic life experiences, including:
 - a) traumatic stress reactions
 - b) crisis intervention
 - c) physical disability
 - d) loss of job or position
 - e) separation and divorce
 - 4) Culturally appropriate individual, group, couple, and family interventions to effect positive change in dysfunctional behavior or psychopathology.
- c. consultation:
- 1) Provide analysis of problems, assessment of function and needs, design and implement intervention strategies and evaluate programs for a third party as a case consultation at the individual, couple, family, or group unit level.
 - 2) Conduct a needs assessment, problem analysis and/or functional analysis at the organizational or systemic unit level.
 - 3) Design and implement strategies to improve the function and/or efficiency of an organization of systemic unit.
 - 4) Conduct a program evaluation and/or outcome assessment of the effectiveness of an intervention at the organizational or systemic unit level.
 - 5) At the request of a third party, design and provide training for staff in specified skills to enhance performance and achieve goals of the requesting unit.
- d. supervision:
- 1) Assess and monitor the work performance of professionals-in-training in the areas of assessment, diagnosis, case conceptualization, treatment planning, and implementation.
 - 2) Provide a suitable supervision environment for professionals-in-training based upon training needs, developmental level, cultural context and personal/professional integration.
 - 3) Integrate awareness of and sensitivity to the effects of race, ethnicity, culture, gender, age, sexual orientation and other elements of human diversity in appropriate case conceptualization and intervention choices by professionals-in-training.
 - 4) Monitor case management of other mental health practitioners where appropriate.
- e. research and inquiry:
- 1) Design research to evaluate the applicability (including limitations), reliability and validity of existing tests and measurements and to develop new measures.
 - 2) Design research and implement strategies to evaluate the effects of specific interventions applied to specific problems and/or populations.
 - 3) Develop instruments and design research strategies to assess and investigate levels of academic achievement, career development, appropriate educational and career choices and school and work competence.
 - 4) Design and implement research strategies that incorporate appreciation and respect for the full range of human diversity and ensure applicability across that range or specifically delineate limitations.
 - 5) Assess applicability of assessment and intervention techniques for specific problems and/or populations.
 - 6) Employ the research strategy appropriate to the research question of inquiry (e.g. qualitative, quantitative, single case study).
 - 7) Design research and implement strategies to investigate counseling processes.
 - 8) Design research and implement strategies to investigate supervision processes.
 - 9) Design research and implement strategies to investigate individual, group and larger social system

phenomena in domains such as personality, social, and developmental and culture.

f. consumer protection:

- 1) Know and practice within the established ethical codes and professional standards of psychology.
- 2) Know and practice within the established legal parameters of the relevant jurisdiction.
- 3) Appreciate, respect, and design appropriate interventions for the full range of human diversity including gender, age, race/ethnicity, nationality/country-of-origin, sexual orientation and physical and mental disability.
- 4) Advocate for individuals and classes of individuals who have been harmed, oppressed and/or discriminated against.

g. professional development:

- 1) Affiliate with scientific/professional organizations whose mission it is to advance knowledge, practice, education and training in counseling psychology.
- 2) Engage in continuing education, reading professional literature, self-reflection, consultation and peer review to strengthen existing competencies and add new competencies.
- 3) Provide training, continuing educational activities, professional publications, and consultation for other health service providers who may deal with counseling psychology issues.

Criterion IV. Diversity. The specialty demonstrates recognition of the importance of cultural and individual differences and diversity.

1. Describe how education and training of cultural and individual differences and diversity are integrated into the curriculum. Include information on coursework and training experiences.

The Counseling Psychology Specialty Education and Training Guidelines are found in the Model Training Program in Counseling Psychology (CCPTP & SCP, 2005). The following excerpts describe how education and training of cultural and individual differences and diversity are integrated into the curriculum:

The program gives a high priority to actions that indicate respect for and understanding of the differences among individuals that are critical forces shaping the lives of educators, students, and clients (e.g., racial/ethnic/cultural, gender, sexual orientation, age, religion, physical challenge, and socioeconomic status)...The program provides students with a thorough knowledge of a culture-centered approach to psychological research and practice, including an understanding of the role of intersecting identities...in shaping interactions among individuals, and an understanding of themselves as cultural beings. Evidence of commitment and sensitivity to cultural and individual diversity is reflected in the program's operating policies, its hiring and admissions practices, and its curriculum and field placements. (Domain A, Eligibility)

The model program fosters the development of student awareness, skills, and understanding needed in applying the science and practice of Counseling Psychology with diverse populations. Programs should promote understanding of the major professional guidelines for working with diverse clients... A critical aspect common to all of these guidelines is (a) the recognition that psychologists may hold beliefs about others who are different from them (e.g., racially, ethnically, and in terms of sexual orientation, ability, religion, gender, or socioeconomic status) that may detrimentally influence their perceptions of those individuals, and (b) the admonition that psychologists must strive to increase their sensitivity to individuals living in different contextual environments. (Domain B, Program Objectives)

Consistent with the approach of the Accreditation Principles the model curriculum builds upon the generic core set forth by the APA Guidelines and Principles and adds competencies related to research and practice in counseling psychology from a culture-centered perspective. Relevant guidelines for working with diverse clients are integrated into the model training program where appropriate...Counseling psychology's tradition of

emphasizing the value of human diversity dictates that significant attention to individual and cultural diversity is evident in course content, practica, and research experiences. Infused across professional core courses is an expectation that students will demonstrate a thorough understanding of diversity issues as they apply to course content areas. Students are encouraged to gain greater understanding of automatic social categorization that occurs in all interactions and understand how that applies to their work as psychologists working with ethnically and racially different populations as well as with individuals of diverse sexual orientations, socioeconomic statuses, physical abilities, ages, and genders. (Domain B, Curriculum)

The Program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. 1) The specialty of Counseling Psychology has had a central role in the establishment of diversity as an important domain in professional psychology. Consequently, students in Counseling Psychology are taught to take a systemic, person-environment approach to understanding the psychological development of the individuals to whom assessment and intervention services are offered. Within such a framework, the interaction of factors such as culture, ethnicity, gender, sexual orientation, socio-economic status, physical ability, and the unique characteristics of the individual are given special attention. Furthermore, an emphasis is placed on understanding of automatic social categorization, personal values and belief systems within the framework of the individual's culture, and how that influences perceptions of others who are of diverse backgrounds. 2) Students and faculty demonstrate sensitivity to social, economic, and political factors that diminish, marginalize, or otherwise limit a client's access to full participation in the society. Counseling psychology training programs promote the development of competencies through which counseling psychologists may assist clients in overcoming barriers to education, employment, and health services, including seeking nontraditional methods of helping and culturally-appropriate partnerships with culturally recognized helpers. Counseling psychology programs are committed to removing cultural barriers and to offering assistance to those who face discrimination...3) Program faculty implement a thoughtful and coherent plan for recruiting a diverse faculty and student body. In addition, counseling psychology integrates concepts related to cultural and individual differences in both science and practice. (Domain D, Cultural and Individual Differences and Diversity)

The understanding of diversity issues has been broadened to include social justice advocacy, as articulated in the *Handbook for Social Justice in Counseling Psychology* (Toporek, Gerstein, Fouad, Roysircar & Israel, 2005). Rooted in social justice, the Counseling Psychology Model Training Values Statement Addressing Diversity was developed and endorsed by three organizations central to the field of counseling psychology: the Council of Counseling Psychology Training Programs (CCPTP), the Association of Counseling Center Training Agencies (ACCTA) and the Society of Counseling Psychology (SCP) (CCPTP, ACCTA, & SCP, 2009). It states unequivocally, "Respect for diversity and for values different from one's own is a central value of counseling psychology training programs (p.641)." The Values Statement is intended to facilitate dialogue about what is expected of trainees and trainers when dealing with others different from themselves, and particularly with oppressed and marginalized groups (Mintz & Bieschke, 2009, p. 635). The Values Statement has been operationalized to address diversity issues in counseling psychology academic programs, including ways to instill and assess the values (Winterowd, Adams, Miville, and Mintz, 2009). In addition, Illfelder-Kaye, Lese-Fowler, Bursley, Reyes, & Bieschke (2011) have described implementing the Values Statement in an internship setting.

Selected References

- Council of Counseling Psychology Training Programs, Association of Counseling Center Training Agencies, & Society of Counseling Psychology. (2009). Counseling Psychology Model Training Values Statement Addressing Diversity. *The Counseling Psychologist*, 37, 641-643.
- Council of Counseling Psychology Training Programs and the Society of Counseling Psychology. (2005). Model Training Program in Counseling Psychology. *Counseling Psychology Education and Training Guidelines*. Retrieved from <http://cospp.org/guidelines>
- Fouad, N. A., & Arredondo, P. (2006). *Becoming culturally oriented: Practical advice for psychologists and educators*. Washington, DC: American Psychological Association.
- Illfelder-Kaye, J., Lese-Fowler, K., Bursley, K., Reyes, E., & Bieschke, K.J. (2009). Implementing the Training Values Statement Addressing Diversity in university counseling center internships. *The Counseling Psychologist*, 37, 721-743.
- Mintz, L. B., & Bieschke, K.J. (Eds.). (2009). Counseling Psychology Model Training Values Statement Addressing

- Diversity [Special issue]. *The Counseling Psychologist*, 37(5).
- Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G., & Israel, T. (Eds.). (2005). *Handbook for social justice in counseling psychology: Leadership, vision and action*. Thousand Oaks, CA: Sage.
- Winterowd, C.L., Adams, E.M., Miville, M.L., & Mintz, L.B. (2009). Operationalizing, instilling, and assessing counseling psychology training values related to diversity in academic programs. *The Counseling Psychologist*, 37, 676-704.

2. Describe how knowledge of cultural and individual differences and diversity are applied in practice.

The specialty of counseling psychology focuses upon the individual in context, with emphasis on critical aspects of the multicultural interaction between counselor and client (Altmaier & Ali, 2012). The Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (APA, 2003), drafted by a joint task force of APA Divisions 17 and 45, describe how knowledge of cultural and individual differences and diversity are applied in practice. The guidelines encourage the application of culturally appropriate skills by developing “awareness and knowledge about one’s worldview as a cultural being and as a professional psychologist and about the worldview of others” (APA, 2003, p.390). When counseling psychologists focus on the client in context, they incorporate race, ethnicity, gender, social class, sexual orientation, ability/disability, age, linguistic and cultural background into therapy; select culturally appropriate assessment tools; attend to the cultural appropriateness of the intervention; and consider use of non-traditional interventions and translators when appropriate.

Other APA practice guidelines demonstrate how knowledge of cultural and individual differences and diversity are applied in practice with specific populations. The Guidelines for Psychological Practice with Girls and Women (APA, 2007), drafted by a joint task force of APA Divisions 17 and 35, contain 11 guidelines followed by examples of specific application. They assist practitioners in understanding the consequences of gender role socialization and traumatic stressors, and address bias in diagnosis and treatment. The Guidelines for Psychological Practice with Older Adults (APA, 2004) offer 20 guidelines regarding attitude, knowledge, clinical issues, assessment, intervention, consultation, and education. The Guidelines for the Assessment and Intervention with Persons with Disabilities (APA, 2011b) help practitioners understand how disability impacts psychological well-being and functioning, how to implement assessments and interventions, and how to make treatment settings accessible. The Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (APA, 2011a), update the original with 21 new guidelines that incorporate changes in the field of lesbian, gay and bisexual psychology and include application for each guideline. The *Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients* (2nd ed.) (Bieschke, Perez, & DeBord, 2006) provides many other examples of how to provide psychotherapy to LGBT clients across a wide range of issues, including emerging areas such as civil unions, marriage and adoption rights.

Selected References:

- Altmaier, E. M., & Ali, S.R. (2012). A view across the life span of counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 3-10). New York: Oxford.
- American Psychological Association. (2003). Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. *American Psychologist*, 58, 377-402. doi:10.1037/0003-066X.58.5.377
- American Psychological Association. (2004). Guidelines for Psychological Practice with Older Adults. *American Psychologist*, 59, 236-260.
- American Psychological Association. (2007). Guidelines for Psychological Practice with Girls and Women. *American Psychologist*, 62, 949-979.
- American Psychological Association. (2011a). Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual clients. Retrieved from <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>
- American Psychological Association. (2011b). Guidelines for the Assessment and Intervention with Persons with Disabilities. Retrieved from <http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx>
- Bieschke, K.J., Perez, R.M., & DeBord, K.A. (2006). *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (2nd ed.) Washington, DC: American Psychological Association.

3. Describe the opportunities for continuing professional development and education related to cultural and individual differences and diversity.

As noted in Criterion II on Public Need, *The Counseling Psychologist (TCP)* (<http://tcp.sagepub.com/>), an official publication of the Society of Counseling Psychology, publishes major contributions and special issues that address human diversity. Some examples include: Perspectives on Race in Counseling Psychology Practice, Training and Research (July 2005); Race-based Traumatic Stress (January 2007); Culturally Sensitive Health Care (September 2007); Culturally Relevant Prevention (November 2007); International Forum (March 2008); Men's Gender Role Conflict (May 2008); Internalized Heterosexism (July 2008); New Frontiers in Multiculturalism (November 2008); Contextual Factors in Training and Practice (August 2009), Asians and Asian Americans (May 2010); Sexual Objectification of Women (January 2011), and White Dialectics: A New Framework (April 2011). Practitioners can earn continuing education credits for reading articles in *TCP*. Many other CE opportunities exist through intentional programming during the annual APA convention and at various regional counseling psychology conferences. SCP is a co-sponsor of the biennial National Multicultural Conference and Summit, with extensive conference programming and pre-conference workshops, all addressing cultural diversity (<http://www.multiculturalsummit.org/>).

4. Describe how students are evaluated. How is competency measured? Please include samples of evaluation tools related to an understanding of cultural and individual differences and diversity.

Counseling psychology students' multicultural competence may be evaluated at several stages – in their academic classes on multicultural counseling and in related coursework, in practica rotations and in internship settings. Various assessment methods may be employed. Multicultural counseling competence is viewed as the integration of the counselors' "(a) *awareness* of themselves and others' cultural attitudes and beliefs, (b) *knowledge* of the rich histories and present-day experiences of diverse groups of peoples, and (c) skills needed to work with clients of diverse backgrounds" (Constantine, Miville, & Kindaichi, 2008, p.141). This conceptualization is often referred to as the tripartite model, stemming from early work on multicultural competency (Sue, Arredondo, & McDavis, 1992), remains a foundation for current assessment.

The instruments most often used to assess multicultural competence in the counseling literature are: 1) the Cross-Cultural Counseling Competence Inventory-Revised (CCCI-R) (LaFromboise, Coleman, & Hernandez, 1991); 2) the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), a revision of the MCAS:B (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002); 3) the Multicultural Awareness Knowledge and Skills Survey (MAKSS-CE-R) and 4) the Multicultural Counseling Inventory (MCI) (Sodowsky, Taffe, Gutkin, & Wise, 1994). For the CCCI-R, clients rate counselors on 20 items; the other three instruments are self-report scales. While noting various limitations in using these inventories, Dunn, Smith and Montoya (2006) found that these instruments all have generally acceptable internal consistency reliability across different populations and settings. It is unclear how frequently these instruments are used to assess students' multicultural competence; indeed, some evaluators prefer not to use self-report instruments.

The Counseling Psychology Model Training Values Statement Addressing Diversity has been operationalized by, identifying nine virtues: respectful, inclusive, collaborative and cooperative, openness, inquisitive, self-aware and introspective, culturally aware, socially just, and professional growth and self-improvement (Winterowd, Adams, Miville, & Mintz, 2011, p.679). Trainees' and trainers' virtues and associated dispositions can be assessed using a seven-point Likert-type scale (Winterowd, Adams, Miville, & Mintz, 2011, pp. 680-683). The majority of programs develop their own rating scales to assess competency in this area, often using the APA Commission on Accreditation self-study questions to provide basis for the content. In addition, they may employ other means of evaluation. For example, one counseling psychology model program faculty member uses three modes of evaluation in the diversity and multicultural counseling class:

- 1) a weekly reaction papers (graded in terms of reflective, integrative, and critical thinking about the material);
- 2) a case conceptualization and treatment plan assignment in which students have to develop a written case conceptualization and treatment plan that integrates a diversity lens into the content and process of their work with a selected client, and a presentation on this (the instructor uses detailed outline and a grading rubric);

- 3) a research proposal paper in which students have to revisit their own prior research integrating a critical diversity lens into the content and process of the research (again, using a grading rubric).

Here, the evaluation is multifaceted, based on sample behaviors of conceptual thinking/self-awareness (reaction papers), clinical work (case conceptualization), and research (research proposal).

Selected References

- Constantine, M. G., Miville, M. L., & Kindaichi, M. M. (2008). Multicultural competence in counseling psychology practice and training. In S.D. Brown & R.W. Lent (Eds.), *Handbook of Counseling Psychology* (4th ed.) (pp. 141-158). Hoboken, NJ: Wiley.
- Dunn, T.W., Smith, T.B., & Montoya, J. A. (2006). Multicultural competency instrumentation: A review and analysis of reliability generalization. *Journal of Counseling & Development, 84*, 471-482.
- Kim, B.S.K., Cartwright, B. Y., Asay, P. A., & D'Andrea, M. J. (2003). A revision of the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition. *Measurement and Evaluation in Counseling and Development, 36*, 161-180.
- LaFramboise, T. D., Coleman, H. L., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory-Revised. *Professional Psychology: Research and Practice, 22*, 380-388.
- Ponterotto, J.G., Gretchen, D., Utsey, S. O.; Rieger, B. P.; & Austin, R. (2002). A revision of the Multicultural Counseling Knowledge and Awareness Scale. *Journal of Multicultural Counseling and Development, 30*, 153-180.
- Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology, 41*, 137-148.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*, 64-68.
- Winterowd, C.L., Adams, E.M., Miville, M.L., & Mintz, L.B. (2009). Operationalizing, instilling, and assessing counseling psychology training values related to diversity in academic programs. *The Counseling Psychologist, 37*, 676-704.

Education and Training

Criterion V. Advanced Scientific and Theoretical Preparation. In addition to the scientific and professional foundations described above, a specialty requires advanced, specialty-specific scientific knowledge.

1. Specialty education and training occurs at the doctoral, postdoctoral, or both levels?

Doctoral.

NOTE: Education and Training Guidelines for Postdoctoral Training in Counseling Psychology were prepared by a Div. 17 special task group. These guidelines have been endorsed by the Council of Specialties in Professional Psychology (November 2008) and filed with the APA Commission on Accreditation. To date there are no formally established/organized or accredited postdoctoral training programs in counseling psychology.

2. If specialty training occurs at the doctoral level, which is assumed to be broad and general, describe how specialty education and training is integrated into the general professional psychology doctoral curriculum using the requirements for the advanced scientific core in the following areas, as appropriate. This refers to the specialty specific scientific knowledge that builds upon the basic common and scientific core.

a. biological bases of behavior:

Individuals trained as counseling psychologists are expected to have an understanding of the biological bases of behavior and psychopathology as they relate to development, assessment diagnosis, prevention, and interventions. This understanding should include the biological aspects of normal development but should also extend to the biological aspects of the etiology of various psychological/behavioral disorders (e.g., physical injury, trauma, and disability; substance abuse; anxiety and mood disorders), and to the treatment of such disorders (e.g., psychopharmacological and psychological treatments).

Selected References

- Berman, G. & James, L. (2012). Counseling health psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 723-751). New York: Oxford.
- Chwalisz, K., & Obasi, E. (2008). Promoting health and preventing and reducing disease. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 517-534). New York: Wiley.
- Danish, S., & Forneris, T. (2008). Promoting positive development and competency across the life span. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 500-516). New York: Wiley.
- Eggerth, D. & Cunningham, T. (2012). Counseling psychology and occupational health psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 752-779). New York: Oxford.
- Elliott, T., & Rath, J. (2012). Rehabilitation psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 679-702). New York: Oxford.
- Frazier, P. (2012). Trauma psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 807-836). New York: Oxford.
- Martens, M., Neighbors, C., & Lee, C. (2008). Substance abuse prevention and treatment. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 552-569). New York: Wiley.
- Peterson, D., & Elliott, T. (2008). Advances in conceptualizing and studying disability. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 212-232). New York: Wiley.

b. cognitive-affective bases of behavior:

Counseling psychologists should have knowledge of cognitive-affective bases of behavior as they relate to individual and group behavior, and to assessment, diagnosis, prevention and treatment. Such assessment, diagnosis, prevention and treatment requires knowledge of the interrelationships among behavior, cognition, and affect as they influence individuals' (a) educational achievement and development, (b) career development, career choice/decision-making, and work performance, (c) interpersonal relationships, (d) adaptation, and (e) subjective distress and coping.

Selected References

- Arbona, C. (2000). The development of academic achievement in school aged children: Precursors to career development. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp.270-311). New York: Wiley.
- Brown, S., & Rector, C. (2008). Conceptualizing and diagnosing problems in vocational decision making. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 392-407). New York: Wiley.
- Lopez, S., & Edwards, L. (2008). The interface of counseling psychology and positive psychology: Assessing and promoting strengths. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 86-102). New York: Wiley.

c. social bases of behavior:

As a function of their advanced specialty training, counseling psychologists should recognize and be particularly attentive to the influences of culture, social environment (e.g., social support, social norms, peer pressure, social biases and stereotyping, marginalization and stigmatization), group dynamics/processes, and organizational

structure and climate as these relate to individual and group development and behavior (performance and achievement). Particular consideration should be paid to these social influences as they relate to educational and vocational development and behavior, social inequities/injustice, and to racial and intercultural relations.

Selected References

- Leong, F., & Inman, A. (2008). Culture and race in counseling and psychotherapy: A critical review of the literature. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 320-337). New York: Wiley.
- Liu, W., & Ali, S. (2008). Social class and classism: Understanding the psychological impact of poverty and inequality. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 159-175). New York: Wiley.
- Fouad, N., & Prince, J. (2012) Social justice in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 856-872). New York: Oxford.
- Fouad, N., & Kantamneni, N. (2008). Contextualizing factors in vocational psychology: Intersections of individual, group and societal dimensions. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 408-425). New York: Wiley.

d. individual bases of behavior:

Life-span development is a critical element in the practice of counseling psychology. Counseling psychologists are expected to pay particular attention to anticipating normal or "typical" problems associated with the range of individual developmental differences in their design of educational, preventative and treatment programs. Counseling psychologists should understand that both preventative and remedial programs need to recognize and incorporate the unique developmental backgrounds (e.g., predisposing conditions and/or critical person-environment interactions) of their clients. Counseling psychology's particular attention to individual development and adaptation necessitates knowledge and understanding of normal as well as abnormal development as it applies to their clients—whether individuals, families, groups, or systems/organizations.

Selected References

- Arbona, C., & Coleman, N. (2008). Risk and resilience. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 483-499). New York: Wiley.
- Armstrong, P., & Rounds, J. (2008). Vocational psychology and individual differences. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 375-391). New York: Wiley.
- Cokley, K., & Vandiver, B. (2012). Ethnic and racial identity. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 291-325). New York: Oxford.
- Croteau, J., Bieschke, K., Fassinger, R., & Manning, J. (2008). Counseling psychology and sexual orientation: History, selective trends, and future directions. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 194-211). New York: Wiley.
- Fouad, N., & Kantamneni, N. (2008). Contextualizing factors in vocational psychology: Intersections of individual, group and societal dimensions. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 408-425). New York: Wiley.
- Larson, L. (2012). Work life across the lifespan. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 128-178). New York: Oxford.
- Leong, F., & Inman, A. (2008). Culture and race in counseling and psychotherapy: A critical review of the literature. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 320-337). New York: Wiley.
- Moradi, B., & Yoder, J. (2012). The psychology of women. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 346-374). New York: Oxford.
- Morrow, S. (2012). Sexual orientation and identities. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 409-433). New York: Oxford.
- Nutt, R., & Brooks, G. (2008). Psychology of gender. In S. Brown & R. Lent (Eds.), *Handbook of counseling*

- psychology* (4th ed.) (pp. 176-193). New York: Wiley.
- O'Neil, J. (2012). The psychology of men. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 375-408). New York: Oxford.
- Vacha-Haase, T., & Duffy, M. (2012). Counseling psychologists working with older adults. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 480-502). New York: Oxford.

e. ethics (science and practice):

All students receive education and training in the most current Ethical Principles and Code of Conduct for Psychologist (APA, 2002, 2010). In addition to becoming knowledgeable about and sensitive to the variety of ethical issues that arise in professional practice, students are educated about research integrity and the responsible conduct of research. This graduate training includes not only learning about ethical conflicts and conundrums, but also about ethical decision making. Although distinguished from “ethics,” students are also instructed with respect to legal risk management and other relevant professional and research practice issues. Awareness of statutory requirements affecting one’s work as a psychologist is also an integral part of the curriculum. Coverage of these topics and issues is generally done within a course or proseminar focused specifically on these issues. Research ethics is also covered in research design and methodology courses, and ethical and legal issues in areas of professional practice are covered in practica and internship placements.

Selected References

- Hall, J. (2012). Professional issues. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 11-31). New York: Oxford.
- Kitchener, K., & Anderson, S. (2000). Ethical issues in counseling psychology: Old themes—New problems. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 50-82). New York: Wiley.
- Vasquez, M., & Phillips, R. (2012). Ethics in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 270-290). New York: Oxford.
- Werth, J., Cummings, D., & Thompson, M. (2008). Legal and ethical issues affecting counseling psychologist. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 3-20). New York: Wiley.

f. research design, methodology, statistics:

Programs vary in the coverage of specific research methods they require of students. Competencies in both quantitative and qualitative methods are expected of students during their graduate programs, reflecting counseling psychology’s commitment to diversity—including methodological diversity. Familiarity with experimental, quasi-experimental and non-experimental designs—and the strengths and limitations of each—is also a requirement of graduate programs. Methods of therapy process and outcome research, and of program evaluation, are typically covered within graduate training programs. Although most graduate programs in counseling psychology subscribe to some variant of the scientist-practitioner model, programs may distinguish themselves in terms of the relative emphasis they place on different methods, designs, and reliance on statistics to address the research questions or issues that may be a focus or emphasis of the programs.

Selected References

- Betz, N., & Fassinger, R. (2012). Methodologies in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 237-269). New York: Oxford.
- Heppner, P., Wampold, B., & Kivlighan, D. (2008). *Research design in counseling* (3rd ed.). Belmont, CA: Brooks-Cole.
- Morrow, S., & Smith, M. (2000). Qualitative research for counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 199-232). New York: Wiley.
- Swanson, J. (2012). Measurement and assessment in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 208-236). New York: Oxford.

Tracey, T. (2000). Issues in the analysis and interpretation of quantitative data: Deinstitutionalization of the null hypothesis test. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 177-198). New York: Wiley.

g. history and systems:

Students in counseling psychology training programs are expected to have a understanding and appreciation of the history of philosophical and scientific thinking related to the discipline of psychology generally and of counseling psychology specifically. The impact of philosophical perspectives and scientific paradigms on developments in psychology and in its application to human functioning and welfare are apparent across the graduate curriculum in counseling psychology—both in the scientific foundations underlying psychology as a science and counseling psychology as an application of psychological principles to human issues and concerns.

Selected References (history of counseling psychology)

Blocher, D. (2000). *The evolution of counseling psychology*. New York: Springer.
Whiteley, J. (1980). *The history of counseling psychology*. Belmont, CA: Wadsworth.

h. measurement:

In order to prepare them for both as practitioners and researchers, counseling psychology students are expected to have a grounding in the principles of psychological and educational measure—including, but not limited to, classical test theory—covering content related to test/instrument construction and validation methodologies.

