

**Assessment of Competency Benchmarks
Work Group: A Developmental Model for the Defining and Measuring Competence in
Professional Psychology**

June 2007

This document presents the efforts of the Assessment of Competency Benchmarks Work Group to date. The document will undergo review and public comment by American Psychological Association governance structures and external communities of interest in 2007. Therefore, what is presented here is subject to revision. Further, this document does not represent policy of the American Psychological Association.

Background

The movement to define and measure student learning outcomes in terms of the competencies acquired has gained momentum in professional psychology over the last two decades. The most recent step in that movement was the formation of the Assessment of Competency Benchmarks Work Group. This group met for two days in September 2006 to develop a model that identifies benchmarks for twelve core competency areas at four developmental levels of education and training. This model specifies competencies across different stages of professional education and training in psychology, and describes levels of competence appropriate for each stage. Also identified by the Work Group were possible methods for assessing acquisition of the benchmark competencies.

The Assessment of Competency Benchmarks Work Group built on a series of initiatives to identify and define competencies that have occurred over the last two decades within professional psychology. One of the first widely acknowledged models to articulate competencies in professional education and training programs was developed by the National Council of Schools and Programs of Professional Psychology (NCSPP) in 1986 (Peterson, Peterson, Abrams, & Stricker, 1997). The NCSPP model identified and defined six core competency areas relevant to training for the practice of professional psychology. Under this model, program curricula were designed to develop competencies based on foundations of scientific and practical knowledge and skills, as well as attitudes, values, and ethical behaviors appropriate for the practice of psychology. Building on this development, in 1996 the American Psychological Association's (APA) Committee on Accreditation (CoA) revised its Guidelines and Principles for Accreditation (Committee on Accreditation, 1996) to require programs to demonstrate student learning outcomes in terms of competence in broad and general domains of psychology. Student learning outcomes were also expected to be consistent with the program's training philosophy and goals.

The next major step in the competency movement was a conference designed to build consensus about the core competencies expected of graduates of professional education and training programs in psychology. The Association of Psychology Postdoctoral and Internship Centers (APPIC) with co-sponsorship of the APA and others (Kaslow 2004) sponsored this conference in 2002 with representation from diverse education, practice, and regulatory constituent groups. The purpose was to further clarify issues related to the identification, education and training, and assessment of competencies within professional psychology. The outcome of the conference included publications on each competency area (Kaslow et al., 2004). Another critical outcome was a generally accepted model of the core competency areas in psychology that was later expanded and codified in a three-dimensional (cube) model (Rodolfa, Bent, Eisman, Nelson, Rehm, and Ritchie, 2005). This model

conceptualized the development of competencies from the earliest stages of professional education and training through advanced and lifelong learning stages.

The initiatives of the competencies movement were a continuing agenda item for the Council of Chairs of Training Councils (CCTC), a group comprised of the chairs of the major education and training councils in the United States and Canada. Perhaps one of the most visible outcomes of their efforts is the Practicum Competencies Outline which expands and enhances work done by the Association of Directors of Psychology Training Clinics (Hatcher & Lassiter, 2007). The Practicum Competencies Outline defines competencies for practicum training, operationalizes the component knowledge, skills, attitudes, and even meta-knowledge concepts expected by the end of practicum training. Likewise, the model presents behavioral anchors for assessing the development of these competencies from early to advanced stages of practicum training. In so doing, it builds on the “cube” model conceptualized at the 2002 national conference.

Also building on the 2002 conference, the APA Board of Educational Affairs convened a task force in 2003 to move beyond merely defining competencies to measuring those competencies. The task force produced a comprehensive report on needs for competency assessment, different models of competency assessment, including those now used in other professions, and challenges in competency assessment (APA, 2006). Further, the task force made a series of recommendations and developed guiding principles for the assessment of competence.

Collectively, these developments provide evidence of what has been referred to as a shift to a “culture of competence” (Roberts, Borden, Christiansen & Lopez, 2005) in professional psychology, albeit the early stages of such a shift when compared with professions such as medicine. Through the Association of American Medical Colleges’ (AAMC) Medical School Objectives Project, medical education is focused on the development of learning objectives that reflect foundational knowledge, skills, attitudes, and values that medical students must demonstrate upon completion of medical school (AAMC, 1998). The urgency of shifting to a culture of competence assessment in psychology was heightened also in 2006 by APA adoption of the following policy guidance related to licensure eligibility in psychology:

Applicants should be considered for admission to licensure upon completing a “sequential, organized, supervised professional experience equivalent to two years of full-time training that can be completed prior or subsequent to the granting of the doctoral degree.” One of the two years was to be a pre-doctoral internship for those preparing for practice as health service providers.

This policy resulted from recommendations of the 2000 APA Commission on Education and Training Leading to Licensure (APA, 2001), and related work of an APA Board of Directors Sponsored task force convened in 2005 (APA, 2005) to follow up on the recommendations of the initial commission. Embedded in both reports were a series of recommendations related to education and statutory/regulatory issues. One of the education recommendations noted the need to define the competencies expected of students in professional education and training programs and to specifically address these in a developmental approach.

The collective efforts to advance a competency-based approach to professional psychology education and training outcomes is also driven by the fact that, while for many years the doctoral degree has been linked with the construct of "entry-level to practice," the latter has been poorly defined at best in terms of the level of competence and nature of competencies expected. Currently, entry-level to practice is defined by documentation of completion of required coursework, including requisite number of hours of supervised training. The correlation between these measures and actual competence as a professional psychologist is unknown, and thus arguably this is a poor proxy for actual evaluation of competence. In addition, external groups such as the U.S. Department of Education, regional accrediting bodies, and regulatory bodies, are discussing incorporating rules and regulations that would measure education and training outcomes in terms of specific competencies that students acquire.

These developments led CCTC at its November 2005 meeting to recommend to the APA Board of Educational Affairs funding for a work group to develop a set of organized and sequential competency benchmarks. CCTC recommended the work group focus on competencies that extend through the sequence of doctoral education and training and identify possible methods of assessing attainment of these benchmarks. Two major determinants for their recommendations were the readiness of the field to have such a conversation and the understanding that it is each profession's responsibility to define such education and training outcomes, not other agencies such as those of the government.

Key Definitions

Although various definitions of key terms exist, for the purposes of this document the following definitions of key terms were used by the members of the Competencies Assessment Benchmarks Work Group.

Competence

Competence has been defined by Epstein and Hundert (2002) as the, “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.” There are foundational elements required for competence which include knowledge and skills as well as elements best conceptualized as professionalism (e.g. reflective thinking). Competence also presumes integration of multiple competencies. In turn, competencies are conceptualized as elements or components of competence, that is, discrete knowledge, skills, and attitudes (Kaslow et al., 2004).

Foundation and Functional Competencies

A distinction is also made between foundational and functional competencies (Rodolfa, et. al, 2005). Foundational competencies refer to the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out, (*e.g.*, an understanding of ethics, awareness and understanding of individual and cultural diversity issues, knowledge of the scientific foundations of psychology). Functional competencies encompass the major functions that a psychologist is expected to carry out, each of which requires reflective integration of foundational competencies in problem identification and resolution, (*e.g.*, assessment, intervention, consultation, research).

Benchmark

A benchmark refers to a standard for measurement of performance that can be used for comparison and to identify where needs for improvement exist.

Assessment

Assessment of competence to evaluate student learning outcomes is contextualized within the constructs of formative and summative assessment (Rodolfa et. al, 2005). Formative assessment provides an individual ongoing feedback meant to enhance performance and implying a developmental progression in the acquisition of skills. Summative assessment, in contrast, measures performance at the end point of a process.

Core Competencies for Professional Psychology

The Assessment of Competency Benchmarks Work Group utilized the “Cube” model of core competencies in professional psychology (Rodolfa et al., 2005). The Cube model, which is summarized below, proposes twelve core competencies that are conceptualized as either foundational or functional competencies:

Further, the cube model posits that acquisition of these core competencies is a developmental process consistent with the focus of the Benchmarks Work Group task. In that it extends from practicum training to the internship, advanced postdoctoral training, and lifelong learning.

