

# A Brief History of the Competency Movement in Psychology



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This paper provides a brief overview of the development and integration of competency in United States and Canadian psychology.

Early in the development of professional psychology in the United States, there was limited discussion about what constituted a competent psychologist. At the end of World War II in 1945, the U.S. Department of Veterans Affairs sought information from the American Psychological Association (APA) about educational programs that train psychologists to practice (Commission on Accreditation (CoA), 2006). Within a year, 22 programs were identified and de facto accreditation began in North America. In 1949, the Boulder conference for clinical psychology resulted in the Boulder Model of training to produce psychologists who were both scientists and practitioners (Raimy, 1950). This was the predominant model in psychology until 1973, when the Vail Model of clinical training was developed, focusing on the “practitioner-scholar” model of training (Korman, 1976). The Boulder and Vail models of training provide the primary philosophical frameworks today for the education of competent psychologists.

Likewise, in Canada, applied psychology training developed in the years after World War II, although clinical training occurred primarily at the Master’s degree level. The Couchiching Conference in 1965 endorsed a scientist practitioner model of clinical training at the doctoral level and the whole field of psychology grew exponentially in that decade (Conway, 1984). However there continued to be regional and programmatic differences in both training models and degree types throughout Canada. It wasn’t until 1984 that accreditation criteria were adopted by CPA, thus providing more standardization to the training curriculums.

At the end of World War II, psychology was not a regulated profession. In 1945 Connecticut was the first jurisdiction in the United States (Heiser, 1945) and Ontario in 1960 was the first province in Canada to develop laws to regulate the practice of psychology. Other states and provinces followed, some quickly and others more slowly, with the last state, Missouri, adopting licensure laws in 1977 and the last province, PEI in 1991. Although the mandate for all psychology boards and colleges is to license competent psychologists, currently the primary criteria employed in most jurisdictions in the United States and Canada to establish readiness to practice independently, is meeting education and hours of supervised professional experience requirements, as well as displaying foundational knowledge assessed by the EPPP, as opposed to the demonstration of specific skills in the practice of psychology.

The first major national initiative in the United States regarding the discussion of a competency model in psychology occurred in a 1986 National Council of Schools and Programs of Professional Psychology (NCSPP) (Bourg et al., 1987; Bourg, Bent, McHolland, & Stricker, 1989). Limited, but important changes in terms of the conceptualization of practice

competency (functional skills) occurred in the 1990s and early 2000s. In 1996, the APA Committee on Accreditation revised the Guidelines and Principles for Accreditation of Programs in Professional Psychology to emphasize training to competence, rather than the accumulation of supervised hours. In 1997, the Council of Counseling Psychology Training Programs and APA Division 17 created a new competency-based model for academic programs, and the 2001 Education Leadership Conference focused on developing an improved definition of the competencies psychologists should possess for independent practice.

The *Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology* conference provided a major step forward for psychology to identify the core competencies for the practice of psychology and the means of training students to function competently. One conference workgroup developed the “culture of competence” framework (Roberts et al., 2005), and a second developed a useful competency model (Rodolfa et al., 2005) called the Competency Cube.

In 2001 (amended in 2004), the psychology regulators from the Canadian provinces and territories signed an agreement of mutual recognition to facilitate the mobility of qualified psychologists between Canadian jurisdictions and the establishment of core competencies required for licensure as a psychologist. The agreement provided qualified members of the profession with access to employment opportunities nationwide. The Canadian Mutual Recognition Agreement specifies a nationally agreed upon set of competencies for psychologists. These core competencies were established through an analysis of competencies developed by the APA and CPA accreditation criteria, and a review of competencies and other requirements set forth by the provinces (Edwards, 2000). The current Canadian Psychological Association (CPA) Accreditation Standards (5<sup>th</sup> revision, 2011) have been mapped onto these competencies.

The Competency Benchmarks Workgroup (Fouad et al., 2009) expanded the Rodolfa et al. Cube model and defined 15-core competencies fundamental to the practice of psychology. The Benchmarks Competency Workgroup itself recognized that its model was overly complicated for practical use by trainers (Fouad, 2009) and developed a revised six-competency cluster model (Hatcher et al., 2013).

In 2012 in response to the evolving landscape of education and training in psychology, and to requirements from the US Department of Education, the CoA decided to thoroughly review and revise their requirements for accreditation of Doctoral, internship and post-Doctoral programs (CoA, 2012). As a result the CoA began to develop the *Standards of Accreditation for Health Service Psychology (SoA)*. These Standards go into effect in January, 2017. Part of the new SoA and the accompanying Implementing Regulations include the concepts of “discipline specific knowledge” and “profession-wide competencies.” Discipline specific knowledge refers

to the core knowledge base expected for all psychologists and profession-wide competencies refers to the areas of competence required for health service psychology.

Concomitantly, in 2010 the Association of State and Provincial Psychology Boards (ASPPB) formed a task force to begin an investigation into the possibility of developing a skills-based assessment mechanism to accompany the knowledge based exam that was already required for licensure in all jurisdictions in Canada and the United States. In 2014 ASPPB developed the ASPPB Competencies Expected at the Point of Licensure based on a practice analysis (ASPPB, 2010) and data from licensing and training communities. In early 2016, ASPPB began the process of a job task analysis to review and validate these competencies. The development of these competencies will provide the foundation for a skills based examination to be used in combination with the Examination for Professional Practice in Psychology. This skills-based exam will allow psychology boards (in the US) and colleges (in Canada) to better assess the competencies for independent practice as a psychologist.

Some of this overview was summarized from Rodolfa et al (2014). For a more complete abstract of the history of the competency movement in Psychology, please refer to Rodolfa et al (2014). For more information about the history of competencies movement, please refer to the reference list accompanying this document.

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