The EPPP Part 2

The Assessment of Skills needed for the Independent Practice of Psychology

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ASPPB

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An Overview of the Rationale for the EPPP Part 2

Assessing competence to practice independently is a critical function of psychology licensing boards and colleges throughout the United States and Canada. Competence is the integrated and habitual use of knowledge, skills, attitudes, and values in psychology. The evaluation and establishment of competence is necessary to ensure the protection of the public.

Establishing competence is the key to ensuring that a professional is capable of practicing as part of the profession safely and effectively (Rodolfa et al., 2005).

A current component of the profession's assessment of readiness for independent practice is a test of knowledge, the Examination for Professional Practice in Psychology (EPPP). The EPPP has served the profession well for over 50 years, but as the profession has moved toward embracing a culture of competence it has become clear that a standardized method to assess the skills needed to practice independently is also required. Other professions that embrace a culture of competence utilize knowledge-based and skills-based exams to determine readiness to practice independently.

Currently there are a number of educational models used to train students in the field of psychology, many of which are accredited by the American Psychological Association (APA) and the Canadian Psychological Association (CPA). The APA and CPA accreditation systems do not require a prescribed course of education and training. Rather the focus of both accreditation systems is on ensuring that the core competencies for the profession are covered as opposed to prescribing the means by which they are covered. Thus, there is diversity in how students are trained, resulting in sometimes vastly different levels of knowledge and skills in students. ASPPB values these accreditation systems, and in fact has endorsed the position that "… graduation from an APA or CPA accredited program should be a minimum requirement for doctoral level licensure for health service providers".

It should be noted that accreditation systems accredit training programs, *not* individuals. As licensing boards license individuals, it is their duty to assure the public that each individual who is licensed is competent to practice independently.

Evidence of a lack of standardization in training can be seen in the range of EPPP pass rates for APA/CPA-accredited programs, which ranges from 13% to 100% (ASPPB, 2016). Additionally, as can be seen from summary data on the APPIC Application for Psychology Internship, there is great variability in the type and quantity of practicum experiences that are required by accredited programs (APPIC, 2015, 2016). This variability in training models and experiences results in students accruing anywhere from a few hundred hours, to several thousand hours of practicum experience.

Not all academic programs, internships or post-doctoral residencies are APA/CPA accredited; thus, some individuals who become licensed have received training from programs that have not been reviewed by an external agency. Students from these academic programs

consistently underperform on the EPPP when compared to the average student from an accredited doctoral program (Lightfoot, Rodolfa & Webb, 2016). This raises questions about the effectiveness of the training provided by these programs, and suggests the importance of programs being reviewed by an external agency.

Concern regarding the reliability and validity of supervisor written assessments of trainees has been raised for years, and it has been demonstrated that supervisors tend to overestimate their supervisees' competence (e.g., Gonsalvez, 2007; Miller, Rodney, Van Rybrock & Gregory, 1988). This tendency is perhaps the result of the inherent conflict of being in gatekeeper and mentor roles simultaneously. The problem of supervisors overvaluing the competence of their supervisees led APPIC to change its format for intern letters of evaluation to encourage a more accurate evaluation of competence. APPIC requires supervisor letters to address the strengths and weaknesses of their trainees as opposed to a general statement of their performance. The issues of variability in ratings, a lack of standardization in the evaluative process, and the questionable validity of supervisor ratings make it difficult for licensing boards to attest to the competence of the psychologists they license. The EPPP Part 2 will provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice.

Critically, the profession of psychology's move towards a "culture of competence" has resulted in essential agreement among key stakeholder groups (e.g., APA's CoA, CPA's AP, ACPRO and ASPPB) regarding the necessary competencies for independent practice. This essential agreement was a necessary precondition to developing a skills examination. Lastly, the technology is now available to assess skills via a computer based examination, rather than the costlier and time-consuming examination using either real or standardized patients. Thus, ASPPB concluded that it is the optimal time to develop a **standardized** examination to assess the functional skills necessary for independent practice.

In January 2016, the Board of Directors (BOD) of the Association of State and Provincial Psychology Boards (ASPPB) approved the development of a skills-based exam. The skills exam will enhance the knowledge-based examination that is currently administered as part of the licensure process. The first part of the new and enhanced EPPP will be the knowledge-based exam, the current EPPP, and the second part will be the skills- based (functional skills) exam, the EPPP Part 2. With a test to assess skills in addition to the current test to assess knowledge, licensing boards will have available to them an *enhanced EPPP* that will offer a standardized, reliable and valid method of assessing competence.