Core Competency Domains of the Cube Model

Foundational Competencies

Reflective practice-self-assessment
 Scientific knowledge-methods
 Relationships
 Ethical-legal standards-policy
 Individual-cultural diversity.
 Interdisciplinary systems

Functional Competencies

Assessment-diagnosis-case conceptualization
 Intervention
 Consultation.
 Research/evaluation
 Supervision-teaching
 Management-administration

Formation of the Work Group

In November 2005 BEA voted to accept the recommendation of CCTC to create what eventually became the Assessment of Competency Benchmarks Work Group. A chair was appointed and a ten member planning group was constituted. The planning group conducted the majority of their work through conference calls and email communications. The planning group tackled several challenging decisions regarding the goals, size, and structure of the meeting.

One of the first steps for the group was to clarify the goals and expected outcomes for the meeting. Broadly, the goals were to continue to advance developments in competency based models of assessing learning outcomes in professional psychology education and training. More specifically, the work group would be charged with articulating benchmarks for each of the twelve core competencies from the cube model at different stages of professional education and training, as well as to address assessment methods. The product of the work group meeting would be a document that reflected this content.

One of the more challenging decisions was determining the size of the work group. The planning group felt strongly that a commitment to inclusion should be communicated to communities of interest in professional psychology training. At the same time, the group struggled with the realization that, the larger the group, the more difficult it might be to accomplish the goals for the meeting. Ultimately, in consultation with CCTC, a decision was made to limit the size of the work group with understanding that the work of the group would be widely disseminated for discussion following the actual meeting.

Given the charge to use a developmental approach the work group agreed to address four levels of professional development: readiness for practicum, readiness for internship, readiness for entry-level to practice, and readiness for advanced training. To maximize use of time it was decided that the majority of the work of the meeting would be organized around four breakout groups, each reflecting one of these levels of training. Therefore, it was decided that there would be a limit of eight people per group to keep the size manageable for a total of thirty-two members in the work group.

Identification and Preparation of Work Group Members

Considerable discussion went into the process of selecting work group members. While the meeting had a potentially large constituent base, planning group members were mindful of the challenges that can occur when individuals represent the interests of a particular group. Therefore, the planning group decided to identify potential work group members based on expertise rather than representing a community of interest. Specifically people were included who were knowledgeable about competence and competency domains in

professional psychology. Further, student and early career representatives were identified. Selection was done through a consensus process among the planning group members. First the critical domains that should be represented were identified. For example, individuals familiar with each of the different levels of education and training identified as a focus for the meeting and individuals knowledgeable about assessing competence. Then each planning group member independently listed individuals that they felt had expertise for each of the areas identified. These lists were then compiled and individuals identified most often were invited to attend, with attention to ensuring representation of at least one person from each of the identified areas of competency expertise. In a number of cases individuals selected had expertise in more than one area. Using this process the remaining 21 work group participants were identified. A roster of work group members can be found in Appendix A of this document.

Funds to cover a significant portion of the costs for the meeting were provided by the APA. These were supplemented by a number of organizations with a particular interest in the work group's task.

Work group members were provided pre-conference readings that were selected as representing the more seminal publications in the area of competency. These included the manuscripts from the 2002 APPIC Competencies Conference, the Practicum Competencies Outline, as well as readings on models developed in medicine and in the undergraduate psychology curriculum, and the assessment of competence. These readings as well as a number of other documents relevant to the task were also available to work group members at the meeting.

Work group members were notified approximately one month before the meeting of which break out group they had been assigned to. This was accompanied by a request that members begin to think about the twelve core competencies and what would be the more critical benchmarks at the developmental level they would be addressing.

Guiding Principles of the Meeting

In developing the structure of the meeting and to reach the established goals the planning group discussed and agreed on several guiding principles. First, the focus of the meeting, while broad, was not intended to address the full developmental continuum for learning in professional psychology. Specifically, it was acknowledged that there are competencies necessary for entry to graduate school as well as competencies that reflect a lifelong commitment to learning. The group was not able to address these two levels but recognized that they are important as well.

Second, the choice to work with the cube model proposing core competencies was done with recognition that there might be a better way to define core competencies. This decision was based on a realization that the group could easily spend all of its time trying to develop consensus on what competencies to address and not have time to complete its more central purpose of defining benchmarks. The cube model is widely cited and recognized as credible at this point in the evolution of competency based education and training. While the cube model proposes an interweaving of foundational and functional competencies the group chose not to address these intersections at present but felt this task might be taken up by another group in the future.

Third, although the cube model proposes to apply to professional psychology, the Benchmarks document applies more directly to those preparing to practice as health service providers. Other models of training may be informed by elements of the document, but may not find the entire document relevant to their models of training.

Finally, the work of the group was not intended to be prescriptive. While the group believes, and is hopeful, the Benchmarks document will advance discussions and implementation of competency based approaches to measuring student learning outcomes the intent is to describe a way to this as opposed to prescribing what programs need to do.

Structure of the Meeting

The Assessment of Competency Benchmarks Work Group met for two full days. The meeting began with an overview and a formal charge to work group members which was presented by the chair. Specific guidance was also given in terms of how to operationally think about constructing the benchmarks (e.g., what would it look like if someone possessed this competency). The group then divided into the four break out groups to begin their task. Each break out group had at least one member of the planning group who served as the group facilitator and in some cases another planning group member who served as the recording secretary. The full group reconvened at the end of the first day to discuss progress.

The planning group met prior to the start of each day, during lunch each day, and at the end of the first day to report on the progress of their groups and to address any work flow issues

Mid-way through the morning of the second day, an integration activity was conducted. This was modeled after that which took place at the 2002 APPIC Competencies Conference. Two members (excluding the

facilitator and recording secretary) from each breakout group rotated to one of the other breakout groups. The reconstituted break out groups then had six new members, two of each from one of the other three break out groups plus the original facilitator and recording secretary. Instructions during the integration activity were for the groups to address developmental sequencing of the competencies (e.g., were the benchmarks increasing in skill level across the sequence), provide feedback about the work of the group they had joined, and to offer input about the product of their original breakout group.

Following the integration activity the original break out groups reconvened and reviewed the discussion that occurred during the integration activity, incorporating changes as they were warranted. At the close of the second day the full group met to discuss the products of each of the breakout groups, provide feedback about the meeting, and discuss next steps including best ways to address questions and concerns about the document.

**Assessment of Competency Benchmarks Work Group
Competency Benchmarks Document
June 2007**

Foundational Competencies

Reflective Practice Self-Assessment – Practice conducted within the boundaries of competencies, commitment to lifelong learning, engagement with scholarship, critical thinking, and a commitment to the development of the profession.		
Developmental Level		
A. Reflective Practice		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: willingness to consider one’s own material; basic mindfulness and self-awareness</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • problem solving skills, • critical thinking • organized reasoning, • intellectual curiosity and flexibility • willingness/ability to self-disclose personal material 	<p>Essential Component: broadened self-awareness across a spectrum; self-assessment/monitoring; reflectivity regarding professional practice (reflection-on-action)</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • articulate attitudes, values, and beliefs toward diverse others • self-assessment approaches congruence with assessment by peers and supervisors • self-identifies multiple individual and cultural identities • describes how others experience him/her and identify roles they might play within a group 	<p>Essential Component: reflectivity in context of professional practice (reflection-in-action), reflection is acted upon, use of self as a therapeutic tool</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • habitually monitors his/her internal states and behavior • demonstrate awareness of individual strengths and areas in need of improvement • accurately assesses his/her own strengths and weaknesses and seeks to avoid or ameliorate impact on professional functioning • consistently recognizes problems and

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • academic products, performance in seminars or other scholarly experiences (e.g., papers, proposals, contributions to discussions) • judgments made by faculty 	<ul style="list-style-type: none"> • systematically reviews own professional performance via videotape or other technology <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • direct observation of professional activities by supervisor (live or recorded observation, co-therapy) • completion of peer and self-assessment instruments • faculty and supervisory evaluation of fitness for the profession. 	<p>knows how to address them so the problems do not interfere with delivering competent services</p> <ul style="list-style-type: none"> • demonstrates frequent congruence between external and internal assessment and seeks to resolve incongruence <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluations • multi-method review of client interactions • peer evaluations • self-evaluation
B. Self-Assessment and Self-Care		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: knowledge of core competencies; emerging self-assessment re: competencies; understanding of the importance of self-care in effective practice; knowledge of self-care mechanisms; attention to self-care</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates the interpersonal and 	<p>Essential Component: accurate self-assessment; consistent monitoring and evaluation of practice activities; willingness to acknowledge and correct errors; the ability to accept and use feedback effectively; monitoring of issues related to self-care with supervisor; understanding of the central role of self-care to effective practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to accept and use feedback 	<p>Essential Component: ability to accurately critique one's own performance (self-monitoring); self-corrective practice; self-monitoring of issues related to self-care and prompt interventions when disruptions occur</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • systematically reviews of own professional

