



## Saskatchewan College of Psychologists

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**\*\*Comments from members using this version that are received by April 15, 2005 will be included in experience based revision\*\***

## **Applicant's Self-Report of MRA Competencies<sup>1</sup>**

### **Instructions for Applicants Completing this Self Report**

**Note to Applicants and Supervisors:** An electronic version of this document may be acquired from the SCP office in Microsoft Word format. This will allow editing for those who wish to add additional space to provide detail regarding sources of advanced level of competence (see below). It will also allow deletion of unused source of competence description space for those wishing added clarity and neatness in the final document submitted to SCP.

### **The Place of the Self-Report Form in the Sequence of Registration for SCP**

1. This Self-Report Form is to be completed by applicants as part of documenting their competencies prior to admission to being granted a "Provisional" licence. All applicants who are not already MRA eligible because of registration elsewhere in Canada should complete the Self-Report.
2. The applicant should provide three references. The referees, (two of whom must be registered psychologists or academic psychologists who know the candidate's work, one of whom may be another professional who knows the applicant's work) should read the applicant's self report and attest to its accuracy. They should also complete the SCP MRA Reference Form, which is a companion document confirming MRA competency status at point of application. These are necessary but not complete steps in initial registration. (See the SCP "Information for Applicants" Handbook for a complete list and discussion of requirements).
3. Applicants who have not already completed their 1500 hours of supervised post degree work will provide the Self-Report Form to their supervisors. This will, with the MRA Appendix A qualifications, form the basis for developing the goals and objectives of supervision.
4. At the 750 hour or half-way stage, primary supervisors are asked to submit a "MRA Rating Form" for the applicant, documenting progress.
5. At the end of supervision, supervisors will submit an "MRA Rating Form" rating and documenting the applicant's MRA competence.

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<sup>1</sup> Modified with consent and thanks to the Ontario College of Psychologists. Original document *Report on Practicum Competencies* developed by The Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup - by Robert L. Hatcher, Ph.D. & Kim Dudley Lassiter, Ph.D.

6. On this occasion the supervisor, not the applicant, will complete the form. This will reflect the supervisor's views upon completion of the work experience. This will document progress during 1500 supervised hours. The supervisor should review the Self-Report Form completed at the beginning of supervision by the applicant, at various points throughout supervision. At the end of supervision, the supervisor should rate the applicant on each item making any comments required in the spaces provided. These, and the MRA Rating Form completed at the end of supervision by the supervisor, represent the supervisor's report of the applicant's competence to the SCP.

(Note that if one of the supervisors is APE qualified, an APE Rating Form is likely to be filed by the supervisor, at the end of the Supervision Plan, if included in the Plan. (See "Information for Applicants" Handbook for details).

### **Structure of the Applicant Self-Report Rating Form**

The Self-Report Form is divided into 3 sections:

1. SECTION 1 - A statement of purposes and aims in presenting this report, concluding.
2. SECTION 2 - Rating lists of competencies expected for entry to independent practice.

The lists of competencies for rating are to be completed by applicants prior to receipt of a "Provisional" licence. Detailed descriptions are provided to guide their referees. The same lists are used by supervisors at the end of supervision to show progress and applicant proficiency. The rating descriptors to be used for all the competencies (Novice to Expert) are defined near the beginning of Section 2 (immediately above the first set of competencies to be rated).

**The rating lists of competencies, (section 2) should be separated from sections 1 and 3 as a stand-alone report and returned to the SCP office after completion. This occurs twice: firstly, prior to registration (completed by the applicant), and secondly, at the end of the 1500 hour supervised work experience (completed by the primary supervisor). Because the form stands alone *PUT THE NAME OF THE APPLICANT AND DATE ON IT, AND ON THE SECOND OCCASION, ALSO THE NAME OF THE SUPERVISOR.***

3. SECTION 3 – A statement regarding the acquisition of competence and a conceptualisation of practice competency. General and orienting comments on competencies and advice for applicants who have already completed the 1500-hour required post professional degree work experience prior to application to SCP.