This document provides an overview of the development of the EPPP Part 2.

Developing an Empirical Base for a Competency Model

The historical efforts of the competency movement propelled the profession of psychology forward in its development of a conceptual basis for a competencies framework. ASPPB's initial attempt to use empirical evidence to inform the development of a competency model occurred in 2009 with the work of the ASPPB Practice Analysis Task Force (PATF). In addition to the task of revalidating the knowledge domains of the EPPP, the PATF was charged with: 1) identifying and validating underlying professional competencies in psychology, and 2) identifying assessment methods that would best measure these competencies. The goal of the EPPP practice analysis is to ensure that the exam reflects the knowledge necessary for competent practice, and in doing so the public interest is protected.

A competency model was proposed by the PATF based on the data obtained from the practice analysis. The PATF then developed a survey regarding the practice competencies identified in the model, and randomly sampled 4732 licensed psychologists from across Canada and the United States. Psychologists were asked to rate and comment on the relevance to the practice of psychology, of 37 competency statements and 276 behavioral exemplars in the following clusters:

- Scientific Knowledge
- Foundational competencies
    - Evidence-based decision making/critical reasoning cluster
    - Interpersonal and cultural competence cluster
    - Professionalism/ethics cluster
- Functional competencies
    - Assessment cluster
    - Intervention/supervision/consultation cluster

Survey respondents were asked to indicate the frequency with which they performed each competency in their practice during the previous year, the degree to which each competency was critical for optimizing outcomes for clients, and the importance of each competency to their psychology practice during the previous year. Respondents were also asked to comment on the point in their development at which a psychologist should be able to demonstrate each behavioral exemplar.

The ASPPB Competency Model and results of the survey were described in the Practice Analysis Report (ASPPB, 2010) and in an article written by members of the PATF (Rodolfa et al., 2013). The full report of the Practice Analysis is available on the ASPPB web site.

In 2010, the ASPPB Board of Directors appointed a task force to investigate the possibility of developing a method to assess functional skills. The Competency Assessment Task Force (CATF) used the PATF competency model as the basis of its continued development of an ASPPB Competency Model for Licensure. It reviewed the competency model, carefully exploring the data generated in the PAFT survey and comparing the model with other competency models, including the competency model utilized in Canada that is part of the Mutual Recognition Agreement (MRA).

The CATF developed criteria to focus the model to include only those competencies and behavioral exemplars that are the most relevant and needed at the point of initial licensure. The criteria chosen were based on empirical results from the PATF study. The CATF then conducted an in-depth examination of each competency and its related behavioral exemplars, eliminating redundancies and rewording for clarity when necessary. This process resulted in a model with 6 competency clusters, 32 competencies and 97 behavioral exemplars.

Once this was completed, the CATF sought the opinions stakeholders, conducting two surveys of the revised model of competency:

CATF Regulator Survey: The CATF surveyed the ASPPB membership to determine regulators' opinions regarding whether entry-level licensees/registrants should be able to demonstrate the 97 behaviors that defined in the model, and whether these behaviors are critical to public protection.

CATF Training Director Survey: The CATF subsequently surveyed the Association of Psychology Postdoctoral and Internship Centers (APPIC) membership (internship and postdoctoral residency training directors) and APPIC subscribers (academic program directors) regarding the competency model. Helpful ratings were received about which behavioral exemplars they felt trainees were expected to demonstrate at three different developmental levels (end of internship, end of postdoctoral residency, and post-licensure).

Results of the Surveys and 2014 Competency Model

Seventy regulators from 42 jurisdictions in the United States (81%) and 6 jurisdictions in Canadian (60%) provided empirical support for the majority of the model. The data from the training director survey (N=216) substantially mirrored the results of the regulator survey, and also provided empirical support for the model. As a result of the survey feedback, the CATF made further modifications to the proposed ASPPB Competency Model and eliminated the Supervision competency. The model, *ASPPB Competencies Expected at the Point of Licensure,* was approved by the ASPPB BOD in 2014.