<p>intrapersonal willingness and ability to consider one’s own motives, attitudes, behaviors and one’s effect on others</p> <ul style="list-style-type: none"> • basic awareness and attention to self-care • awareness of clinical competencies for professional training <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • performance prior to practicum (e.g., small group experiences, journaling, peer review, etc.) • faculty, peer, and self judgments (there should be a consideration given to consensual validation) 	<p>effectively</p> <ul style="list-style-type: none"> • works with supervisor to monitor issues related to self-care • identifies areas requiring further professional growth • writes a personal statement of professional goals (draft document for APPI) • identifies learning objectives for each practicum as part of an overall training plan • systemically reviews own professional performance via videotape or other technology <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self, peer, and supervisor evaluations through direct or technological observation 	<p>performance via videotape or other technology</p> <ul style="list-style-type: none"> • changes behavior based on self-monitoring • anticipates disruptions in functioning and intervenes at an early stage/with minimal support from supervisors <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluations • multi-method review of client interactions • attendance at professional meetings • self-evaluation
<p>C. Professionalism</p>		
<p>Readiness for Practicum</p>	<p>Readiness for Internship</p>	<p>Readiness for Entry to Practice</p>
<p>Essential Component: beginning understanding of professionalism, including comportment and “thinking like a psychologist”</p>	<p>Essential Component: emerging professional identity as psychologist; uses resources for professional development (supervision, literature)</p>	<p>Essential Component: consolidation of one’s professional identity as a psychologist; knowledgeable about issues central to the field; evidence of integration of science and practice</p>

<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates personal organization skills, timeliness • demonstrates appropriate personal hygiene • demonstrates appropriate dress • Has membership in professional organizations • demonstrates knowledge of the program and profession (training model, core competencies) • demonstrates knowledge about practicing within one's competence • demonstrates understanding that knowledge goes beyond formal training <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • faculty, peer, and self judgments (with consideration given to consensual validation) 	<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • attends colloquia, workshops, conferences • summarizes literature relevant to client care • accurately documents case consultation in progress notes • actively participates in supervision process • demonstrates awareness of the impact behavior has on clients <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluations of student's use of supervision • supervisor/faculty evaluations of attendance at professional meetings and relevant seminars • supervisor evaluation of literature summary • quality assurance review of clinical documentation 	<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • keeping up with advances in profession • contributing to the development & advancement of the profession and one's colleagues • demonstrates awareness of the impact behavior has on public and profession <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluations • multi-method review of client interactions • attendance at professional meetings • self-evaluation • performance on Comprehensive Doctoral Exams
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Scientific knowledge-methods - The ability to understand research, research methodology and a respect for scientifically derived knowledge, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and lifespan human development.

Developmental Level

A. Scientific Mindedness

Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: critical scientific thinking</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • able to perform scientific critique of literature • able to evaluate study methodology and scientific basis of findings • willingness to present work for the scrutiny of others • questions assumptions of knowledge • aware of need for evidence to support assertions <p>Assessment method(s):</p> <ul style="list-style-type: none"> • behavior/performance in seminars/courses • academic work products including 	<p>Essential Component: values and applies scientific methods to professional practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • articulates issues derived from the literature in supervision and case conference • formulates appropriate questions regarding case conceptualization • generates hypotheses regarding own contribution to therapeutic process and outcome • able to perform scientific critique of literature • able to evaluate study methodology and scientific basis of findings <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • evaluated by supervisor • self-assessment 	<p>Essential Component: independently applies scientific methods to practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to independently access and apply scientific knowledge & skills appropriately and habitually to the solution of problems • willingness to present work for the scrutiny of others <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • EPPP • Case presentations • Portfolios

<p>presentations, critiques of manuscripts, peer review of presentations</p> <ul style="list-style-type: none"> • annual review of progress <p><i>Note: may be useful here to explore strategies for assessment of critical thinking</i></p>		<ul style="list-style-type: none"> • Supervisor Evaluation
B. Knowledge		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: understanding of psychology as a science</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrate understanding psychology as a science including basic knowledge of the breadth of scientific psychology. For example: Able to cite scientific literature to support an argument • able to evaluate scholarly literature on a topic <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • completion of relevant undergraduate preparation • performance and behavior in course(s) • faculty judgment • annual review of progress 	<p>Essential Component: knowledge of core science</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrate knowledge of and respect for scientific bases of behavior <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • successful performance on comprehensive examinations 	<p>Essential Component : knowledge of core science</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrate knowledge of and respect for scientific knowledge of the bases for behavior, and incorporate this into professional practice <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • EPPP • case presentations • portfolios • supervisor evaluation • 360 Degree Evaluation
C. Scientific Foundations		

Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: understanding the scientific foundation of professional practice</p> <p>Behavioral Anchor</p> <ul style="list-style-type: none"> • demonstrate understanding of the scientific foundation of professional practice For example: Understands the development of evidence based practice in psychology • demonstrate understanding of core scientific conceptualizations of human behavior • able to cite scientific literature to support an argument • able to evaluate scholarly literature on a topic <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • completion of relevant undergraduate preparation • performance and behavior in course(s) • faculty judgment • assessment of student’s ability to think scientifically about cases • annual review of progress 	<p>Essential Component: knows, understands, and applies the concept of evidence-based practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • student applies EBP concepts in case conceptualization, treatment planning, and interventions • student compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning. <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisory evaluation • self-assessment • review of case conceptualization report • direct observation of professional activities by supervisor (live or recorded observations, co-therapy) • successful performance on comprehensive examinations 	<p>Essential Component: knows and understands scientific foundations and independently applies this knowledge to practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • student reviews scholarly literature related to clinical work and applies knowledge to case conceptualization • student applies EBP concepts in practice • student compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisory evaluation related to integration of science and practice • self-assessment • review of case conceptualization report/case conferences • direct observation of professional activities

Relationships - Capacity to relate effectively and meaningfully with individuals, groups, and/or communities		
Developmental Level		
A. Interpersonal Relationships		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: interpersonal skills</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • listens and is emphatic with others • respects and shows interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. • demonstrates skills verbally and non-verbally. • open to feedback <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance and behavior in course(s) or evaluation milestones • examination of performance in interviews • faculty, peer and self judgment including showing engagement with 	<p>Essential Component: ability to form and maintain productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • involved in departmental, institutional, or professional activities or governance • forms effective working alliance with clients • forms effective working alliance with supervisors • engaged with peers <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self-report of committee/governance activities or practicum activity log • client no-show, drop-out, and satisfaction/alliance ratings • supervisor ratings • peer ratings 	<p>Essential Component: develop and maintain effective relationships with a wide range of clients, colleagues, organizations and communities</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • 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. <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • 360 evaluation • self evaluation

peers	<ul style="list-style-type: none"> • direct observation of professional activities by supervisor (live or recorded observation, co-therapy) 	
B. Affective Skills		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: affective skills</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • possesses affect tolerance • tolerates and understands interpersonal conflict • tolerates ambiguity and uncertainty • possesses awareness of inner emotional experience • possesses emotional maturity 	<p>Essential Component: ability to negotiate differences and handle conflict; ability to provide effective feedback to others and receive feedback nondefensively</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • works collaboratively • demonstrates active problem-solving • makes appropriate disclosures regarding problematic interpersonal situations • accepts and implements supervisory feedback nondefensively • acknowledges own role in difficult interactions • provides feedback to supervisor regarding supervisory process • provides feedback to peers regarding peers' clinical work in context of group supervision or case conference • listens to and acknowledges feedback from others 	<p>Essential Component: ability to manage difficult communication; possess advanced interpersonal skills</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • seeks clarification in interpersonal communications • demonstrates understanding of diverse viewpoints • accepts and implements feedback from others