## SECTION 1: PURPOSES AND AIMS FOR THIS DOCUMENT

### Aims for this document:

1. To assemble and organise descriptions of currently identified core competencies for the professional psychologist.
2. To characterise the level of competency expected by the end of practical training, prior to beginning internship.
3. To allow new applicants for membership in SCP to undertake a self report of their competencies, which, when confirmed by three referees on SCP forms, will become a significant element in the granting of Provisional registration or full registration.
4. To provide a description of core competencies for use in developing a "Supervision Plan" for Provisional members undertaking 1500 hours of supervised work experience.

### Potential uses for this document:

1. To allow an applicant to SCP to develop a base line description of his or her competencies already attained prior to beginning of supervised work experience or internship involvement. Reproducing the competencies listed in section 2 and placing a letter representing one of the five described competence levels against each described competency on the list does this. **Note that applicant accuracy is the goal. Applicants are not to feel that all of the knowledge and skills intended to be mastered under supervision need to be claimed as proficient prior to their acquisition.**
2. Assist in developing supervised work experience and internship training programs by defining competency goals.
3. Assist in communication between supervised settings and sites, graduate programs and SCP regarding training goals.
4. Develop competency assessments for SCP applicants undertaking supervised practice training.
5. Provide a basis for evaluating outcomes for supervised work or internship training programs, and work experience supervisors.
6. Stimulate thinking concerning competency goals for more advanced training.

### Scope and applicability of this document:

1. The Applicant Self-Report Form covers an extensive set of competencies endorsed by various groups in professional psychology as required for a fully competent psychologist.
2. The intent of the competency set is to cover the *Core Competencies* summarised in Appendix A of the *Mutual Recognition Agreement June 2001*. SCP is a signatory to the Mutual Recognition Agreement. Acquisition and demonstration of these competencies is a condition for membership. Further, these competencies are preliminary to full practice recognition for the general practice of Psychology in Saskatchewan and the other nine provinces and one territory that signed the MRA.
3. SCP recognises that professional psychology in Canada has not endorsed a list of competencies regarded as essential for the fully competent professional psychologist. Thus, it is likely that graduate programs will select a subset of the competencies listed below that reflect the thrust of their goals.
4. These competencies are, however, an expectation which applicants shall be prepared to achieve for purposes of registration. The list may be modified from time to time. It stands, until modified, as a list for SCP applicant's initial self-description. It facilitates achieving recognition in Saskatchewan for the independent general practice of psychology.

## **SECTION 2: PROPOSED PRACTICE COMPETENCIES FOR APPLICANT SELF ANALYSIS AND SUBSEQUENT SUPERVISED PRACTICE GUIDANCE – DRAFT VERSION AUGUST 2004**

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Name of Applicant to SCP

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Date Completed

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Name and Title of Person Completing Form (please print)

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Signature and SCP Registration Number if Completed by Supervisor

### **A. BASELINE COMPETENCIES: SKILLS, ATTITUDES AND KNOWLEDGE (applicants should possess these at the Novice level prior to their practice training experience)**

Before beginning practical supervised training the applicant should possess:

- (i) Foundational Knowledge in the discipline of psychology - as defined under the MRA revision (July 1, 2004);
- (ii) A further set of basic personal and intellectual skills, attitudes and values, and a core of professional knowledge. This additional core practice knowledge, and, these skills, attitudes and values are baseline competencies of the professional psychologist. The work of subsequent supervised training is to shape and refine these baseline skills into professional skills.

### **B. DESCRIPTIONS OF CATEGORIES FOR RATING COMPETENCE**

Applicants use the five categories or levels of competence listed and described below, Novice, Intermediate, Advanced, Proficient, and Expert, to rate their competence at point of application to SCP. Supervisors use the same categories to rate applicants at the conclusion of supervision.