2016 Job Task Analysis

Another job task analysis (also known as a practice analysis) was initiated in 2016 to revalidate the knowledge base for the EPPP Part 1 and to validate the current form of the competencies model to be used to provide the blueprint for the new exam, the EPPP Part 2. The Job Task Analysis Advisory Committee with the assistance of the exam vendor (Pearson Vue) analyzed the results of survey responses received from 2736 licensed psychologists from across Canada and the USA. The responses were used to formulate the *2017 version of the ASPPB Competencies Expected at the Point of Licensure*. The respondents, all of whom were practicing psychologists rated the competencies in the model according to whether or not they are needed at the point of licensure, as well as on the criticality and utility of each. The results validate the original competency model, with the addition of a Supervision competency.   Changes were made to the structure of the original competency domains based on the data received and the feedback of the expert panel advising the job task analysis. Thus, there are different names for some of the domains in this latest iteration of the model (e.g., Professional Practice is focused on two major areas of practice - Assessment and Intervention; Systems Thinking has been broadened to include Collaboration, Consultation and Supervision). While most of the language of the competencies and behavioral exemplars was retained, some of the actual competencies and behavioral exemplars were refined, moved, clarified and updated, or deleted based on the data received. The comments below provide an overview, and Appendix A contains the updated ASPPB competency model which was empirically based on the input from these various sources. This model was approved by the ASPPB BOD in February, 2017.   A full report of the 2016 Job Task Analysis is available on the ASPPB website.

2017 ASPPB Competencies Expected of Psychologists

at the Point of Licensure

The 2017 version of the competency model contains the following competency domains:

I. **Scientific orientation**: This competency domain involves an orientation to the knowledge developed through the science of psychology, including evidence-based practice, as well as a scientific method of looking at and responding to psychological problems. This general competency also involves the knowledge of the core areas of psychology, which will not be assessed by the new competency part of the EPPP as they are currently well assessed by the Part 1 of the Examination for Professional Practice in Psychology.

2. **Assessment and Intervention:** This competency domain involves the provision of psychological assessment and intervention services to the public.

3. **Relational competence:** This competency domain includes the ability to engage in meaningful and helpful professional relationships, as well as to understand and interact appropriately in a variety of diverse cultural and social contexts. It includes the two sub-categories of diversity and relationships.

4. **Professionalism:** This competency domain includes personal competence, the ability to identify and observe the boundaries of competence and reflective practice, the ability to be self-reflective and to receive feedback from others in relationship to one's psychological activities.

5. **Ethical practice:** This competency domain involves the ability to apply both the ethical codes of the profession and the laws and regulations that govern the practice of psychology.

6. **Collaboration, Consultation, and Supervision:** This competency domain involves the ability to understand and work with individuals within broader systems and includes the skills to operate effectively and ethically within organizational structures, to collaborate with others in a cooperative, multidisciplinary manner and to effectively and ethically provide supervision to students, trainees and other professionals.

Appendix A contains a complete list of competencies and the behavioral exemplars that were identified within each competency cluster.

Comparison of Competency Models

A comparison of the competency clusters articulated in the current ASPPB Competency Model (2017), the competencies articulated in the Canadian Mutual Recognition Agreement (MRA, 2004), and the competency model contained in the APA Commission on Accreditation's (CoA) *Standards of Accreditation* (2015) is presented in Appendix B. In comparing these three models, it is clear that there is substantial overlap at the domain or cluster level of the models, as well as at the competency level. The comparison suggests that there is agreement among educators, practitioners, and regulators regarding the competencies required for the independent practice of psychology.

Assessment of Competence

Miller's Pyramid (1990) is an assessment framework that was designed for use in the assessment of practitioner clinical skills, and was developed for use by the profession of medicine. This framework was adapted by the CATF to describe the developmental process that psychologists go through as they establish the competence necessary for independent practice. The CATF's adaptation of the Pyramid provides a simple representation of the manner in which the practice competencies develop, and provides a useful rubric for their assessment. As displayed in Figure 1, the first and foundational stage in the pyramid is "KNOWS", the second is "KNOWS HOW", the third is "SHOWS HOW", and the fourth and final level is "DOES".