<p>Assessment Method(s)</p> <ul style="list-style-type: none"> • faculty, peer, and self judgments (there should be a consideration given to consensual validation) 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self, peer and supervisory evaluation • direct observation of professional activities by supervisor (live or recorded observation, co-therapy) 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self, peer and supervisory evaluation • peer consultation • seeks activities that require professional interactions.
C. Intradisciplinary Relationships		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: intradisciplinary respect</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates respectful and collegial interactions with those who have different professional models or perspectives than own <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • performance and behaviors in course(s) or evaluation milestones) • faculty, peer, and self judgments (there should be a consideration given to consensual validation) 	<p>Essential Component: knowledge regarding professional relationships, norms and culture, including establishing and maintaining appropriate professional demeanor and boundaries</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • adheres to ethical standards and institutional policies and procedures <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self, peer, client, staff, and supervisory evaluation (absence of negative reports). 	<p>Essential Component: clear understanding of professional boundaries, appreciates individual and group differences and respects self and others</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • adheres to ethical standards and institutional policies and procedures. • participates in local and national professional organizations <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self, peer, client, staff, and supervisory evaluation (absence of negative reports).

D. Expressive Skills		
Readiness for Practicum		
<p>Essential Component: expressive skills</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • communicates one's ideas, feelings and information verbally and non-verbally <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance and behaviors in course(s) or evaluation milestones • faculty, peer, and self judgment 	<p>Essential Component: clear and articulate expression</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • verbal, nonverbal, written skills communicate clearly and articulately • demonstrates understanding of professional language <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance and behaviors in course(s) or evaluation milestones • faculty, peer, and self judgment 	<p>Essential Component: articulate and eloquent command of language and ideas</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • descriptive, understandable command of language, both written and verbal • able to communicate clearly and effectively with clients <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • case presentation • supervisor evaluation of written work products

Individual-cultural Diversity		
Awareness and sensitivity in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics.		
Developmental Level		
A. Self-Awareness		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: knowledge, awareness, and understanding of one's own situation (e.g., one's ethnic/racial, socioeconomic, gender, sexual orientation; one's attitudes towards diverse others) relative to dimensions of individual and cultural diversity</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstration of this self knowledge, awareness, and understanding. For example: articulates how ethnic group values influence who one is and how one relates to other people. <p>Assessment Method(s)</p> <ul style="list-style-type: none"> performance prior to practicum 	<p>Essential Component: monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> understands and monitors own cultural identities in relation to work with others able to use knowledge of self to monitor effectiveness as a professional critically evaluates feedback and initiates supervision regularly about diversity issues <p>Assessment Method(s):</p> <ul style="list-style-type: none"> congruence among self, peer, and 	<p>Essential Component: independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> independently able to articulate, understand, and monitor own cultural identity in relation to work with others able to regularly use knowledge of self to monitor and improve effectiveness as a professional able to critically evaluate feedback and initiate consultation or supervision when uncertain about diversity issues <p>Assessment Method(s):</p> <ul style="list-style-type: none"> congruence among self, peer, and supervisory evaluations of ICD and self

<p>(e.g., small group experiences, journaling, peer review, as well as performance in courses)</p> <ul style="list-style-type: none"> • faculty, peer, and self judgments (there should be a consideration given to consensual validation) 	<p>supervisory evaluations of ICD and self knowledge and application</p> <ul style="list-style-type: none"> • supervisor, peer, and self evaluations of case presentations and work samples 	<p>knowledge and application</p> <ul style="list-style-type: none"> • supervisor, peer, and self evaluations of case presentations and work samples
<p>B. Applied Knowledge</p>		
<p>Readiness for Practicum</p>	<p>Readiness for Internship</p>	<p>Readiness for Entry to Practice</p>
<p>Essential Component: 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. Understanding of the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates basic knowledge of literatures on individual and cultural differences and engages in respectful interactions that reflects the knowledge • demonstrates understanding of the need to consider ICD issues in all aspects of professional psychology work through respectful interactions 	<p>Essential Component: applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates knowledge of ICD literature and APA policies (e.g., Multicultural, LGB) • demonstrates ability to address ICD issues across professional settings and activities • works effectively with diverse others in professional activities • demonstrates awareness of effects of oppression and privilege on self and 	<p>Essential Component: applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity (e.g. age, gender, enculturation, sexual orientation) to professional work</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • articulates an integrative conceptualization of diversity as it impacts clients, self and others (e.g., organizations, colleagues, systems of care) • habitually adapts one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm • articulates and uses alternative and

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance prior to practicum (e.g., small group experiences, journaling, peer review, as well as performance in courses) • faculty, peer, and self judgments (there should be a consideration given to consensual validation) 	<p>others</p> <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • direct observation of professional activities by supervisor (live or recorded observation, co-therapy) • client satisfaction surveys • client no-show and drop-out rates • self, peer, and supervisory evaluation of inclusion of ICD case conceptualization (in preparation for the APPI) 	<p>culturally appropriate repertoire of skills and techniques and behaviors</p> <ul style="list-style-type: none"> • seeks consultation regarding addressing individual and cultural diversity when relevant <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • 360 evaluation • supervisor, peer, and self evaluations of case presentations and work samples
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Ethical-legal standards-policy - Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. Advocating for the profession.

Developmental Level

A. Knowledge

Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; rudimentary knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting.</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates an understanding of this knowledge (e.g., APA, Ethics Code and principles, Ethical Decision Making Models) through related applied coursework (e.g. multicultural, pre-practicum, seminars) class discussion of professional constructs of ethical implications • demonstrates knowledge of typical legal issues (e.g., child abuse reporting, HIPAA, Confidentiality, Informed Consent) through test 	<p>Essential Component: working knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines; laws, statutes, rules, regulations</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • behaves ethically • successfully completes coursework in ethics and legal aspects of professional practice • 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 	<p>Essential Component: routine command and application of the APA Ethical Principles and Code of Conduct and other relevant and other ethical, legal and professional standards and guidelines of the profession</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • spontaneously and reliably identifies complex ethical & legal issues, analyzes them accurately and proactively addresses them • aware of potential conflicts in complex ethical and legal issues and seeks to prevent problems and unprofessional conduct • awareness of the obligation to confront peers and or organizations regarding ethical problems or issues and to deal proactively with conflict when addressing professional behavior with others

<p>performance and discussion</p> <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in course(s) or evaluation milestones through purposeful application of ethical concepts to course content and through ethical decision making in hypothetical practice situation. 	<p>ethical and legal knowledge</p> <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self, peer, and supervisory assessment (360 degree) • direct observation of professional activities by supervisor (co-therapy, live or recorded observation) • client satisfaction instruments • successful completion of ethics component of comprehensive examinations 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • EPPP • Supervisors evaluation • self evaluation • client feedback • state and provincial jurisprudence exams
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B. Awareness and Application of Ethical Decision Making Model

Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: recognizes the importance of basic ethical concepts applicable in initial practice (e.g. child abuse reporting, Informed consent, confidentiality, multiple relationships, and competence)</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • student and instructor discussions in class, clinical venues, and interactive educational experiences. 	<p>Essential Component: knows and applies an ethical decision-making model and is able to apply relevant elements of ethical decision making to a dilemma</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • uses an ethical decision-making model when discussing cases in supervision. • Is able to readily identify ethical implications in cases and to understand the ethical elements in any present ethical dilemma or question • Is able to discuss ethical dilemmas and 	<p>Essential Component: commitment to integration of ethics knowledge into professional work</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Intentional inclusion in professional writings and presentations of applicable ethical principles and standards • Intentional inclusion of applicable ethics concepts in research design and subject treatment • Intentional inclusion of ethics and

