

THE PRACTITIONER SCHOLAR MODEL: PROGRAM COMPETENCIES, GOALS AND OBJECTIVES

The Practitioner-Scholar Training Model

The term practitioner-scholar best describes the primary educational model at the CW Post/LIU Clinical Psychology Doctoral Program. The professional practice of psychology is the primary focus of the training program. However, this practice is informed by scholarly inquiry. All program requirements are consistent with a redefinition of a science-practice relationship that includes “the productive interaction of theory and practice in a primarily practice based approach to inquiry” (Hoshmand and Polinghorne, 1992). In addition, because our program focuses on two theoretical orientations, psychodynamic and cognitive-behavioral, our students are presented with different models of clinical knowledge. Students are encouraged to use the scientific method in clinical thinking and to critically assess their clinical practice. The program also employs a developmental training approach, where expectations of minimum competency gradually increase as students proceed through the sequence of coursework, supervised clinical practice and the completion of other requirements. The program is designed so that student’s assume increased responsibility and independence as they progress from the first year to completion

Upon completion of the program, graduates are expected to be able to function as competent and ethical psychologists providing psychological services to various individuals, groups and organizations. Graduates are also expected to have specialized knowledge and experience with at least one of three populations: people with serious and persistent mental illnesses, people with developmental disabilities and the victims of family violence. These advanced concentration areas represent one facet of our public interest mission.

The competencies promoted in the program are based on a blended version of the National Council of Schools and Programs of Professional Psychology Educational Model proposed by Peterson, Peterson, Abrams and Stricker (1997) and the Competencies in Professional Psychology model outlined by Kaslow (2004). This blended version reflects the generally accepted competencies in professional psychology training and the unique mission of the CW Post/LIU Clinical Psychology Doctoral Program. The goals and objectives determine the policies, curriculum, training experiences and environment of the program and are designed to promote foundational competencies, core competencies and specialty competencies (Kaslow, 2004). These competencies are:

Foundational

1. Ethics
2. Individual and cultural diversity,
3. Professional Development

Core

4. Research and evaluation
5. Assessment,
6. Intervention,
7. Consultation and supervision and

8. Elective concentration

This last competency takes the form of at least one of the three advanced training electives: Serious and persistent mental illness, developmental disability or family violence.

Foundational Competencies, Goals and Objectives

1. **Ethical competence** includes the following components: knowledge of ethical codes, standards and legal regulations and case law relevant to professional practice. In particular ethical behavior requires knowledge of an ethical decision making model and the ability to apply that model in the various roles enacted by a professional psychologist (Kaslow, 2004)

Goal #1: To provide a training experience so that program graduates will become professional psychologists able to exhibit ethically sound relationship skills with diverse populations.

Objective 1: Students will demonstrate the knowledge necessary to treat clients and other professionals in an ethical and legal manner.

Objective 2: Students will behave in an ethical manner when interacting with clients and other professionals.

2. **Individual and cultural diversity competence** “requires self awareness of one’s own attitudes, biases, and assumptions and knowledge about various dimensions of diversity and appropriate professional practice with persons from diverse groups” (Daniel, Roysircir, Abeles and Boyd). This can also be identified as multicultural competence. It requires an understanding of the need to consider and include individual and cultural differences in clinical work, possession of the knowledge necessary to conduct culturally competent practice and the attitudes and values consistent with such professional activities.

Goal #2: To provide a training experience so that program graduates will have the knowledge and skills to provide professional services to organizations and individuals from diverse backgrounds.

Objective 3: Students will demonstrate respect for others who represent culturally diverse backgrounds and experiences

Objective 4: Students will demonstrate the ability to integrate their knowledge of diversity into their professional practice.

Core Competencies, Goals and Objectives

1. **Research and Evaluation Competency** includes the capacity to grasp psychological inquiry and research methodology via qualitative, quantitative or theoretical study of psychological phenomena relevant to clinical issues. It includes a desire to investigate local and/or individual psychological phenomena using a systematic mode of inquiry. This competency area also involves problem identification and the acquisition and interpretation of information concerning the problem in a scientific manner.

Goal #3: To provide a training experience that presents students with knowledge, skills, and attitudes required for a scholarly approach to a) understanding the results of clinical research, b) effectively applying information from clinical research to practice, c) conducting clinically relevant research to generate new knowledge about clinical phenomena, d) and evaluating the validity and utility of their own scholarly activity. Students should be able to apply these skills to the resolution of individual and group problems of a psychological nature.

Objective 5: Students will demonstrate their understanding of quantitative and qualitative research methods as well as the case study approach to clinical questions.

Objective 6: Students will demonstrate appropriate levels of knowledge in the following content areas: Biological, developmental, cognitive-affective, social, and cultural bases of behavior, learning and the history of psychology.

Objective 7: Students will be able to evaluate and utilize research literature.

Objective 8: Students will be able to formulate a research question, write and defend a proposal, conduct the research project as proposed and communicate the purposes, procedures, outcomes, and implications orally and in writing.

2. Assessment Competence requires the ability to “describe, conceptualize, characterize, and predict relevant characteristics of a client” (Peterson, Peterson, Abrams and Stricker, 1997, p.380) This involves the development of assessment, diagnostic, and clinical interviewing skills in cognitive, personality, and behavioral domains and the ethical use of these assessment instruments and methods.