The EPPP Part 1 is a test of core knowledge in the profession, and in essence forms the base of the pyramid – "KNOWS." In this stage of competency development, the candidate knows information (e.g., the tenets that are part of a well-known theory of personality development), and can demonstrate this knowledge on the test. The next stage of competency development reveals that the candidate "KNOWS HOW" to do something (e.g., can state the basic procedure for administering common intelligence tests and "apply" such information to an assessment situation). The EPPP Part 2 will be able to assess many of the competencies related to the "KNOWS HOW" stage of competency development and a number of the competencies in the third stage, "SHOWS HOW", (e.g., correctly using a standard score table). Other competencies in the "SHOWS HOW" stage will need to be assessed through direct observation, either with an Objective Structured Clinical Examination (OSCE) or similar type of assessment tool, or by enhanced supervisor assessments.

It is important to stress that no single method can measure all of the competencies needed to practice psychology. Thus, the CATF discussed a number of other methods to assess a candidate's skills at each of the levels of the Pyramid. The CATF encouraged the development of enhanced competency-based supervisory evaluation forms and processes to be included in the information provided to psychology licensing boards/colleges that demonstrates the candidate's competency in terms of the "SHOWS HOW" stage.

The "DOES" stage reflects the actual practice of psychology that may be assessed in an ongoing way through practice or workplace audits. Epstein and Hundert's (2002) often quoted definition of competency sums up 'DOES" 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 (p. 226). … Competence depends on habits of mind including attentiveness, critical curiosity, self-awareness, and presence (p.228)." In the world of psychology licensing, however, assessment of the "DOES" stage remains a future endeavor.

The CATF's adapted version of Miller's Pyramid for assessing competency for licensure in psychology is shown below.

ASPPB Pyramid for the Assessment of Competence

Does
Practice
Workplace Audits

Shows How
Performance
Direct Observation
EPPP Part 2

Knows How
Integrated Knowledge & Skills
EPPP Part 2

Knows
Knowledge
EPPP

Adapted from Miller, 1990

Reviewing Methodologies to Assess Competency

Based on a review of the literature and consideration of testing methods in other professions, the two general methodologies that appeared to be the most appropriate for a skills examination were computer-based testing and in-person testing. The CATF reviewed each of the ASPPB competencies to determine how a skill might best be tested and determined that the majority of competencies could be sufficiently assessed by a computer-based, written examination. When the ASPPB Competency Model changed as a result of the 2016 Job Task Analysis, the members of the EPPP Part-2 Implementation Task Force and the ASPPB Job Task Analysis Advisory Committee reviewed each of the competencies of the revised model. Based on this review, it was again determined that the majority of the competencies could be sufficiently assessed through computer-based testing.

Computer-Based Testing Procedures

There is extensive information available in the literature about the use of innovative item types that can be administered to candidates via computer to assess competence (Parshall & Harmes, 2007, Parshall & Harmes, 2008). These innovative item types can be used to pose the "KNOWS HOW" questions and basic "SHOWS HOW" items as identified within the proposed assessment framework.

The current EPPP (now known as the EPPP Part 1) uses a multiple-choice examination format, but there are many other item type options for computer-based examinations. Such innovative item types include expanding the multiple-choice format to include a larger number of distractors or multiple correct responses, including sequencing questions (e.g., the best next steps to be taken in a series of actions). Other possibilities include fill-in-the-blank, short answer completion, or questions requiring the candidate to circle or highlight the most important information presented in a table, figure, or paragraph. Graphics and images (audio or video) and stimuli including short video vignettes with multiple serial questions can also be used. Although most commonly used as a summative evaluation of examinee's mastery of the knowledge base (as the current EPPP does), carefully developed examinations can also evaluate a number of foundational and functional competencies.

Review of Competency Assessment Procedures Used by Other Professions

A review of how other human service professions evaluate the competency of applicants for licensure revealed that typically skills examinations are utilized. Most other professions require both a test of knowledge and a test of skills in their assessment of candidate competence to practice independently. The number of examinations utilized in assessing competence varies between professions, and can be two or three separate examinations.

The first examination is most commonly a test of what the candidate "KNOWS"; the second is a "KNOWS HOW" skills test; and when there is a third examination, it is a "SHOWS HOW" examination that requires the application of "KNOWS HOW" skills when interacting with another human being, typically a standardized patient. The intent is that the EPPP Part 2 will allow for assessment at both the "KNOWS HOW" and the "SHOWS HOW" stages of competency development.

Other professions' competency examinations are consistently based on their competency models. These competency models used to assess practice readiness typically include assessment, intervention, ethics, professional behavior and interpersonal behavior, and interprofessional consultations.