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in course(s) through purposeful application of ethical concepts to course content or program evaluation by faculty 	<p>decision making in supervision, staffings, presentations, practicum settings</p> <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self and supervisory evaluation • successful completion of ethics component of comprehensive examinations and other formative evaluations • successfully performs in written and oral evaluations through mock ethical scenarios, hypothetical cases and consultation on peer cases through group supervision or staffing • successful creation of hypothetical ethics cases, identification of dilemmas, and recommendations for action 	<p>professional concepts in teaching and training activities</p> <ul style="list-style-type: none"> • develops strategies to seek consultation regarding complex ethical and legal dilemmas <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • ongoing status for practice through licensure • supervisors evaluation • self evaluation • performance on state and provincial jurisprudence exams • performance on EPPP • peer review of writings • ongoing annual performance review • mock ethical dilemmas/vignettes
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C. Ethical Conduct		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: displays ethical attitudes and values</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • desire to help others • openness to new ideas • honesty/integrity/values ethical behavior • personal courage • demonstrates a capacity for appropriate boundary management • implements ethical concepts into professional behavior 	<p>Essential Component: displays knowledge of own moral principles/ethical values.</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues • spontaneously discusses intersection of personal and professional ethical and moral issues. 	<p>Essential Component: independently and confidently integrates ethical/legal standards policy with all foundational and functional competencies</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • integrates an understanding of ethical-legal standards policy when performing all functional competencies • demonstrates that ethical-legal-standards policy competence informs and is informed by all foundational competencies • takes responsibility for continuing professional development of knowledge, skills, and attitudes in relation to ethical-legal-standards and policies.

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • judgment by faculty and peers that student exhibits these behaviors (i.e., Admitting errors, interpersonal risks consistent with values, intellectual honesty despite adverse academic outcomes.) • programmatic evaluation of integration of ethical conduct, attitudes, and action in professional interactions 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self assessment • supervisory assessment • successful completion of ethics component of comprehensive examinations • Ability to implement ethical behaviors and decision making in professional activities 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor ratings of consistent ethical performance • ability to attest to absence of complaints; • feedback from colleagues • willingness to serve professionally in the ethics arena
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<p>Interdisciplinary systems – Identification and involvement with one’s colleagues and peers. Knowledge of key issues and concepts in related disciplines and the ability to interact with professionals in them.</p>		
<p>Developmental Level</p>		
<p>A. Understanding the shared and distinctive contributions of other professions, knowledge of key issues and concepts related to the work of other professionals.</p>		
<p>Readiness for Practicum</p>	<p>Readiness for Internship</p>	<p>Readiness for Entry to Practice</p>
<p>Essential Component: beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> • demonstrates knowledge and valuing of roles, functions and service delivery systems of other professions </p> <p>Assessment Method(s): <ul style="list-style-type: none"> • performance in course(s) or evaluation milestones (e.g., annual reviews, </p>	<p>Essential Component: awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems, intermediate level knowledge of common and distinctive roles of other professionals</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> • reports observations of commonality and differences among professional roles, values, and standards </p> <p>Assessment Method(s): <ul style="list-style-type: none"> • direct observation and evaluation by supervisor of professional activities </p>	<p>Essential Component: working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems, intermediate level knowledge of common and distinctive roles of other professionals</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> • demonstrates ability to articulate the role that others provide in service to clients • demonstrates ability to work successfully on interdisciplinary team </p> <p>Assessment Method(s): <ul style="list-style-type: none"> • supervisor evaluations • multi-method review of professional </p>

comprehensive exams)	<p>when in contact with other professionals (live or videotape, co-therapy).</p> <ul style="list-style-type: none"> • if not available pre-internship, assessment of learning objectives for this competency and plans for obtaining opportunities on internship will be the method of assessment 	<p>activities when in contact with other professionals</p> <ul style="list-style-type: none"> • 360 degree evaluations • self-evaluation
B. Multidisciplinary and interdisciplinary functioning: understanding the differences and ability to function in both contexts		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: beginning, basic knowledge of the principles of interdisciplinary vs. multidisciplinary functioning</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates knowledge of the nature of interdisciplinary vs. multidisciplinary function and the conceptual differences between them. <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in courses or evaluation milestones (e.g., annual reviews, 	<p>Essential Component: beginning, knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates knowledge of the nature of interdisciplinary vs. multidisciplinary function and the skills that support interdisciplinary process. <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • direct observation and evaluation by supervisor of professional activities 	<p>Essential Component: beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, supporting and utilizing the perspectives of other team members</p> <p>Behavioral Anchor:</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 <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluations based on direct observation of interdisciplinary training

comprehensive exams)	when in contact with other professionals (live or videotape, co-therapy). If those opportunities are not available pre-internship, supervisor and/or Training Director's assessment of learning objectives for this competency and plans for obtaining opportunities on internship will be the method of assessment	experiences <ul style="list-style-type: none"> • multi-method review of professional activities when in contact with other professionals • 360 degree evaluations utilizing non-Psychology team members in interprofessional training sites • self-evaluation
C. Understands how participation in interdisciplinary collaboration/ consultation enhances outcomes		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: Knowledge of how participating in interdisciplinary collaboration/ consultation can be directed toward shared goals</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates understanding of concept in coursework <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • faculty evaluation of performance and behavior in course(s) or evaluation milestones 	<p>Essential Component: ability to participate in and initiate interdisciplinary collaboration/ consultation directed toward shared goals</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • consults with and cooperates with other disciplines in service of clients <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • evaluation/direct observation by supervisor 	<p>Essential Component: intermediate level ability to recognize and engage in opportunities for effective collaboration with other professionals toward shared goals</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • evidence of systematically collaborating with other relevant partners <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluations • multi-method review of client interactions • 360 degree evaluations • self-evaluation

D. Respectful and productive relationships with individuals from other professions.		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: awareness of the benefits of forming collaborative relationships with other professionals</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> expresses interest in developing collaborative relationships and respect for other professionals </p> <p>Assessment Method(s): <ul style="list-style-type: none"> faculty evaluation of performance and behavior in course(s) or evaluation milestones </p>	<p>Essential Component: ability to develop and maintain, where appropriate, collaborative relationships and respect for other professionals</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> communicates effectively with individuals from other profession </p> <p>Assessment Method(s): <ul style="list-style-type: none"> faculty evaluation of performance and behavior in course(s) or evaluation milestones direct observation and evaluation by supervisor of professional activities when in contact with other professionals (live or videotape, co-therapy). If those opportunities are not available pre-internship, supervisor and/or Training Director's assessment of learning objectives for this competency and plans for obtaining opportunities on internship will be the method of assessment self-evaluation </p>	<p>Essential Component: ability to develop and maintain collaborative relationships over time despite differences</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> communicates effectively with individuals from other professions appreciates and integrates perspectives from multiple professions </p> <p>Assessment Method(s): <ul style="list-style-type: none"> supervisor evaluations multi-method review of client interactions 360 degree evaluations Self-evaluation </p>

Functional Competencies

Assessment-diagnosis-case conceptualization Assessment and diagnosis of problems and issues associated with individuals, groups, and/or organizations		
Developmental Level		
I. Diagnosis		
A. Normal/Abnormal Behavior		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
Essential Component: basic knowledge regarding the range of normal and abnormal behavior	Essential Component: apply concepts of normal/abnormal behavior to case formulation and diagnosis.	Essential Component: ability to utilize case formulation and diagnosis for treatment planning
Behavioral Anchor: <ul style="list-style-type: none"> • identify DSM criteria • describe normal development consistent with broad area of training 	Behavioral Anchor: <ul style="list-style-type: none"> • articulates relevant developmental features and clinical symptoms as applied to presenting problem 	Behavioral Anchor: <ul style="list-style-type: none"> • treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem
Assessment Method(s): <ul style="list-style-type: none"> • performance in course(s) or evaluation milestone 	Assessment Method(s): <ul style="list-style-type: none"> • performance in advanced coursework • supervisor evaluations 	Assessment Method(s): <ul style="list-style-type: none"> • supervisor evaluations

B. Skills		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic knowledge of formulating diagnosis and case conceptualization</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrate the ability to discuss diagnostic formulation and case conceptualization • prepare basic reports which articulate theoretical material <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in course(s) or evaluation milestones 	<p>Essential Component: ability to utilize systematic approaches of gathering data to inform clinical decision-making</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • prepares reports that incorporate material from client • presents cases and reports demonstrating how diagnosis is based on case material <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • case presentation which includes case conceptualization • supervisor evaluations 	<p>Essential Component: ability to independently and accurately conceptualize the multiple dimensions of the case based on the results of assessment</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • independently prepares reports based on actual client material • administers, scores and interprets test results • formulates case conceptualizations incorporating theory and case material <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluation • self-evaluation • portfolio • case presentation which includes case conceptualization
II. Assessment		
A. Knowledge of Measurement and Psychometrics		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice

<p>Essential Component: basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • awareness of the benefits of standardized assessment • knowledge of the construct(s) being assessed • demonstrates understanding of basic psychometric constructs such as validity, reliability, and test construction <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in course(s) or evaluation milestones including response to clinical vignettes 	<p>Essential Component: ability to select assessment measures with attention to issues of reliability and validity</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • identifies appropriate assessment measures for cases seen at practice site • routinely consults with supervisor regarding selection of assessment measures <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • assessment component of doctoral comprehensive examinations • supervisor evaluation 	<p>Essential Component: ability to independently select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • awareness of and ability to use culturally sensitive instruments, norms • seeks consultation as needed to guide assessment • limitations of assessment data clearly reflected in assessment reports <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluation • case presentations • review of test reports • doctoral comprehensive examinations
B. Use of Methods		
1. Interview		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice

<p>Essential Component: knowledge of the models and techniques of clinical interviewing and mental status exam</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstrates knowledge of initial interviewing (both structured and semi-structured interviews, mini-mental status exam), treatment planning, goal setting, relationship building <p>Assessment Method(s):</p> <ul style="list-style-type: none"> performance in course(s) or evaluation milestones 	<p>Essential Component knowledge of the principles and practice of systematic interviewing, data gathering and the interpretation data pursuant to the presenting problem</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams reports reflect data that has been collected via interview consults with supervisor routinely <p>Assessment Method(s):</p> <ul style="list-style-type: none"> supervisor review in vivo observation 	<p>Essential Component ability to independently use the clinical interview to make formulation and diagnosis for treatment planning purposes</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams reports reflect data that has been collected via interview interview and report lead to the development of appropriate treatment plan seeks consultation as needed <p>Assessment Method(s):</p> <ul style="list-style-type: none"> supervisor review in vivo observation
2. Tests/Measurements		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice

<p>Essential Component: basic knowledge of administration and scoring of traditional assessment measures</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • accurately and consistently administer and score various assessment tools in non-clinical (e.g. course) contexts <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in course(s) or evaluation milestones 	<p>Essential Component: awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • accurately and consistently selects, administers, and scores and interprets assessment tools with clinical populations • routinely seeks supervision <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluation 	<p>Essential Component: ability to independently understand the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • 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 • seeks supervision as needed <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluation • case presentation
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III. Integration		
A. Site Specific		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: knowledge of where assessment methods are similar and different across practice sites</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstrates awareness of need for selection of assessment measures appropriate to population/problem that is the primary focus of a practice site <p>Assessment Method(s):</p> <ul style="list-style-type: none"> clinical case vignettes 	<p>Essential Component: displays knowledge of assessment tools appropriate to training site</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> selects assessment tools that reflect awareness of patient population served at a given practice site routinely seeks supervision <p>Assessment Method(s):</p> <ul style="list-style-type: none"> supervisor evaluation 	<p>Essential Component: independently selects and administers assessment tools appropriate to the practice site and broad area of practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> independently selects assessment tools that reflect awareness of patient population served at practice site seeks supervision as needed <p>Assessment Method(s):</p> <ul style="list-style-type: none"> supervisor evaluation case presentation
B. Communication of Results		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice

<p>Essential Component: awareness of models of report writing and progress notes</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates this knowledge including content and organizations of test reports, mental status examinations, interviews <p>Assessment methods:</p> <ul style="list-style-type: none"> • course performance 	<p>Essential Component: ability to write assessment reports and progress notes</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to write a basic psychological report • routinely seeks supervision <p>Assessment methods:</p> <ul style="list-style-type: none"> • supervisor review of written reports 	<p>Essential Component: communication of results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner</p> <p>Behavioral Anchor</p> <ul style="list-style-type: none"> • ability to write a comprehensive report • ability to communicate results verbally • seeks supervision as needed <p>Assessment method:</p> <ul style="list-style-type: none"> • supervisor evaluation
C. Integrated skills		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic knowledge of measurement across domains of functioning.</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • awareness of need to base diagnosis and assessment on multiple sources of information 	<p>Essential Component: knowledge ability to select appropriate assessment measures to answer diagnostic question</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • able to independently select and use appropriate methods of evaluation • seeks supervision routinely 	<p>Essential Component: knowledge and ability to independently select and use a variety of measures and integrate results to accurately evaluate presenting problem</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to interpret assessment results accurately taking into account limitations of the evaluation method • ability to provide meaningful, understandable and useful feedback that is responsive to client need • seeks supervision as needed

<p>Assessment Method(s):</p> <ul style="list-style-type: none">• performance in course(s)	<p>Assessment Method(s):</p> <ul style="list-style-type: none">• assessment component of doctoral comprehensive examinations• supervisory evaluation of integrated report writing	<p>Assessment Method(s):</p> <ul style="list-style-type: none">• supervisor evaluation• case presentation/ “mini-ABPP”
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Intervention		
Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations		
Developmental Level		
A. Knowledge of Interventions		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic knowledge of scientific, theoretical, and contextual bases of intervention and basic knowledge of the value of evidence-based practice and it's role in scientific psychology</p> <p>Behavioral anchor:</p> <ul style="list-style-type: none"> • able to articulate the relationship of EBPP to the science of psychology • identify basic strengths and weaknesses of intervention approaches for different problems and populations related to the practice setting 	<p>Essential Component: knowledge of scientific, theoretical, empirical and contextual bases of intervention, including psychotherapy theory, research, and practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • presents comprehensive presentation of case, including video or audio of work with client • ongoing research on and integration of client issues • write a statement of one's theoretical perspective consistent with that required for AAPI • successful performance of intervention component of doctoral comprehensive examinations 	<p>Essential Component: ability to apply knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • presents rationale for intervention strategy that include empirical support • demonstrates sufficient expertise to implement strategy • write a case summary incorporating elements of evidence-based practice.

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in course(s) or evaluation milestones 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • doctoral comprehensive examination; • performance on comprehensive case presentation • supervisory evaluation review and evaluation of AAPI statement. 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance on comprehensive case presentation • evaluations by supervisors, clients, others.
B. Intervention planning		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic understanding of the relationship between assessment and intervention</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • articulate a basic understanding of how intervention choices are informed by assessment <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • judgment of faculty and/or performance in course(s) or evaluation milestones 	<p>Essential Component: ability to formulate and conceptualize cases and plan interventions utilizing at least one consistent theoretical orientation</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • articulates a theory of change and identifies interventions to implement change; as consistent with the AAPI • writes understandable case conceptualization reports and collaborative treatment plans incorporating evidence-based practices • successful completion of intervention component doctoral comprehensive examinations <p>Assessment methods:</p> <ul style="list-style-type: none"> • quality assurance reviews • supervisor evaluation • doctoral comprehensive 	<p>Essential Component: independent intervention planning, including conceptualization and intervention plan specific to case and context</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • accurately assesses presenting problem taking in to account the larger context of the client's life, including diversity issues • conceptualizes case independently and accurately • independently selects an intervention or range of interventions appropriate for the presenting problem(s) <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • direct observation by supervisor • client satisfaction • intervention outcome

	examinations	<ul style="list-style-type: none"> • self & peer observation • case presentation • portfolio
C. Intervention Implementation		
	Readiness for Internship	Readiness for Entry to Practice
	<p>Essential Component: ability to implement evidence-based interventions that take into account empirical support, clinical judgment, and client diversity (e.g., client characteristics, values, and context)</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • apply specific evidence-based interventions • present case that documents application of evidence-based practice <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor ratings of performance consistent with student’s readiness for internship. 	<p>Essential Component : implements interventions with fidelity to empirical models and flexibility to adapt where appropriate</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to independently and effectively implement a typical range of intervention strategies appropriate to practice setting • ability to independently recognize and manage special circumstances • ability to terminate treatment successfully • ability to collaborate effectively with other providers or systems of care • self-care <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • direct observation by supervisor • client satisfaction • intervention outcome • self & peer observation • case presentation • portfolio

