Specialty Competencies in Clinical Psychology in a Culture of Competence

A Review of

Specialty Competencies in Clinical Psychology
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http://dx.doi.org/10.1037/a0034965

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Specialty Competencies in Clinical Psychology is the most recent textbook in the Series in Competencies in Professional Psychology published by Oxford University Press. Other texts in the series include competencies within school psychology, organizational and business-consulting psychology, geropsychology, counseling psychology, clinical child and adolescent psychology, clinical neuropsychology, couple and family psychology, forensic psychology, and group psychology.

In their introduction to the series at the beginning of the book, the series editors, Arthur Nezu and Christine Maguth Nezu, briefly describe the history of professional psychology’s focus on organizing its approach to reviewing specialties. This included the 1995 establishment of the American Psychological Association (APA) Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP), whose charge is to define criteria and then use those criteria to recommend formal recognition of specialties by the APA. In 1997 the Council on Specialties (CoS) was formed, independent of APA, to facilitate communication among those recognized specialties about specialties and education and training in those major areas of study, credentialing of individual specialists, and practice issues.

Nezu and Nezu also briefly review output of the various conferences, working groups, and task forces that have contributed to the competency movement in professional psychology. They note that this current text that is focused on competencies in clinical psychology, like the other volumes in the series, is structured around discussions of foundational and functional competencies. Then, in their first chapter, DiTomasso et al. elaborate on the history of the competency movement in professional psychology and note that foundational and functional competency focus is based on the “cube model” presented by Rodolfa et al. (2005).
Missing from the book’s general history discussion and the body of the text itself is any recognition of the first ever agreed-upon and widely accepted consistent definition of what is a “specialty” in professional psychology. That definition was jointly crafted by the CoS and CRSPPP and then voted as policy by the APA (2011). Also not mentioned is the APA (2012b) policy “Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties.” This policy specifically was designed to provide consistent terminology to be used when one is describing learning opportunities throughout the education and training sequence for any of the recognized specialties. Had DiTomasso et al. used that consistent, agreed-upon language it would have helped organize the discussions of the various competencies in clinical psychologists across levels of learning and practice as it was designed to help organize the field in general.

The authors do note that, on the basis of ongoing feedback from the field, a new competency model was developed that incorporates six clusters of competencies: professionalism, relational, science, application, education, and systems (APA, 2012c). Publication of this model was followed with the publication of rating forms to be used to concretely measure benchmarks of competencies across the stages of readiness for practicum, readiness for internship, and readiness for practice (APA, 2012a). Had the authors used the more contemporary (beyond the cube) and, as they note, “simplified” (p. 11) model, they might have streamlined the discussion and focused the text on more specific behavioral benchmarks of competencies and their measurement.

All in all, Specialty Competencies in Clinical Psychology can be read as a very nice primer that lists the various activities in which clinical psychologists engage, including some of the well-referenced history and science that underpin those day-to-day functional competencies. The difficulty with the text is that there are so many competencies described (in paragraph format) within the various activities of assessment, treatment, consultation, supervision, teaching, and science. Then, within each of those activities, various theoretical models and their theory-specific competencies are discussed as well. This leaves the reader, especially a student or earlier career psychologist, with a multitude of things to know and do without a presentation of concrete educational objectives or behavioral markers of what exactly those competencies are or how they should be measured and assessed.

For example, in a very interesting discussion of therapist characteristics, the authors review and discuss references supporting the importance of the primacy of the therapeutic relationship and cite references regarding the importance of the treatment protocol. What follows are paragraphs describing various things that must be done competently (empathy, unconditional positive regard, congruence, feedback, managing transference, and countertransference) to be a competent therapist and thus maximize positive clinical outcomes. They note, “Competent clinical psychologists are astutely aware of these factors and make efforts to address them in ways that serve their clients” (p. 190).

In their earlier discussion of the various activities that make up clinical psychological assessment, the authors provide a similarly interesting and well-referenced set of test materials, tools, and skills that clinical psychologists need to be able to use to be competent diagnosticians. They conclude this discussion stating, “Clinical psychologists who seek to provide assessment services must be prepared to meet the challenges confronting them in the daily practice of their craft. Effectiveness in assessment presupposes the possession of the critical knowledge, skills, and attitudes” (p. 41). The text provides no discussion of the
specific, measurable benchmarks of competencies that make up such knowledge, skills, and attitudes.

In their reviews of numerous models of case conceptualizations, DiTomasso et al. offer a chart listing five steps needed to provide a competent conceptualization and four or five specific activities needed for each step. These are not presented as measurable benchmarks, but they at least provide the reader with a distillation of specifics gleaned from a range of models of case conceptualizations. Similar and easy-to-interpret refinements (even charts) of the specifics within each of the various major competencies discussed would have helped the reader know what the authors believe are key (specific) activities to learn and keep current to become and remain competent.

The authors include a chapter on professional identification, a competency they believe to be important. The various historical topics that have shaped the identity of clinical psychology as a specialty are discussed, as well as the various professional activities in which individuals should engage to shape their identity as clinical psychologists, including mentoring, supervision, and administration. The authors describe the impact of various models of training (scientist–practitioner, practitioner–scholar, clinical scientist) on professional identity and discuss internecine struggles between proponents of models as threats to identity, and emphasize that clinical psychologists' identity as competent, accountable professionals depends on their documenting outcomes and responding to societal demands and the call for evidence-based practice. This is clearly important given the implementation of the Patient Protection and Affordable Care Act (2010) and its call for accountability throughout the entire health care system (Rozensky, 2012).

DiTomasso et al. conclude their review of competencies in clinical psychology by noting, "Professional identification as a clinical psychologist embodies a keen awareness of the relevant knowledge base in the specialty, sharpened skills in the application of this knowledge, and an overarching framework of attitude and values that support professional development" (p. 276). This is an undeniable and easily supportable call for a competent profession and specialty, and Specialty Competencies in Clinical Psychology is a very good compendium of issues, activities, and references that describe a range of things to do (competencies) in clinical psychology.

The book would have been even more useful to students, early career psychologists, and those educators preparing the next generation of competent psychologists had the authors devoted more space to what Hatcher et al. (2013) have described as the “next step in moving to a culture of competence” (p. 84) in contemporary health care. That step includes presenting “a set of tools and processes that can help bring this culture to life in practical reality” by including “usable, practical instrument[s] for assessing competence in everyday educational practice” (Hatcher et al., 2013, p. 84).

References