Selected References

Swanson, J. (2012). Measurement and assessment in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 208-236). New York: Oxford.
Walsh, B., & Betz, N. (2001). *Tests and assessment* (4th ed.). Upper Saddle River, NJ: Prentice Hall.

i. practicum:

All doctoral training programs in counseling psychology require students to receive supervised clinical experience in the provision of therapeutic interventions, assessment, and consultation. Practicum experiences are supervised on-site. Onsite supervision is provided by licensed psychologists, or other appropriately credentialed supervisor. In those instances in which the on-site supervisor is not a licensed psychologist, the student/supervisee must receive supervision on campus by a psychologist licensed in the jurisdiction in which the training program is located.

j. supervision:

Over the course of their graduate training program—which includes both program didactics and supervised field placements (practicum, internship)—students are expected to be exposed to the current body of literature on clinical supervision and consultation. The students' experiences may include the supervised provision of supervision to less experienced students-in-training.

Selected References

Bernard, J., & Goodyear, R. (2009). *Fundamentals of clinical supervision*. Upper Saddle River, NJ: Pearson.
Goodyear, R., & Guzzardo, C. (2000). Psychotherapy supervision and training. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 83-108). New York: Wiley.
Ladany, N., & Inman, A. (2012). Training and supervision. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook*

of counseling psychology (pp. 179-207). New York: Oxford.

k. consultation:

As noted in the preceding paragraph, all students are expected to be exposed to the current body of literature on consultation. The types of/approaches to consultation focused on varies by training program. Most include attention to clinical/case consultation, but consistent with counseling psychology's attention to the person-in-context (person x environment interaction), organizational consultation is commonly included in a program's education and training in consultation.

Selected References

Cooper, S., & Shullman, S. (2012). Counseling psychologists as consultants. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 837-855). New York: Oxford.

l. internship:

All programs require that students complete a one-year fulltime (or two-year half-time) predoctoral internship. A student's preparation for this internship includes the training program's didactic instruction and, significantly, appropriate and sufficient practicum training. Internships are most generally secured through the Association of Psychology Postdoctoral and Internship Centers (APPIC).

m. other, including any additional specialty courses that do not fit the above categories:

Additional curricular expectations that are especially relevant to graduate education and training in counseling psychology training are courses as well as infusion of the role of diversity in of all aspects of professional psychology--including interventions, assessment (including assessments normal personality functioning, vocational/career interests and vocational developments, aptitudes/abilities, strengths/assets), lifespan development, career development and vocational psychology, and prevention. Attention to the role of cultural and individual diversity in psychological phenomena as they relate to the science and practice of professional psychology and to human lifespan development is also requirements for program accreditation. Counseling psychology's model training curriculum (which is posted at <http://www.ccptp.org/trainingdirectorpage5.html> and an initial version which had been published in the division's journal *The Counseling Psychologist*) articulates both the shared and distinctive features of advanced training in the specialty. As stated in that document, the professional core of counseling psychology encompassed: (a) professional issues in counseling psychology, (b) theories and techniques of counseling psychology, (c) legal and ethical Issues relevant to the practice of counseling psychology, (d) individual and cultural diversity, (e) practicum and internship, (f) psychological assessment, diagnosis, and appraisal, (f) career development and counseling, (g) consultation, (h) program evaluation, and (i) supervision and training. All programs address these areas. Below is a listing of counseling psychology references relevant to the above training model curriculum and highlighting counseling psychology's specialty-specific professional knowledge and competencies.

Selected References

Arbona, C., & Coleman, N. (2008). Risk and resilience. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 483-499). New York: Wiley.

Armstrong, P., & Rounds, J. (2008). Vocational psychology and individual differences. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 375-391). New York: Wiley.

Brown, S., & Rector, C. (2008). Conceptualizing and diagnosing problems in vocational decision making. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 392-407). New York: Wiley.

Chope, R. (2012). Career counseling. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 545-569). New York: Oxford.

Danish, S., & Forneris, T. (2008). Promoting positive development and competency across the life span. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 500-516). New York: Wiley.

- Espelage, D. & Poteat, V.P. (2012). School-based prevention of peer relationship problems. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 703-722). New York: Oxford.
- Espelage, D., & Horne, A. (2008). School violence and bullying prevention: From research-based explanations to empirically-based solutions. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 588-606). New York: Wiley.
- Fouad, N., & Prince, J. (2012) Social justice in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 856-872). New York: Oxford.
- Lopez, S., & Edwards, L. (2008). The interface of counseling psychology and positive psychology: Assessing and promoting strengths. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 86-102). New York: Wiley.
- Morgan, M. & Vera, E. (2012). Prevention and psychoeducation in counseling psychology. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 529-544). New York: Oxford.

3. If specialty training occurs at the postdoctoral level, describe:

a. Any doctoral level prerequisites beyond an APA-accredited degree in professional psychology.

Consistent with published Education and Training Guidelines for Postdoctoral Training in Counseling Psychology (Appendix A), preferred qualifications for admission include: (a) having completed appropriate doctoral education and training in professional psychology or appropriate respecialization, both of which must include the completion of an appropriate internship, and (b) having interests and attitudes that are appropriate for the training program's goals and objectives.

b. Required coursework and other experiences in the postdoctoral residency.

No specific coursework is required, although formal didactics may be a part of the postdoctoral residency. However, consistent with the published Education and Training Guidelines for Postdoctoral Training in Counseling Psychology (see Appendix A), the following content areas are to be covered:

1. theories and effective methods of psychological assessment, diagnosis and interventions;
2. consultation, program evaluation, supervision and/or teaching;
3. strategies of scholarly inquiry;
4. organization, management and administration issues pertinent to psychological service delivery and practice, training, and research; professional conduct; ethics and law; and other standards for providers of psychological services;
5. issues of cultural and individual diversity that are relevant to all of the above.

Additionally, the postdoctoral residency is to provide a minimum of (2) hours per week of individual, face-to-face supervision for full time residents, and a minimum of one (1) hour per week for part-time residents. For the supervision, each resident shall have at least two (2) supervisors during any one training year. At least one of these supervisors shall be a psychologist identified with counseling psychology, as evidenced by knowledge, skills and activities congruent with the philosophy and practice of counseling psychology, who shall serve as the resident's primary supervisor.

As noted earlier, Education and Training Guidelines for Postdoctoral Training in Counseling Psychology were prepared by a Div. 17 special task group. These guidelines have been endorsed by the Council of Specialties in Professional Psychology (November 2008) and filed with the APA Commission on Accreditation. To date, however, there are no formally established/organized or accredited postdoctoral training programs in counseling psychology.

4. Describe how students in this specialty are evaluated. How is competency measured? Please include samples of evaluation tools.

Competency is assessed throughout students' graduate training. The foundational competencies include: (a)

professionalism (including integrity; honesty; accountability/responsibility; concern for others; professional identity as a counseling psychologist; sensitivity and skill in working professionally with diverse individuals, groups and communities; ethical knowledge and conduct; reflective practice and self-care, (b) the ability to relate effectively and meaningfully with individuals, groups, and/or communities, (c) understanding of research, research methodology, techniques of data collection and analysis, as well as the foundational psychological science underpinning the practice of counseling psychology, and (d) the integration of research and clinical expertise in the context of client factors—including assessment, diagnosis, prevention, intervention and evaluation.

Competencies that are more specialty- (i.e., counseling psychology) specific include: supervision, consultation, and career and vocational psychology (see Fuertes, Spokane & Holloway [2012], *Specialty competencies in counseling psychology*).

A screening level of evaluation is conducted prior to admission to graduate study during the admission process. Admitted students are then evaluated formally on an annual basis and informally and continually throughout their graduate training. Important junctures for evaluation occur as students are evaluated for (a) readiness for practicum, (b) matriculation in practicum, (c) readiness for internship, (d) completion of the internship, and (e) readiness for independent practice. The profession and its trainers/educators recognize the developmental character of students' growth into becoming a counseling psychologist, and different levels of competence are expected at each of the various "benchmarks" in students training sequence.

Although counseling psychology training programs share a common training model, graduate programs, because of institutional missions, regional needs, and faculty interests and talents, may develop programmatic emphases. and so may differ in specific program goals, objectives and competencies. (This is consistent with Counseling Psychology's model training program (<http://www.ccptp.org/trainingdirectorpage5.html>)). For this reason there is no single or shared measure of competencies that is used across programs within the specialty (or within professional psychology generally). However, considerable effort has been made within the counseling psychology training community to develop competency guideline and benchmarks across core competency areas in programs' preparation of graduates for professional practice in counseling psychology. These competency benchmarks represent developmental benchmarks and are also common across different applied specialties, including counseling psychology (see <http://www.psychtrainingcouncils.org/pubs/Practicum%20Competencies%20FINAL%203-07.pdf>). Areas of specialty competency focus for counseling psychology are described in the recent publication by Fuertes, Spokane and Holloway (2012): *Specialty competencies in counseling psychology*.

Fuertes, J., Spokane, A., & Holloway, E. (2012). *Specialty competencies in counseling psychology*. New York: Oxford.

Also see: *APA TASK FORCE ON THE ASSESSMENT OF COMPETENCE IN PROFESSIONAL PSYCHOLOGY: FINAL REPORT* (American Psychological Association (Oct. 2006). This report is available at: <http://www.apa.org/ed/resources/competence-report.aspx>

Different counseling psychology programs have adapted these benchmark competencies for their specific programs and developed scales for the evaluation of student progress with respect to these competencies. Three sample evaluation tools are provided for review (see **Appendix B**).

In addition to these competency rating scales, students' academic competence is evaluated in terms of academic performance (grades), time to degree completion, dissertation quality, publications and awards.

Finally, as a part of the larger professional psychology training community, programs that are members of the Council of Counseling Psychology Training Programs (CCPTP) have adopted a policy of comprehensive evaluation of students. The principle of comprehensive evaluation is that professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train professional psychologists also strive to protect the public and the profession. Therefore,

faculty, training staff, supervisors, and administrators in such programs have a duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development, and functioning. A copy of the statement regarding the comprehensive evaluation of students can be found on the CCPT website: <http://www.ccptp.org/trainingdirectorpage7.html>

Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provides the basis for services with respect to the essential parameters of practice. The parameters to be considered include: a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs. If the specialty training occurs at both the doctoral and postdoctoral levels, please list the levels of preparation separately.

1. Describe the advanced didactic and experiential preparation for specialty practice in each of the following parameters of practice:

As noted earlier in this petition, counseling psychology is not defined so much by the settings in which counseling psychologists work or by the clientele served as by the philosophical perspective reflected in their practice. The overarching psychological themes characterizing counseling psychology are the recognition of typical and atypical developmental patterns as a basis for diagnosis and treatment, a valuing of individual and cultural diversity, and an interactional view that recognizes an inherent relationship among biological, intrapersonal (cognitive-affective), and social (i.e., situational, cultural and interpersonal) influences on human functioning. More specifically, the distinguishing themes characterizing counseling psychology as a specialty and so reflected in advanced preparation of practitioners are (a) a focus on working within a developmental framework across a wide range of psychological functioning; (b) a focus on individuals' assets and strengths, regardless of level of functioning; (c) the use of relatively brief counseling interventions; (d) an emphasis on person-environment interactions, rather than an exclusive focus on either person or environment; (e) an emphasis on prevention, including psycho-educational interventions; (f) emphasis on the educational and vocational lives of individuals; and (g) a focus on issues of culture, race, and ethnicity, as well as other areas of individual diversity such as gender, age, ability, socioeconomic status and sexual orientation as they relate to development and personal functioning.

- a. populations (target groups, other specifications):

Professional preparation in counseling psychology includes training and experience in the application of psychological knowledge to a variety of personal and social problems for diverse populations organized along the continuum from individuals, groups (including couples and families) and organizations. Counseling psychologists work with individual clients of all ages such as children who have behavior problems; late adolescents with educational and career concerns or substance abuse problems; adults facing marital or family difficulties, career shifts, or overcoming disabilities; older adults facing retirement. Practica and internships provide trainees the experiences to work with groups in a variety of settings toward achieving solutions to many of these same problems, as well as toward enhancement of personal and interpersonal functioning. Clients seen by counseling psychologists who are in training reflect racial, ethnic, cultural differences as well as gender and sexual orientation diversity.

In light of the above populations or target groups of clients, advanced didactic preparation includes coursework covering life span development (developmental psychology), career and work development (career/vocational psychology), and individual and group differences (including diversity: gender, race, ethnicity, culture, age, religion, class, sexual orientation, disability). Applied/practicum training generally includes supervised placements in setting that collectively provide for learning opportunities to work with a developmentally and individually diverse clientele. These settings include college/university counseling centers, public schools (K-12),

veterans administration medical centers, university medical centers, and community mental health clinics/agencies (the specific placements being dependent on program emphasis, the career interests of the trainee, and available practicum and internship resources).

b. problems (psychological, biological, and/or social (including symptoms, problems behaviors, prevention, etc):

A distinguishing characteristic of the practice of counseling psychology is its attention to life-span development and transition issues. Developmental issues are approached from two major perspectives: (a) the need to anticipate typical or normative problems associated with the full range of development in the design of educational and preventive measures; and (b) the need to take into account developmental differences in the design and application of counseling psychology interventions for the treatment or remediation of adjustment problems. Collateral with developmental and life transition issues can be matters of stress and coping, personal and familial crisis, psychological and physical health and trauma personal/family/social adjustment, works adjustment, identity issues, and substance abuse. Training in counseling psychology (as prescribed and outlined in counseling psychology's model training program) includes didactic coursework in career development and work behavior, role of work in psychological health, work adjustment, developmental psychology, psychopathology, personal/social/family adjustment, organizational psychology, stress and coping, crisis intervention and trauma response, and problem solving. Many programs also require coursework in substance abuse, prevention and consultation.

c. procedures and techniques (for assessment, diagnosis, intervention, prevention, etc.):

Professional preparation in counseling psychology includes coursework and supervised practica covering culturally appropriate interviewing; individual, group and marital/family counseling/psychotherapy; crisis intervention; psychological assessment and psychodiagnostics; treatment planning and implementation; behavior modification and behavior therapy; consultation; supervision and training; psychoeducational programming; program evaluation; and research design and statistics.

As noted above, advanced preparation for practice includes both didactic and supervised practicum/internship components. Assessment approaches include, but are not limited to, the appraisal of client strengths, personal and social resources, coping strategies self-efficacy, resilience, career interests and career maturity, and academic and vocational aptitudes, and identity development in the context of the client's cultural background. Counseling psychologists are also involved in general personality assessment and, necessarily, in psychodiagnostic assessment. However, the assessment of personality tends to focus more heavily on normal or basic functional aspects of functioning than on the assessment of psychopathology (e.g., as characterized by use of the California Psychological Inventory [CPI], the NEO, the 16PF, or the MBTI...in contrast to the clinical use of measures of psychopathology such as the MCMI, MMPI, Rorschach—although counseling psychologists will also use these measures) (Watkins & Campbell, 1990).

Counseling/therapy interventions are shared across different specialties, but may be distinguished from those used in other specialties by being relatively brief and problem- or solution-focused. Consistent with the meta-analytic literature regarding the effectiveness of therapeutic interventions and relative contributions of contextual and relational factors vs. problem-specific treatment components to treatment outcomes (e.g., Wampold, 2001), counseling psychology interventions reflect an emphasis on the relational/contextual factors that are common across different treatment approaches. This is in contrast to other specialties whose approach may be best characterizes as reflecting a "medical model." Prepracticum and practicum training, therefore, generally focuses more on the enhancement of therapist and relationship qualities, than on therapy tactics. Evidence-based treatment interventions are integrated into the therapist's repertoire.

Counseling psychology interventions also include preventative measures.

Selected References

- Marten, M., Neighbors, C., & Lee, C. (2008). Substance abuse prevention and treatment. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 552-569). New York: Wiley.
- Larson, L. (2012). Work life across the lifespan. In E. Altmaier & J. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 128-178). New York: Oxford.

- Lent, R. (2008). Understanding and promoting work satisfaction: An integrative review. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 462-482). New York: Wiley.
- Watkins, C., & Campbell, V. (1990). *Testing in counseling practice*. Hillsdale, NJ: Erlbaum.

Criterion VII. Structures and Models of Education and Training in the Specialty. The specialty has structures and models to implement the education and training sequence of the specialty. The structures are stable, sufficient in number, and geographically distributed. Specialty education and training may occur at the doctoral, postdoctoral, or both.

1. List the names of the exemplary training programs that exist in the specialty.

A list of all APA accredited doctoral programs in counseling psychology can be found at on the APA/CoA website: <http://www.apa.org/ed/accreditation/programs/accred-counseling.aspx>. It is also published each year in the December issue *American Psychologist*. In addition to meeting the program accreditation principles and standards promulgated by the American Psychological Association, these programs are recognized by Division 17 (Counseling Psychology) and the Council of Counseling Psychology Training Programs as doctoral training programs meeting acceptable standards for the preparation of counseling psychologists.

Although there is no "official" unified ranking of Counseling Psychology Doctoral Programs by any accrediting body or professional organization, there have been numerous studies published that provide some guidance to students considering applying to PhD Counseling Psychology programs.

- Bennett, S. K., Rowe, W., & Hill, T. L. (1991). A content analysis of the JMCD revisited: How are we doing five years later? *Journal of Multicultural Counseling and Development, 19*, 98-104.
- Buboltz, W. C., Ebberwein, C., Watkins, C. E., & Savickas, M. L. (1995). A comparison of the content, authors, and institutions represented in the *Career Development Quarterly* and the *Journal of Vocational Behavior*. *Journal of Vocational Behavior, 46*, 216-226.
- Buboltz, W., Jenkins, S., Thomas, A., Lindley, L., Schwartz, J., & Loveland, J. (2005). Research productivity in counseling psychology: An update. *The Counseling Psychologist, 33*, 709-728, doi:10.1177/0011000005277814
- Buboltz, W. A., Miller, M., & Williams, D. J. (1999). Content analysis of research in the *Journal of Counseling Psychology* (1973-1998). *Journal of Counseling Psychology, 46*, 496-503.
- Cesari, J. P., & Pelsma, D. M. (1986). Institutional affiliations of contributors to the *Personnel and Guidance Journal*: Volumes 46-62. *Journal of Counseling and Development, 65*, 185-188.
- Cox, W. M., & Catt, V. (1977). Productivity ratings of graduate programs in psychology based on publication in journals of the American Psychological Association. *American Psychologist, 32*, 793-813.
- Delgado, E. A., & Howard, G. S. (1994). Changes in research productivity in counseling psychology: Revisiting Howard (1983) a decade later. *Journal of Counseling Psychology, 41*, 69-73.
- Diegelman, N., Uffelman, R., Wagner, K., Diegelman (2005). Current institutional trends in research productivity in counseling psychology journals. *The Counseling Psychologist, 33*, 327-339, doi:10.1177/0011000004274130
- Hanish, C., Horan, J. J., Keen, B., St. Peter, C. C., Ceperich, S. D., & Beasley, J. F. (1995). The scientific stature of counseling psychology training programs: A still picture in a shifting scene. *The Counseling Psychologist, 23*, 82-101.
- Howard, G. S. (1983). Research productivity in counseling psychology: An updated and generalized study. *Journal of Counseling Psychology, 30*, 600-607.
- Howard, G. S., Cole, D. A., & Maxwell, S. E. (1987). Research productivity in psychology based on publication in the journals of the American Psychological Association. *American Psychologist, 42*, 975-986.
- Howard, G. S., & Curtin, T. D. (1993). Individual productivity and impact in counseling psychology. *The Counseling Psychologist, 21*, 288-302.
- Osipow, S. H. (1985). Skovholt, Stone, and Hill's (1984) "Institutional affiliations of contributors to scholarly and professional activities in counseling psychology: 1980-1983" - A critique. *Journal of Counseling Psychology, 32*, 466-468.
- Perez, R.M., Constantine, M.G., & Gerard, P.A. (2000). Individual and institutional productivity of racial and ethnic minority research in the *Journal of Counseling Psychology*. *Journal of Counseling Psychology, 47*, 223-228.
- Watkins, C. E., Vitanza, S., & Servaty, H. (1993). Institutional and personal sources of manuscripts in the *Journal of*

Vocational Behavior revisited: The first generation of publication activity. *Journal of Vocational Behavior*, 43, 209-220.

2. How are education and training programs in the specialty recognized? How many programs exist in the specialty?

Education and training in counseling psychology is recognized through voluntary accreditation by the American Psychological Association. Graduate training programs may also be recognized by the National Register of Health Services Providers in Psychology. There are currently 70 accredited doctoral programs in counseling psychology.

3. Describe the qualifications necessary for faculty who teach in these programs. Describe the qualifications required for the director of such programs.

The faculty in these programs hold terminal doctoral degrees (PhD/PsyD/EdD) in professional psychology—most generally, but not always in counseling psychology. By training and experience, they demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's objectives and goals. Most, but not all, are licensed as professional psychologists. Because faculty are expected to function as appropriate role models for students in their learning and socialization into the discipline and profession, they are professionally active as researchers and practitioners at a level commensurate with their responsibilities in their program and the policies and training objectives of the program. The designated leader (training director or director of clinical training) is a psychologist and is a member of the core faculty. The program director's credentials and expertise are consistent with the program's mission and goals and with the substantive area of professional psychology in which the program provides training. (Note: this leadership position could be held by more than one individual.)

4. If programs are doctoral level, what qualifications are sought for student admission? Provide sample evaluation forms.

Admissions standards are determined by individual programs based in part on the programs' distinctive philosophy of training and training goals and objectives. Consequently, there is no standard or expected admissions evaluation form. But as doctoral programs in the specialty are accredited by the American Psychological Association, it is expected that qualifications for admission would include having interest, aptitude, and prior achievement are of quality appropriate for the program's goals and objectives; and reflecting through their intellectual and professional development and intended career paths the program's goals, objectives, and philosophy. Individual program admissions evaluation forms would typically include information relating the following: (a) the applicants' prior undergraduate and, where appropriate, graduate academic performance (GPA), (b) the applicants' graduate studies aptitude (e.g., as assessed using the Graduate Record Examination (Verbal, Quantitative, Analytic Writing, Subject/Psychology)), (c) letters of reference from individuals able to comment on the applicants' suitability for graduate education in professional psychology—including the applicants' potential as practitioner, researcher, teacher, and (d) the applicants' "match" with program (e.g., having professional goals likely to be supported by the program, research interests compatible with faculty interests and competencies and with the training resources of the program. Often applicants are interviewed in person or by phone in the course of their application for admission to the program.

5. If programs are postdoctoral, what qualifications are required or preferred for admission? Provide sample evaluation forms.

There currently are no formally organized and recognized/accredited postdoctoral programs in counseling psychology. Consistent with published Education and Training Guidelines for Postdoctoral Training in Counseling Psychology, preferred qualifications for admission include: (a) having completed appropriate doctoral education and training in professional psychology or appropriate respecialization, both of which must include the completion of an appropriate internship, and (b) having interests and attitudes that are appropriate for the training program's goals and objectives.

6. Include or attach education and training guidelines, if available, for this specialty as appropriate for doctoral training, postdoctoral training, or both.

Counseling Psychology training program reflects the APA accreditation standards for graduate training in professional (counseling psychology) (<http://www.apa.org/ed/accreditation/about/policies/guiding-principles.pdf>). The Council of Counseling Psychology Training Programs, together with Div. 17 (Society of Counseling Psychology) has promulgated a model training program for counseling psychology (<http://www.ccptp.org/trainingdirectorpage5.html>). These documents serve as the education and training guidelines for the specialty.

Education and Training Guidelines for Postdoctoral Training in Counseling Psychology were prepared by a Div. 17 special task group. These guidelines have been endorsed by the Council of Specialties in Professional Psychology (November 2008) and filed with the APA Commission on Accreditation. To date there are no established or accredited postdoctoral training programs in counseling psychology.

7. Provide sample curriculum expected of model programs.

The CCPTP/SCP model training program (curriculum) for counseling psychology can be located at <http://www.ccptp.org/trainingdirectorpage5.html>.

8. Select four exemplary doctoral and/or postdoctoral level geographically distributed, and publicly identified programs in psychology in this specialty and provide the requested contact information. If programs are not APA accredited, please complete Attachment A and/or Attachment B. If the specialty education and training occurs at both the doctoral and postdoctoral level provide examples of both and not from the same program.

The four programs listed below are represent geographically distributed counseling psychology programs. Each is accredited by the APA. In each instance, training in counseling psychology is at the doctoral level.

Program One **Doctoral**

Name of University, School, or Institution offering program:

University of Kansas

Name of Program: **Counseling Psychology**

Address: **Department of Psychology and Research in Education
621 Joseph R. Pearson Hall
1122 W. Campus Rd.**

City/State/Zip: **Lawrence, KS 66045**

Contact Person: **Changming Duan** Telephone No. **785-864-9656**

E-mail address: **duanc@ku.edu**

Website: **<http://soe.ku.edu/pre/academics/cpsy/doctorate/>**

APA Accreditation: **Accredited**

Program Two **Doctoral**

Name of University, School, or Institution offering program

Arizona State University

Name of Program: **Counseling Psychology**

Address: **446 Payne Hall**

1000 S. Forest Mall
City/State/Zip: **Tempe, AZ 85287**
Contact Person: **Sharon Robinson Kurpius** Telephone No. **480-965-6104**
E-mail address: **sharon.kurpius@asu.edu**
Website: **<http://sls.asu.edu/graduate/proginfo/edcpsyphd>**
APA Accreditation: **Accredited**

Program Three Doctoral
Name of University, School, or Institution offering program:

University of Maryland
Name of Program: **Counseling Psychology**
Address: **Department of Psychology
University of Maryland
1147 Biology/Psychology Building**
City/State/Zip: **College Park, MD 20742**
Contact Person **Karen O'Brien** Telephone No. **301-405-5812**
E-mail address: **kmobrien@umd.edu**
Website: **<http://www.bsos.umd.edu/psych/counseling/counsel2.html>**
APA Accreditation: **Accredited**

Program Four Doctoral
Name of University, School, or Institution offering program:

University of Florida
Name of Program: **Counseling Psychology**
Address: **Department of Psychology
Room 114, Psychology Bldg.
P.O. Box 122250**
City/State/Zip: **Gainesville, FL 32611-2250**
Contact Person: **Martin Heesacker, Ph.D.** Telephone No. **352-273-2136**
E-mail address: **heesack@ufl.edu**
Website: **<http://www.psych.ufl.edu/index.php/counselingpsychology>**
APA Accreditation: **Accredited**

Criterion VIII. Continuing Professional Development and Continuing Education. A specialty provides its practitioners a broad range of regularly scheduled opportunities for continuing professional development in the specialty practice and assesses the acquisition of knowledge and skills.

1. Describe the opportunities for continuing professional development and education in the specialty practice. Provide detailed examples, such as CE offerings that are available.