There were many different models for item development described by the professions. The CATF found that the most relevant model with the most utility for the development of a Knows How/Shows How Examination is used by the Medical Council of Canada. Their documents can be obtained at http://meds.queensu.ca/assets/CDM_Guidelines_e.pdf.

The Timeline for Skills Assessment in Psychology

As one might imagine, there are many tasks involved with the development of a skills examination. The time line below outlines the exam development tasks accomplished to this point, what remains to be done, and when it will be done. From 2010-2014, ASPPB developed a competency model with significant input from psychology member boards. In 2015 ASPPB determined that developing the EPPP Part 2 was feasible, both conceptually and financially. In 2016, the competency model was tested and validated through the 2016 job task analysis project that resulted in the blueprint that will form the basis for the structure of the EPPP Part 2.   Over the next several years ASPPB will be training licensed psychologists to write items for the new exam. Both traditional item types like multiple choice questions, and innovative item types such as the use of avatars to demonstrate a targeted skill, presentation of a section of a test manual or a test protocol to use in answering questions, written vignettes with cascading questions, or questions that require ordering of information will be utilized in the new exam. During the coming years, ASPPB will develop a robust item bank, will create exam policies and procedures, and will develop multiple exam forms. ASPPB will then conduct beta testing for the new exam, and use the results of that testing to help create the final forms of the EPPP Part 2. The target date for launching the exam is January 2020.
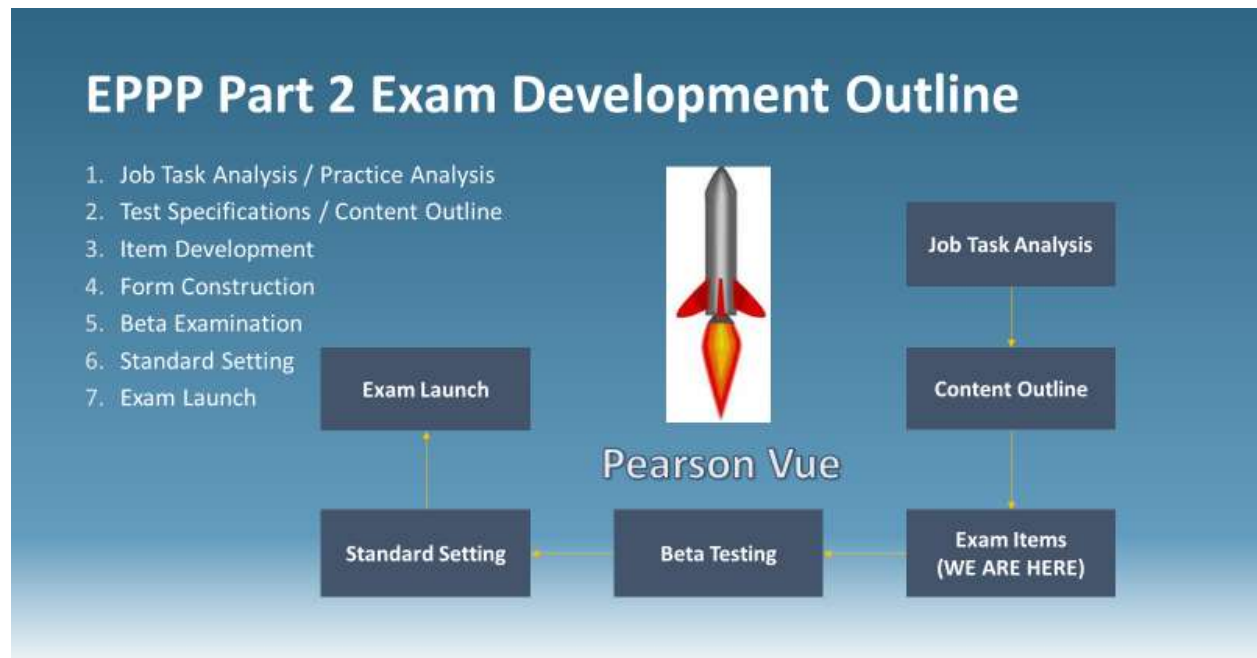
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APPENDIX A: 2017 ASPPB Competencies Expected of Psychologists at

the Point of Licensure

For ease of reading and understanding the model, the competencies are identified by the letter "C" and a number and the behavioral exemplars are identified by the letter "B" and a number.