1. **Novice (N):** Novices have limited knowledge and understanding of (a) how to analyse problems and of (b) intervention skills and the processes and techniques of implementing them. They learn general principles or specific techniques to use, but the "novice" brings a level of experience that limits the flexible use of these skills. Novices do not yet recognise patterns, and do not differentiate well between important and unimportant details. They have incomplete understandings of how, for example, a given client or patient may move from where he/she is to a place of better functioning.

2. **Intermediate (I):** At the intermediate level of competence, individuals will have coped with enough real situations to recognise some important recurring meaningful situational components, based on prior experience in supervised practice. Generalization of diagnostic and intervention skills to new situations and new clients or patients is limited, and they need support to guide their performance.
3. **Advanced (A).** At the advanced level, the individual can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the individual at this level of competence, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem (including review of scholarly and research literature as needed). The conscious, deliberate planning that is characteristic of this skill level helps the individual to achieve efficiency and organisation. At this level, the individual is less flexible in these areas than the individual at the next level of competence, but does have a sense of mastery and the ability to cope with and manage many contingencies of applied work. Recognition of overall patterns, of a set of possible diagnoses and/or treatment processes and outcomes for a given case, are taking shape.
4. **Proficient. (P)** The individual at the proficient level perceives situations as wholes rather than in terms of chopped up parts or aspects. They understand a situation as a whole because they perceive its meaning in terms of longer-term goals. They have learned to anticipate from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient individual can recognise when the expected normal picture does not present, and take steps to address these situations (including seeking supervision, reviewing research literature). This holistic understanding improves the individual's decision making. The process of decision making is more established, comprehensive, and automatic, while at the same time the individual has a well established awareness of the elements needed in a given context and any critical gaps in information that may not be readily evident to others.
5. **Expert. (E)** The expert no longer relies on an analytic principle (rule, guideline, or maxim) to connect her understanding of the situation to an appropriate action. The individual possesses a solid background of experience. She now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a broad and clear understanding of the total situation. This is not to say that the expert never uses analytic tools. Highly skilled analytic ability is necessary for those situations with which the psychologist has had no previous experience. Analytic tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviours are not occurring as expected. When alternative perspectives are not available to the clinician, the only way out of a wrong grasp of the problem is by using analytic problem solving. It would be rare, but not impossible, for a Provisional licence professional to reach expert status while seeking registration. This would be more typical of applicants with extensive experience in foreign jurisdictions than for newly graduated applicants. Since life experience and the educational ladder are correlated, but not perfectly, it would be possible to find expertise in the repertoire a supervised member.

An assumption made in preparing the *MRA Self-Report form* is that a psychologist at the beginning of his or her career usually will not have obtained a level of competence above that of a “novice” practitioner. In rare circumstances, Provisional members with previous work experience in the helping professions may have obtained some overlapping skills that would reasonably allow them to claim competence at a slightly higher level than “novice”. The competency levels were developed by a Task Force of Internship Supervisors (see the reference at the bottom of the first page of the *Self Report*). They were based on Task Force Member observations and opinions regarding expected and reasonable competence of psychology interns at the end of 2 years (3000 hours or more) of richly supervised practice of psychology. Thus, it is viewed as unlikely that after 1 year or 1500 hours of supervised work experience a Provisional member will be rated as “proficient” or higher. The small letters after some competencies are, therefore, provided as an expected entry for external Full Practice candidates. The upper levels, those above even the two year expectation, are provided to allow experience above the two year expectation - a range allowing documentation of career experience, and. The upper levels are not expected or acceptable applicant self ratings rating at the beginning of an initial period of supervised work experience, nor are they the expected rating at the end of the 1500 hours of supervised work experience.