Opportunities for continuing professional development are provided through annual conventions of the APA; regional and state psychological associations; and APA approved/sponsored continuing education workshops at offered throughout the year in different approved venues. Specific examples of recent CE workshops offered by and to counseling psychologists at the annual APA convention include the following (bracketed text references the counseling psychology specialty-specific focus of the workshops): (a) "Workplace mental health and well-being" [vocational psychology, positive psychology], (b) "Positive psychology interventions that work—Evidence-based clinical practices" [vocational psychology, positive/strengths orientation], (c) "Building bridges—Enhancing multicultural advocacy in college counseling" [diversity/multiculturalism, advocacy, college counseling], (d) "Forensic use of animal cruelty to understand deviate behavior" [SCP's section on Human/Animal Interaction], (e) "Training multiculturally-competent psychologists" [diversity/multiculturalism, training], (f) "There are counseling psychology PsyD programs? Tell me more" [professional training, specialty practices], (g) "Developing Spanish language therapy training programs for bilingual practitioners in the United States" [diversity/multiculturalism, training]. Additional approved CE programs are offered at the annual midwinter meeting of the Council of Counseling Psychology Training Programs (CCPTP). Examples of recent CE workshops offered by CCPTP include: (a) "Counseling psychology building a diverse profession: Multicultural mentoring for student success" [diversity/multiculturalism, training], (b) "Prevention, social justice and community engagement: Incorporating prevention into training of counseling psychologists" [prevention, social justice, advocacy, training], (c) "Community engagement and counseling psychology training" [advocacy, training], (d) "Multicultural research: Can science and multiculturalism peacefully co-exist in counseling psychology training?" [diversity/multiculturalism, training]. Regional meetings that provide continuing education opportunities include the Southeastern Regional Counseling Psychology Conference and the Big Ten Counseling Center Conference. Other conferences/contexts offering continued professional training for counseling psychologists include the annual meeting of Association of Counseling Center Training Agencies (ACCTA) [workshops for counseling center training directors and training staff], the Association of University and College Counseling Center Directors (AUCCCD) [workshops and discussion forums for counseling center directors], the National Multicultural Conference and Summit [diversity, multiculturalism], International Association of Applied Psychology (IAAP), and by the APA Office of Program Consultation and Accreditation. Approved self-study programs area offered by different professional journals. In particular, *The Counseling Psychologist* (SCP's divisional journal), in collaboration with the APA Continuing Education office and SAGE Publications, offers CE credits for professional reading in the journal. Recent examples of such CE offerings about the profession of counseling psychology and for counseling psychologists include the following: "Acceptance and Commitment Therapy as a Unified Model of Behavior Change"; "Voices of Early Career Psychologists in Division 17"; "Supporting Special-Needs Adoptive Couples: Assessing an Intervention to Enhance Forgiveness, Increase Marital Satisfaction, and Prevent Depression"; "Whatever Happened to Counseling in Counseling Psychology?"; "White Dialectics"; "Motivation and Autonomy in Counseling, Psychotherapy, and Behavior Change"; "Sexual Objectification of Women: Advances to Theory and Research"; "Best Practices in the Reporting of Participatory Action Research"; Efficacy of Counseling and Psychotherapy in Schools: A Meta-Analytic Review of Treatment Outcome Studies"; "Minority Stress and Psychological Distress Among Asian American Sexual Minority Persons"; "Validation of a U.S. Adult Social Self-Efficacy Inventory in Chinese Populations"; "Centralizing the Experiences of LGB People of Color in Counseling Psychology." Each of the above constituted a major contribution to a different issue of the the journal.

Additional CE offerings made available through *The Counseling Psychologist* include the following:

- Baskin, T., et al. (2011). Supporting special-needs adoptive couples: Assessing an intervention to enhance forgiveness, increase marital satisfaction and prevent depression. *The Counseling Psychologist*, 39, 933-965.

- Block, C., et al. (2011). Contending with stereotype threat at work: A model of long-term responses. *The Counseling Psychologist*, 39, 570-600.
- Bradley, J. Werth, J., & Hastings, S. (2012). Social justice advocacy in rule communities: Practical issues and implications. *The Counseling Psychologist*, 40, 363-384.
- Hoffman, M. & Kruczek, T. (2011). A bioecological model of mass trauma” Individual, community and social effects. *The Counseling Psychologist*, 39, 1087-1127.
- Lee, D. & Ahn, S. (2012). Discrimination against Latina/os: A meta-analysis of individual-level resources and outcome. *The Counseling Psychologist*, 40, 28-65.
- Richardson, M. (2012). Counseling for work and relationship. *The Counseling Psychologist*, 40, 190-242.
- Scheel, M., et al. (2011). Whatever happened to counseling in counseling psychology. *The Counseling Psychologist*, 39, 673-692.
- Smith, N., et al. (2012). Voices of early career psychology in Division 17, the Society of Counseling Psychology. *The Counseling Psychologist*, 40, 794-825.
- Yoder., J., Snell, A., & Tobias, A. (2012). Balancing multicultural competence with social justice: Feminist beliefs and optimal psychological functioning. *The Counseling Psychologist*, 40, 1101-1132.

. The *Journal of Counseling Psychology* is also available to members of the specialty and those outside of the specialty but who wish to learn about aspects of the specialty.

2. Describe the formal requirements, if any, for continuing professional development and education in the specialty and recognition of practitioners.

No formal continuing professional development requirements are specified by this specialty except insofar as life-long learning and professional development are expectation of the specialty. Additionally, counseling psychologists are expected to remain current in their professional knowledge and professional work. These are, however, general expectations and professional standards of psychology as a whole. Most states require some documented amount of professional continuing education for licensure renewal as a psychologist, but in general, state licensing boards license generically and do not stipulate different CE requirements for licensure by practice specialty (counseling psychology, school psychology, and clinical psychology).

3. Describe how the assessment of an individual's professional development and education is accomplished in the specialty.

Continuing education workshops and self-study programs sponsored or approved by the APA have stipulated as a part of the program some form of assessment of learning by the participants and evaluation of the program. Program learning objectives and an outcome/learning assessment is conducted. For purposes of continuing education for licensure, licensing boards stipulate documentation of the individual's continuing educational development as a part of one's licensure renewal.

Evaluation and Assessment

Criterion IX. Effectiveness. Petitions demonstrate the effectiveness of the services provided by its specialist practitioners.

PLEASE NOTE: If the same article illustrates more than one of these items, it may be referenced under each applicable category.

1. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of clients or populations (including groups with a diverse range of characteristics and human endeavors) usually served by this specialty. Summarize and discuss the relevance of the findings of the studies, specify populations, interventions, and outcomes in relation to the specialty practice.

Counseling psychology as a specialty practice aims to serve diverse populations with regards to characteristics

such as but not limited to age, gender identity, sexual orientation, race/ethnicity, disability, nationality, socioeconomic status. In order to be effective with diverse populations, training as a counseling psychologist is clearly defined by its emphasis on multicultural counseling competence and social justice. Reflecting these emphases, counseling psychology's conceptualization of intervention is not confined to the traditional counseling modality but defined inclusively with emphases on culture and societal structure with a critical analysis of the status quo. Aspiring towards social justice, counseling psychology defines outcomes not only as clinical symptom and process measures but also broader assessment of psychological well-being.

Below are just a few of the newest references supporting counseling psychology's efficacy in serving clients and populations which be seen in our specialty's flagship journal, *Journal of Counseling Psychology*:

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology, 58*, 270-289. doi:10.1037/a0023626

- This publication provides a critical evaluation of whether or not traditional counseling methods should be adapted to the cultural background of the clients using meta-analysis. These questions define the core of counseling psychology's efforts toward multicultural counseling and social justice. Findings indicate a substantial increase in effect size based on cultural adaptation of traditional psychotherapy ($d = 0.41$). Populations based on the primary studies were 22% African Americans, 14% Asian Americans, 60% Latina/o/Hispanic, and 4% other; 46% women and 54% men.

Choi, K., -H., Buskey, W., & Johnson, B. (2010). Evaluation of counseling outcomes at a university counseling center: The impact of clinically significant change on problem resolution and academic functioning. *Journal of Counseling Psychology, 57*, 297-303. doi:10.1037/a0020029

- One of the core values of counseling psychology is that outcomes should be defined broader than solely clinical symptoms so that it reflects the context of the participants. This article illustrates such focus by broadening treatment outcome to include academic functioning in addition to clinical symptoms. Based on data from 78 university students (63% White, 12% African American, 9% Asian American, 8% Latina/o/Hispanic, 8% other; 69% women, 31% men), results indicated that positive outcomes of counseling also impacted academic functioning, which is a link that surprising few studies have previously investigated.

Miller, M. J., Yang, M., Hui, K., Choi, N. -Y., & Lim, R. H. (2011). Acculturation, enculturation, and Asian American college students' mental health and attitudes toward seeking professional psychological help. *Journal of Counseling Psychology, 58*, 346-357. doi:10.1037/a0023636

- Counseling psychology is not only interested in the dynamics within the counseling session but also more broadly the psychosocial factors that foster or inhibit access to mental health services. This study, using 296 Asian American college students (45% women, 55% men), investigated the impact of acculturation, enculturation, and acculturative stress on attitudes toward seeking professional psychological help. Although no direct interventions were conducted in this study, findings provide crucial implications on how attitudes toward seeking mental health services could be impacted through understanding of acculturation, enculturation, and acculturative stress.

Owen, J., Wong, Y. J., & Rodolfa, E. (2010). The relationship between clients' conformity to masculine norms and their perceptions of helpful therapist actions. *Journal of Counseling Psychology, 57*, 68-78. doi:10.1037/10017870

- Gender is one of the main identity factors that counseling psychology investigates in light of counseling outcomes. The current study, with university counseling center clients (1% African American, 17% Asian American, 11% Latina/o/Hispanic, 1% Native American, 15% multiethnic, 53% White, 2% Other; 71% women and 29% men), investigated whether or not their perceptions of helpfulness of therapists' actions differed based on conformity to masculine norms. Findings indicated that therapists should be mindful of clients' tendencies to interact with therapists in gendered patterns.

Stracuzzi, T. I., Mohr, J. J., & Fuertes, J. N. (2011). Gay and bisexual male clients' perceptions of counseling: The

role of perceived sexual orientation similarity and counselor universal-diverse orientation. *Journal of Counseling Psychology*, 58, 299-309. doi:10.1037/a0023603

- A key mission of counseling psychology is that therapists are trained to be multiculturally competent. This mission includes not only competence with clients from different racial/ethnic backgrounds but also with regards to other differences, including sexual orientation. The current study illustrates the specialty's commitment to embrace sexual orientation diversity, examining the impact of the match between clients' and therapists' sexual orientation and values related to diversity on working alliance, session depth, and session smoothness. Intervention was sexual-orientation-diversity-affirmative counseling delivered in clinics that serve many sexual minorities. Results indicated that clients who were served by therapists who value diversity rated their working alliance, session depth, and session smoothness more positively than clients who were served by therapists who value diversity less. The 37 clients' demographic breakdown was all men, of which 83% reported as gay and 17% reported as bisexual; 23% African American, 22% Asian American, 19% Latina/o/Hispanic, and 34% White.

2. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of psychological, biological, and/or social problems usually confronted and addressed by this specialty. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results.

Counseling psychology, as a specialty, has focused its efforts toward confronting not only psychological distress but social problems such as but not limited to racism, sexism, monosexism, and classism. Below are just a few of the newest efforts in the *Journal of Counseling Psychology*:

Brewster, M. E., Velez, B., DeBlaere, C., & Moradi, B. (2011). Transgender individuals' workplace experiences: The applicability of sexual minority measures and models. *Journal of Counseling Psychology*. Advance online publication. doi:10.1037/a0025206

- Being inclusive of all gender identities is one of the goals of counseling psychology. This study combines this goal with vocational psychology, which is one of the subspecialty of counseling psychology. Based on data from 263 transgender individuals, three scales that assess workplace climate as related to gender identity was psychometrically validated for its use with transgender individuals. Demographic breakdown of the participants were as follows: 1% African American, 2% Asian American, 1% Latina/o/Hispanic, 1% Native American, 7% Multiracial, 86% White, and 2% other; 44% women, 25% men, 5% androgynous, 26% other.

Imel, Z. E., Baldwin, S., Atkins, D. C., Owen, J., Beardseth, T., & Wampold, B. E. (2011). Racial/ethnic disparities in therapist effectiveness: A conceptualization and initial study of cultural competence. *Journal of Counseling Psychology*, 58, 290-298.

- Traditional counseling is evaluated with a critical lens of multiculturalism by counseling psychology. Specifically, given its subjective nature, psychological distress is hypothesized to be significantly impacted by clients' cultures. Therefore, psychological problems that clients face as well as its treatment should fully incorporate its social component from diverse backgrounds, and one way to do this is through therapists' multicultural counseling competence. This study exemplifies this critical question by analyzing treatment effectiveness of adolescent cannabis abuse/dependence in light of therapists' multicultural counseling competence. Participants were 582 adolescents (29% African American, 1% Asian American, 4% Latina/o/Hispanic, 62% White, and 4% other; 18% women and 82% men). Based on days of cannabis use as measure of outcome, results indicated that therapists' outcomes partially differed based on the clients' racial/ethnic background, providing evidence of need for multicultural counseling competence.

Poteat, V. P., Mereish, E. H., DiGiovanni, C. D., & Koenig, B. W. (2011). The effects of general and homophobic victimization on adolescents' psychosocial and educational concerns: The importance of intersecting and parent support. *Journal of Counseling Psychology*, 58, 597-609. doi: [10.1037/a0025095](https://doi.org/10.1037/a0025095)

- Homophobia/heterosexism/monosexism is one of the major societal issues that counseling psychology aims to remediate. This study utilized the Dane County Youth Assessment, which is a county-wide, multischool survey in Dane County, Wisconsin. Participants included in this database were 15,923

students between 7th and 12th grade. Measures included victimization, homophobic victimization, parent support, suicidality, school belonging, and educational concerns. One of the major findings was that parent support serves as a protective measure against LGBTQ youths' suicidality, providing clear implications to societal-level interventions. Demographic breakdown of the youth were as follows: 7% African American, 4% Asian American, 4% Latina/o/Hispanic, 1% Native American, 7% Bi/Multiracial, 76% White, 1% other; 50% girls and 50% boys; 6% LGBTQ and 94% heterosexual.

Wei, M., Liao, K. Y.-H., Heppner, P. P., Chao, R. C.-L., & Ku, T.-Y. (2011). Forbearance coping, identification with heritage culture, acculturative stress, and psychological distress among Chinese international students. *Journal of Counseling Psychology*. Advance online publication. doi:10.1037/a0025473

- Counseling psychology embraces the fact that the U.S. is a country of immigrants. Therefore, impact of immigration is both a psychological and social issue that counseling psychology investigates. With Chinese international students, the current study investigated the relationship among coping strategy, psychological distress, identification with heritage culture, and acculturative stress. Results indicated that Chinese immigrant students who did not hold a strong association with their heritage culture were in risk of higher psychological distress when acculturative stress was high, most likely due to their coping style in which they were hesitant to share their distress so as to not worry others. Such findings have significant implications to counseling as well as help-seeking behavior. Specific breakdown of the students' demographics were as follows: 51% women and 49% men; 88% Chinese/Hongkongese, 11% Taiwanese, 1% unreported.

Yoon, E., Hacker, J., Hewitt, A., Abrams, M., & Cleary, S. (2011). Social connectedness, discrimination, and social status as mediators of acculturation/enculturation and well-being. *Journal of Counseling Psychology*. Advance online publication. doi:10.1037/a0025366

- This publication illustrates counseling psychology's efforts on identifying societal dynamics as it relates to psychosocial well-being in light of racial discrimination. Participants were 273 Asian American college students (47% women, 52% men, 1% unreported; 7% Asian Indian, 34% Chinese, 5% Filipina/o, 18% Korean, 22% other; 57% foreign-born, 42% U.S.-born, 1% unreported). Measures included were acculturation/enculturation, social connectedness, perceived discrimination, expected social status, and subjective well-being. Results indicated that subjective well-being is mediated by social connectedness in the ethnic community and expected social status.

3. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's procedures and techniques when compared with services rendered by other specialties or practice modalities. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results and the comparisons to other specialties or modalities.

Many of the intervention techniques used by counseling psychologists (e.g., the various approaches to counseling and psychotherapy, assessment, consultation) are techniques that are shared with other professional specialties in psychology (e.g., Clinical Psychology, Family Psychology, Health Psychology, I/O Psychology, School Psychology). The relative efficacy of counseling psychology's procedures and technologies compared when used by other psychological specialists has not been of interest to demonstrate, given that counseling psychologists believe in learning from other disciplines. However, below are several of the newest meta-analyses that provide empirical support for counseling psychology's commitment to evidence-based practice, multicultural counseling competence, and social justice in the *Journal of Counseling Psychology* and *The Counseling Psychologist*:

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology*, 58, 270-289. doi:10.1037/a0023626

- This publication provides a critical evaluation of multicultural counseling, which asserts that treatments should fully incorporate clients' cultural background. This assertion defines the core of counseling psychology's efforts toward diversity and social justice. Findings from this meta-analysis indicated a substantial increase in effect size based on cultural adaptation of traditional psychotherapy as assessed by commonly-used, client-reported clinical symptom measures ($d = 0.41$). Populations based on the primary studies were 22% African Americans, 14% Asian Americans, 60% Latina/o/Hispanic, and 4%

other; 46% women and 54% men.

Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology, 58*, 537-554. doi:10.1037/a0025266

- Many therapists and psychotherapy researchers have argued that matching race/ethnicity of clients and therapists should enhance treatment outcomes because doing so would likely lead to congruence between client's and therapist's cultural backgrounds. Although this study is not a direct test of multicultural counseling competence per se, the meta-analysis investigates this question thoroughly by separating out measures targeting preferences, perceptions, and outcomes. Client demographics depended on whether the question was with regards to preferences, perceptions, and outcomes, respectively: 35%, 41%, and 29% African Americans; 9%, 15%, and 19% Asian Americans; 17%, 15%, and 20% Latina/o/Hispanic; 27%, 24%, and 28% White; 12%, 5%, and 4% other. With regards to gender, respective of preferences, perceptions, and outcomes: 56%, 55%, and 52% women and 44%, 45%, 48% men. Results indicated that while the effect sizes for preferences and perceptions were large between matching and non-matching (preferences: $d= 0.63$; perceptions: $d= 0.32$), the actual treatment outcome difference was clinically negligent ($d= 0.09$). This result provides hope that multicultural counseling competence does not hinge on matching race/ethnicity but could be achieved through training.

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2011). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*. Advance online publication. doi:10.1037/a0026208

- This meta-analysis tested a long-standing, inconclusive relationship between perceived racism and mental health, which is central to the social justice mission of counseling psychology. A total of 18,140 Black Americans in 66 primary studies, the correlation between perceived racism and psychological distress (as measured by clinical symptom measures) was $r= .20$.

Smith, T. B., & Silva, L. (2011). Ethnic identity and personal well-being of people of color: A meta-analysis. *Journal of Counseling Psychology, 58*, 42-60.

- Embracing the complexity of people's identity is crucial to the identity of counseling psychologists. The current meta-analysis investigated the relationship between ethnic identity and personal well-being among people of color. Based on 184 studies encompassing 41,626 participants, aggregate correlation between ethnic identity and well-being was $r= .17$. The demographic breakdown of the participants was as follows: 33% African American, 36% Asian American, 21% Latina/o/Hispanic, 5% Native Americans, and 5% other non-Whites; 62% women and 38% men.

Spengler, P. M., White, M. J., Ægisdóttir, S., Maugherman, A. S., Anderson, L. A., Cook, R. S., Nichols, C. N., Lampropoulos, G. K., Walker, B. S., Cohen, G. R., & Rush, J. D. (2009). The meta-analysis of clinical judgment project: Effects of experience on judgment accuracy. *Counseling Psychologist, 37*, 350-399. doi:10.1177/0011000006295149

- Counseling psychology is committed to a specialty practice supported by empirical evidence. One of the most important ways counseling psychologists contribute to society in general is through clinical practice. The current meta-analysis investigates one of the core questions related to evidence-based practice, notably, whether or not experience leads to accuracy in clinical judgments. Combining both clinical and educational experience, more experienced judges were more accurate with regards to mental health (e.g., diagnosis, prognosis, treatment) and other psychological issues (e.g., personality, vocational). No demographic breakdown of the 4,607 clinicians were available.

4. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of settings or organizational arrangements where this specialty is practiced. Summarize and discuss the relevance of the findings of these studies in relation to the specialty practice.

Counseling psychologists are employed in a variety of settings, including academic departments, university/college counseling centers, Veterans Affairs hospitals, and independent practice. The efficacy of

counseling psychologists employed in university/college settings are evident through journals such as *Journal of Counseling Psychology*, *The Counseling Psychologist*, and *Journal of Vocational Behavior*, among many. Below are some of the newest efforts in our specialty:

- Choi, K., -H., Buskey, W., & Johnson, B. (2010). Evaluation of counseling outcomes at a university counseling center: The impact of clinically significant change on problem resolution and academic functioning. *Journal of Counseling Psychology*, *57*, 297-303. doi:10.1037/a0020029
- One of the primary settings that counseling psychologists are employed is university counseling centers. This article demonstrates an example of scientist-practitioners employed in these settings, is that outcomes should be defined broader than solely clinical symptoms so that it reflects the context of the participants. This article illustrates such focus by broadening treatment outcome to include academic functioning in addition to clinical symptoms. Based on data from 78 university students (63% White, 12% African American, 9% Asian American, 8% Latina/o/Hispanic, 8% other; 69% women, 31% men), results indicated that positive outcomes of counseling also impacted academic functioning, which is a link that surprising few studies have previously investigated.
- Johnson, C. V., & Hayes, J. A. (2003). Troubled spirits: Prevalence and predictors of religious and spiritual concerns among university students and counseling center clients. *Journal of Counseling Psychology*, *50*, 409-419. doi:10.1037/0022-0167.50.4.409
- One aspect of diversity that is often neglected in psychology is religion/spirituality. This study demonstrates counseling psychology's inclusivity with regards to religion/spirituality in one of the more common settings in which counseling psychologists practice, namely university/college counseling centers. High percentage of clients (25%) reported concerns of religious and spiritual matter as indicated by being confused about values, having relationship issues with peers, sexual issues, and guilt associated with one's sins. Demographic breakdown of the 5,472 clients were as follows: 61% women, 33% men, 6% unknown; 6% African American, 4% Asian American, 7% Latina/o/Hispanic, 1% Native American, 77% White, 5% unknown.
- Locke, B. D., Buzolitz, J. S., Lei, P. -W., Boswell, J. F., McAleavey, A. A., Sevig, T. D., Dowis, J. D., & Hayes, J. A. (2011). Development of the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62). *Journal of Counseling Psychology*, *58*, 97-109. doi:10.1037/a0021282
- The current study documents counseling psychology's pursuit of methodological rigor and treatment efficacy in the university/college counseling center context. In a multicenter effort of 52 counseling centers including over 22,000 clients, an assessment that was specifically tailored to common issues observed at university/college counseling centers was created. Demographic breakdown of the participants were as follows: 64% women, 35% men, 1% transgender; 8% African American, 6% Asian American, 6% Latina/o/Hispanic, 3% multiracial, 1% Middle Eastern, 1% Native American, 70% White, 5% other.
- Kieffer, K. M., Schinka, J. A., & Curtiss, G. (2004). Person-environment congruence and personality domains in the prediction of job performance and work quality. *Journal of Counseling Psychology*, *51*, 168-177.
- One traditional focus of counseling psychology is vocational psychology. The current article demonstrates recent efforts in this line of research. Note also that the affiliation of the 2nd and 3rd authors signify another popular setting in which counseling psychologists are employed, notably Veterans Affairs Hospitals. Results demonstrate the complex relationship among personality, gender, and job performance. Demographic breakdown of the 514 participants were as follows: 63% women, 37% men; 16% African American, 72% White, 12% other).
- Thompson, M. N., & Dahling, J. J. (2011). Perceived social status and learning experiences in Social Cognitive Career Theory. *Journal of Vocational Behavior*. Advance online publication. doi:10.1016/j.jvb.2011.10.001
- The article demonstrates some of the most recent counseling psychologists' empirical progress in vocational psychology, illustrating the combination of traditional focus (i.e., vocational psychology), applied psychology (i.e., adapting Bandura's Social Cognitive Theory to vocational psychology by counseling psychologists Robert Lent, Steve Brown, and Gail Hackett, 1994, 2000), and diversity (i.e.,

focus on social status). Using 380 undergraduate students (64% women, 32% men, 4% unidentified; 4% African American, 7% Asian American, 6% Biracial/Multiracial, 5% Latina/o/Hispanic, 1% Native American, 72% White, 5% other), results indicated that after controlling for gender effects, perceived social status significantly affected students' career aspirations.

Criterion X. Quality Improvement. A specialty promotes ongoing investigations and procedures to develop further the quality and utility of its knowledge, skills, and services.

1. Provide a description of the types of investigations that are designed to evaluate and increase the usefulness of the skills and services in this specialty. Estimate the number of researchers conducting these types of studies, the scope of their efforts, and how your organization and/or other organizations associated with the specialty will act to foster and communicate these developments to specialty providers. Provide evidence of current efforts in these areas including examples of needs assessed and changed that resulted.

With its long established tradition as a scientist-practitioner specialty, counseling psychology has an established research and demonstration tradition. This has involved traditional outcome research designs and paralleling statistical methods such as randomized controlled trials, but also more sophisticated analytic methods such as meta-analysis, structural equation modeling, and multilevel modeling.

In addition, qualitative research has gained wide acceptance in counseling psychology research, which explores phenomena under a philosophical perspective different from the traditional post-positivistic paradigm, namely constructionism/constructivism and other postmodern perspectives such as feminism and critical theory. This is one area in which change has fulfilled needs among counseling psychology researchers. Specifically, counseling psychologists' criticisms against and dissatisfactions with limitations associated with the traditional post-positivistic paradigm of science have led to exploration, inclusion, and further development of qualitative methodology in aiding our process of scientific inquiry. Such recent efforts have been documented in a Special Issue in the *Journal of Counseling Psychology* (2005) entitled: *Knowledge in Context: Qualitative Methods in Counseling Psychology*.

Utilizing such diversity of design and methods, counseling psychology has continued to further the science-practice paradigm in the broadest sense. Although the exact number of counseling psychology researchers is unknown, their continued pursuit of applied scientific knowledge are evident in the *Journal of Counseling Psychology*, *The Counseling Psychologist*, *Journal of Vocational Behavior*, APA journals such as *American Psychologist*, *Psychological Bulletin*, *Journal of Consulting and Clinical Psychology*, *Professional Psychology: Research and Practice*, *Training and Education in Professional Psychology*, and also in the journals of Divisions 12, 29, 43, and 45 of the APA.

In addition to qualitative methodology, further needs assessment and changes in counseling psychology have been documented in the newest edition of *the Handbook of counseling psychology* (Brown & Lent, 2008). Specifically, significant changes have been observed in all three major domains of counseling psychology: counseling and psychotherapy research and practice (Imel & Wampold, 2008; Lambert & Vermeersch, 2008; Lichtenberg, Goodyear, & Genther, 2008), diversity (Constantine, Miville, & Kindaichi, 2008; Croteau, Bieschke, Fassinger, & Manning, 2008; Leong & Gupta, 2008; Miller & Sheu, 2008; Nutt & Brooks, 2008; Peterson & Elliott, 2008; Ponterotto, 2008; Speight & Vera, 2008), and vocational psychology (Betz, 2008; Fouad & Kantamneni, 2008; Whiston & Rahardja, 2008).

Of the three, perhaps the broadest impact of counseling psychology's efforts has been observed in the area of counseling and psychotherapy research and practice (Imel & Wampold, 2008; Lambert & Vermeersch, 2008; Lichtenberg et al., 2008). As also detailed in Bruce Wampold's (2001) seminal book, critical review of the cumulative evidence in the area of counseling and psychotherapy has led to a paradigmatic shift—from a traditional focus on treatment to the importance of the therapists. Not only have his conceptualizations impacted counseling psychology but his critical perspectives have been fully incorporated into the APA Policy on Evidence-Based Practice in Psychology (2005).

