Defining Competency in Graduate Education in Psychology: With So Much Time on Our Hands, Why Is This So Difficult?

A review of

Competency-Based Education for Professional Psychology
by Mary Beth Kenkel and Roger L. Peterson (Eds.)

Reviewed by
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The length of professional education in psychology is among the most protracted of any health care profession. Psychologists spend more time in graduate education than any other health care professionals save some medical specialties, taking on average five postbaccalaureate years to complete the PsyD degree and over six years to complete the PhD; in most jurisdictions they must then complete a postdoctoral supervised year of practice before being eligible for licensure. Approximately three to four years of the PsyD or PhD curriculum are spent on the acquisition of the fundamental body of knowledge of the discipline.
In comparison, the basic scientific, clinical, and historical foundations of the medical profession are taught within the first two years of medical school, and the remainder of the medical curriculum is largely devoted to experiential learning activities. At the end of four years of graduate education, physicians in training have completed two basic science years, a year of clerkship, and a year of internship, and they are ready for licensure and completion of the residency leading to specialty practice.

Why does it take so long to acquire the fundamental skills requisite to become a clinical psychologist? One answer, of course, is the as-yet unresolved misalignment between the traditionally academic goals of graduate psychology education and the career aspirations of most students entering doctoral psychology programs, the majority of whom seek to become clinicians. Here we differ substantially from our colleagues in other health care professions, whose professional curricula make clear that the principal goal of education is to train clinicians, not educators or investigators.

A second answer, arising from but only partly dependent on the first, is that our education is unduly lengthy because we have not clearly articulated the range of competencies required to become a practicing psychologist. This argument still has some merit, although less than in previous years. A succession of efforts like Competency-Based Education for Professional Psychology have done much to lay out the skills necessary to establish the foundations of practice. But the most obvious answer is that graduate psychology education doesn’t need to be as long as current standards dictate and that much of what is now regarded as requisite in graduate school is more reflective of historical biases than it is a candid assessment of the skill set required to become a competent and safe clinician.

The essential goals of specialty education in any defined profession, be it medicine, psychology, architecture, law, or any other, are threefold: the acquisition of technical knowledge and skills necessary to practice in that field, the acquisition of a profession-specific rubric for critical thinking and decision making (what psychologists would call clinical judgment), and the acquisition of rules of comportment that define the individual as a member of a specific profession via the assimilation of codes of ethics and conduct and other tacit or explicit standards that define appropriate behavior for that profession.

If one accepts this, as well as the argument that graduate education in psychology is unnecessarily protracted, Competency-Based Education for Professional Psychology, edited by Mary Beth Kenkel and Roger Peterson, provides a good marker for the current state of graduate psychology education as well as valuable direction for those seeking to streamline the professional curriculum. It is the fifth of a series produced by the National Council of Schools and Programs of Professional Psychology (NCSPP) since the late 1980s that has offered guidance for the development of professional training programs in psychology.

Competency-Based Education for Professional Psychology is organized around the Developmental Achievement Levels (DALs) adopted by NCSPP in 2007. (The DALs were formulated to support the seven broad competencies envisioned by NCSPP to be
fundamental to psychological practice: relationship, assessment, intervention, research and evaluation, consultation and education, management and supervision, and diversity.) The bulk of the volume is devoted to separate chapters on each competence. The names of most contributors are instantly recognizable to those involved in graduate psychology education. Many have been involved with the professional school movement since its early days, though a few are from programs that would be classified as traditional.

In the chapters based on the competencies, the respective authors generally outline those competencies and their associated developmental behavioral exemplars and then suggest how these might be integrated into the curriculum, several in sufficient detail that they may serve as resources in syllabus development. Introductory chapters outline the evolution of the NCSPP training model and its application, and address the ongoing tensions between traditional psychology education and the professional school movement. Additional chapters on other training elements such as advocacy, clinical training, and mentorship complete the book.

Competency-Based Education for Professional Psychology is well organized, and for the most part chapters are well written. The chapter outlining the precepts of the local scientist–practitioner model provides one of the clearest articulations to date of this precept, vital as it is to the professional school philosophy. Several of the introductory chapters are overly brief and do not address with sufficient detail the most important issues raised by this volume.

A chapter on application of the competency model to professional psychology education enumerates some of the challenges associated with the overall assessment of academic knowledge and clinical skills acquired in graduate school. This chapter, while making mention of the valuable assessment and pedagogy “cube” introduced by Rodolfa et al. (2005), does not tackle the harder task of recommending alternatives to current assessment standards.

Mastery of didactic material may be suitably assessed via paper-and-pencil examinations, but current standards for grading clinical competence remain inadequate. Educators in psychology may do well to look at the multipartite standardized examinations used to assess both basic knowledge and clinical skills of medical students, as these recognize not only the developmental appropriateness of various forms of assessment but also that knowledge acquired in graduate education decays at differential rates. Effective assessment must be timed to acknowledge both this decay and the student’s professional development. It goes without saying that these are tasks required not only of educators in the professional school but also of any faculty members who set out to train psychologists for licensure and practice.

The major shortcoming of the book lies not in its organization or presentation but in its failure to address the ongoing dispute between traditional programs and professional schools in more systematic ways. A chapter that critically examines differences between the
goals and curricula of traditional programs and professional schools would have been valuable.

Most charitably stated, the center of the dispute between professional schools and traditional programs is that professional schools emphasize the doctor–patient relationship in the context of health care provision as the essential element of psychological practice. This view is clearly articulated in the NCSPP DALs and reiterated in the current volume. Traditional schools, on the other hand, emphasize the science of change and the acquisition of research skills required to advance this science. The student’s preparation to do research has become the most discussed aspect of this dispute, but it is essentially a corollary argument to these fundamental differences in outlook.

Acknowledgment of the fact that the clinical activities of graduates of traditional programs are identical with those of graduates of professional schools and that the generation of new knowledge via traditional research protocols is not in the portfolio of the vast majority of practicing clinicians, regardless of their training, would be a good place to start. Further acknowledgment that licensing boards are for the most part indifferent to a candidate’s capability to engage in structured research activities would also anchor the discussion.

Beyond this, what is needed is a frank reappraisal of the roles of both traditional programs and professional schools. Should traditional programs aspire to train clinicians at all, or should they become centers of research excellence for various subcomponents of the discipline? If professional schools are to become the de facto locus of training for licensed psychologists, how can they adopt a standardized curriculum that provides appropriate didactic and clinical training within a time period that is competitive with those of other health care providers? Equally important, how can they do so with the recognition that psychological practice has moved beyond the assessment and treatment of the individual?

As laid out in the current volume, the scope of inquiry of the local clinical scientist seems limited largely to clinical situations revolving around the doctor–patient relationship. As the profession evolves, the emphasis on the primacy of this relationship may be increasingly misplaced.

Kenkel and Peterson have provided us with a clear exposition of the NCSPP’s recommended competencies that should be of utility to all involved in graduate education for psychology, regardless of their affiliation with either professional schools or traditional programs. At the very least, this work should provide refutation of the dubious assertion (viz., Baker, McFall, & Shoham, 2008) that the role of science is undervalued in the professional school. The type of science education that is requisite for the training of clinical psychologists is worthy of debate, but the argument is clearly not about whether but about how much and what kind.
References