Goal #4: To provide a training experience so that program graduates will successfully employ appropriate professional assessment instruments and methodologies, including psychological tests and interview strategies. They will also be skilled in integrating and communicating their findings.

Objective 9: Students will successfully administer and evaluate instruments designed to assess cognitive functioning.

Objective 10: Students will successfully administer and evaluate personality assessment instruments.

Objective 11: Students will successfully administer and evaluate behavioral assessment methodologies.

Objective 12: Students will successfully employ interview methods for assessment purposes.

Objective 13: Students will successfully integrate and communicate information from a variety of assessment sources in developing reports and case conceptualizations.

3. Intervention Competence is expected in the following areas: Intervention skills related to psychodynamic psychotherapy, cognitive-behavioral therapy, and applied behavior analysis with children, adolescents and adults in group as well as individual formats. These skills include the formulation and conceptualization of clinical cases, the development and implementation of treatment plans, the assessment of treatment progress and outcome, the performance of treatment consistent with ethical principles and relevant legal guidelines and the ability to effectively communicate to clients the methods to be used.

Goal #5: To provide a training experience so that program graduates can successfully employ intervention approaches appropriate to the person and the situation..

Objective 14: Students will apply theory and research when formulating a plan for helping clients to resolve their interpersonal difficulties, to reduce psychological problems and to increase effective use of coping strategies.

Objective 15: Students will successfully employ at least two theoretical approaches to intervention: psychodynamic and cognitive-behavioral or applied to evaluate levels of

competence with the help of psychologists from the community who are independent of the program core faculty

4. Consultation and Supervision Competence involves “the planned collaborative interaction between the professional psychologist and one or more clients or colleagues, in relation to an identified problem area or program” (Peterson, Peterson, Abrams and Stricker, 1997, p. 380) and the capacity to exercise supervisory skills, which include knowledge of the ethical codes, laws,

regulations and values that determine an ethical approach to psychological practice. The ability to teach others to develop competent clinical intervention skills is also part of the competency.

Goal #6: To provide training experiences so that all graduates will possess the skills necessary to conduct effective clinical supervision and consultation with other professionals.

Objective 16: Students will possess the necessary skills to conduct clinical supervision and professional consultation.

5. Professional Development Competence: Peterson, Peterson, Abrams and Stricker (1997) identified relationship competence as including “a) intellectual curiosity and flexibility, b) open-mindedness, c) belief in the capacity for change in human attitudes and behavior, d) appreciation of individual and cultural diversity, e) personal integrity and f) belief in the value self-awareness.” Kaslow (2004) refers to a similar competency as professional development. The emphasis on professional development has the advantages of being more inclusive and consistent with a developmental approach to training. She includes a) “interpersonal functioning”... operationalized as “social and emotional intelligence, the capacity to relate effectively with others, developing one’s own professional approaches and persona, internalizing professional standards, seeing one’s self as a cultural being, and understanding the impact of one’s own culture on interactions with others”. b) “Critical thinking implies thinking like a psychologist, that is assuming a psychological and scientific approach to problem solving and c) “self-assessment, or the capacity for self-reflection, possessing an accurate assessment and awareness of one’s own level of knowledge and skill, and using this information to gauge one’s readiness to provide psychological services in specific areas of practice” (Kaslow 2004, pp 776-777). Students and graduates should be aware of their own biases, limitations, and distress signals and be capable and desirous of creating and maintaining safe and effective environments when providing psychological services. Our program focuses not only on the application of professional development competency with clinical populations, but also on how such change impacts on relationships with colleagues, supervisors and community professionals. In addition, an important aspect of professional development, or a central skill necessary for successful clinical practice is what Schon (1983) as described in Hoshmand and Polinghorne (1992), called “reflection-in-action”, or a “capacity to keep alive, in the midst of an action, a multiplicity of views of the situation”.

Goal #7: To provide training experiences so that all graduates will possess “emotional and social intelligence” and have the “capacity to relate effectively with others” and for “self-assessment” (Kaslow, 2004).

Objective 17: Students will demonstrate evidence of professional development as it is operationalized in Goal #7 to effectively carry out all clinical responsibilities..

Objective 18: Students will demonstrate professional development as described in Goal#7 to effectively develop and maintain successful contacts with their colleagues.

6. Specialty Competence (Elective Concentration Competence) includes the development of advanced knowledge, skills and attitudes in at least one of three elective concentration areas; serious and persistent mental illness, developmental disability or family violence.

Goal #8: To provide a training experience so that program graduates will have the knowledge, attitudes and skills to provide professional services to individuals and groups involved in serious and persistent mental illness, developmental disabilities or family violence.

Objective 19: Students will demonstrate knowledge of the theoretical and research literature in at least one of the concentration areas.

Objective 20: Students will possess advanced clinical knowledge and skills in at least one of the concentration areas.

Following successful completion of the program and all experience requirements, graduates of the program are eligible to sit for the New York State licensing examination. Each candidate should consult the Psychology Handbook (New York State Education Department, 1990) as soon as possible in order to become familiar with training and experience requirements as well as regulations and laws that relate to the independent practice of psychology. Copies of the Handbook are available in the Program Office.

The professional placement and satisfaction of our graduates are two critical outcome measures of program success. Therefore, graduates can expect to be contacted on a regular basis in order to complete program outcome evaluations which will include information about employment and professional development. The program and APA are regularly monitoring these outcome measures.