References:

- Betz, N. E. (2008). Advances in vocational theories. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 357-374). New York: Wiley.
- Constantine, M. G., Miville, M. L., & Kindaichi, M. M. (2008). Multicultural competence in counseling psychology practice and training. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 141-158). New York: Wiley.
- Croteau, J. M., Bieschke, K. J., Fassinger, R. E., & Manning, J. L. (2008). Counseling psychology and sexual orientation: History, selective trends, and future directions. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 194-211). New York: Wiley.
- Fouad, N. A., & Kantamneni, N. (2008). Contextual factors in vocational psychology: Intersections of individual, group, and societal dimensions. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 408-425). New York: Wiley.
- Imel, Z., & Wampold, B. E. (2008). The importance of treatment and the science of common factors in psychotherapy. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 249-266). New York: Wiley.
- Lambert, M. J., & Vermeersch, D. A. (2008). Measuring and improving psychotherapy outcome in routine practice. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 233-248). New York: Wiley.
- Leong, F. T. L., & Gupta, A. (2008). Culture and race in counseling and psychotherapy: A critical review of the literature. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 320-337). New York: Wiley.
- Lichtenberg, J. W., Goodyear, R. K., & Genther, D. Y. (2008). The changing landscape of professional practice in counseling psychology. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 21-37). New York: Wiley.
- Miller, M. J., & Sheu, H. -B. (2008). Conceptual and measurement issues in multicultural psychology research. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 103-120). New York: Wiley.
- Nutt, R. L., & Brooks, G. R. (2008). Psychology of gender. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 176-193). New York: Wiley.
- Peterson, D. B., & Elliott, T. R. (2008). Advances in conceptualizing and studying disability. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 212-230). New York: Wiley.
- Ponterotto, J. G. (2008). Theoretical and empirical advances in multicultural counseling and psychology. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 121-140). New York: Wiley.
- Speight, S. L., & Vera, E. M. (2008). Social justice and counseling psychology: A challenge to the profession. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 54-67). New York: Wiley.
- APA Presidential Task Force on Evidence-Based Practice (2005). Evidence-based practice in psychology. *American Psychologist*,
- Wampold, B. E. (2001). *The great psychotherapy debate: models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum.
- Whiston, S. C., & Rahardja, D. (2008). Vocational counseling process and outcome. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.; pp. 444-461). New York: Wiley.

2. Describe how the specialty seeks ways to improve the quality and usefulness of its practitioners' services beyond its original determinations of effectiveness.

It is also in the science-practice tradition of counseling psychology to evaluate counseling practice in an ongoing manner. It is considered part of ethical responsibility to have feedback loops to test the effectiveness of the counseling process. This sometimes is done in formal evaluations/assessments and by keeping abreast of similar work done by other researchers and clinicians. Self-evaluation is also done routinely and less formally in the processes of clinical supervision or peer consultation.

A notable development in counseling psychology with regards to evaluation of practitioners' services is observed in how routine clinical assessments have been implemented in many clinical settings (Lambert & Vermeersch, 2008). Specifically, in many counseling centers (e.g., Vermeersch, Whipple, Lambert, Hawkins, Burchfield, Colin et al., 2004) as well as health maintenance organizations (Wampold & Brown, 2005), practitioners' effectiveness is routinely evaluated through clients' self-reported clinical symptoms. In this manner, providers are no longer assuming that their services are automatically effective based on their own judgment or prior training; rather, by

allowing the clients to provide feedback with regards to the impact of the treatment (or lack thereof), practitioners are constantly evaluating their effectiveness based on empirical data obtained directly from the clients they serve.

3. Describe how the research and practice literature are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly disseminated. Give examples of recent changes in specialty practice and/or training based upon this literature review.

Keeping current in counseling psychology is achieved by subscription or access to key clinical or research journals in counseling, psychotherapy and assessment, such as those indicated above. National, regional, or state conferences and workshops provide easy access to continuing education and development. More recently, there has been a growth in high quality professional abstract services which provide executive summaries of a much wider range of material than would otherwise be available to the individual psychologist. Examples of these are the APA's Clinician's Research Digest, the Harvard Medical School's Harvard Mental Health Letter, and the Psychotherapy Letter. For a specialty that is as mature as counseling psychology, an additional route of disseminating recent developments is through publishing seminal summaries of the current state of the field in the form of handbooks. Currently, one such major handbook, *Handbook of counseling psychology* (Brown & Lent, 2008) is in its 4th edition; further, a new handbook, notably, *The Oxford Handbook of Counseling Psychology*, was just published this year.

Recent changes in counseling psychology are evident through the above literature in two main areas, notably counseling and psychotherapy research/practice/training and qualitative research methods. As summarized earlier (Criterion X, Section 1), changes in how counseling and psychotherapy is viewed through the contextual model (e.g., Wampold, 2001) has had major impact in research and training in which the traditional emphasis on specific treatment modality has taken a back seat in favor of training the therapist to establish a therapeutic connection with the client. This has had significant impact on practice as well, as evident from its impact on the Policy on Evidence-Based Practice (APA Presidential Task Force on Evidence-Based Practice, 2005). With regards to qualitative methodology, rather than solely training future counseling psychologists on traditional post-positivistic views of science and its well-established methodology, the definition of science has been expanded to accommodate broader views such as constructivism/constructionism, feminism, and critical theory. Embracing diversity in research design and analytic methodology, training in counseling psychology has broadened its methods of inquiry beyond the traditional post-positivistic paradigm.

4. Describe how the specialty promotes and participates in the process of accreditation in order to enhance the quality of specialty education and training. How many programs in this specialty are accredited at the doctoral and/or postdoctoral level?

Counseling psychology is an active participant in the process of accreditation. Currently, Joyce Illfelder-Kaye serves as the Associate Chair of Commission on Accreditation (CoA). Counseling psychologists have often served as Chair of the CoA (Elizabeth Altmaier, Nadya Fouad, Ted Packard, Michael Patton, Susan Phillips, James Lichtenberg, Nancy Elman, Rick Seime). There are currently over 100 counseling psychologists who have been trained and serve as program accreditation site visitors on behalf of the APA. The Society of counseling psychology is organized into "directorates" similar to that of the APA. Its Education directorate, headed by the Society's Vice President for Education (currently Cindy Juntunen) maintains a liaison relationship with the APA's Education Directorate, and the Office for Program Consultation and Accreditation.

The Council of Counseling Psychology Training Programs (CCPTP), whose membership consists of the training directors of all APA accredited programs, former program training directors, and the training directors of programs aspiring to become accredited, is actively involved in promoting and participating in program accreditation. At its annual midwinter meetings, typically held each February, one day of conference time is provided to the APA and devoted specifically to the training of accreditation site visitors. CCPTP has a commitment the enhancement of counseling psychology training, and the support of program training directors. At the invitation of the APA, the CCPTP provides regular input to the Office of Program Consultation and Accreditation regarding proposed changes in accreditation standards and processes, as well as regarding other issues related to the training and professional preparation of counseling psychologists.

In addition, counseling psychology has been active in the Association of Counseling Center Training Agencies (ACCTA), which is the largest organization of Psychology Internship Training Programs. Numerous counseling psychologists are trained each year at the Annual Convention to become site visitors to ensure quality predoctoral clinical internship training.

Currently, there are 70 Counseling Psychology Doctoral Programs accredited by the CoA.

Criterion XI. Guidelines for Specialty Service Delivery. Specialty practitioners conform their professional activities to not only the profession's general practice guidelines and ethical principles but also to appropriate specialty guidelines.

1. Do specialty-specific practice guidelines exist for this specialty? If so, please attach. How do such guidelines differ from general practice guidelines and ethics guidelines?

Counseling psychology is a general practice specialty and adheres to professional psychology's general practice guidelines (<http://www.apa.org/practice/guidelines/index.aspx>) and its Ethical Principles of Psychologists and Code of Conduct (APA, 2002). Profession-adopted specialty-specific guidelines do not exist. However, writing on behalf of the American Academy of Counseling Psychology (AACoP), Fuertes, Spokane and Holloway (2012) have outlined specialty competency areas for counseling psychology.

Fuertes, J., Spokane, A., & Holloway, E. (2012). *Specialty competencies in counseling psychology*. New York: Oxford.

2. If specialty-specific practice guidelines for this specialty do not exist, how does your specialty encourage the development of practice guidelines? What body of knowledge provides guidance to this specialty in lieu of guidelines?

As a general practice specialty, counseling psychology does not encourage the development of specialty-specific guides and instead has taken leadership roles in the development of general practice guidelines aimed at populations and practice areas central to the identity of the specialty that have been officially adopted by the APA. The *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* (APA, 2003) was drafted by a joint task force of APA Divisions 17 (counseling psychology) and 45 (Society for the Psychological Study of Ethnic Minority Issues). The *Guidelines for Psychological Practice with Girls and Women* (APA, 2007) originated from a joint task force of APA Divisions 17 and 35 (Society for the Psychology of Women). Two other general practice guidelines originating from APA Division 17 are currently under development/under revision: (a) the *Prevention Guidelines for Psychologist* (from the Prevention Section of Division 17) and (b) the *Guidelines for Integrating Vocational Psychology into Profession Psychology Practice* (from the Vocational Psychology Section of Division 17).

3. Describe how the specialty's practitioners assure effective and ongoing communication to members of the discipline and the public as to the specialty's practices, practice enhancements, and/or new applications.

Information is disseminated to members of the organization through a variety of resources. Members are informed through the *APA Monitor* (published monthly), the Division 17 Newsletter (published quarterly), and the journals *The Counseling Psychologist*, *Journal of Counseling Psychology*, *Journal of Vocational Behavior*, and the Society's webpage, <http://www.div17.org/>. Through these sources, members of the discipline are informed about the major events and processes of the discipline of psychology, and about the more specific information important to counseling psychologists. Such information may include new or updated research on various populations served by this body, new approaches to counseling, teaching, and research, new theoretical models, and information on political and social issues affecting our practice (e.g., potential changes in laws and regulations, psychological effects of unemployment, latest information on medications and prescription privileges). The specialty, through its organization's publications, informs the practitioner about new books available which may improve services.

An additional method of disseminating information to practitioners is through convention activities organized by our governing body. Such conventions include the annual APA convention, at which the Society/Division 17 commands an important presence, conventions of regional psychological associations, and state psychological associations. In addition, Society/Division 17 has promoted a series of its own regional conventions devoted solely to societal activities. Such conferences draw people together from across a region to discuss new ideas in a relaxed atmosphere.

The public is informed of the nature of the specialty through some of the same sources listed previously. The APA Monitor and journals are available at public and college libraries. The Society has prepared (and revised) a brochure entitled, "What is counseling psychology?" is available on the Society/Division 17 website (<http://div17.org/wp-content/uploads/WhatIsCounselingPsychology-Brochure-10-2-2012.pdf>). It is disseminated to colleges and universities, and can be downloaded and distributed by counseling psychologists to current and prospective clients. In addition, articles are often published in the popular press about members of the specialty. Information can also be obtained through contact with the state licensure boards or the local or national offices of the APA. Finally, the public is provided information directly when services are rendered by members of the specialty.

4. How does the specialty communicate its identity and services to the public?

How counseling psychology communicates its identity and services to the public are very similar to how the specialty's practices, practice enhancements, and/or new applications are communicated. Counseling psychology makes extensive use of internet technology to communicate about the specialty, especially through the Society of Counseling Psychology/APA Division 17 website (<http://www.div17.org>). The website has been recently overhauled, with the goal of providing a better interface for communicating information about counseling psychology to the public at large, as well as to current and potential professionals. Specifically, there is a new page, "What is Counseling Psychology?" (<http://www.div17.org/about/what-is-counseling-psychology/>) that includes descriptive information and several resource links. The brochure entitled, "What is counseling psychology?" (<http://www.div17.org/wp-content/uploads/WhatIsCounselingPsychology-Brochure-10-02-2012.pdf>), is now located in that section for greater visibility and easier access. While the primary dissemination is by electronic means, the brochure can be downloaded for hard copy distribution by counseling psychologists to current and prospective client.

In an effort to promote public awareness about counseling psychology via videos, SCP held a video campaign contest in 2011-12. SCP is currently exploring posting various videos on the SCP website and YouTube that will further promote public awareness of the specialty. Similarly, a SCP Facebook page was created to communicate breaking news about counseling psychology (<https://www.facebook.com/page/Society-of-Counseling-Psychology/236019009754417>). Counseling psychologists, students, and the general public are invited to be connected to the Facebook page. To increase general visibility for the specialty, the SCP is working on mechanisms to increase Google search hit rates for counseling psychology vis-à-vis the relevant websites.

The Student Affiliates of Seventeen (<http://www.div17.org/SAS/index.html>) has designed two presentations with PowerPoint slides to promote counseling psychology as an educational/career option. "What is Counseling Psychology?" and "How to Get into Graduate School in Counseling Psychology" (<http://www.div17.org/SAS/mentorship.html>). They are used to engage students in face-to-face workshops facilitated by SAS members on college campuses. The initiative began in the Northeast region, with the intention to expand throughout North America. SAS also has plans to disseminate the brochure "About Counseling Psychology" to potential undergraduate students by mailing it to career services offices, posting it on the SAS website, posting it on the SAS Facebook site (<http://facebook.com/APASCPSAS>), and emailing it to psychology departments. SAS also has a LinkedIn presence (<http://www.linkedin.com/groups/Student-Affiliates-Seventeen-SAS-4113992>).

Beyond the activities of SCP and SAS, counseling psychology training programs around the country engage in their own efforts to promote their programs through visits and presentation with prospective undergraduate and graduate students. The Council of Specialties in Professional Psychology maintains a website where relevant information about the counseling psychology specialty can be accessed by professionals and potential students,

as well as by the public at large (<http://cospp.org/specialtyies/counseing-psychology>).

In addition, the *APA Monitor* and journals (i.e., *The Counseling Psychologist*, *Journal of Counseling Psychology*, *Journal of Vocational Behavior*) are available at public and college libraries and articles are often published in the popular press about members of the specialty; these venues also allow for dissemination of counseling psychology's identity and services to the public. Information pertaining to counseling psychology's identity and services can also be obtained through contact with the state licensure boards or the local or national offices of the APA. Finally, the public is provided information directly when services are rendered by counseling psychologists.

Criterion XII. Provider Identification and Evaluation. A specialty recognizes the public benefits of developing sound methods for permitting individual practitioners to secure an evaluation of their knowledge and skill and to be identified as meeting the qualifications for competent practice in the specialty.

1. Describe how and by whom the specialty identifies those who are qualified to practice in the specialty.

Qualifications to practice as a counseling psychologist include a PhD or PsyD. granted from an accredited program in counseling psychology and completion of an appropriate internship consisting of one year full-time or two years half-time experience. Professionals desiring to change specialties complete a specific retraining academic program in counseling psychology and a full internship. On the basis of self-nomination, individuals wishing to be Board Certified in Counseling Psychology may apply to the American Board of Professional Psychology for review and recognition (see below #2).

2. Describe how and by whom the specialty assesses the actual knowledge and skills of individuals who wish to be identified as practitioners in this specialty.

Academic and internship programs accredited by APA establish appropriate exit criteria by which students are assessed before granting of the degree.

Additionally, the American Board of Counseling Psychology (ABCoP), one of 14 boards of ABPP, credentials individuals as Board Certified in the specialty area of counseling psychology, based on a review and evaluation of applicants' academic and professional credentials, a work sample provided by applicants, and an oral examination. The areas covered in the examination include: assessment and intervention (competence in the ability to assess problem situations typically faced by counseling psychologists and to construct and implement appropriate interventions), alternative interventions (the ability to address problems and issues common in our society through interventions other than individual counseling), ethics (knowledge of and sensitivity to ethical issues typically encountered by counseling psychologists), and professional issues (evidence of involvement in the profession).

3. Describe how and by whom the specialty educates the public and the profession concerning those who are identified as a practitioner of this specialty. How does the public identify practitioners of this specialty?

All states stipulate some form of professional credentialing (typically licensure) for the practice of professional psychology. No state stipulates specialty licensing for counseling psychologists. The Society of Counseling Psychology (Div. 17 of the APA) has prepared and distributes a public information brochure, "What is counseling psychology?" which provides information on the specialty and the education, qualifications, roles and functions of those whom it identifies as practitioners of the specialty. As noted earlier in this petition, this document/brochure is available on the Society/Division 17 website (<http://www.div17.org/wp-content/uploads/WhatIsCounselingPsychology-Brochure-10-02-2012.pdf>) and is disseminated to colleges and universities, and can be downloaded and distributed by counseling psychologists to current and prospective clients.

4. Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services

characteristic of this specialty and provide whatever demographic information is available).

There clearly are individuals trained as counseling psychologists and engaged in the practice of the specialty who are not members of The Society of Counseling Psychology (Division 17), and there are individuals who are not trained as counseling psychologists but who have a professional interest in it and so have become members of the society. According to APA Membership Office records (for 2010), there were approximately 8,684 members indicating counseling psychology as their subfield. This is as close an estimate as APA could come to a figure of current members of the Association with terminal degrees in counseling psychology. As of August, 2012, the number of psychologists identifying with counseling psychology as a specialty through membership in Division 17 is approximately 2,045. Of these, APA practice records show that 1719 of the division's membership identify as "practice members" (approximately 84%) and 679 (approx. 33%) pay the voluntary practice assessment. Based on membership records, 319 (16%) of the division membership self-report as exempt from the special assessment. In addition, there are also practicing psychologists who were trained as counseling psychologists, who are not APA members but who belong to their state associations or other professional organizations, as well as counseling psychologists who are unaffiliated with organizations. According to the American Board of Professional Psychology (ABPP), there are 619 psychologists that have been board certified in the specialty of counseling psychology; of these, 192 currently maintain that board certification.

Appendices

- A. Education and Training Guidelines for Postdoctoral Training in Counseling Psychology
- B. Evaluation of Student Competencies (examples of evaluation forms)
 - 1. Competency Benchmarks in Professional Psychology (rating form and appendix)
 - 2. Practicum Student Competency Assessment Form
 - 3. Evaluation of Practicum Student Competencies (Texas Woman's Univ.)
 - 4. Practicum Evaluation Rating Instructions.

APPENDIX A

Education and Training Guidelines for Postdoctoral Training in Counseling Psychology

Education and Training Guidelines for Postdoctoral Training in Counseling Psychology

A draft of this document was prepared by the Division 17 Special Task Group (STG) on Postdoctoral Accreditation in Counseling Psychology. Members include Kathleen Bieschke, Ph.D., Louise Douce, Ph.D., Ruperto Perez, Ph.D., Harold B. Robb III, Ph.D., ABPP, Helen Roehlke, Ed.D., Barry Schreier, Ph.D., Karen Taylor, Ph.D., and Lynda Birckhead Danley, Ph.D. (Chair). (March 1, 2008)

The document was endorsed by the Council of Specialties in Professional Psychology in November 2008. The final version retains the full draft document text, with a revised title and new introductory note that was added by Jaquie Resnick, Ph.D., with input and approval from the Division 17 STG members. (December 16, 2009)

Introductory Note

Counseling psychology is the specialty within psychology that is focused on the psychological well-being of individuals, groups, and organizations across the lifespan. The archival definition of Counseling Psychology can be accessed on the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology website (<http://www.apa.org/crsppp/counseling.html>). Education and training in the area of counseling psychology is recognized at the doctoral level and at the level of the predoctoral internship. The American Psychological Association (APA) Commission on Accreditation accredits doctoral graduate programs and predoctoral internships in Counseling as a recognized practice area (<http://www.apa.org/ed/accreditation/>). A shared definition of Counseling Psychology is further articulated in the *Model Training Program in Counseling Psychology*, developed by a Joint Writing Committee of the Council of Counseling Psychology Training Programs and the APA Division of Counseling Psychology.¹ The *Education and Training Guidelines for Postdoctoral Training Programs in Counseling Psychology* documents the postdoctoral residency education and training intended to prepare residents for practice at an advanced level.

¹ Murdock, N.L., Alcorn, C., Heesacker, M., & Stoltenberg, C. (1998). Model training program in Counseling Psychology. *The Counseling Psychologist*, 25, 658-672.

The following is an adaptation of “Accreditation Domains and Standards: C. Postdoctoral Residencies”² from APA’s Office of Program Consultation and Accreditation for the substantive traditional practice area of Counseling Psychology. This version incorporates, within the text of the Committee on Accreditation’s Guidelines and Principles, those standards that are specific to Counseling Psychology. All Counseling Psychology-specific criteria are identified in italics and prefaced with the letters “CP.”

C. Postdoctoral Residencies in Counseling Psychology

Domain A: Eligibility

As a prerequisite for accreditation, the postdoctoral training program’s purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the education and training of professional psychologists.

1. The program offers postdoctoral residency education and training in psychology, one goal of which is to provide residents with education and training in preparation for practice at an advanced level in a substantive traditional or specialty⁷ practice area in professional psychology.

CP.A.1. The program offers postdoctoral residency education and training intended to prepare residents for practice at an advanced level in counseling psychology.

2. The program is sponsored by an institution or agency that has among its primary functions the provision of service to a population of recipients sufficient in number and variability to provide residents with adequate experiential exposure to meet the program’s education and training goals and objectives.

3. The program is an integral part of the mission of the institution in which it resides, and is represented in the institution’s operating budget and plans in a manner that enables the residency program to achieve its goals and objectives. All postdoctoral residents in psychology are financially supported and provided benefits at a level consistent with that afforded comparable doctoral level professionals in training.

4. The program requires of each resident a minimum of one year full-time training to be completed in no less than 12 months (10 months for school psychology

² Guidelines and Principles for Accreditation in Professional Psychology, Office of Program Consultation and Accreditation, Education Directorate, American Psychological Association. Guidelines for Postdoctoral Programs effective 07/01/2005. This section for postdoctoral residencies is preceded by Sections (III) A and B, pertaining to doctoral and internship programs, respectively.

⁷ All accreditation decisions must be made on the basis of the Domains and Standards in the Guidelines and Principles for Accreditation of Programs in Professional Psychology. Within the Standards of the Guidelines and Principles, the Committee on Accreditation may in its decision making processes refer to or adopt definitions, training models, goals, objectives and norms developed by certain professional psychology training communities or reference groups.

postdoctoral training programs), or two years of half-time training to be completed in no more than 24 months. Substantive traditional practice area residencies may consist of up to three years of full time training. Substantive specialty practice area residencies may require longer training periods, in which the overall program duration and weekly time commitment is consistent with the program's training model and the standards of the specialty practice area in which the program provides its training.

CP.A.4. A counseling psychology postdoctoral residency consists of a minimum of 1500 hours of actual work experience (exclusive of holidays, sick leave, vacations, or other such absences) completed in not less than 48 weeks nor more than 104 weeks, and averaging at least 16 hours per week. The overall duration of a counseling psychology postdoctoral residency may exceed these minimum expectations, based on the requirements of its specific training model and goals.

5. The program engages in regular and systematic actions that indicate respect for and understanding of cultural and individual diversity⁸. This is reflected in the recruitment, retention, and development of training supervisors and residents, and in didactic and experiential training that foster an understanding of cultural and individual diversity as they relate to professional psychology. The program has nondiscriminatory policies and operating conditions and avoids any actions that would restrict program access on grounds that are irrelevant to success in the postdoctoral training program or the profession.

6. The program adheres to, and makes available to all interested parties, formal written policies and procedures that govern resident selection, internship and academic preparation requirements, administration and financial assistance, resident performance evaluation and feedback, advisement, retention, termination, due process and grievance redress for residents and training supervisors. It complies with other policies and procedures of the sponsor institution that pertain to supervisors' and residents' rights, responsibilities, and personal development.

Domain B: Program Philosophy, Training Plan and Objectives

The program has a clearly specified philosophy or model of training, compatible with the mission of its sponsor institution and appropriate to the practice of professional psychology. The psychology postdoctoral residency is an organized, logically sequenced program. Its goal is to provide quality education and training that is primarily experiential in nature, and is aimed at preparing psychologists for professional psychology practice at an advanced competency level in a substantive traditional or specialty practice area. The program's training goals and objectives are consistent with its philosophy and model.

⁸ See Section III.A. (Domain A.5) of the Guidelines and Principles for Accreditation of Programs in Professional Psychology (guidelines for doctoral graduate programs).

1. The program publicly states an explicit philosophy or model of professional training and education by which it intends to prepare residents for advanced practice in a substantive traditional or specialty practice area in professional psychology. The program's philosophy and educational model should be substantially consistent with the mission, goals, and culture of the program's sponsor institution. It must also be consistent with the following principles of the discipline:

CP.B.1. The program publicly states that it prepares postdoctoral residents for advanced practice in Counseling Psychology. Resident graduates are eligible for licensure in the jurisdiction in which the program resides. Counseling Psychology as a substantive traditional practice area facilitates personal and interpersonal functioning across the lifespan with a focus on emotional, social, work related, educational, health-related, developmental and organizational concerns. Counseling psychology focuses on both typical or normal developmental issues and atypical, dysfunctional, or disordered development, taking into account cultural context as it applies to human experience from individual, family, group, systems, and organizational perspectives. Counseling Psychology emphasizes helping people with physical, emotional, and mental disorders improve their well-being, prevent and alleviate distress and maladjustment, resolve crises, and increase their ability to live more highly functioning lives. Practitioners in this professional specialty provide assessment, diagnosis, and treatment of psychopathology.

The field of Counseling Psychology is best defined by its distinctive philosophical perspective rather than by particular settings, techniques, or clients served. A Counseling Psychology postdoctoral program's philosophy and educational model should be substantially consistent with the mission, goals, and culture of the program's sponsor institution.

(a) the postdoctoral residency in a substantive traditional or specialty practice area of professional psychology is designed to develop advanced practice competencies and expertise based upon sound scientific and professional practice foundations: psychological practice is based on the science of psychology which, in turn, is influenced by the professional practice of psychology;

CP.B.1.a. The program is designed to assist residents in developing advanced competence in Counseling Psychology based upon the scientific principles and professional foundations of Counseling Psychology (e.g., scientist-practitioner/scholar-practitioner training models, positive psychology, holistic psychology, supervision and training, wellness psychology, development across the life span, vocational psychology, and multiculturalism). The program provides training opportunities to integrate science and practice throughout the sequence of training. The program should include strategies for scholarly inquiry, application of scientific principles to service delivery, and exposure to the current and seminal bodies of knowledge in areas relevant to the setting and training model. The program emphasizes the scientific basis for psychological assessment, intervention, and consultation. Finally, the program facilitates participation in direct service activities that inform research hypotheses and methodologies.

(b) postdoctoral training has sufficient breadth to ensure advanced competence as a professional psychologist and sufficient depth and focus

to ensure professional and technical expertise in the area in which the program provides its substantive traditional or specialty practice training.

CP.B.1.b. See B.3.a-d for details.

2. The postdoctoral program is organized, and builds upon but is distinct from doctoral preparation and internship. The postdoctoral program must be clearly differentiated from other training programs offered within the institution. The program includes the following:

(a) education and training activities are cumulative, graduated in complexity and are structured in terms of their sequence, intensity, duration, and frequency, as well as planned and programmed in their methods and content.

(b) the primary training method is supervised service delivery in direct contact with service recipients;

CP.B.2.b. The postdoctoral residency shall consist of at least 25% and not more than 60% face-to-face direct service hours per week.

(c) training includes socialization into the profession of psychology, and is augmented by other appropriately-integrated modalities, such as mentoring, didactic exposure, role-modeling and enactment, observational/vicarious learning, and supervisory or consultative guidance;

CP.B.2.c. In addition to the requirements for individual, face-to-face supervision, the program provides a minimum of 2 hours of additional training experiences for full-time residents, and a minimum of 1 hour per week of additional training experiences for half-time residents. The content of training prepares residents for an advanced level of functioning in the competency areas of the program, and diversity, developmental/life span, individual differences, and person/environment interaction perspectives are infused in all training experiences. Methods include mentoring, didactic presentations, observational/vicarious learning, and supervisory or consultative guidance.

3. Consistent with its philosophy or training model and the standards for the advanced substantive traditional or specialty area of professional psychology practice in which the program provides its training, the program specifies education and training objectives in terms of residents' competencies expected upon program completion. In achieving these objectives, the program requires that all residents demonstrate an advanced level of professional psychological competencies, skills, abilities, proficiencies, and knowledge in the following content areas:

(a) theories and effective methods of psychological assessment, diagnosis and interventions;

CP.B.3.a. Counseling psychology residents will demonstrate competence in diagnosing and defining problems through psychological assessment; assessing appropriate developmental tasks and relevant stages of human development; assessing cultural context; and implementing appropriate psychological interventions.