D. Progress evaluation		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic knowledge of the assessment of intervention progress and outcome</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstration of basic knowledge of methods to examine intervention outcomes <p>Assessment Method(s):</p> <ul style="list-style-type: none"> performance in course(s) or evaluation milestones 	<p>Essential Component: evaluate treatment progress and modify treatment planning as indicated, utilizing established outcome measures</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> assesses and documents treatment progress and outcomes alterations in treatment plan are made accordingly describes instances of lack progress and actions taken in response. <p>Assessment Methods(s):</p> <ul style="list-style-type: none"> supervisor evaluation including clinical documentation tracks own self-efficacy in intervention 	<p>Essential Component: evaluate treatment progress and modify planning as indicated, even in the absence of established outcome measures</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> ability to independently assess treatment effectiveness & efficiency ability to critically evaluate own performance in the treatment role awareness of need for consultation <p>Assessment Methods(s)</p> <ul style="list-style-type: none"> consumer satisfaction ratings tracks own self-efficacy in intervention
E. Skills		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic helping skills</p> <p>Behavioral Anchor:</p>	<p>Essential Component: clinical skills</p> <p>Behavioral Anchor:</p>	<p>Essential Component: clinical skills and judgment</p> <p>Behavioral Anchor:</p>

<ul style="list-style-type: none"> • demonstration of these skills, such as empathic listening, framing problems <p>Assessment Methods(s):</p> <ul style="list-style-type: none"> • simulations and/or role plays in courses and evaluation milestones • self and peer evaluations 	<ul style="list-style-type: none"> • develop rapport with most clients • develop therapeutic relationships <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor and client evaluations • case observations 	<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 <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor and client evaluations • case observations • case presentations
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Consultation The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
Developmental Level		
A. Addressing Referral Question		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
Essential Component: no expectation for pre-practicum level	Essential Component: knowledge of and ability to select appropriate means of assessment to answer referral questions Behavioral Anchor: <ul style="list-style-type: none"> • ability to implement systematic approach to data collection in a consultative role Assessment Method(s): <ul style="list-style-type: none"> • supervisor evaluation • doctoral comprehensive examinations 	Essential Component: knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question Behavioral Anchor: <ul style="list-style-type: none"> • demonstrates ability to gather information necessary to answer referral question • able to clarify and refine referral question based on analysis/assessment of question Assessment Method(s) <ul style="list-style-type: none"> • consultation case presentation • supervisor evaluation

B. Role Knowledge		
	Readiness for Internship	Readiness for Entry to Practice
	<p>Essential Component: knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher).</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • articulating common and distinctive roles of consultant • ability to compare and contrast consultation, clinical and supervision roles <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • doctoral comprehensive examinations • consultation supervisor or instructor • Case presentation 	<p>Essential Component: ability to determine situations that require different role functions and shift roles accordingly</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to recognize situations in which consultation is appropriate • demonstrate capability to shift functions and behavior to meet referral needs <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluation • consultee feedback • case presentation
C. Knowledge		
	Readiness for Internship	Readiness for Entry to Practice
	<p>Essential Component: ability to identify and acquire literature relevant to the system, consultee or setting</p>	<p>Essential Component: ability to apply literature to provide effective consultative services in most routine and some complex cases</p>

	<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • successful completion of consultation coursework • readings from consultation experience • identifies components of consultation report <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisory and instructor evaluation 	<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • ability to prepare useful consultation reports and communicate recommendations in a clear and precise manner to all appropriate parties given the context of service provision <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • case presentation • consultee evaluations • supervisor evaluations
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Research/evaluation The generation of research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
Developmental Level		
A. Scientific Approach to Knowledge Generation		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
Essential Component: basic scientific mindedness, critical thinking	Essential Component: development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology.	Essential Component: generation of knowledge
Behavioral Anchor: <ul style="list-style-type: none"> • understanding of research contributions to the professional knowledge base • understanding that psychologists evaluate the effectiveness of their professional activities • openness to subjecting one's work to the scrutiny of peers and faculty. 	Behavioral Anchor: <ul style="list-style-type: none"> • successful completion of comprehensive doctoral examinations • successful proposal of thesis, or dissertation • research and scholarship activity, which may include presentations at conferences; participation in research teams; submission of manuscripts for publication • being a critical consumer of research 	Behavioral Anchor <ul style="list-style-type: none"> • engages in systematic efforts to increase the knowledge base of psychology through implementing research • uses methods appropriate to the research question, setting and/or community
Assessment Method(s): <ul style="list-style-type: none"> • performance and behavior in course(s) or evaluation milestones 	Assessment Method(s): <ul style="list-style-type: none"> • comprehensive doctoral examinations 	Assessment Method(s): <ul style="list-style-type: none"> • portfolio

<ul style="list-style-type: none"> • faculty, peer, and self judgments (there should be a consideration given to consensual validation) 	<ul style="list-style-type: none"> • faculty evaluating above 	
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B. Application of Scientific Method to Practice

Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
	<p>Essential Component: apply scientific methods to evaluating own practice</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> • discussion of evidence based practices </p>	<p>Essential Component: evaluation of outcomes</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> • evaluates the progress of their activities and uses this information to improve their </p>

	<ul style="list-style-type: none"> • compile and analyze data on own clients (outcome measurement) • participates in program evaluation <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisory and faculty evaluation 	<p>effectiveness.</p> <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisor evaluation
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Supervision-teaching - Supervision and training of the professional knowledge base and/or evaluates the effectiveness of various professional		
Developmental Level		
I. Supervision		
A. Knowledge		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic knowledge of expectations for supervision</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • demonstrates basic knowledge of supervision • students know their roles and responsibilities in the process • students are able to engage in goal setting with respect to practicum <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • faculty, peer, and self judgments (there should be a consideration given to consensual validation) • performance in courses and evaluation milestones • performance in practicum orientation and policies 	<p>Essential Component: knowledge of purpose, roles and goals of supervision.</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • successful completion of supervision coursework • successful completion of practicum placements supervision • successful completion of doctoral comprehensive examinations <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • completion of supervision coursework • assessments from practicum supervisors about participant role in supervision process • comprehensive doctoral examinations or other summative 	<p>Essential Component: understands complexity of the supervisor role including ethical, legal, and contextual issues</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • able to articulate a philosophy or model of supervision and reflect on how this model is applied in practice <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • professional and peer feedback in clinical consultation groups.

<ul style="list-style-type: none"> formal self-appraisal of practicum readiness skills (e.g., completion of checklist such as Williams-Nickelson Skills Assessment in Succeeding in Practicum: An APAGS Resource Guide) 	evaluation strategies	
B. Skills Development		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
	<p>Essential Component: knowledge of the supervision literature and how clinicians develop to be skilled professionals</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> successful completion of supervision coursework successful completion of doctoral comprehensive examinations <p>Assessment Method(s):</p> <ul style="list-style-type: none"> completion of coursework comprehensive doctoral examinations 	<p>Essential Component: engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> clear articulation of how to use supervisory relationships to leverage development of supervisees and their clients <p>Assessment Method(s):</p> <ul style="list-style-type: none"> professional and peer feedback in clinical consultation groups.