Domain 1: Scientific Orientation

C1.   Select relevant research literature and critically review its assumptions, conceptualization, methodology, interpretation, and generalizability

   B1. Critically evaluate and apply research findings to practice, with attention to its applicability and generalizability

   B2. Interpret and communicate empirical research results in a manner that is easily understood by non-scientific audiences

C2.   Acquire and disseminate knowledge in accord with scientific and ethical principles

   B3. Critically evaluate the literature relevant to professional practice

   B4. Share psychological knowledge with diverse groups (e.g., students, colleagues, clients, other professionals, the public) within professional settings in an unbiased manner

Domain 2: Assessment and Intervention

C3.   Apply knowledge of individual and diversity characteristics in assessment and diagnosis

   B5. Integrate knowledge of client characteristics in formulating assessment questions and understanding the reason for assessment

   B6. Select assessment methods and instruments based on psychometric properties, available normed data and/or criterion-referenced standards, and address any limitations in that selection

B7.   Ensure that professional opinions, recommendations, and case formulations adequately reflect consideration of client characteristics
C4.   Demonstrate effective interviewing skills

   B8. Adapt interview questions and behaviors in light of the characteristics of the interviewer and interviewee

B9. Demonstrate flexible, empathic, and appropriate use of a broad range of interview techniques

B10. Consider contextual information (e.g., reason for assessment, possible legal or forensic considerations) in conducting an interview

C5. Administer and score instruments following current guidelines and research

B11. Administer, score, and interpret a range of commonly used standardized assessment instruments

B12. Adapt relevant guidelines in situations requiring non-standard administration, scoring, interpretation, or communication of assessment results

C6. Interpret and synthesize results from multiple sources (e.g., multiple methods of assessment, written documentation, interviewees, collateral sources of information) following current guidelines and research

B13. Interpret and integrate results from standardized tests and interviews following established guidelines and, as appropriate, multiple applicable norm sets

B14. Identify the strengths and limitations of various types of assessment data

B15. Reconcile or explain discrepancies between various sources of data and suggest alternative interpretations or explanations in light of any limitations of assessment instruments

B16. Synthesize client-specific and scientific data with contextual factors to refine working hypotheses and develop conclusions and recommendations across a range of problems

C7. Formulate and communicate diagnoses, recommendations, and/or professional opinions using relevant criteria and considering all assessment data

B17. Formulate diagnoses using current taxonomies

B18. Provide recommendations that incorporate client and contextual factors, including diagnoses

B19. Communicate assessment results to clients, referral sources, and other professionals in an integrative manner

C8. Select interventions for clients based on ongoing assessment and research evidence as well as contextual and diversity factors

B20. Conceptualize intervention or treatment on the basis of evidenced-based literature

B21. Integrate client or stakeholder opinions, preferences, readiness for change, and potential for improvement into intervention plan

C9. Apply and modify interventions based on ongoing assessment, research, contextual factors, client characteristics, and situational and environmental variables

B22. Articulate evidence-based rationale for decisions, recommendations, and opinions to clients and others as indicated

B23. Continually evaluate, modify, and assess the effectiveness of interventions, considering all relevant variables including biases and heuristics

B24. Consult with qualified peers when facing the need to modify interventions in unfamiliar situations

Domain 3: Relational Competence

C10. Integrate and apply theory, research, professional guidelines, and personal understanding about social contexts to work effectively with diverse clients

B25. Recognize, understand, and monitor the impact of one's own identities in professional situations

B26. Engage in respectful interactions with an awareness of individual, community, and organizational differences

B27. Modify one's own behavior based on self-reflection and an understanding of the impact of social, cultural, and organizational contexts

B28. Follow professional guidelines and the scientific literature, when available, for providing professional services to diverse populations

B29. Apply culturally appropriate skills, techniques, and behaviors with an appreciation of individual differences

C11. Work effectively with individuals, families, groups, communities, and/or organizations

B30. Use relational skills to engage, establish, and maintain working relationships with arrange of clients

B31. Communicate respectfully, showing empathy for others

B32. Collaborate effectively in professional interactions

C12. Demonstrate respect for others in all areas of professional practice

B33. Consider differing viewpoints held by clients and others

B34. Respond to differing viewpoints by seeking clarification to increase understanding before taking action

C13. Identify and manage interpersonal conflict between self and others

B35. Manage difficult and complex interpersonal relationships between self and other

B36. Consult with peers to examine and address one's own reactions and behavior when managing interpersonal conflict