(b) consultation, program evaluation, supervision and/or teaching;

CP.B.3.b. Counseling psychology residents will demonstrate competence in: 1) consultation processes and methods that emphasize a systems approach and/or person-environment interaction at the individual, group, or organizational level; 2) program evaluation that includes the identification of goals, appropriate outcome measures, and quality assessment; 3) supervision that includes a broad knowledge of supervision theory and models, basic administrative principles and methods, and ethics and professional standards, and specific knowledge of developmental, growth-oriented techniques, evidence-based methods, and case management; and 4) presenting psychological content by utilizing effective planning, adapting to audience response, incorporating feedback from audience to inform improvement and gathering outcome data regarding learning objectives.

(c) strategies of scholarly inquiry;

CP.B.3.c. The program specifically provides opportunities for residents to engage in scholarly inquiry to maintain the necessary body of current and seminal knowledge in Counseling Psychology and to then develop advanced competencies in this area. Residents actively engage the literature for research findings relevant to clinical practice, to contribute to knowledge, to critically evaluate the quality and effectiveness of their psychological interventions and outcomes, to practice vigilance regarding how socio-cultural variables influence scientific practice, and to subject their work to the scrutiny of colleagues, stakeholders, and the public. Opportunities to conduct research may be present in some programs.

(d) organization, management and administration issues pertinent to psychological service delivery and practice, training, and research;

CP.B.3.d. The program provides training, teaching, and mentoring in agency administration for residents to develop advanced organizational, managerial, and administrative skills for operating systems necessary for the research and practice of psychology.

(e) professional conduct; ethics and law; and other standards for providers of psychological services;

CP.B.3.e. For the jurisdiction in which the program is located, residents shall demonstrate knowledge of laws and ethical codes relevant to the practice of psychology generally, and particularly to the practice of the substantive traditional area of Counseling Psychology. Residents shall demonstrate the ability to apply both relevant laws and ethical codes to actual practice situations that occur during the course of the residency. Residents shall demonstrate knowledge of current professional issues and standards for the practice of Counseling Psychology, in general, and particularly as these apply to actual practice situations that occur during the course of the residency. The post-doctoral training program shall specify the methods of demonstration.

(f) issues of cultural and individual diversity that are relevant to all of the above.

CP.B.3.f. Residents shall demonstrate awareness, knowledge, and skills of culturally competent counseling that affirms the unique aspects of individual and cultural diversity and identity. The residency training program shall promote, and require, the development of advanced competencies, skills, and knowledge whereby Counseling Psychology residents may assist those clients who face discrimination in overcoming such barriers through non-traditional, culturally-appropriate approaches. These approaches shall be applied in the areas of, but not limited to: diagnostic and assessment procedures; consultation and program development needs; program evaluation methods; attention to and knowledge of supervision issues and concerns; methods of scientific/scholarly inquiry individual, group and system interventions, and management issues relevant to service delivery (e.g. specialty provider procedures and guidelines for counseling women and men; gay, lesbian, bisexual, and transgender individuals, racially and ethnically diverse individuals, groups and organizations, persons with disabilities; older adults); appropriate research procedures relevant for diverse populations; and knowledge of professional issues, ethics, and laws.

4. Resident supervision is regularly scheduled and sufficient relative to the resident's professional responsibility. At a minimum, a full-time resident will receive four hours structured learning activities per week, at least two hours of which will include individual, face-to-face supervision;

CP.B.4. The postdoctoral residency shall provide a minimum of (2) hours per week of individual, face-to-face supervision for full time residents, and a minimum of one (1) hour per week for part-time residents. The supervisory process addresses legal, ethical, and cultural dimensions that impact not only the professional practice of psychology, but also the supervisory relationship. Professional skills development, client welfare, and professional identity development are essential components of supervision. Supervision will meet the regulations for supervised professional experience in the jurisdiction in which the program resides.

(a) Each resident shall have at least two supervisors during any one training year; at least one of these shall be a psychologist who shall serve as the resident's primary supervisor;

CP.B.4.a. Each resident shall have at least two (2) supervisors during any one training year. At least one of these supervisors shall be a psychologist identified with counseling psychology, as evidenced by knowledge, skills and activities congruent with the philosophy and practice of counseling psychology, who shall serve as the resident's primary supervisor. Assigned supervisors have professional/legal responsibility for the services provided by residents to service recipients that are assigned to their supervision dyad for the duration of the supervisory relationship.

(b) Supervision is consistent with the residents' training activities, so as to provide an intensive, advanced substantive traditional or specialty practice learning experience while maintaining appropriate responsibility for the service recipients;

(c) Methods of supervision are appropriate for advanced practice training and reflect the knowledge base of the substantive traditional or specialty practice area in supervision;

(d) Residents have access to supervisor consultation and intervention in

emergencies.

5. Postdoctoral residency programs encourage their residents to participate in state, provincial, regional, national and international professional and scientific organizations.

6. The program demonstrates that residents' service delivery activities are primarily learning oriented and that training considerations take precedence over service delivery and revenue generation.

7. The postdoctoral program has well documented procedures for the administrative structure and process that systematically coordinates, controls, directs, and organizes its training activities and resources. The program has responsibility for recruitment, selection, evaluation and termination of residents, as well as program content.

(a) The program has a designated director who is a psychologist, appropriately credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training program and has administrative authority commensurate with those responsibilities;

CP.B.7.a. The Director of Training shall hold a license to practice psychology in the jurisdiction in which the training program is located and shall demonstrate advanced skills, commitment and leadership in Counseling Psychology through indicators such as: research, professional presentations, and publications that are appropriate to the program's goals and objectives; membership, service or Fellowship in Division 17; possession of the specialty diploma in Counseling Psychology awarded by the American Board of Professional Psychology (ABPP); and/or other specialty-related recognitions.

(b) The program director's credentials and expertise must be consistent with the program's mission and goals and with the advanced substantive traditional or specialty practice area of professional psychology in which the program provides its training. Furthermore, given its stated goals and expected competencies, the program is expected to provide information regarding the minimal level of achievement it requires for post-doctoral residents to satisfactorily progress through and complete the residency program, as well as evidence that it adheres to the minimum levels it has set.

CP.B.7.b. The Director of Training shall engage in some practice activity that can serve as a basis for review and examination by, and training of, the post-doctoral residents. The Director of Training shall insure the adequacy of training in the residency.

Domain C: Program Resources

The program demonstrates that it possesses resources of appropriate quality and sufficiency to achieve its education and training goals and objectives and ensure program stability and sustainability.

1. The postdoctoral training program has formally designated training supervisors who are sufficient in number to accomplish the program's service delivery,

education and training and supervision goals;

2. The formally designated supervisors include at least two psychologists, who:

(a) deliver services in the advanced substantive traditional or specialty practice area in which the postdoctoral training occurs;

CP.C.2.a. delivers services in the advanced counseling psychology practice area in which the postdoctoral training occurs;

(b) function as an integral part of the program at the site where the program is housed;

(c) have primary professional/clinical responsibility for the cases on which they provide supervision;

(d) are appropriately credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;

CP.C.2.d. are appropriately credentialed as licensed psychologists to practice psychology in the jurisdiction in which the program is located; holds a a doctoral degree in Counseling Psychology or a doctoral degree in professional psychology with demonstrated expertise in Counseling Psychology settings; ABPP in Counseling Psychology encouraged;

(e) are of appropriate quality for the program's philosophy of training, model and goals;

(f) have expertise, demonstrate substantial competence and have credentials in the advanced substantive traditional or specialty practice area of professional psychology which are at the core of the program's training goals and objectives;

(g) participate actively in the program's planning, its implementation, and its evaluation; and

(h) serve as professional role models for the residents.

3. The program may include appropriately qualified adjunct staff/supervisors to augment and expand residents' training experiences, provided these adjuncts are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program (as in 1 c , e & h above).

4. The program has one or more postdoctoral psychology residents who:

(a) are provided with opportunities that ensure appropriate peer interaction, support and socialization;

(b) have completed appropriate doctoral education and training in professional psychology or appropriate respecialization, both of which must include the completion of an appropriate internship;

CP.C.4.b. Resident's formal doctoral coursework shall meet the APA accreditation standards and guidelines for academic programs and shall include the General Psychology Core, the Professional Practice core, and a doctoral internship as outlined in these guidelines

(c) have interests and attitudes that are appropriate for the postdoctoral training program's goals and objectives;

CP.C.4.c. Residents shall have knowledge and skills in the area of individual differences and cultural diversity which is demonstrated in their attitudes and performance in practice areas including practicum, internship, and research experience. Further, residents shall demonstrate an understanding of their own individual and cultural diversity, personal biases, and an awareness of how these might affect their work with clients.

(d) have an understanding of the program's philosophy, model and goals;

CP.C.4.d. Residents shall have a clearly articulated understanding of their postdoctoral program's philosophy, model of training, goals, and objectives, and how these are directly related to their preparation for advanced practice in Counseling Psychology.

(e) have meaningful involvement in those activities and decisions that serve to enhance resident training and education; and

(f) have a title commensurate with the title carried in that setting by other professionals in training who have comparable responsibility and comparable education and training, consistent with the laws of the jurisdiction in which the program is located.

5. The program has the additional resources necessary to achieve its training goals and objectives. The program works with the administration of the sponsor institution to develop a plan for the acquisition of those additional resources that may be necessary for program development. The resources include:

(a) financial support for resident stipends, training supervisors, and training activities, consistent with the standards of the advanced substantive traditional or specialty practice area in which the program provides its training;

(b) clerical and technical support;

CP.C.5.b. See CP.C.5.c.

(c) training resources, materials and equipment;

CP.C.5.c. The program possesses resources sufficient in quality and amount required to achieve its goals and objectives. These resources are stable and are sustainable by the program.

Necessary resources would include but are not limited to:

1) Director of Training who is in charge of the program and who is appropriately

- credentialed and trained to serve in this capacity.*
- 2) *Training resources, materials and equipment.*
 - 3) *Physical facilities.*
 - 4) *Assessment materials.*
 - 5) *Computer equipment and connections.*
 - 6) *Access to appropriate populations of service recipients.*
 - 7) *Sufficient number and appropriately credentialed primary and adjunct training staff.*
 - 8) *Sufficient number of support staff.*

(d) physical facilities, training populations and settings.

CP.C.5.d. See CP.C.5.c.

6. The program takes advantage of the resources and diversity offered by the community in which the program is located.

7. A postdoctoral training program may consist of, or be located under, a single administrative entity (institution, agency, school, department, etc.) or may take the form of a consortium. A consortium is comprised of multiple independently administered entities which have, in writing, formally agreed to pool resources to conduct a training or education program. Written consortial agreements should articulate:

(a) the nature and characteristics of the participating entities;

(b) the rationale for the consortial partnership;

(c) each partner's commitment to the education and training program, its philosophy, model, and goals;

(d) each partner's obligations regarding contributions and access to resources;

(e) each partner's adherence to central control and coordination of the training program; and,

(f) each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing resident admission, financial support, training resource access, potential performance expectations and evaluations.

8. An individual consortial partner (member entity) of an accredited consortium may not publicize itself as independently accredited unless it also has independently applied for and received accreditation

Domain D: Cultural and Individual Differences and Diversity

The program recognizes the importance of cultural and individual differences in

the training of psychologists.

1. The program has made systematic, coherent, and long-term efforts to attract and retain residents and supervisors from different ethnic, racial, gender and personal backgrounds into the program. Consistent with such efforts it acts to ensure a supportive and encouraging learning environment and the provision of training opportunities appropriate for the training of diverse individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training or a career in professional psychology.

2. The program has a thoughtful and coherent instructional plan to provide residents with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. It engages in positive efforts designed to ensure that residents will have opportunities to learn about cultural and individual diversity as they relate to the advanced substantive traditional or specialty practice area of psychology postdoctoral training. The avenues by which these training goals are achieved by the program are to be developed by the program.

CP.D.2. Training programs shall intentionally recruit and retain diversity in their staff, supervisors, residents, and other key personnel in regard to race, gender, ethnicity, socioeconomic level, sexual orientation, and individual and personal backgrounds. The residency program shall take full advantage of the resources and diversity available in the setting in which the program is located, as well.

Further, the program shall ensure a supportive learning environment and the provision of training/educational opportunities appropriate for diverse trainees. These training opportunities shall include, but not be limited to, the acquisition of information and practice experiences related to the unique aspects of Counseling Psychology as a specialty, such as the scientist-practitioner/scholar-practitioner model, a focus on holistic health, wellness and positive psychology, life-span learning and development, career development, theories and techniques in clinical supervision; and multicultural diversity.

In order to guarantee that residents have experiences that foster the integration of individual and cultural diversity throughout their training :

- a) residents shall be involved in sequential, cumulative educational and training activities that are graded in complexity that include opportunities to examine, assess, and treat issues involving multicultural diversity;*
- b) residents shall have opportunities, within the primary training mode of directly supervised service delivery, to work with both supervisors and clients who represent a full range of individual differences and cultural diversity;*
- c) residents shall have additional experiences that help them to integrate multiculturalism and to socialize them into the specialty, such as mentoring, role-modeling, consultative guidance, self-exploration, vicarious observational learning, and opportunities to attend, and present, at local, regional, and national professional conferences.*

Domain E: Resident-Supervisor Relations

The program demonstrates that its policies, procedures, education, training, and socialization experiences are characterized by mutual respect and courtesy between residents and training supervisors and that it operates in a manner that facilitates residents' training and educational experiences.

1. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. In order to maximize the quality and effectiveness of residents' learning experiences, all interactions among residents, training supervisors, and program staff should be as between colleagues and conducted in a manner that reflects psychology's ethical principles and professional conduct standards. The program has an obligation to inform residents of these principles and their avenues of recourse should problems arise.
2. Training supervisors are accessible to the residents and provide them with a level of guidance and supervision that actively encourages timely and successful completion of the program. The supervisors provide appropriate professional role modeling and engage in actions that promote the residents' acquisition of knowledge, skills and competencies consistent with the program's training goals.
3. The program shows respect for cultural and individual diversity among its residents by treating them in accord with the principles contained in Section C, Domain A, Standard 5 of this document.
4. The program provides residents immediately upon entry with written grievance and conflict resolution procedures and policies regarding program requirements and expectations for residents' performance and continuance in, or termination from the program. The nature and structure of supervision are reviewed early in the program. Residents receive, at least semi-annually, systematic written feedback on the extent to which they are meeting these performance requirements and expectations. Feedback should address the residents' performance and progress in terms of professional conduct and psychological knowledge, skills and competencies in the areas of psychological assessment, intervention and consultation, and should include:
 - (a) an initial written evaluation provided early enough in the program to serve as the basis for self-correction (if needed);
 - (b) a second written evaluation which occurs early enough to provide time for continued correction (if needed) or development;
 - (c) discussions and signing of each evaluation by the resident and the supervisor;
 - (d) timely written notification of all problems that have been noted, the

opportunity to discuss them and guidance regarding steps to remedy them (if remediable);

(e) substantive written feedback on the extent to which corrective actions are or are not successful in addressing those problems.

5. The program issues a certificate of residency completion to residents successfully completing the training program.

6. The program documents and permanently maintains records of the residents' supervised training experiences and evaluations for future reference, certification and credentialing purposes. In all matters relevant to the evaluation of residents' performance, programs must adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment.

⁹ See the current APA "Ethical Principles and Code of Conduct" and the Canadian Psychological Association "Canadian Code of Ethics for Psychologists" (1991).

7. Each program will be responsible for keeping information and records of all formal complaints and grievances against the program, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Committee on Accreditation will examine programs' records of student complaints as part of its periodic review of programs.

Domain F: Program Self-Assessment and Quality Enhancement

The program demonstrates a commitment to excellence through self-study, which assures that its goals and objectives are met, enhances the quality of professional education and training obtained by its residents and training supervisors, and contributes to the fulfillment of its host institution's mission.

1. The program, with appropriate involvement from its training supervisors, residents and former residents, engages in a self-study process that addresses:

(a) its expectations for the quality and quantity of the resident's preparation and performance in the program;

(b) its effectiveness in achieving program goals and objectives for residents in terms of outcome data (i.e., while residents are in the program and after completion) and including the residents' views regarding the quality of the training experiences and the program;

(c) its procedures to maintain current achievements or to make changes as necessary;

(d) its goals, objectives, and outcome data relevant thereto, in relation to local, regional, state/provincial, and national needs and changes in the

knowledge base of the profession and the advanced substantive traditional or specialty practice area in which the program provides its training.

2. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.

3. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts, and demonstrate this in tangible ways.

Domain G: Public Disclosure

The program demonstrates its commitment to public disclosure by providing written and other communications that appropriately represent it to the relevant publics.

1. The program is described accurately and completely in documents that are available to current residents, applicants, and the public. The descriptions of the program should include:

(a) its counseling psychology training model, goals and objectives; its selection procedures and requirements for completion; its training supervisors, residents, facilities, service recipient populations, training settings and other resources; its administrative policies and procedures, the average amount of time per week residents spend in direct service delivery and other education and training activities, and the total duration of the program to completion.

(b) its status with regard to accreditation, including the specific program covered by that status, and the name, address, and telephone number of the Committee on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

Domain H: Relationship with Accrediting Body

The postdoctoral training program demonstrates its commitment to the accreditation process by fulfilling its responsibilities to the accrediting body from which its accredited status is granted.

1. The training program abides by the accrediting body's published policies and procedures, as they pertain to its recognition as an accredited postdoctoral training site.

2. The training program informs the accrediting body in a timely manner of changes in its training model, goals, objectives, curriculum plan and resources or operations that could alter the postdoctoral training program's quality.

3. The training program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

APPENDIX B

Evaluation of Student Competencies (examples of evaluation forms)

1. Competency Benchmarks in Professional Psychology
(rating form and appendix)
2. Practicum Student Competency Assessment Form
3. Evaluation of Practicum Student Competencies
(Texas Woman's Univ.)
4. Practicum Evaluation Rating Instructions.

1. Competency Benchmarks in Professional Psychology (rating form and appendix)

**COMPETENCY BENCHMARKS IN PROFESSIONAL PSYCHOLOGY
Rating Form**

Trainee Name:

Name of Placement:

Name of Person Completing Form (please include highest degree earned):

Date Evaluation Completed:

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No

Type of Review:

Initial Review

Mid-placement

Final Review

Other (please describe):

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program:

Intern:

Select the column corresponding to the training level of the person being assessed, and rate items in that column using the following frequency scale:

Never/Rarely 0 Sometimes 1 Often 2 Almost Always 3 Always 4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling “No Opportunity to Observe” [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee’s current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE					
1. Professional Values and Attitudes: as evidenced in behavior and comporment that reflect the values and attitudes of psychology.											
1A. Integrity - Honesty, personal responsibility and adherence to professional values		Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values				Monitors and independently resolves situations that challenge professional values and integrity					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
1B. Deportment											
Understands how to conduct oneself in a professional manner		Communication and physical conduct (including attire) is professionally appropriate, across different settings				Conducts self in a professional manner across settings and situations					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
1C. Accountability											
Accountable and reliable		Accepts responsibility for own actions				Independently accepts personal responsibility across settings and contexts					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE					
1D. Concern for the Welfare of Others											
Demonstrates awareness of the need to uphold and protect the welfare of others											
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
1E. Professional Identity											
Demonstrates beginning understanding of self as professional; "thinking like a psychologist"											
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.											
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context											
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others											
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context											
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings											
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context											
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others											
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

Never/Rarely = 0 Sometimes = 1 Often = 2 Almost Always = 3 Always = 4 No Opp. = [N/O]

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE			
2D. Applications based on Individual and Cultural Context		Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation				Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work			
0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.		3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines				Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines			
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting		Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations				Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines			
0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]
3B. Awareness and Application of Ethical Decision Making		Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma				Independently utilizes an ethical decision-making model in professional work			
0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]
3C. Ethical Conduct		Integrates own moral principles/ethical values in professional conduct				Independently integrates ethical and legal standards with all competencies			
0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]	0	1 2 3 4 [N/O]

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE			
4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.									
4A. Reflective Practice									
Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)		Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action				Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
4B. Self-Assessment									
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies		Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills				Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)									
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care		Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice				Self-monitors issues related to self-care and promptly intervenes when disruptions occur			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
4D. Participation in Supervision Process									
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship		Effectively participates in supervision				Independently seeks supervision when needed			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE			
5A. Interpersonal Relationships		Forms and maintains productive and respectful relationships with clients, peers, colleagues, supervisors and professionals from other disciplines				Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
5B. Affective Skills		Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively				Manages difficult communication; possesses advanced interpersonal skills			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
5C. Expressive Skills		Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language				Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	

Never/Rarely = 0 Sometimes = 1 Often = 2 Almost Always = 3 Always = 4 No Opp. = [N/O]

III. SCIENCE

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE													
6A. Scientific Mindedness																			
Displays critical scientific thinking																			
0	1	2	3	4	[N/O]	Values and applies scientific methods to professional practice				0	1	2	3	4	[N/O]	Independently applies scientific methods to practice			
6B. Scientific Foundation of Psychology																			
Demonstrates understanding of psychology as a science																			
0	1	2	3	4	[N/O]	Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)				0	1	2	3	4	[N/O]	Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)			
6C. Scientific Foundation of Professional Practice																			
Understands the scientific foundation of professional practice																			
0	1	2	3	4	[N/O]	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice				0	1	2	3	4	[N/O]	Independently applies knowledge and understanding of scientific foundations to practice			
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities																			
7A. Scientific Approach to Knowledge Generation																			
Participates effectively in scientific endeavors when available																			
0	1	2	3	4	[N/O]	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology				0	1	2	3	4	[N/O]	Generates knowledge			
7B. Application of Scientific Method to Practice																			
No expectation at this level																			
0	1	2	3	4	[N/O]	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs				0	1	2	3	4	[N/O]	Applies scientific methods of evaluating practices, interventions, and programs			

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.				
READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP		READINESS FOR ENTRY TO PRACTICE
8A. Knowledge and Application of Evidence-Based Practice				
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology		Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences		Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences
0	1 2 3 4	[N/O]	0 1 2 3 4	[N/O]
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.				
9A. Knowledge of Measurement and Psychometrics				
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing		Selects assessment measures with attention to issues of reliability and validity		Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context
0	1 2 3 4	[N/O]	0 1 2 3 4	[N/O]
9B. Knowledge of Assessment Methods				
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam		Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances		Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
0	1 2 3 4	[N/O]	0 1 2 3 4	[N/O]

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM					READINESS FOR INTERNSHIP					READINESS FOR ENTRY TO PRACTICE							
9C. Application of Assessment Methods																	
Demonstrates knowledge of measurement across domains of functioning and practice settings					Selects appropriate assessment measures to answer diagnostic question					Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
9D. Diagnosis																	
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity					Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity					Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
9E. Conceptualization and Recommendations																	
Demonstrates basic knowledge of formulating diagnosis and case conceptualization					Utilizes systematic approaches of gathering data to inform clinical decision-making					Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
9F. Communication of Assessment Findings																	
Demonstrates awareness of models of report writing and progress notes					Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client					Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.																	
10A. Intervention planning																	
Displays basic understanding of the relationship between assessment and intervention					Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation					Independently plans interventions; case conceptualizations and intervention plans are specific to case and context							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

Never/Rarely = 0

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE			
10B. Skills									
Displays basic helping skills		Displays clinical skills				Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
10C. Intervention Implementation									
Demonstrates basic knowledge of intervention strategies		Implements evidence-based interventions				Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
10D. Progress Evaluation									
Demonstrates basic knowledge of the assessment of intervention progress and outcome		Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures				Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.									
11A. Role of Consultant									
No expectation at this level		Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)				Determines situations that require different role functions and shifts roles accordingly to meet referral needs			
			0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
11B. Addressing Referral Question									
No expectation at this level		Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions				Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question			
			0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE
11C. Communication of Consultation Findings	Identifies literature and knowledge about process of informing consultee of assessment findings				
No expectation at this level	0	1	2	3	4
				[N/O]	[N/O]
11D. Application of Consultation Methods	Identifies res literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings				
No expectation at this level	0	1	2	3	4
				[N/O]	[N/O]
	0	1	2	3	4
					[N/O]

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.	READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE
12A. Knowledge	Demonstrates awareness of theories of learning and how they impact teaching				
No expectation at this level	0	1	2	3	4
				[N/O]	[N/O]
0	1	2	3	4	
					[N/O]
12B. Skills	Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences				
No expectation at this level	0	1	2	3	4
					[N/O]
0	1	2	3	4	
					[N/O]
13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.	READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE
13A. Expectations and Roles	Demonstrates knowledge of application of teaching methods				
No expectation at this level	0	1	2	3	4
				[N/O]	[N/O]
0	1	2	3	4	
					[N/O]
13B. Supervision and Training	Applies teaching methods in multiple settings				
No expectation at this level	0	1	2	3	4
					[N/O]
0	1	2	3	4	
					[N/O]
13C. Supervision and Roles	Understands the ethical, legal, and contextual issues of the supervisor role				
No expectation at this level	0	1	2	3	4
				[N/O]	[N/O]
0	1	2	3	4	
					[N/O]

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP					READINESS FOR ENTRY TO PRACTICE					
13B. Processes and Procedures												
No expectation at this level												
0	1	2	3	4	[N/O]	Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	0	1	2	3	4	[N/O]
13C. Skills Development												
Displays interpersonal skills of communication and openness to feedback												
0	1	2	3	4	[N/O]	Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	0	1	2	3	4	[N/O]
13D. Supervisory Practices												
No expectation at this level												
0	1	2	3	4	[N/O]	Provides helpful supervisory input in peer and group supervision	0	1	2	3	4	[N/O]
0	1	2	3	4	[N/O]	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting	0	1	2	3	4	[N/O]

VI. SYSTEMS

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP					READINESS FOR ENTRY TO PRACTICE					
14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.												
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions												
No expectation at this level												
0	1	2	3	4	[N/O]	Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals	0	1	2	3	4	[N/O]
0	1	2	3	4	[N/O]	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals	0	1	2	3	4	[N/O]

Never/Rarely = 0

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE			
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts		Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning				Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals				Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
14D. Respectful and Productive Relationships with Individuals from Other Professions		Develops and maintains collaborative relationships and respect for other professionals				Develops and maintains collaborative relationships over time despite differences			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).									
15A. Appraisal of Management and Leadership		Forms autonomous judgment of organization's management and leadership				Develops and offers constructive criticism and suggestions regarding management and leadership of organization			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	
15B. Management		Demonstrates awareness of roles of management in organizations				Participates in management of direct delivery of professional services; responds appropriately in management hierarchy			
0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	0	1 2 3 4	[N/O]	

Never/Rarely = 0

Sometimes = 1

Often = 2

Almost Always = 3

Always = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM					READINESS FOR INTERNSHIP					READINESS FOR ENTRY TO PRACTICE							
15C. Administration																	
Complies with regulations					Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures					Demonstrates emerging ability to participate in administration of clinical program							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
15D. Leadership																	
No expectation at this level					No expectation at this level					Participates in system change and management structure							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.																	
16A. Empowerment																	
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention					Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision					Intervenes with client to promote action on factors impacting development and functioning							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
16B. Systems Change																	
Understands the differences between individual and institutional level interventions and system's level change					Promotes change to enhance the functioning of individuals					Promotes change at the level of institutions, community, or society							
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

Never/Rarely = 0 Sometimes = 1 Often = 2 Almost Always = 3 Always = 4 No Opp. = [N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?