C. Awareness of factors affecting quality		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: basic knowledge of and sensitivity to issues related to individual and cultural differences (i.e., the APA definition) as they apply to the supervision process and relationships</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful supervisory interactions that reflect that knowledge 	<p>Essential Component: knowledge about the impact of diversity on all professional settings and supervision participants including self as defined by APA policy; beginning knowledge of personal contribution to therapy and to supervision</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> discussion of multiple identities in case presentations and impact of these on treatment planning demonstrates knowledge of ICD literature and APA guidelines in supervision practice demonstrates awareness of role of oppression and privilege on supervision process completion of cases and supervision in practica with evidence of knowledge of relationships and contribution of beliefs and values 	<p>Essential component:: understanding of other individuals and groups and intersection dimensions of diversity in the context of supervision practice, able to engage in reflection on the role of one's self on therapy and in supervision</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstrates integration of all diversity and multiple identity aspects in conceptualization of all aspects of supervisor process with all participants (client(s), supervisee, supervisor) demonstrates adaptation of one's professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it articulates and uses diversity appropriate repertoire of skills and techniques in supervisory process evidence of identification of impact of aspects of self in therapy and supervision

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • performance in coursework • congruence judgments made by faculty, peers, and self 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • self assessment • supervisor evaluation of inclusion of ICD in case conceptualization • evaluation of case presentations on inclusion of ICD • Identification of two personal factors which influence course of therapy/supervision • case presentation with description of impact of personal factors and biases in diagnosis and treatment of a case 	<p>Assessment Method(s)</p> <ul style="list-style-type: none"> • case presentation with description of diversity, biases, and personal factors influential in diagnosis and treatment of a particular case and in supervision of that case • supervisory case presentations • supervisee targeted feedback
<p>D. Participation in Supervision Process</p>		
<p>Readiness for Practicum</p>	<p>Readiness for Internship</p>	<p>Readiness for Entry to Practice</p>
<p>Essential Component: awareness of need for straightforward, truthful, and respectful communication in supervisory relationship</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • willingness to admit errors, accept feedback 	<p>Essential Component: observation of and participation in supervisory process (e.g., peer supervision)</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • successful completion of supervision coursework • successful completion of doctoral comprehensive examinations 	<p>Essential Component: able to provide supervision independently to others in routine cases</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • evidence of providing supervision to less advanced students, peers or other service providers in typical cases appropriate to the service setting.

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • faculty evaluation 	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • completion of coursework • comprehensive doctoral examinations 	<p>Assessment Method(s)</p> <ul style="list-style-type: none"> • supervisory feedback from supervisee review of video or audio of supervision session
E. Ethical and Legal Issues		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: knowledge of principles of ethical practice and basic skills in supervisory ethical decision making, knowledge of legal and regulatory issues in supervision</p>	<p>Essential Component: knowledge of and compliance with ethical/professional codes, standards and guidelines; institutional policies; laws, statutes, rules, regulations, and case law relevant to the practice of psychology and its supervision</p>	<p>Essential Component: command and application of relevant ethical, legal, and professional standards and guidelines</p>

<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstration of understanding of this knowledge (e.g., APA 2002 ethical principles; one ethical decision making model) <p>Assessment Method(s):</p> <ul style="list-style-type: none"> performance in pre-practicum coursework practicum readiness interview 	<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> supervisee behaves ethically recognition of ethical issues, dilemmas, in clinical practice brings identified ethical and legal issues to supervisor's attention <p>Assessment Method(s)</p> <ul style="list-style-type: none"> supervisor report of supervisee knowledge and recognition of ethical and legal issues in clinical material direct observation of supervisee therapy, case conferences, and behavior in supervision 	<p>Behavioral Anchor:</p> <ul style="list-style-type: none"> spontaneously and reliably identifies complex ethical and legal issues in supervision, and analyzes and proactively addresses them awareness of potential conflicts in complex ethical and legal issues that arise in supervision <p>Assessment Method(s):</p> <ul style="list-style-type: none"> evaluation of supervisor(s) self-evaluation
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II. Teaching

A. Skills

Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component: awareness of theories of learning and how they impact teaching</p> <p>Behavioral Anchor</p> <ul style="list-style-type: none"> observes differences in teaching styles and need for response to different learning skills 	<p>Essential Component: knowledge of didactic learning strategies and how to accommodate developmental and individual differences</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstrates one learning strategy demonstrates clear 	<p>Essential Component: evaluation of effectiveness of learning/teaching strategies addressing key skill sets</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> demonstrates strategy to evaluate teaching effectiveness of targeted skill sets articulation of concepts to be taught and

<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • classroom test, course completion 	<p>communication skills</p> <ul style="list-style-type: none"> • demonstrates accommodation to individual and developmental differences <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • observation and rating of peer teaching session • observation and rating of didactic teaching class 	<p>research/empirical support</p> <ul style="list-style-type: none"> • demonstrates evaluation strategy to assess learning objectives met <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • report of successful completion of teaching task • observation and rating of teaching effectiveness • review of evaluation strategy and outcomes
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Management-administration		
Managing the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
Developmental Level		
A. Leadership		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
Essential Component: not essential for pre-practicum	Essential Component: basic understanding of leadership and management.	Essential Component: demonstrate leadership skills and abilities, business knowledge, management and supervisory skills needed to develop system
	Behavioral Anchor: <ul style="list-style-type: none"> • discusses with supervisor • understands quality assurance (QA) procedures in direct delivery of services basic management of direct services, QA procedures • observes and learns from behavior of psychologists in management positions identifying responsibilities, challenges, and processes of management 	Behavioral Anchor: <ul style="list-style-type: none"> • ability to develop system for evaluating supervisees/staff/employees. • communicates appropriately to parties at all levels in the system • capable of providing direction to others within system(s) • identifies opportunities for quality improvement of DDS or OPA • identifies resources needed to develop a business plan

	<p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisory/faculty written quarterly evaluation • pass HIPAA CE module 	<p>Assessment Method(s)</p> <ul style="list-style-type: none"> • supervisory/faculty written quarterly evaluation • develops necessary materials to comply with HIPAA in DDS and/or OPA
B. Management		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
	<p>Essential Component: knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures.</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • articulates approved organizational policies and procedures <p>Assessment Method(s):</p> <ul style="list-style-type: none"> • supervisory/faculty written quarterly evaluation 	<p>Essential Component: ability to manage direct delivery of professional services</p> <p>Behavioral Anchor</p> <ul style="list-style-type: none"> • independently and regularly manages and evaluates own DDS • responds promptly to organizational demands • participates in the development of policies <p>Assessment Method(s)</p> <ul style="list-style-type: none"> • accurately documents DDS • independent evaluation of DDS by credentialing or review system (state, federal, private certification agency)

C. Effective Program Development		
Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
	<p>Essential Component: recognition of one's role in creating policy, participation in system change, and management structure.</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> discusses with supervisor and agency representative </p> <p>Assessment Method(s): <ul style="list-style-type: none"> supervisory written quarterly evaluation </p>	<p>Essential Component: awareness of principles of policy and procedures manual for OPA</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> capable of providing others with face to face and written direction </p> <p>Assessment Method(s): <ul style="list-style-type: none"> record of periodic reports of meetings with supervisees, etc. </p>

References

- American Psychological Association (2006). *Report of the APA task force on the assessment of competence in professional psychology*. Washington D.C.: Author.
- American Psychological Association (2005). *Report of the Board of Directors Work Group on the Recommendations of the Commission on Education and Training Leading to Licensure in Psychology*. Washington, D.C.: Author
- American Psychological Association (2001). *Report of the Commission on Education and Training Leading to Licensure in Psychology*. Washington, D.C.: Author
- Association of American Medical Colleges (1998, February). *Learning objectives for medical student education. Guidelines for medical schools*. Washington D.C.: Author.
- Committee on Accreditation (1996). *Guidelines and principles for accreditation of programs in professional psychology*. Washington, DC: American Psychological Association.
- Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association*, 287, 226-235.
- Hatcher, R. L. & Lassiter, K. D. (2007). Initial training in professional psychology: The Practicum Competencies Outline. *Training and Education in Professional Psychology*, 1, 49-63.

- Kaslow, N. J. (2004). Competencies in professional psychology. *American Psychologist, 59*, 774-781.
- Kaslow, N.J., Borden, K.A., Collins, F.L., Jr., Forrest, L., Illfelder-Kaye, J., Nelson, P. & Rallo, J.S. (2004). Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology. *Journal of Clinical Psychology, 60*, 699-712.
- Peterson, R.L., Peterson, D.R., Abrams, J.C. & Stricker, G. (1997). The National Council of Schools and Programs of Professional Psychology education model. *Professional Psychology: Research and Practice, 28*, 373-386.
- Roberts, M. C., Borden, K. A., & Christiansen, M. D., Lopez, S. J. (2005). Fostering a culture shift: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice, 36*, 355-361.
- Rodolfa, E. R., Bent, R. J., Eisman, E., Nelson, P. D., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*, 347-354.

Appendix A
Assessment of Competency Benchmarks Work Group Members

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