Domain 4: Professionalism

C14. Identify and observe boundaries of competence in all areas of professional practice

B37. Identify limits of professional competence

B38. Use knowledge of professional competence to guide scope of practice

B39. Seek appropriate consultation when unsure about one's competence and additional needs for training and professional development

B40. Seek additional knowledge, training, and supervision when expanding scope of practice

B41. Update knowledge and skills relevant to psychological practice on an ongoing basis

C15. Critically evaluate one's own professional practice through self-reflection and feedback from others

B42. Engage in systematic and ongoing self-assessment and skill development

B43. Accept responsibility for one's own professional work and take appropriate corrective action if needed

B44. Maintain awareness of personal factors that may impact professional functioning

Domain 5: Ethical Practice

C16. Demonstrate and promote values and behaviors commensurate with standards of practice, including ethics codes, laws, and regulations

B45. Demonstrate integration and application of ethics codes and laws in all professional interactions

B46. Communicate ethical and legal standards in professional interactions as necessary

B47. Seek professional consultation on ethical or legal issues when needed

B48. Discuss with peers or collaborators any ethical concerns with their behavior

B49. Take appropriate Parts to resolve conflicts between laws or rules and codes of ethics in one's professional practice

C17. Accurately represent and document work performed in professional practice and scholarship

B50. Maintain complete and accurate records

B51. Report research results accurately, avoiding personal biases

B52. Ensure adequate and appropriate credit is given to trainees and collaborators in scholarship

C18. Implement ethical practice management

B53. Practice in a manner commensurate with laws, ethical standards, practice guidelines, and organizational constraints

B54. Manage billing practices in an ethical manner

C19. Establish and maintain a process that promotes ethical decision-making

B55. Systematically identify the ethical and legal issues and conflicts that occur in professional practice

B56. Consult with peers to aid in ethical decision-making when needed

B57. Proactively address identified ethical issue

Domain 6: Collaboration, Consultation, and Supervision

C20. Work effectively within organizations and systems

B58. Recognize the organizational and systemic factors that affect delivery of psychological services

B59. Utilize knowledge of organizations and systems to optimize delivery of psychological services

C21. Demonstrate interdisciplinary collaborations

B60. Collaborate with various professionals to meet client goals

C22. Consult and collaborate within and across professions

B61. Tailor consultation requests and provision of information based on knowledge of others' professional needs and viewpoints

B62. Use evidence-based psychological theories, decision-making strategies, and interventions when consulting

B63. Continually evaluate, modify, and assess the effectiveness of consultation, considering all relevant variables

C23. Evaluate service or program effectiveness across a variety of contexts

B64. Develop plans for evaluating service or program effectiveness

B65. Assess outcome effectiveness in an ongoing way

C24. Ensure supervisee compliance with policies and procedures of the setting, the profession, and the jurisdiction

B66. Provide a supervision plan that details the supervisory relationship and the policies and procedures of supervision, including procedures to manage high-risk situations

B67. Identify responsibilities of supervisees towards clients, including informed consent and supervisory status

C25. Monitor, evaluate, and accurately and sensitively communicate supervisee performance to the supervisee, the organization, and the jurisdiction as needed

B68. Regularly provide behaviorally anchored feedback about supervisee strengths and areas that need further development

B69. Assure that supervisees who are trainees practice within the scope of supervisor's competence and license

C26. Create and maintain a supportive environment in which effective supervision occurs for trainees and other professionals being supervised

B70. Attend to the interpersonal process between supervisor and supervisee

B71. Monitor possible multiple roles or conflicts of interest, and work toward resolution, if needed

2017 Comparison of Competency Models

ASPPB	MRA (Canadian)	CoA (US)
Scientific Orientation • Core Knowledge Domains	Research • Core Content Areas	Research • Discipline- Specific Knowledge (DSK)
Assessment and Intervention	Assessment and Evaluation Intervention	Assessment Intervention
Relational Competence	Interpersonal Relationships • Knowledge of Others	Individual & Cultural Diversity Communications & Interpersonal Skills
Professionalism	Interpersonal Relationships • Knowledge of Self	Professional Values, Attitudes & Behaviors
Ethical Practice	Ethics and Standards	Ethical and Legal Standards
Collaboration, Consultation and Supervision	Supervision Consultation Interpersonal Relationships • Macro-environment	Consultation & Interprofessional/Interdisciplinary Skills Supervision