COMPETENCY BENCHMARKS IN PROFESSIONAL PSYCHOLOGY

Appendix (i.e., Items with Examples)

This Appendix includes examples to further clarify items or to illustrate possible ways the item may show up in a training setting. This list of examples is not exhaustive, and it may be helpful to create examples that are specific to your training setting.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comporment that reflect the values and attitudes of psychology.	
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP
READINESS FOR ENTRY TO PRACTICE	
<p>1A. Integrity - Honesty, personal responsibility and adherence to professional values</p> <p>Understands professional values; honest, responsible</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates honesty, even in difficult situations • Takes responsibility for own actions • Demonstrates ethical behavior and basic knowledge of APA Ethical Principles and Code of Conduct 	<p>Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies situations that challenge professional values, and seeks faculty/supervisor guidance as needed • Demonstrates ability to discuss failures and lapses in adherence to professional values with supervisors/faculty as appropriate
<p>1B. Deportment</p> <p>Understands how to conduct oneself in a professional manner</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates appropriate personal hygiene and attire • Distinguishes between appropriate and inappropriate language and demeanor in professional contexts 	<p>Monitors and independently resolves situations that challenge professional values and integrity</p> <p>Examples:</p> <ul style="list-style-type: none"> • Takes independent action to correct situations that are in conflict with professional values • Addresses situations that challenge professional values
<p>Communication and physical conduct (including attire) is professionally appropriate, across different settings</p> <p>Examples</p> <ul style="list-style-type: none"> • Demonstrates awareness of the impact behavior has on client, public and profession • Utilizes appropriate language and demeanor in professional communications 	<p>Conducts self in a professional manner across settings and situations</p> <p>Examples:</p> <ul style="list-style-type: none"> • Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions • Flexibly shifts demeanor to effectively meet requirements of professional situation and enhance outcomes

Professional Values and Attitudes continued

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>1C. Accountability</p> <p>Accountable and reliable</p> <p>Examples:</p> <ul style="list-style-type: none"> • Turns in assignments in accordance with established deadlines • Demonstrates personal organization skills • Plans and organizes own workload • Follows policies and procedures of institution • Follows through on commitments 	<p>Accepts responsibility for own actions</p> <p>Examples</p> <ul style="list-style-type: none"> • Completes required case documentation promptly and accurately • Accepts responsibility for meeting deadlines • Available when "on-call" • Acknowledges errors • Utilizes supervision to strengthen effectiveness of practice 	<p>Independently accepts personal responsibility across settings and contexts</p> <p>Examples:</p> <ul style="list-style-type: none"> • Enhances own professional productivity • Holds self accountable for and submits to external review of quality service provision
<p>1D. Concern for the Welfare of Others</p> <p>Demonstrates awareness of the need to uphold and protect the welfare of others</p> <p>Examples:</p> <ul style="list-style-type: none"> • Displays initiative to help others • Articulates importance of concepts of confidentiality, privacy, and informed consent • Demonstrates compassion (awareness of suffering and the wish to relieve it) for others 	<p>Acts to understand and safeguard the welfare of others</p> <p>Examples</p> <ul style="list-style-type: none"> • Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds • Determines when response to client needs takes precedence over personal needs 	<p>Independently acts to safeguard the welfare of others</p> <p>Examples:</p> <ul style="list-style-type: none"> • Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment • Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values • Demonstrates compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility), and/or who seek care for proscribed behavior, such as violence, predation, or dangerousness
<p>1E. Professional Identity</p> <p>Demonstrates beginning understanding of self as professional: "thinking like a psychologist"</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge of the program and profession (training model, core competencies) • Demonstrates knowledge about practicing within one's competence 	<p>Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development</p> <p>Examples</p> <ul style="list-style-type: none"> • Has membership in professional organizations • Attends colloquia, workshops, conferences • Consults literature relevant to client care 	<p>Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice</p> <p>Examples:</p> <ul style="list-style-type: none"> • Keeps up with advances in profession

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.		READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context</p> <p>Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates how ethnic group values influence who one is and how one relates to other people • Articulates dimensions of diversity (e.g., race, gender, sexual orientation) 		<p>Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • Uses knowledge of self to monitor effectiveness as a professional • Initiates supervision about diversity issues 	<p>Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • Uses knowledge of self to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues 	
<p>2B. Others as Shaped by Individual and Cultural Diversity and Context</p> <p>Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals • Articulates beginning understanding of the way culture and context are a consideration in working with clients 		<p>Applies knowledge of others as cultural beings in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates understanding that others may have multiple cultural identities • Initiates supervision about diversity issues with others 	<p>Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • Uses knowledge of others to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues with others 	
<p>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</p> <p>Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge, awareness and understanding of the way culture and context shape interactions between and among individuals • Articulates beginning understanding of the way culture and context are a consideration in the therapeutic relationship 		<p>Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others</p> <p>Examples:</p> <ul style="list-style-type: none"> • Understands the role that diversity may play in interactions with others • Initiates supervision about diversity issues in interactions with others 	<p>Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • Uses knowledge the role of culture in interactions to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues in interactions with others 	

Individual and Cultural Diversity continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>2D.. Applications based on Individual and Cultural Context</p> <p>Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates basic knowledge of literatures on individual and cultural differences and engages in respectful interactions that reflect this knowledge • Seeks out literature on individual and cultural differences to inform interactions with diverse others 	<p>Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge of ICD literature and APA policies, including guidelines for practice with diverse individuals, groups and communities • Works effectively with diverse others in professional activities • Demonstrates awareness of effects of oppression and privilege on self and others 	<p>Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work</p> <p>Examples:</p> <ul style="list-style-type: none"> • Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others • Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors • Seeks consultation regarding addressing individual and cultural diversity as needed • Uses culturally relevant best practices

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>3A. Knowledge of ethical, legal and professional standards and guidelines</p> <p>Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates beginning knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent • Identifies key documents/policies that guide the practice of psychology (e.g., APA Ethical Principles and Code of Conduct) 	<p>Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations</p> <p>Examples</p> <ul style="list-style-type: none"> • Identifies ethical dilemmas effectively • Actively consults with supervisor to act upon ethical and legal aspects of practice • Addresses ethical and legal aspects within the case conceptualization • Discusses ethical implications of professional work • Recognizes and discusses limits of own ethical and legal knowledge • Demonstrates intermediate knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent 	<p>Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines</p> <p>Examples:</p> <ul style="list-style-type: none"> • Addresses complex ethical and legal issues • Articulates potential conflicts in complex ethical and legal issues. • Seeks to prevent problems and unprofessional conduct • Demonstrates advanced knowledge of typical legal issues, including child and elder abuse reporting, HIPAA, confidentiality, and informed consent
<p>3B. Awareness and Application of Ethical Decision Making</p> <p>Demonstrates awareness of the importance of applying an ethical decision model to practice</p> <p>Examples:</p> <ul style="list-style-type: none"> • Recognizes the importance of basic ethical concepts applicable in initial practice (e.g. child abuse reporting, informed consent, confidentiality, multiple relationships, and competence) • Demonstrates awareness of an ethical decision making model applied to case vignettes 	<p>Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma</p> <p>Examples</p> <ul style="list-style-type: none"> • Uses an ethical decision-making model when discussing cases in supervision • Identifies ethical implications in cases and understands the ethical elements present in ethical dilemma or question • Discusses ethical dilemmas and decision making in supervision, staff meetings, presentations, practicum settings 	<p>Independently utilizes an ethical decision-making model in professional work</p> <p>Examples:</p> <ul style="list-style-type: none"> • Applies applicable ethical principles and standards in professional writings and presentations • Applies applicable ethics concepts in research design and subject treatment • Applies ethics and professional concepts in teaching and training activities • Develops strategies to seek consultation regarding complex ethical and legal dilemmas • Takes appropriate steps when others behave unprofessionally • Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues in practice

Ethical Legal Standards and Policy continued

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>3C. Ethical Conduct</p> <p>Displays ethical attitudes and values</p> <p>Examples:</p> <ul style="list-style-type: none"> Evidences desire to help others Shows honesty and integrity; values ethical behavior Demonstrates personal courage consistent with ethical values of psychologists Displays appropriate boundary management 	<p>Integrates own moral principles/ethical values in professional conduct</p> <p>Examples:</p> <ul style="list-style-type: none"> Is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues Is able to spontaneously discuss intersection of personal and professional ethical and moral issues 	<p>Independently integrates ethical and legal standards with all competencies</p> <p>Examples:</p> <ul style="list-style-type: none"> Demonstrates adherence to ethical and legal standards in professional activities Takes responsibility for continuing professional development
<p>4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.</p>		
<p>4A. Reflective Practice</p> <p>Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice</p> <p>Examples:</p> <p>Demonstrates openness to:</p> <ul style="list-style-type: none"> considering own personal concerns and issues recognizing impact of self on others articulating attitudes, values, and beliefs toward diverse others self-identifying multiple individual and cultural identities systematically reviewing own professional performance with supervisors/teachers 	<p>Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity</p> <p>Examples:</p> <ul style="list-style-type: none"> Is able to articulate attitudes, values, and beliefs toward diverse others Recognizes impact of self on others Self-identifies multiple individual and cultural identities Is able to describe how others experience him/her and identifies roles one might play within a group Responsively utilizes supervision to enhance reflectivity Reviews own professional performance via video or audiotape with supervisors Displays ability to adjust professional performance as situation requires 	<p>Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool</p> <p>Examples:</p> <ul style="list-style-type: none"> Monitors and evaluates attitudes, values and beliefs towards diverse others Systematically and effectively monitors and adjusts professional performance in action as situation requires Recognizes and addresses own problems, minimizing interference with competent professional functioning

Reflective Practice/Self-Assessment/Self-Care continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>4B. Self-Assessment</p> <p>Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates awareness of competencies for professional training • Develops initial competency goals for early training (with input from faculty) 	<p>Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills</p> <p>Examples</p> <ul style="list-style-type: none"> • Self-assessment comes close to congruence with assessment by peers and supervisors • Identifies areas requiring further professional growth • Writes a personal statement of professional goals • Identifies learning objectives for overall training plan • Systemically and effectively reviews own professional performance via videotape or other technology 	<p>Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills</p> <p>Examples:</p> <ul style="list-style-type: none"> • Accurately identifies level of competence across all competency domains • Accurately assesses own strengths and weaknesses and seeks to prevent or ameliorate impact on professional functioning • Recognizes when new/improved competencies are required for effective practice • Writes a personal statement of professional goals identifying areas for further professional growth, with extended plans to achieving the goals
<p>4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)</p> <p>Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates benefits of engaging in self-care • Makes use of opportunities to engage in self-care 	<p>Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice</p> <p>Examples</p> <ul style="list-style-type: none"> • Takes action recommended by supervisor for self-care to ensure effective training • Maintains/alters weekly schedule to allow for self care activities 	<p>Self-monitors issues related to self-care and promptly intervenes when disruptions occur</p> <p>Examples:</p> <ul style="list-style-type: none"> • Anticipates and self-identifies disruptions in functioning and intervenes at an early stage/with minimal support from supervisors

Reflective Practice/Self-Assessment/Self-Care continued

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>4D. Participation in Supervision Process</p> <p>Demonstrates straightforward, truthful, and respectful communication in supervisory relationship</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates willingness to admit errors and accept feedback • Acknowledges supervisor's differing viewpoints in supervision 	<p>Effectively participates in supervision</p> <p>Examples:</p> <ul style="list-style-type: none"> • Seeks supervisor to improve performance, presents work for feedback, and integrates feedback into performance • Initiates discussion with supervisor of own reaction to client/patients in session • Seeks supervisor's perspective on client progress 	<p>Independently seeks supervision when needed</p> <p>Examples:</p> <ul style="list-style-type: none"> • Seeks supervision when personal problems may interfere with professional activities • Seeks supervision when working with client problems for which he/she has had limited experience to ensure competence of services

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>5A. Interpersonal Relationships</p> <p>Displays interpersonal skills</p> <p>Examples:</p> <ul style="list-style-type: none"> • Listens and is empathic with others • Respects and shows interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. • Demonstrates interpersonal skills verbally and non-verbally • Receives feedback • Works cooperatively and collaboratively with peers 	<p>Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines</p> <p>Examples:</p> <ul style="list-style-type: none"> • Forms effective working alliances with most clients • Engages with supervisors to work effectively • Involved in departmental, institutional, or professional activities or governance • Demonstrates respectful and collegial interactions with those who have different professional models or perspectives 	<p>Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities</p> <p>Examples:</p> <ul style="list-style-type: none"> • Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself • Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public

Relationships continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
5B. Affective Skills Displays affective skills Examples: <ul style="list-style-type: none"> • Demonstrates affect tolerance • Tolerates interpersonal conflict • Demonstrates awareness of inner emotional experience • Demonstrates emotional maturity • Listens to and acknowledges feedback from others • Notices and expresses feelings • Demonstrates comfort with a range of emotions • Affect does not overwhelm judgment • Is flexible when things don't go according to plan 	Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively Examples <ul style="list-style-type: none"> • Demonstrates active problem-solving • Makes appropriate disclosures regarding problematic interpersonal situations • Acknowledges own role in difficult interactions • Initiates discussion regarding disagreements with colleagues or supervisors • Efforts to resolve disagreements do not escalate negative affect among the parties involved • Seeks clarification in challenging interpersonal communications • Demonstrates understanding of diverse viewpoints in challenging interactions • Provides feedback to supervisor regarding supervisory process • Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference • Accepts and implements supervisory feedback nondefensively • Maintains affective equilibrium and focus on therapeutic task in face of client distress • Tolerates ambiguity and uncertainty 	Manages difficult communication; possesses advanced interpersonal skills Examples: <ul style="list-style-type: none"> • Accepts, evaluates and implements feedback from others • Uses affective reactions in the service of resolving disagreements or fostering growth in others • Tolerates patient's feelings, attitudes, and wishes, particularly as they are expressed toward the therapist, so as to maintain and/or promote therapeutic dialogue • Allows, enables, and facilitates the patient's exploration and expression of affectively difficult issues • Works flexibly with patients' intense affects which could destabilize the therapeutic relationship

Relationships continued

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>5C. Expressive Skills</p> <p>Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills</p> <p>Examples:</p> <ul style="list-style-type: none"> • Written work is organized, easy to understand, and conveys the main points • Shares opinions with others using language that others can understand • Non-verbal behavior is consistent with verbal communications 	<p>Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language</p> <p>Examples</p> <ul style="list-style-type: none"> • Uses professional terms and concepts appropriately and clearly in discussions, case reports, etc • Understands terms and concepts used in professional texts and in others' case reports • Communication is understandable, consistent across expressive modalities • Prepares clearly written assessment reports • Presents clinical process to supervisor in a succinct, organized, well-summarized way • Provides verbal feedback to client regarding assessment and diagnosis using language the client can understand • Presents clear, appropriately detailed clinical material 	<p>Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates descriptive, understandable command of language, both written and verbal • Communicates clearly and effectively with clients • Uses appropriate professional language when dialoguing with other healthcare providers • Prepares sophisticated and compelling case reports • Treatment summaries are concise, yet comprehensive

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>6A. Scientific Mindedness</p> <p>Displays critical scientific thinking</p> <p>Examples:</p> <ul style="list-style-type: none"> • Questions assumptions of knowledge • Evaluates study methodology and scientific basis of findings • Presents own work for the scrutiny of others 	<p>Values and applies scientific methods to professional practice</p> <p>Examples</p> <ul style="list-style-type: none"> • Uses literature to support ideas in case conferences and supervision • Formulates appropriate questions regarding case conceptualization • Generates hypotheses regarding own contribution to therapeutic process and outcome 	<p>Independently applies scientific methods to practice</p> <p>Examples:</p> <ul style="list-style-type: none"> • Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems • Implements appropriate methodology to address research questions
<p>6B. Scientific Foundation of Psychology</p> <p>Demonstrates understanding of psychology as a science</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates understanding of core scientific conceptualizations of human behavior • Demonstrates basic knowledge of the breadth of scientific psychology • Cites scientific literature to support an argument when appropriate • Evaluates scholarly literature on a topic as needed 	<p>Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)</p> <p>Examples</p> <ul style="list-style-type: none"> • Critically evaluates scientific literature • Demonstrates understanding of intersections across core areas of psychological science 	<p>Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)</p> <p>Examples:</p> <ul style="list-style-type: none"> • Accurately evaluates scientific literature regarding clinical issues • Identifies multiple factors and interactions of those factors that underlie pathological behavior

Scientific Knowledge and Methods continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>6C. Scientific Foundation of Professional Practice</p> <p>Understands the scientific foundation of professional practice</p> <p>Examples:</p> <ul style="list-style-type: none"> • Understands the development of evidence based practice in psychology (EBP) as defined by APA • Displays understanding of the scientific foundations of the competencies • Cites scientific literature to support an argument when appropriate • Evaluates scholarly literature on a practice-related topic as needed 	<p>Demonstrates knowledge, understanding, and application of the concept of evidence-based practice</p> <p>Examples</p> <ul style="list-style-type: none"> • Applies EBP concepts in case conceptualization, treatment planning, and interventions in consultation with supervisor • Works with supervisor to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment 	<p>Independently applies knowledge and understanding of scientific foundations independently applied to practice</p> <p>Examples:</p> <ul style="list-style-type: none"> • Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization • Independently applies EBP concepts in practice • Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning
<p>7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities</p>		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>7A. Scientific Approach to Knowledge Generation</p> <p>Participates effectively in scientific endeavors when available</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates understanding that psychologists evaluate the effectiveness of their professional activities • Open to scrutiny of one's work by peers and faculty • Writes literature review as part of course requirement • Assists faculty with research projects 	<p>Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology</p> <p>Examples</p> <ul style="list-style-type: none"> • Demonstrates understanding of research methods and techniques of data analysis • Demonstrates research and scholarly activity, which may include presentations at conferences, participation in research teams, submission of manuscripts for publication • Demonstrates being a critical consumer of research 	<p>Generates knowledge</p> <p>Examples:</p> <ul style="list-style-type: none"> • Engages in systematic efforts to increase the knowledge base of psychology through implementing and reviewing research • Uses methods appropriate to the research question, setting and/or community • Consults and partners with community stakeholders when conducting research in diverse communities

Research/Evaluation continued

<p>READINESS FOR PRACTICUM</p>	<p>READINESS FOR INTERNSHIP</p>	<p>READINESS FOR ENTRY TO PRACTICE</p>
<p>7B. Application of Scientific Method to Practice No expectation at this level</p>	<p>Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs</p> <p>Examples:</p> <ul style="list-style-type: none"> • Describes how outcomes are measured in each practice activity • Demonstrates knowledge of program evaluation 	<p>Applies scientific methods of evaluating practices, interventions, and programs</p> <p>Examples:</p> <ul style="list-style-type: none"> • Evaluates practice activities using accepted techniques • Compiles and analyzes data on own clients (outcome measurement) • Uses findings from outcome evaluation to alter intervention strategies as indicated • Participates in program evaluation

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.	
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP
<p>8A. Knowledge and Application of Evidence-Based Practice</p> <p>Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates the relationship of EBP to the science of psychology • Identifies basic strengths and weaknesses of different assessment and intervention approaches 	<p>Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge of interventions and explanations for their use based on EBP • Demonstrates the ability to select interventions, assessment tools, and consultation methods for different problems and populations related to the practice setting • Investigates existing literature related to problems and client issues • Writes a statement of own theoretical perspective regarding intervention strategies • Creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences in consultation with supervisor
	<p>Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences</p> <p>Examples:</p> <ul style="list-style-type: none"> • Writes a case summary incorporating evidence-based practice • Presents rationale for intervention strategy that includes empirical support • Independently creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences
READINESS FOR ENTRY TO PRACTICE	

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>9A. Knowledge of Measurement and Psychometrics</p> <p>Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates awareness of the benefits and limitations of standardized assessment • Demonstrates knowledge of the construct(s) being assessed • Evidences understanding of basic psychometric constructs such as validity, reliability, and test construction 	<p>Selects assessment measures with attention to issues of reliability and validity</p> <p>Examples</p> <ul style="list-style-type: none"> • Identifies appropriate assessment measures for cases seen at practice site • Consults with supervisor regarding selection of assessment measures 	<p>Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates awareness and competent use of culturally sensitive instruments, norms • Seeks consultation as needed to guide assessment • Describes limitations of assessment data reflected in assessment reports
<p>9B. Knowledge of Assessment Methods</p> <p>Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam</p> <p>Examples:</p> <ul style="list-style-type: none"> • Accurately administers and scores various assessment tools in non-clinical (e.g. course) contexts • Demonstrates knowledge of initial interviewing methods (both structured and semi-structured interviews, mini-mental status exam) 	<p>Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances</p> <p>Examples</p> <ul style="list-style-type: none"> • Demonstrates intermediate level ability to accurately select, administer, score and interpret assessment tools with client populations • Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams 	<p>Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning</p> <p>Examples:</p> <ul style="list-style-type: none"> • Independently and accurately selects, administers, and scores and interprets assessment tools with clinical populations • Selection of assessment tools reflects a flexible approach to answering the diagnostic questions • Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate • Interview and report lead to formulation of a diagnosis and the development of appropriate treatment plan

Assessment continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>9C. Application of Assessment Methods</p> <p>Demonstrates knowledge of measurement across domains of functioning and practice settings</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information • Demonstrates awareness of need for selection of assessment measures appropriate to population/problem 	<p>Selects appropriate assessment measures to answer diagnostic question</p> <p>Examples</p> <ul style="list-style-type: none"> • Selects assessment tools that reflect awareness of patient population served at a given practice site • Demonstrates ability to adapt environment and materials according to client needs (e.g., lighting, privacy, ambient noise) 	<p>Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice</p> <p>Examples:</p> <ul style="list-style-type: none"> • Independently selects assessment tools that reflect awareness of client population served at practice site • Interprets assessment results accurately taking into account limitations of the evaluation method • Provides meaningful, understandable and useful feedback that is responsive to client need
<p>9D. Diagnosis</p> <p>Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies DSM criteria • Describes normal development consistent with broad area of training 	<p>Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity</p> <p>Examples</p> <ul style="list-style-type: none"> • Articulates relevant developmental features and clinical symptoms as applied to presenting question • Demonstrates ability to identify problem areas and to use concepts of differential diagnosis 	<p>Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity</p> <p>Examples:</p> <ul style="list-style-type: none"> • Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem • Demonstrates awareness of DSM and relation to ICD codes • Independently identifies problem areas and makes a diagnosis

Assessment continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9E. Conceptualization and Recommendations		
<p>Demonstrates basic knowledge of formulating diagnosis and case conceptualization</p> <p>Examples:</p> <ul style="list-style-type: none"> • Discusses diagnostic formulation and case conceptualization in courses • Prepares basic reports which articulate theoretical material 	<p>Utilizes systematic approaches of gathering data to inform clinical decision-making</p> <p>Examples:</p> <ul style="list-style-type: none"> • Presents cases and reports demonstrating how diagnosis is based on case material • Makes clinical decisions based on connections between diagnoses, hypotheses and recommendations 	<p>Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment</p> <p>Examples:</p> <ul style="list-style-type: none"> • Independently prepares reports based on case material • Accurately administers, scores and interprets test results • Formulates case conceptualizations incorporating theory and case material
9F. Communication of Assessment Findings		
<p>Demonstrates awareness of models of report writing and progress notes</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge of content of test reports and progress notes • Demonstrates knowledge of organization of test reports and progress notes 	<p>Writes assessment reports and progress notes and communicates assessment findings verbally to client</p> <p>Examples:</p> <ul style="list-style-type: none"> • Writes complete psychological reports • Works with supervisor to prepare and provide feedback regarding findings • Reports reflect data that has been collected via interview 	<p>Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner</p> <p>Examples:</p> <ul style="list-style-type: none"> • Writes an effective, comprehensive report • Effectively communicates assessment results verbally to clients • Reports reflect data that has been collected via interview and its limitations
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
<p>Displays basic understanding of the relationship between assessment and intervention</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates a basic understanding of how intervention choices are informed by assessment (e.g., clinical intake, testing) • Articulates a basic understanding of how assessment guides the process of intervention 	<p>Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates a theory of change and identifies interventions to implement change, as consistent with the AAPI • Writes case conceptualization reports and collaborative treatment plans incorporating evidence-based practices 	<p>Independently plans interventions; case conceptualizations and intervention plans are specific to case and context</p> <p>Examples:</p> <ul style="list-style-type: none"> • Accurately assesses presenting issues taking in to account the larger life context, including diversity issues • Conceptualizes cases independently and accurately • Independently selects intervention(s) appropriate for the presenting issue(s)

Intervention continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>10B. Skills</p> <p>Displays basic helping skills</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates helping skills, such as empathic listening, framing problems • Uses non-verbal communication such as eye-contact and body positioning with clients to convey interest and concern 	<p>Displays clinical skills</p> <p>Examples</p> <ul style="list-style-type: none"> • Develops rapport with clients • Develops therapeutic relationships • Demonstrates appropriate judgment about when to consult supervisor 	<p>Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations</p> <p>Examples:</p> <ul style="list-style-type: none"> • Develops rapport and relationships with wide variety of clients • Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation • Effectively delivers intervention
<p>10C. Intervention Implementation</p> <p>Demonstrates basic knowledge of intervention strategies</p> <p>Examples:</p> <ul style="list-style-type: none"> • Is able to articulate awareness of theoretical basis of intervention and some general strategies • Is able to articulate awareness of the concept of evidence-based practice 	<p>Implements evidence-based interventions</p> <p>Examples</p> <ul style="list-style-type: none"> • Case presentations demonstrate application of evidence-based practice • Discusses evidence based practices during supervision 	<p>Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate</p> <p>Examples:</p> <ul style="list-style-type: none"> • Independently and effectively implements a typical range of intervention strategies appropriate to practice setting • Independently recognizes and manages special circumstances • Terminates treatment successfully • Collaborates effectively with other providers or systems of care
<p>10D. Progress Evaluation</p> <p>Demonstrates basic knowledge of the assessment of intervention progress and outcome</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies measures of treatment progress and outcome by name • Is able to articulate an understanding of the use of repeated assessment to guide treatment • Appropriately administers and scores treatment progress and outcome measures 	<p>Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures</p> <p>Examples</p> <ul style="list-style-type: none"> • Describes instances of lack of progress and actions taken in response • Demonstrates ability to evaluate treatment progress in context of evidence based interventions 	<p>Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures</p> <p>Examples:</p> <ul style="list-style-type: none"> • Critically evaluates own performance in the treatment role • Seeks consultation when necessary

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
11A. Role of Consultant No expectation at this level	Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) Examples <ul style="list-style-type: none"> • Is able to compare and contrast consultation, clinical, and supervision roles • Is able to describe a consultant's role in a hypothetical professional activity 	Determines situations that require different role functions and shifts roles accordingly to meet referral needs Examples: <ul style="list-style-type: none"> • Is able to articulate different forms of consultation (e.g., mental health, educational, systems, advocacy) • Accurately matches professional role function to situation
11B. Addressing Referral Question No expectation at this level	Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions Examples: <ul style="list-style-type: none"> • Implements systematic approach to data collection in a consultative role • Identifies sources and types of assessment tools 	Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question Examples: <ul style="list-style-type: none"> • Demonstrates ability to gather information necessary to answer referral question • Clarifies and refines referral question based on analysis/assessment of question
11C. Communication of Consultation Findings No expectation at this level	Identifies literature and knowledge about process of informing consultee of assessment findings Examples: <ul style="list-style-type: none"> • Identifies appropriate approaches and processes for providing written and verbal feedback and recommendations to consultee • Carries out a mock presentation of findings 	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations Examples: <ul style="list-style-type: none"> • Prepares clear, useful consultation reports and recommendations to all appropriate parties • Provides verbal feedback to consultee of results and offers appropriate recommendations

Consultation continued

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>11D. Application of Consultation Methods</p> <p>No expectation at this level</p>	<p>Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings</p> <p>Examples</p> <ul style="list-style-type: none"> • Identifies appropriate interventions based on consultation, assessment findings • Demonstrates ability to identify collaborative methods across systems, clients, or settings 	<p>Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies and implements consultation interventions based on assessment findings • Identifies and implements consultation interventions that meet consultee goals

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>12A. Knowledge</p> <p>No expectation at this level</p>	<p>Demonstrates awareness of theories of learning and how they impact teaching</p> <p>Examples</p> <ul style="list-style-type: none"> • Observes differences in teaching styles and need for response to different learning skills • Is able to articulate awareness of body of knowledge to inform teaching and learning 	<p>Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge of one learning strategy • Demonstrates clear communication skills
<p>12B. Skills</p> <p>No expectation at this level</p>	<p>Demonstrates knowledge of application of teaching methods</p> <p>Examples</p> <ul style="list-style-type: none"> • Demonstrates example of application of teaching method • Organizes and presents information related to a topic 	<p>Applies teaching methods in multiple settings</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies and differentiates factors for implementing particular teaching methods • Demonstrates accommodation to diverse others (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context <p>Introduces innovation/creativity into application of teaching method</p>

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>13A. Expectations and Roles</p> <p>Demonstrates basic knowledge of expectations for supervision</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates knowledge of the process of supervision • Articulates components of effective supervision such as the working alliance 	<p>Demonstrates knowledge of, purpose for, and roles in supervision</p> <p>Examples</p> <ul style="list-style-type: none"> • Identifies roles and responsibilities of the supervisor and supervisee in the supervision process • Demonstrates understanding of supervisor and supervisee roles in relation to client • Demonstrates understanding of vicarious liability of the supervisor 	<p>Understands the ethical, legal, and contextual issues of the supervisor role</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates a model of supervision and reflects on how this model is applied in practice, • Integrates contextual, legal, and ethical perspectives in supervision vignettes • Writes supervisory contract that accurately reflects roles and expectations of supervisor and supervisee
<p>13B. Processes and Procedures</p> <p>No expectation at this level</p>	<p>Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices</p> <p>Examples</p> <ul style="list-style-type: none"> • Presents goals and related tasks of supervisee's growth and development • Demonstrates ability to monitor and communicate progress on goals 	<p>Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise</p> <p>Examples:</p> <ul style="list-style-type: none"> • Prepares supervision contract • Assesses supervision competency • Constructs plans to deal with areas of limited competency • Articulates range of supervision methods available and the utility of such methods • Demonstrates knowledge of the scholarly literature on supervision • Identifies the basic tenets of specific model of supervision

Supervision continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>13C Skills Development</p> <p>Displays interpersonal skills of communication and openness to feedback</p> <p>Examples:</p> <ul style="list-style-type: none"> • Completes self-assessment (e.g., Hatcher & Lassiter, 2006) • Integrates faculty/supervisor feedback into self-assessment 	<p>Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals</p> <p>Examples:</p> <ul style="list-style-type: none"> • Successfully completes coursework on supervision • Demonstrates formation of supervisory relationship integrating theory and skills including knowledge of development, educational practice 	<p>Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates how supervisory relationships may enhance the development of supervisees and their clients • Elicits evaluation from supervisee about supervisory relationship and uses feedback to improve quality of supervision
<p>13D. Supervisory Practices</p> <p>No expectation at this level</p>	<p>Provides helpful supervisory input in peer and group supervision</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies core skills on which to provide feedback to peers • Demonstrates ability to provide constructive criticism to peers 	<p>Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting</p> <p>Examples:</p> <ul style="list-style-type: none"> • Helps supervisee develop evidence based treatment plans • Directs supervisee to literature that may inform case • Provides supervision input according to developmental level of supervisee • Encourages supervisee to discuss reactions and helps supervisee develop strategies to use reactions in service of clients • Presents supervisor of supervision with accurate account of case material and supervisory relationship, seeks input, and utilizes feedback to improve outcomes

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>14A. Knowledge of the Shared and Distinctive Contributions of Other Professions</p> <p>No expectation at this level</p>	<p>Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates the roles of other professions in patient care • Awareness of various levels of education and training required for other professions involved in patient care 	<p>Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals</p> <p>Examples:</p> <ul style="list-style-type: none"> • Reports observations of commonality and differences among professional roles, values, and standards • Demonstrates respect for and value of contributions from related professions
<p>14B. Functioning in Multidisciplinary and Interdisciplinary Contexts</p> <p>Cooperates with others</p> <p>Examples:</p> <ul style="list-style-type: none"> • Cooperates with others in task completion • Demonstrates willingness to listen to others 	<p>Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning</p> <p>Examples:</p> <ul style="list-style-type: none"> • Compares and contrast multidisciplinary functioning and interdisciplinary collaboration • Describes a hypothetical case involving both interdisciplinary collaboration and multidisciplinary functioning 	<p>Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning</p> <p>Examples:</p> <ul style="list-style-type: none"> • Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation • Communicates without jargon • Effectively resolves disagreements about diagnosis or treatment goals • Maintains own position when appropriate while acknowledging the value of others' positions and initiates mutually accepting resolutions • Supports and utilizes the perspectives of other team members

Interdisciplinary Systems continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes No expectation at this level	<p>Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals</p> <p>Examples:</p> <ul style="list-style-type: none"> Identifies common challenges in delivering collaborative care Articulates examples from the literature or direct experience on benefits of delivering collaborative care 	<p>Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals</p> <p>Examples:</p> <ul style="list-style-type: none"> Engages in consultation with allied professionals in service of clients Demonstrates ability to communicate shared goals
14D. Respectful and Productive Relationships with Individuals from Other Professions Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	<p>Develops and maintains collaborative relationships and respect for other professionals</p> <p>Examples:</p> <ul style="list-style-type: none"> Communicates effectively with individuals from other professions Demonstrates knowledge of mechanisms necessary to maintain collaborative relationships 	<p>Develops and maintains collaborative relationships over time despite differences</p> <p>Examples:</p> <ul style="list-style-type: none"> Appreciates and integrates perspectives from multiple professions Effectively relates to other professionals in accordance with their unique patient care roles
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
15A. Appraisal of Management and Leadership No expectation at this level	<p>Forms autonomous judgment of organization's management and leadership</p> <p>Examples:</p> <ul style="list-style-type: none"> Applies theories of effective management and leadership to form an evaluation of organization Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness 	<p>Develops and offers constructive criticism and suggestions regarding management and leadership of organization</p> <p>Examples:</p> <ul style="list-style-type: none"> Identifies strengths and weaknesses of management and leadership or organization Provides input appropriately; participates in organizational assessment

Management-Administration continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
15B. Management No expectation at this level	Demonstrates awareness of roles of management in organizations Examples: <ul style="list-style-type: none"> • Articulates understanding of management role in own organization(s) • Responds appropriately to direction provided by managers 	Participates in management of direct delivery of professional services; responds appropriately in management hierarchy Examples: <ul style="list-style-type: none"> • Responds appropriately to managers and subordinates • Manages DDS under supervision, e.g., scheduling, billing, maintenance of records • Identifies responsibilities, challenges, and processes of management
15C. Administration Complies with regulations Examples: <ul style="list-style-type: none"> • Completes assignments by due dates • Complies with relevant regulations; follows established procedures • Responds appropriately to direction provided by managers • Participates in trainings mandated by organization 	Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures Examples: <ul style="list-style-type: none"> • Articulates approved organizational policies and procedures • Completes reports and other assignments promptly • Complies with record-keeping guidelines 	Demonstrates emerging ability to participate in administration of clinical programs Examples: <ul style="list-style-type: none"> • Demonstrates emerging leadership in clinical situations or clinical teams • Participates in institutional committees or workgroups • Develops new program offerings or clinical services
15D. Leadership No expectation at this level	No expectation at this level	Participates in system change and management structure Examples: <ul style="list-style-type: none"> • Provides others with face to face and written direction • Communicates appropriately to parties at all levels in the system • Participates in organizational committees • Participates in institutional planning

<p>16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.</p>		
<p>READINESS FOR PRACTICUM</p>	<p>READINESS FOR INTERNSHIP</p>	<p>READINESS FOR ENTRY TO PRACTICE</p>
<p>16A. Empowerment</p> <p>Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates social, political, economic or cultural factors that may impact on human development and functioning • Demonstrates the recognition of the importance of consideration of these factors as part of the therapeutic process 	<p>Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies specific barriers to client improvement, e.g. lack of access to resources • Assists client in development of self-advocacy plans 	<p>Intervenes with client to promote action on factors impacting development and functioning</p> <p>Examples:</p> <ul style="list-style-type: none"> • Promotes client self-advocacy • Assesses implementation and outcome of client's self-advocacy plans
<p>16B. Systems Change</p> <p>Understands the differences between individual and institutional level interventions and system's level change</p> <p>Examples:</p> <ul style="list-style-type: none"> • Articulates role of therapist as change agent outside of direct patient contact • Demonstrates awareness of institutional and systems level barriers to change 	<p>Promotes change to enhance the functioning of individuals</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies target issues/agencies most relevant to specific issue • Formulates and engages in plan for action • Demonstrates understanding of appropriate boundaries and times to advocate on behalf of client 	<p>Promotes change at the level of institutions, community, or society</p> <p>Examples:</p> <ul style="list-style-type: none"> • Develops alliances with relevant individuals and groups • Engages with groups with differing viewpoints around issue to promote change

2. Practicum Student Competency Assessment Form

Practicum Student Competency Assessment Form

Student _____

Supervisor _____

Semester & Year _____

Practicum Site _____

General Professional Competencies

Competency Goal: The student demonstrates good knowledge of ethical principles and consistently applies them appropriately, seeking consultation as needed.

_____ **Ready for autonomous practice**

Spontaneously and consistently identifies ethical issues, effectively resolves issues using consultation and supervision as needed

_____ **Needs occasional supervision**

Consistently recognizes ethical issues, appropriately asks for supervisory input.

_____ **Needs regular supervision**

Generally recognizes situation where ethical issues might be pertinent, is responsive to supervisory input

_____ **Needs remedial work**

Often unaware of important ethical issues, disregards supervisory input.

Competency Goal: The student seeks consultation or supervision as needed and uses it productively.

_____ **Ready for autonomous practice**

Actively seeks out professional consultation as needed when treating complex cases. Makes generally accurate self-appraisal, recognizes tendencies to misjudge abilities and shows particular care in those areas.

_____ **Needs occasional supervision**

Open to feedback when offered, tries new ideas and behavior with varying degrees of comfort and success. Shows awareness of strengths and weaknesses, uses supervision well for clarification of areas of uncertainty.

_____ **Needs regular supervision**

Accepts supervision in many areas, but occasionally shows defensiveness. Needs supervisory input for determination of readiness to try new skills.

_____ **Needs remedial work**

Frequently defensive or confused by feedback, resists use of important and necessary feedback, overly dependent on habitual ideas and behavior. Seriously misjudges strengths and/or important limitations.

Competency Goal: The student interacts professionally and appropriately with treatment teams, peers and supervisors at all times. The student seeks peer support as needed.

_____ **Ready for autonomous practice**

Develops smooth working relationships, effectively relates to team members in accordance with their unique roles, effectively uses team format in the service of treatment needs. Develops positive alliances with other students and colleagues, handles differences openly.

_____ **Needs occasional supervision**

Actively participates in team meetings, but input is circumscribed. Seeks input from supervisors to cope with rare interpersonal concerns.

_____ **Needs regular supervision**

Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.

_____ **Needs remedial work**

Personal characteristics or dysfunctional behaviors significantly limit the student's ability to participate in team model, eg. withdrawn, overly confrontational, insensitive. Has hostile interactions with colleagues.

Competency Goal: The student takes on responsibility for key client care tasks, autonomously ensuring that tasks are completed promptly. The student demonstrates the necessary self-direction, with regard to gathering clinical and research information, to practice independently and competently as a professional.

____ **Ready for autonomous practice**

Takes initiative in ensuring that key tasks are accomplished, seeks responsibility. All reports and progress notes are filed promptly. Deadlines not needed. Fully dedicated to expanding knowledge and skills, seeks out and takes specific steps to follow through on learning opportunities.

____ **Needs occasional supervision**

Systematically attends to all details with few prompts. Occasional deadlines needed to complete tasks. Shows initiative, eager to learn, beginning to take steps to enhance own learning.

____ **Needs regular supervision**

Completes work effectively when given prompts or deadlines. Open to learning, waits for supervision to present ideas.

____ **Needs remedial work**

Overly dependent on prompts or deadlines or frequently misses deadlines. Needs too much direction from supervisor, uninvolved.

Competency Goal: The student demonstrates positive coping strategies to manage personal and professional stressors to maintain professional functioning, so that quality client care continues uninterrupted. The student copes with professional challenges such as new responsibilities or client crises.

____ **Ready for autonomous practice**

Exhibits good awareness of any personal and professional problems, impact of stressors on professional practice is limited to subtle effects such as inefficiency. Seeks supervision and/or personal therapy to resolve issues if needed. Level of confidence accurately matches current abilities, experiences minor stress handling crises or major new responsibilities.

____ **Needs occasional supervision**

Has good insight into the impact of stressors on professional functioning, seeks supervisory input to minimize this impact. Confident in practiced areas of competence, needs supervisory encouragement to venture into new areas.

____ **Needs regular supervision**

Student needs significant supervision time to minimize the effect of stressors on professional functioning. Confidence fluctuates, seeks reassurance from supervisor.

____ **Needs remedial work**

Ongoing stresses significantly hamper professional functioning. Personal problems significantly disrupt professional practice, student denies problems when brought up by supervisor. Lack of confidence is communicated to others in a manner that undermines the quality of work.

Competency Goal: The student consistently achieves a good rapport with clients.

____ **Ready for autonomous practice**

Establishes quality relationships with almost all clients, reliably identifies potentially challenging clients and spontaneously makes adjustments.

____ **Needs occasional supervision**

Generally comfortable and relaxed with clients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.

____ **Needs regular supervision**

Actively developing skills with new client populations. Relates well when has prior experience with the population.

____ **Needs remedial work**

Has difficulty establishing rapport, alienates clients or shows little ability to recognize problems when they occur.

Competency Goal: The student maintains sensitivity to cultural and other individual differences.

____ **Ready for autonomous practice**

Spontaneously raises issues relating to individual differences with clients as appropriate, convey ease in working with a range of backgrounds, aware and sensitive to individual differences, accurately self-monitors own responses to differences.

____ **Needs occasional supervision**

Initiates supervisory discussion regarding areas of inexperience in personal differences when needed.

____ **Needs regular supervision**

Has discomfort with some clients, resolves such issues effectively through supervision.

____ **Needs remedial work**

Has difficulty recognizing or working around prejudices, holds some beliefs which limit effectiveness with certain clients, unable to surmount these problems to date in supervision.

Competency Goal: The student gathers relevant interview data promptly, appropriately evaluating immediate concerns such as suicidality, homicidality, and any other safety issues. The student makes appropriate contingency plans with client regarding safety issues if needed. The student discusses all confidentiality issues openly with clients.

_____ **Ready for autonomous practice**

Student autonomously demonstrates above professional competencies.

_____ **Needs occasional supervision**

Student needs guidance regarding interview of complex cases. Student is aware of how to cope with safety issues, but continues to need reassurance in supervision. May occasionally forget to discuss confidentiality issues promptly.

_____ **Needs regular supervision**

Student recognizes potentially problematic cases, but needs guidance regarding detailed evaluation. Detailed discussions are needed to cope with safety issues; student handles them well. Occasionally needs prompting to discuss confidentiality issues with client.

_____ **Needs remedial work**

Student delays in questioning client about immediate concerns. Student forgets to ask about important safety issues or makes inadequate assessment or plan. Student does not remember to address confidentiality issues, needs frequent prompting.

Competence in Psychological Assessment

_____ This section not applicable to this practicum

Competency Goal: The student promptly and proficiently administers commonly used tests in his/her area of practice, autonomously choosing the tests to be administered appropriately. All students demonstrate competency in administering intelligence tests and MMPI-2.

_____ **Ready for autonomous practice**

Proficiently administers all tests. Completes all testing efficiently. Chooses appropriate tests to answer referral question.

_____ **Needs occasional supervision**

Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.

_____ **Needs regular supervision**

Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.

_____ **Needs remedial work**

Test administration is irregular, slow. Often needs to recall client to further testing sessions due to poor choice of tests administered.

Competency Goal: The student autonomously interprets the results of psychological tests used in his/her area of practice.

_____ **Ready for autonomous practice**

Skillfully and efficiently interprets tests autonomously. Makes independent diagnostic formulations on a variety of syndromes with confidence. Accurately interprets and integrates results prior to supervision session.

_____ **Needs occasional supervision**

Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.

_____ **Needs regular supervision**

Completes assessments on typical clients with some supervisory input, occasionally uncertain how to handle difficult clients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.

_____ **Needs remedial work**

Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

Competency Goal: The student writes a well-organized psychological report, answering the referral question clearly and providing the referral source with specific recommendations for client care.

_____ **Ready for autonomous practice**

Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.

_____ **Needs occasional supervision**

Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.

_____ **Needs regular supervision**

Student uses supervision effectively for assistance in determining important points to highlight.

_____ **Needs remedial work**

Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.

Competence in Psychotherapeutic Interventions

_____ This section not applicable to this practicum

Competency Goal: The student formulates a useful **case conceptualization**, including both transference issues and dysfunctional cognitions, that draws on theoretical and research knowledge.

_____ **Ready for autonomous practice**

Student independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Overt emotional issues are accurately and consistently identified, plans and reflects appropriately on deeper issues between sessions.

_____ **Needs occasional supervision**

Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification.

_____ **Needs regular supervision**

Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the client, needs supervision for development of awareness of underlying issues.

_____ **Needs remedial work**

Responses to clients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues.

Competency Goal: The student formulates appropriate **therapeutic treatment goals** in collaboration with the client. The student collaborates with clients in crisis to make appropriate **short-term safety plans**, and intensify treatment as needed.

_____ **Ready for autonomous practice**

Consistently sets realistic goals long-term in accordance with clients' needs and desires. Can autonomously work with client in crisis to establish appropriate short-term plan.

_____ **Needs occasional supervision**

Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals. Shows good professional skills, but needs occasional reassurance after coping with clients in crisis.

_____ **Needs regular supervision**

Requires ongoing supervision to set therapeutic goals aside from those presented by client. Needs to refine crisis plans in collaboration with supervisor.

_____ **Needs remedial work**

Fails to set any goals without prompting from supervisor. Fear overwhelms abilities in client crises.

Competency Goal: The student presents interventions that well-timed, effective and consistent with empirically supported treatments.

_____ **Ready for autonomous practice**

Interventions and interpretations facilitate client acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

_____ **Needs occasional supervision**

Most interventions and interpretations facilitate client acceptance and change. However, student requires supervisory assistance with the timing and delivery of more difficult interventions.

_____ **Needs regular supervision**

Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.

_____ **Needs remedial work**

Most interventions and interpretations are rejected by client. Has frequent difficulty targeting interventions to clients' level of understanding and motivation.

Competency Goal: The student understands and uses own **countertransference** productively in the treatment.

_____ **Ready for autonomous practice**

Student uses countertransference to formulate hypotheses about client's current and historical social interactions during the therapy session. Interpretations and interventions are presented during session to client as appropriate. Consultations sought as needed for complex cases.

_____ **Needs occasional supervision**

Student can use countertransference to formulate hypotheses during supervision sessions. Interventions generally presented in the following session.

_____ **Needs regular supervision**

Student understands basic concepts of countertransference. Student is able to identify own emotional reactions to client as countertransference. Supervisory input is frequently needed to process the information gained.

_____ **Needs remedial work**

Student holds on to anger, frustration or has other intense emotional response to the client, blaming client and unable to see countertransference issues, even with supervisory input.

Competence in Group Psychotherapy Skills

_____ This section not applicable to this practicum

Competency Goal: The student appropriately copes with group therapy challenges and complications such as conflict, scapegoating, premature termination and challenges to leadership.

_____ **Ready for autonomous practice**

Consistently manages issues as they arise in group, builds cohesiveness while dealing with complications. Aware of own strengths and weaknesses as a group leader.

_____ **Needs occasional supervision**

Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses.

_____ **Needs regular supervision**

Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader.

_____ **Needs remedial work**

Responses to clients and management of group process indicates significant inadequacy in the theoretical understanding and implementation of group process. Defensive or not insightful when discussing strengths and weaknesses.

Competence in Professional Consultation

_____ This section not applicable to this practicum

Competency Goal: The student performs an assessment of the client referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

_____ **Ready for autonomous practice**

The student is able to choose appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.

_____ **Needs occasional supervision**

Occasional input is needed regarding appropriate measures of assessment and effective writeup of report or progress notes to best answer the referral question

_____ **Needs regular supervision**

Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.

_____ **Needs remedial work**

Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

Scholarly and Research Competencies

Competency Goal: The student seeks out professional writings regarding treatment cases as needed to enhance knowledge about the client's psychological status.

_____ **Ready for autonomous practice**

Student independently seeks out and reads professional writings pertaining to cases at hand.

_____ **Needs occasional supervision**

Student identifies areas of knowledge that need enhancement with a particular client and asks for suggestions regarding readings.

_____ **Needs regular supervision**

Student readily accepts and reads professional writings as assigned by the supervisor.

_____ **Needs remedial work**

Student procrastinates regarding professional readings assigned by supervisor to learn essential treatment-oriented competencies.

Competency Goal: The student is able to develop a plan for research or other professional writing.

_____ This section not applicable to this practicum

_____ **Ready for autonomous practice**

The student, alone or in conjunction with a colleague, is a full participant in development of the plan.

_____ **Needs occasional supervision**

The student provides substantive input into the plan.

_____ **Needs regular supervision**

The student provides helpful suggestions regarding design and implementation of a colleague's plan.

_____ **Needs remedial work**

The student does not follow-through with responsibilities in development of plan.

Competency Goal: The student demonstrates professional skills sufficient to accomplish the goals of the research and/or writing project.

_____ This section not applicable to this practicum

_____ **Ready for autonomous practice**

The student, alone or in conjunction with a colleague, is a full participant in the progress of the project.

_____ **Needs occasional supervision**

The student demonstrates the ability to execute at least one aspect of the project independently.

_____ **Needs regular supervision**

The student provides significant assistance in the accomplishment of the project.

_____ **Needs remedial work**

The student does not follow-through with responsibilities in accomplishing the goals of the project.

Supervisor Comments

Summary of Strengths:

Areas of Additional Development or Remediation, including Recommendations:

Conclusions

842: Competency Goal for evaluations completed near end of PRE 842: All competency areas will be rated at a level of competence of **Needs regular supervision** or higher. No competency areas will be rated as **Needs remedial work**.

948: Competency Goal for evaluations completed near end of PRE 948: At least 50% of competency areas will be rated at level of competence of **Needs occasional supervision** or higher. **Needs more editing here.**

949a: Competency Goal for evaluations completed near end of first PRE 949: At least 70% of competency areas will be rated at level of competence of **Needs occasional supervision** or higher. **Needs more editing here.**

949b: Competency Goal for evaluations completed near end of second PRE 949: At least 80% of competency areas will be rated at level of competence of **Needs occasional supervision** or higher. No competency areas will be rated as **Needs remedial work**. Note: exceptions would be specialty area practicums that would take a more intensive course of study to achieve this level of competence and the major supervisor, training director and student agree that a level of **Needs regular supervision** is appropriate for that particular practicum, e.g. a neuropsychology major practicum for a general track student. **Needs more editing here.**

_____ The student HAS successfully completed the above competency goal. We have reviewed this evaluation together.

_____ The student HAS NOT successfully completed the above competency goals. We have made a joint written remedial plan as written below, with specific dates indicated for completion. Once completed, the practicum will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor _____

Date _____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Student _____

Date _____

3. Evaluation of Practicum Student Competencies (Texas Woman's Univ.)

EVALUATION OF PRACTICUM STUDENT COMPETENCIES
Counseling Psychology Program – Texas Woman’s University
(Revised August 2009)

Name of Supervisee / Student: _____

Name of Supervisor / Instructor: _____

Period of Supervision: From: _____ To: _____

Name of Agency / Class: _____

Introduction: The Evaluation of Practicum Student Competencies form is designed to provide feedback on counseling-related skills and behaviors from both practicum site supervisors and practicum class instructors. Please rate trainee on each item using the following scale:

- 1 - Student *needs marked improvement* to continue acceptable progress; may require remediation before continuing community placement.
- 2 - Student’s performance is *minimally satisfactory* for her/his level of development and needs improvement.
- 3 - Student’s performance is *commensurate* with her/his level of development.
- 4 - Student demonstrates *above average* skill, ability, or knowledge for her/his level of development.
- 5 - Student is at or *near professional level* of development.
- NA - Not applicable or not enough information to rate.

The student and the supervisor / instructor should both receive copies of this form after it has been signed by both parties. The original should be turned in to the student’s TWU faculty supervisor for placement in the academic file.

I. **PROFESSIONALISM**

- 1. _____ Displays awareness of counseling psychology’s focus on context, normal development, and strengths.
- 2. _____ Displays professional demeanor and language.
- 3. _____ Displays compassion and respect in interpersonal interactions.
- 4. _____ Demonstrates integrity by adhering to professional values.
- 5. _____ Shows appropriate respect for authority.
- 6. _____ Demonstrates effort to effectively resolve conflict.
- 7. _____ Completes case documentation accurately.

Mean Score for Professionalism Section _____

II. **REFLECTIVE PRACTICE/ SELF ASSESSMENT & CARE**

A. Reflective Practice

- 8. _____ Reflects on practice and mindfully recognizes impact of self on others.
- 9. _____ Understands impact of therapy relationship on self.
- 10. _____ Understands own impact on client in therapy relationship.
- 11. _____ Maintains appropriate therapist-client boundaries.
- 12. _____ Is willing to admit mistakes with minimal defensiveness.

13. ____ Uses persons other than supervisor for skill development.
14. ____ Provides helpful feedback and critique to others.
15. ____ Is sensitive to the needs and strengths of peers.
16. ____ Is willing to be assertive with supervisor and peers.

B. Self-Assessment & Self-Care

17. ____ Demonstrates awareness of clinical competencies and identifies areas for professional growth.
18. ____ Critiques and analyzes own interview/sessions accurately and appropriately.
19. ____ Recognizes own limitations in treating a particular client.
20. ____ Takes appropriate care of self and is aware of own needs.

Mean Score for Reflective Practice Section _____

III. **RELATIONSHIPS**

A. Interpersonal Relationships

21. ____ Forms and maintains productive and respectful relationships with peers or colleagues.
22. ____ Forms and maintains productive and respectful relationships with supervisors or instructors.
23. ____ Demonstrates cooperative discourse (e.g., refrains from interrupting, does not dominate, contributes actively).
24. ____ Conveys counseling atmosphere of trust and safety.
25. ____ Demonstrates acceptance of the client.
26. ____ Expresses warmth and caring with clients.
27. ____ Shows a non-judgmental orientation toward clients.

B. Affective Skills

28. ____ Exhibits appropriate verbal regulation of emotion (i.e., expression and containment).
29. ____ Exhibits appropriate nonverbal regulation of emotion (i.e., expression and containment).

C. Expressive Skills

30. ____ Communicates clearly using verbal skills.
31. ____ Nonverbal communication matches verbal content.
32. ____ Communicates clearly using written skills.
33. ____ Awareness of and sensitivity to clients' nonverbal behavior.
34. ____ Understands client's feelings and communicates this understanding to the client.

Mean Score for Relationships Section _____

IV. **INDIVIDUAL AND CULTURAL DIVERSITY**

35. ____ Understands one's own cultural identity and personal attitudes toward diverse others.
36. ____ Recognizes the way culture shapes others' identity and behavior.
37. ____ Utilizes language that demonstrates sensitivity to culture, gender, and sexual orientation.
38. ____ Directly addresses issues of difference between therapist and clients along salient dimensions.
39. ____ Therapeutically processes issues of cultural difference and diversity.
40. ____ Asks questions or offers suggestions that help client think about how contextual issues may impact presenting concerns.

Mean Score for Diversity Section _____

V. **ETHICAL & LEGAL STANDARDS**

- 41. _____ Demonstrates knowledge and awareness of appropriate ethical codes and state laws.
- 42. _____ Identifies potential ethical concerns and legal issues.
- 43. _____ Adapts behavior in accordance with ethical codes and state laws.

Mean Score for Ethics & Legal Section _____

VI. **ASSESSMENT**

A. Evaluation & Diagnosis

- 44. _____ Selects appropriate assessment measures for cases at practice site.
- 45. _____ Identifies areas of client functioning where further assessment is needed.
- 46. _____ Provides appropriate feedback to clients based on assessment measures.
- 47. _____ Applies concepts of normal/abnormal behavior to case formulation and diagnosis within a developmental context.
- 48. _____ Applies concepts of normal/abnormal behavior to case formulation and diagnosis within the context of diversity.
- 49. _____ Writes assessment reports and progress notes effectively.

B. Conceptualization

- 50. _____ Ties together seemingly discrete and isolated components of client's behavior.
- 51. _____ Generates hypotheses concerning client behavior and dynamics.
- 52. _____ Provides rationale for conceptualization based on psychological theory and research.
- 53. _____ Provides rationale for conceptualization based on client data.
- 54. _____ Formulates appropriate interventions based on conceptualization.
- 55. _____ Attends to systemic issues in case conceptualization.

Mean Score for Assessment Section _____

VII. **INTERVENTION**

A. Intervention Planning

- 56. _____ Demonstrates knowledge of interventions and explanations for their use in practice based on evidence.
- 57. _____ Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation.
- 58. _____ Evaluates treatment progress and modifies treatment planning as indicated.

B. Basic Counseling Skills

- 59. _____ Is able to track client work.
- 60. _____ Acts purposefully and with intentionality
- 61. _____ Uses appropriate and therapeutic open-ended questions.
- 62. _____ Uses closed questions appropriately for the purposes of diagnosis and assessment.
- 63. _____ Can paraphrase and summarize content.
- 64. _____ Accurately reflects feeling.
- 65. _____ Encourages client to be specific and concrete.

- 66. ____ Does not talk over or interrupt clients inappropriately.
- 67. ____ Clarifies client content when appropriate.
- 68. ____ Handles silence and uses it effectively in treatment.
- 69. ____ Establishes appropriate goals.
- 70. ____ Explores resolution of similar problems.
- 71. ____ Able to separate process from content.
- 72. ____ Encourages client to accept responsibility in relationship.

C. Intervention Implementation

- 73. ____ Demonstrates the ability to effectively implement therapeutic treatment interventions.
- 74. ____ Implements interventions one at a time and stays with interventions once initiated.
- 75. ____ Exercises therapeutic control in session.
- 76. ____ Works with depth of affect.
- 77. ____ Confronts appropriately and in the moment.
- 78. ____ Demonstrates appropriate use of self in session.
- 79. ____ Uses therapeutic process effectively.
- 80. ____ Recognizes client resistance.
- 81. ____ Handles client resistance appropriately and effectively.
- 82. ____ Is able to comfortably discuss sensitive issues with clients (e.g., sexuality, transference / countertransference)
- 83. ____ Provides crisis management interventions, as appropriate.

D. Systemic Interventions

- 84. ____ Develops and tests hypotheses using systemic principles.
- 85. ____ Makes contact and attends to all family members.
- 86. ____ Helps family/couple establish appropriate boundaries.
- 87. ____ Attends to covert family/couple conflicts, alliances, and coalitions.
- 88. ____ Attends to systemic interactions in intervention.

Mean Score for Intervention Section _____

VIII. **SUPERVISION**

- 89. ____ Demonstrates knowledge of the supervision process including one's own roles and responsibilities as trainee.
- 90. ____ Uses supervision process to reflect on areas of strength and those needing improvement.
- 91. ____ Demonstrates willingness to admit errors and accept feedback.
- 92. ____ Willing to be observed and evaluated by supervisor.
- 93. ____ Integrates feedback from supervisor into performance.

Mean Score for Supervision Section _____

IX. **OTHER AREAS OF COMPETENCY**

A. Scientific Knowledge and Methods

- 94. ____ Values and applies scientific methods to professional practice.

B. Interdisciplinary Systems

- 95. ____ Appreciates expertise and professional roles of others.

96. ____ Makes appropriate referrals and works effectively with professionals from other specialties.

C. Consultation

97. ____ Able to provide consultation in the form of professional guidance.

D. Teaching

98. ____ Able to provide psychoeducation and outreach to support developmental or preventative efforts.

E. Management-Administration

99. ____ Functions effectively within professional settings by complying with policies and participating in management structure.

F. Advocacy

100. ____ Assists clients in development of self-advocacy plans.

Mean Score for Other Areas Section _____

TOTAL MEAN SCORE FOR ALL SECTIONS _____

Summary of Trainee's Strengths:

Summary of Areas for Growth:

Signature of Supervisor: _____

Date: _____

Signature of Supervisee: _____

Date: _____

4. Practicum Evaluation Rating Instructions.

Practicum Evaluation Form Rating Instructions

Mastery Rating

The mastery rating is to indicate students' level of competence across a variety of skills. Please note that in some areas, substantial competence is expected, while in others, just the beginning of understanding is expected. Rating are mastery-based rather than comparative and are intended to characterize the level of competency expected by the end of practicum training, prior to beginning internship.

- 1. Novice (N):** Novices have limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. They learn general principles or specific techniques to use, but the level of experience limits the flexible use of these skills. Novices do not yet recognize patterns, and do not differentiate well between important and unimportant details; they do not have filled-in cognitive maps of how, for example, a given patient may move from where he/she is to a place of better functioning.
- 2. Intermediate (I):** Psychology students at the intermediate level of competence have coped with enough real situations to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and intervention skills to new situations and patients is limited, and support is needed to guide performance.
- 3. Advanced (A).** At this level, the student can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the psychologist at this level of competence, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem (including review of scholarly/research literature as needed). The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. At this level, the psychologist is less flexible in these areas than the 'proficient' psychologist but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work. Recognition of overall patterns, of a set of possible diagnoses and/or treatment processes and outcomes for a given case, are taking shape.
- 4. Proficient.** The proficient psychologist perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient psychologists understand a situation as a whole because they perceive its meaning in terms of longer-term goals. The proficient psychologist learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient psychologist can recognize when the expected normal picture does not materialize and takes steps to address these situations. This holistic understanding improves decision making; it becomes less labored because the psychologist now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones – the psychologist has developed a nuanced understanding of the clinical situation.
- 5. Expert.** The expert no longer relies on an analytic principle (rule, guideline, maxim) to connect her/his understanding of the situation to an appropriate action. The expert psychologist, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation.

Peer Comparison Rating

The peer comparison rating is the rating system that we have been using all along. *The comparison group is other students at a similar level of training.* The most common rating will be 'average' or '3' indicating that students are on par with their peers.

- 1 = Trainees performance is inadequate.** Trainee requires intense supervision of basic skills in this area. Marked improvement is needed to pass practicum.
- 2 = Trainees performance is less than expected and in need of improvement.** Trainee requires more than the typical amount of supervision in this area.
- 3 = Trainees performance is satisfactory and commensurate.** Little supervision is required for routine tasks; on-going supervision is required for advanced skills in this area.
- 4 = Trainees performance is above average/ better than expected in this area.** Trainee continues to require supervision for advanced skills in this area.
- 5 = Trainees performance is exceptional in this area.** Skills, ability, or knowledge in this area are at a level where only periodic supervision for refinement in advanced skills is likely to be useful.

Name: _____
Semester: _____

Clinical Skills Progress and Professional Readiness Evaluation Form		Mastery Rating ¹	Peer Comp. ²
A. Baseline Competencies: Personality Characteristics, Intellectual and Personal Skills			
A.1. Interpersonal skills			
A.2. Cognitive skills			
A.3. Affective skills			
A.4. Personality/Attitudes			
A.5. Expressive skills			
A.6. Reflective skills			
A.7. Personal skills			
<i>Global Rating of Baseline Competencies →</i>			
B. Clinical Skills			
B.1. Relationship/Interpersonal Skills			
B.1.a. With patients/clients/families:			
B.1.a.i. Ability to take a respectful, helpful professional approach to patients/clients/families.			
B.1.a.ii. Ability to form a working alliance.			
B.1.a.iii. Ability to deal with conflict, negotiate differences.			
B.1.a.iv. Ability to understand and maintain appropriate professional boundaries.			
B.1.b. With colleagues:			
B.1.b.i. Ability to work collegially with fellow professionals.			
B.1.b.ii. Ability to support others and their work and to gain support for one's own work.			
B.1.b.iii. Ability to provide helpful feedback to peers and receive such feedback non-defensively from peers.			
B.1.c. With supervisors, the ability to make effective use of supervision, including:			
B.1.c.i. Ability to work collaboratively with the supervisor.			
B.1.c.ii. Ability to prepare for supervision.			
B.1.c.iii. Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and dependency on supervisors.			
B.1.c.iv. Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary.			
B.1.c.v. Effective use of supervision to implement and enhance skills.			
B.1.d. With support staff : Ability to be respectful of support staff roles and persons.			
B.1.e. With teams at clinic:			
B.1.e.i. Ability to participate fully in team's work.			
B.1.e.ii. Ability to understand and observe team's operating procedures.			
B.1.f. With community professionals: Ability to communicate professionally and work collaboratively with community professionals.			
B.1.g. For the practicum site itself:			

¹ N for novice, I for intermediate, A for advanced, P for proficient, and E for expert. Mid-range ratings are given by using the endpoint letters, for example "N/I" for someone on their way to intermediate but not quite there.

² On a scale of 1 to 5 where 1 = significantly below same-level peers, 3 = at par with peers, and 5 = significantly superior to peers.

Name: _____
Semester: _____

B.1.g.i. Ability to understand and observe agency's operating procedures.		
B.1.g.ii. Ability to participate in furthering the work and mission of the practicum site.		
B.1.g.iii. Ability to contribute in ways that will enrich the site as a practicum experience for future students.		
<i>Global Rating of Relationship/Interpersonal Skills →</i>		
B.2. Psychological Assessment Skills: Diagnostic Interviewing Skills		
B.2.a. Ability to utilize the initial interview process to collect sufficient information to formulate initial diagnoses and initial treatment plan.		
B.2.b. Ability to utilize systematic approaches to gathering data to inform clinical decision-making.		
B.2.c. Knowledge of issues related to integration of different data sources.		
B.2.d. Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches.		
<i>Global Rating of Psychological Assessment Skills →</i>		
B.3. Intervention Skills		
B.3.a. Ability to formulate and conceptualize cases.		
B.3.b. Ability to plan treatments.		
B.3.c. Ability to implement intervention skills, covering a wide range of developmental, preventive and "remedial" interventions, including psychotherapy, psychoeducational interventions, crisis management and psychological/psychiatric emergency situations, depending on the focus and scope of the practicum site.		
B.3.d. Knowledge regarding psychotherapy theory, research and practice.		
B.3.e. Knowledge regarding the concept of empirically supported practice methods and relationships.		
B.3.f. Knowledge regarding specific empirically supported treatment methods and activities.		
B.3.g. Ability to apply specific empirically supported treatment methods (e.g. CBT, empirically supported relationships).		
B.3.h. Assessment of treatment progress and outcome.		
B.3.i. Linking concepts of therapeutic process and change to intervention strategies and tactics.		
<i>Global Rating for Intervention Skills →</i>		
B. 4. Diversity - Individual and Cultural Differences:		
B.4.a. Knowledge of self in the context of diversity (one's own beliefs, values, attitudes, stimulus value, and related strengths/limitations) as one operates in the clinical setting with diverse others (i.e., knowledge of self in the diverse world).		
B.4.b. Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic populations)		
B.4.c. Ability to work effectively with diverse others in assessment, treatment and consultation.		
<i>Global Rating for Diversity →</i>		
B.5. Ethics:		
B.5.a. Knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules, regulations and case law relevant to the practice of psychology.		
B.5.b. Recognize and analyze ethical and legal issues across the range of professional		

Name: _____
Semester: _____

activities in the practicum setting.		
B.5.c. Recognize and understand the ethical dimensions/features of his/her own attitudes and practice in the clinical setting.		
B.5.d. Seek appropriate information and consultation when faced with ethical issues.		
B.5.e. Practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student).		
<i>Global Rating for Ethics →</i>		
B.6. Professional Development:		
B.6.a. Practical Skills to Maintain Effective Clinical Practice		
B.6.a.i. Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments.		
B.6.a.ii. Developing an organized, disciplined approach to writing and maintaining notes and records.		
B.6.a.iii. Negotiating/managing fees and payments.		
B.6.a.iv. Organizing and presenting case material; preparing professional reports for health care providers, agencies, etc.		
B.6.a.v. How to self-identify personal distress, particularly as it relates to clinical work.		
B.6.a.vi. How to seek and use resources that support healthy functioning when experiencing personal distress.		
B.6.a.vii. Organizing one's day, including time for notes and records, rest and recovery etc.		
B.6.b. Professional Development Competencies		
B.6.b.i. Critical thinking and analysis.		
B.6.b.ii. Using resources to promote effective practice (e.g., published information, input from colleagues, technological resources).		
B.6.b.iii. Responsibility and accountability relative to one's level of training, and seeking consultation when needed.		
B.6.b.iv. Time management.		
B.6.b.v. Self-awareness, understanding, and reflection.		
B.6.b.vi. Self-care.		
B.6.b.vii. Awareness of personal identity (e.g., relative to individual and cultural differences).		
B.6.b.viii. Awareness of one's own beliefs and values as they relate to and impact professional practice and activity.		
B.6.b.ix. Social intelligence; ability to interact collaboratively and respectfully with other colleagues.		
B.6.b.x. Willingness to acknowledge and correct errors.		
B.6.b.xi. Ability to create and conduct an effective presentation.		
<i>Global Rating for Professional Development →</i>		
C. Metaknowledge / Metacompetencies – Skilled Learning		
C.1. Commitment to life-long learning and quality improvement.		
C.2. Awareness of one's identity as a psychologist: an aspect and reflection of metaknowledge that is role specific, knowing what one knows and can do (and should do) as a psychologist.		
<i>Global Rating of Metaknowledge / Metacompetencies →</i>		

Name: _____

Semester: _____

OPTIONAL RATINGS

Skills in Application of Research		
a. Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases.		
b. Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc.		
<i>Global Rating →</i>		
Consultation Skills/Professional Collaborations:		
a. Knowledge of the unique patient care roles of other professionals.		
b. Ability to effectively relate to other professionals in accordance with their unique patient care roles.		
c. Understanding of the consultant's role as an information provider to another professional who will ultimately be the patient care decision maker.		
d. Capacity for dialoguing with other professionals which avoids use of psychological jargon.		
e. Ability to choose an appropriate means of assessment to answer referral questions.		
f. Ability to implement a systematic approach to data collection in a consultative role.		
g. Consultative reports are well organized, succinct and provide useful and relevant recommendations to other professionals.		
<i>Global Rating →</i>		
Development of leadership skills:		
a. Recognition of one's role in creating policy, participation in system change, and management.		
b. Understand the relationship between roles of supervisor, manager and executive.		
c. Understand the role of leadership in management success.		
d. Ability to identify leadership, business and management skills.		
e. Understand the purpose and process of strategic planning.		
f. Understand the basics of financial management as it pertains to clinical service delivery.		
g. Understand the purpose and structure of meetings and how to run them well.		
h. Ability to self-evaluate one's skills as manager and leader.		
<i>Global Rating →</i>		
Supervisory Skills:		
a. Knowledge of literature on supervision (e.g., models, theories & research).		
b. Knowledge concerning how clinicians develop to be skilled professionals.		
c. Knowledge of methods and issues related to evaluating professional work, including delivering formative and summative feedback.		
d. Knowledge of limits of one's supervisory skills.		
e. Knowledge of how supervision responds appropriately to individual and cultural differences.		
<i>Global Rating →</i>		
Psychological Assessment Skills		
a. Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups.		
b. Knowledge of psychometric issues and bases of assessment methods.		
c. Ability to integrate , in verbal and written form, assessment data from different sources for diagnostic purposes and treatment purposes.		
<i>Global Rating →</i>		

Supervisor _____ Student _____

Date _____

Supervisee _____
 Site _____

Supervisor _____
 Semester/year _____

PRACTICUM EVALUATION

Method(s) of Observation:

- | | |
|--|---|
| <input type="checkbox"/> Live observation | <input type="checkbox"/> Review of notes, assessments/case conceptualizations |
| <input type="checkbox"/> Videotape | <input type="checkbox"/> Review of raw test data |
| <input type="checkbox"/> Audiotape | <input type="checkbox"/> Discussion of clinical interactions/processes |
| <input type="checkbox"/> Co-therapy with trainee | <input type="checkbox"/> Discussion of personal/professional development |
| <input type="checkbox"/> Case review/management | <input type="checkbox"/> Comments from peers/staff about supervisee |

DIRECTIONS: Below are several general areas of professional competencies, each with a set of specific skills or behaviors for evaluation. Please use the following rating scale:

Harmful to another's welfare	Competency has not yet been demonstrated	Competency is emerging (observed on occasion or inconsistently)	Competency has been consistently demonstrated	Competency quality exceeds expectations for current training level
0	1	2	3	4

That is, provide a numeric rating for each skill or behavior listed which best reflects the level of the trainee's performance as observed in the most recent evaluation period. If you have not been able to observe or evaluate this skill, write "U/A" for "Unable to Evaluate." For areas that are not required for this level of training or for this site, write "N/A."

Very important: When making ratings, compare the trainee with other supervisees at the same level (i.e., other individuals in their first practicum, second practicum, etc.). **Given this perspective, there should be no constriction on the ratings (i.e., a supervisee can be rated anywhere from 0 – 4).** A zero should be given if you judge the trainee's skills, expressed attitudes, or behavior are of grave concern and thus potentially harmful to the welfare of others (clients, peers, staff).

1. Relationship/Interpersonal Skills

The ability to form and maintain productive relationships with others is a cornerstone of professional psychology. Productive relationships are respectful, supportive, professional and ethical. Professional psychologists should possess these basic competencies when they first begin their clinical training. Although the ability to form such relationships is grounded in basic skills that most students will have developed over the course of their lives to date, helping the student hone and refine these abilities into professional competencies in the clinical setting is a key aim of the practicum.

In particular, the practicum seeks to enhance students' skills in forming relationships:

	RATING
a) <i>with clients:</i>	
i) Ability to take a respectful, helpful professional approach to clients.	
ii) Ability to form a working alliance.	
iii) Ability to deal with conflict, negotiate differences.	
iv) Ability to understand and maintain appropriate professional boundaries.	

Harmful to another's welfare	Competency has not yet been demonstrated	Competency is emerging (observed on occasion or inconsistently)	Competency has been consistently demonstrated	Competency quality exceeds expectations for current training level
0	1	2	3	4

b) with colleagues:				
i) Ability to work collegially with fellow professionals.				
ii) Ability to support others and their work and to gain support for one's own work.				
iii) Ability to provide helpful feedback to peers and receive such feedback non-defensively from peers.				
c) with supervisors, the ability to make effective use of supervision, including:				
i) Ability to work collaboratively with the supervisor. (Collaboration refers to understanding, sharing and working by a set of common goals for supervision.)				
ii) Ability to prepare for supervision.				
iii) Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and for dependency on supervisors.				
iv) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment about when supervisory input is necessary.				
d) with support staff :				
i) Ability to be respectful of support staff roles and individuals.				
e) with teams at clinic:				
i) Ability to participate fully in team's work.				
ii) Ability to understand and observe team's operating procedures.				
f) with community professionals:				
i) Ability to communicate professionally and work collaboratively with community professionals.				
g) in the practicum site:				
i) Ability to understand and observe the agency's operating procedures.				
ii) Ability to participate in furthering the work and mission of the practicum site.				
iii) Ability to contribute in ways that will enrich the site as a practicum experience for future students.				
COMMENTS:				

Harmful to another's welfare	Competency has not yet been demonstrated	Competency is emerging (observed on occasion or inconsistently)	Competency has been consistently demonstrated	Competency quality exceeds expectations for current training level
0	1	2	3	4

2. Multicultural Competencies

Competent professional practice requires awareness, knowledge, and skills related to cultural diversity, broadly defined (e.g., age, gender, race/ethnicity, family structure, ability, sexual orientation, religion, social class).

Practicum training requires that supervisees demonstrate an openness to considering their own biases, acquire knowledge of diverse groups, and develop skills for intervening with and assessing a diverse array of clients.

	RATING
a) Ability to reflect on own knowledge/understanding of the principles and empirical findings related to individual and cultural differences as they apply to working with clients.	
b) Ability to achieve rapport with almost all clients.	
c) Ability to be sensitive to clients' cultural and other individual differences and be committed to providing culturally-responsive services.	
COMMENTS:	

3. Skills in Application of Research

Clinical practice in all health-care fields (e.g., medicine, nursing, dentistry) is based on accumulating research results, knowledge derived from practice, and the good judgment of the clinician (see, e.g., "What is evidence-based medicine [EBM]," <http://www.hsl.unc.edu/lm/ebm/whatis.htm>). A core research knowledge base, and training in accessing and applying research knowledge to clinical practice form a core competency for psychologists.

	RATING
a) Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases.	
b) Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc.	
COMMENTS:	

4. Psychological Assessment Skills

Psychological assessment is a fundamental competency for psychologists, and it includes comprehensive and integrated assessment from the initial interview, psychological testing, intervention and the evaluation of the outcome of psychological service. A foundation of knowledge and skill is needed for psychological assessment.

	RATING
a) Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups.	

Harmful to another's welfare	Competency has not yet been demonstrated	Competency is emerging (observed on occasion or inconsistently)	Competency has been consistently demonstrated	Competency quality exceeds expectations for current training level
0	1	2	3	4

b) Ability to use systematic approaches to gathering data to inform clinical decision making.	
c) Knowledge of psychometric issues and bases of assessment methods.	
d) Knowledge of issues related to integration of different data sources.	
e) Ability to integrate assessment data from different sources for diagnostic purposes.	
f) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches.	
g) Ability to make effective use of supervision to implement and enhance skills.	
COMMENTS:	

5. Intervention Skills

Intervention includes preventive, developmental and remedial interventions. (The mention below of competencies in empirically-supported practice is not intended to restrict the range of training to a particular domain of interventions.)

	RATING
a) Ability to formulate and conceptualize cases.	
b) Ability to plan treatments.	
c) Ability to implement intervention skills, covering a wide range of developmental, preventative and "remedial" interventions, including psychotherapy and psycho-educational interventions.	
d) Ability to deal effectively with crisis management and psychological/psychiatric emergency situations, depending on the focus and scope of the practicum site.	
e) Knowledge regarding psychotherapy theory, research and practice.	
f) Knowledge regarding empirically-supported practice methods and relationships.	
g) Knowledge regarding specific empirically-supported treatment methods and activities.	
h) Ability to apply specific empirically-supported treatment methods (e.g. CBT, empirically-supported relationships).	
i) Ability to assess treatment progress and outcome.	
j) Ability to link concepts of therapeutic process to specific intervention strategies.	
k) Ability to make effective use of supervision to implement and enhance skills.	
l) SPECIFIC INTAKE SKILLS:	
i) adequately identifies and clarifies nature of the client's presenting problem	
ii) gathers sufficient information and history in most relevant areas	
iii) assesses client strengths and problem areas	
iv) determines environmental stressors and support systems that bear on client issues	
v) assesses for suicidal/homicidal ideation	
vi) demonstrates appropriate balance between information gathering and attention to the therapeutic alliance	
vii) writes accurate, thorough intake reports	

Harmful to another's welfare	Competency has not yet been demonstrated	Competency is emerging (observed on occasion or inconsistently)	Competency has been consistently demonstrated	Competency quality exceeds expectations for current training level
0	1	2	3	4

m) SPECIFIC PSYCHOTHERAPY SKILLS:		
i) basic case management and paperwork		
ii) recognizes and is responsive to client nonverbal behavior		
iii) able to deepen session, using affective, cognitive and/or behavioral content		
iv) uses silence effectively		
v) uses confrontation effectively and appropriately		
vi) offers interpretations effectively and appropriately		
vii) uses self-disclosure and self-involvement appropriately		
viii) addresses issues related to client motivation/readiness/resistance		
ix) uses advanced techniques (two chair, guided imagery, role playing, etc.)		
x) able to relate in-session processes to client issues when appropriate		
xi) demonstrates adequate group therapy skills		
xii) demonstrates adequate couple or family therapy skills		
COMMENTS:		

6. Professional Development Skills:

Practicum training is a key experience in professional development for the novice psychologist. Certain central features that characterize professional development in later professional life are a particular focus during the practicum, and serve as a foundation for continuing professional development. These can be gathered under two headings:

a) Practical Skills to Maintain Effective Clinical Practice		
i) Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments.		
ii) Developing a disciplined approach to writing and maintaining notes and records.		
iii) Negotiating/managing fees and payments.		
iv) Organizing and presenting case material; preparing professional reports for other health care providers, agencies, etc.		
v) Identifying own personal distress, particularly as it relates to clinical work.		
vi) Seeking and using resources that support healthy functioning when experiencing personal distress.		
vii) Organizing one's day, including time for notes and records, rest and recovery etc.		

Harmful to another's welfare	Competency has not yet been demonstrated	Competency is emerging (observed on occasion or inconsistently)	Competency has been consistently demonstrated	Competency quality exceeds expectations for current training level
0	1	2	3	4

The above features may be considered to be a focal subset of a broader group of skills related to the clinician's professional development that will continue throughout the career. This broader group includes:

b) Professional Development Competencies:

- i) Critical thinking and analysis.
- ii) Using resources to promote effective practice (e.g., published information, input from colleagues, technological resources).
- iii) Responsibility and accountability relative to one's level of training, and seeking consultation when needed.
- iv) Time management.
- v) Self-awareness, understanding, and personal reflection.
- vi) Self-care.
- vii) Awareness of personal identity (e.g., relative to individual and cultural differences).
- viii) Awareness of one's own beliefs and values as they relate to and impact professional practice and activity.
- x) Social intelligence; ability to interact collaboratively and respectfully with other colleagues.
- x) Willingness to acknowledge and correct errors.
- xi) Willingness to challenge self to move toward deeper self-awareness and professional development.
- xii) Ability to create and conduct an effective presentation.

COMMENTS:

Harmful to another's welfare	Competency has not yet been demonstrated	Competency is emerging (observed on occasion or inconsistently)	Competency has been consistently demonstrated	Competency quality exceeds expectations for current training level
0	1	2	3	4

7. Meta-knowledge/Meta-competencies – Skilled Learning

A broadly drawn definition characterizes meta-knowledge as *knowledge about knowledge – knowing what you know and what you don't know*. Meta-knowledge includes being aware of the range and limits of what you know; knowing your own intellectual strengths and weaknesses, how to use available skills and knowledge to solve a variety of tasks, how to acquire new or missing skills, or being able to judge that a task can't be done with current knowledge. Meta-competencies similarly refer to the ability to judge the availability, use, limits of, and ability to gain personal competencies.

	RATING
a) Knowing the extent and the limits of one's own skills; learning the habit of and skills for self-evaluation of clinical skills.	
b) The ability to use supervision, consultation and other resources to improve and extend skills (note the related relationship competence – to work collegially and responsively with supervisors with an open and non-defensive stance).	
c) Knowledge of the process for extending current skills into new areas.	
d) Knowledge of the epistemologies underlying various aspects of clinical practice (e.g., assessment, diagnosis, treatment).	
e) Commitment to life-long learning and quality improvement.	
f) Awareness of one's identity as a psychologist: an aspect and reflection of meta-knowledge that is role specific, knowing what one knows and can do (and should do) as a psychologist.	
COMMENTS:	

Please comment on the overall strengths of the supervisee:

Overall areas of growth for the supervisee:

Supervisor's Signature

Date

By signing below, I _____ (supervisee) attest that I have reviewed this evaluation and have discussed it with my supervisor.

Further, I _____ agree with the comments herein.

I _____ do NOT agree with the comments herein, and my response is noted below.

Supervisee's Signature

Date

RESPONSE (if appropriate)

Reviewed by:

Director of Training

Date