## 1. Personality Characteristics, Intellectual and Personal Skills

Rating list of personality characteristics and personal skills	Self Rated Level of Competence - Circle the one which most applies to you now
i) Interpersonal skills: ability to listen and be empathic with others; respect for/interest in others' cultures, experiences, values, points of view, goals, desires, fears, etc. These skills include verbal as well as non-verbal domains. An interpersonal skill of special relevance is the ability to be open to feedback.	N I A P E
ii) Cognitive skills: problem-solving ability, critical thinking, organised reasoning, intellectual curiosity and flexibility.	N I A P E
iii) Affective skills: affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.	N I A P E
iv) Personality/Attitudes: desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behaviour; personal courage.	N I A P E
v) Expressive skills: ability to communicate one's ideas, feelings and information in verbal, non-verbal and written forms.	N I A P E
vi) Reflective skills: ability to examine and consider one's personal motives, attitudes, behaviours and one's effect on others.	N I A P E
vii) Personal skills: personal organisation, personal hygiene, and appropriate dress.	N I A P E

## 2. Knowledge from Classroom Experience

The supervised practice experience will engage and develop skills and knowledge that have been the focus of pre-practice course work. Prior to supervised practice training, applicants should have acquired basic theoretical and research knowledge related to diagnosis, assessment and intervention; diversity; ethics; and skills in seeking out and applying research knowledge in the clinical setting. Supervised practice applicants should possess sufficient mastery of basic information and skills to prepare them to make good use of the practice experience. Some course work may occur concurrently with practice, but care must be taken to be sure that the practice does not demand knowledge that the applicant does not yet possess. This may be a matter for negotiation between practice sites and the graduate program. Early course work should provide sufficient training in the following specific areas:

### a) Assessment & Clinical Interviewing

Rating list of knowledge gained from classroom	Self Rated Level of Competence - Circle the one which most applies to you now
i) Knowledge regarding Psychopathology related to the population(s) served by the practice sites.	N I A P E
ii) Knowledge of scientific, theoretical, empirical and contextual bases of psychological assessment.	N I A P E
iii) Knowledge of test construction, validity, score reliability and related assessment psychometrics.	N I A P E
iv) Training in principles and practice of systematic administration, data-gathering and interpretation for assessment, including identifying problems, formulating diagnoses, goals and case conceptualisations; understanding the relationship between assessment and intervention, assessment of treatment progress and outcome.	N I A P E
v) Training in the models and techniques of clinical interviewing.	N I A P E

**Sources for Claimed Knowledge above the Novice Level - Assessment & clinical interviewing (table listed above)**

**Note:** Space for one course per topic is provided. If some topics are rated at the novice level and some are above that level, repeat the item that is above the novice level and add the additional courses. If there are not sufficient spaces, use additional sheets and reference them to the items being supported. If knowledge was obtained from sources other than a course, it may be entered in the space provided under Brief Description in any of the competencies listed below. For this or all other competence areas or individual competencies, a separate sheet noting the knowledge and detailing the source may be added. In the case of any added paper, please be careful to provide easily decoded reference to the competence or item being elaborated or described, for the sake of readers attempting to appreciate your claimed competence.

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		



**b) Intervention**

<b>Rating list of intervention skills</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Knowledge of scientific, theoretical, empirical and contextual bases of intervention.	N I A P E
ii) Training in basic clinical skills, such as empathic listening, framing problems, etc.	N I A P E
iii) Training in assessment of treatment progress and outcome.	N I A P E

**Sources for Claimed Knowledge above the Novice Level - Intervention Skills (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**c) Ethical & Legal**

<b>Rating list of ethical and legal competencies</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Principles of ethical practice and decision making (CPA Ethics Code)	N I A P E
ii) Legal knowledge related to the practice of psychology Federal (e.g., HIPA, PIPEDA, Provincial law)	N I A P E
iii) Individual and Cultural Difference (ICD)	N I A P E
iv) Knowledge and understanding of the principles and findings related to ICD as they apply to professional psychology.	N I A P E

v) Understanding of one's own situation (e.g., one's ethnic/racial, socio-economic, gender, sexual orientation; one's attitudes towards diverse others) relative to the dimensions of ICD (e.g., class, race, physical disability etc.).	N I A P E
vi) Understanding of the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, and relationships with colleagues, etc.).	N I A P E

**Sources for Claimed Knowledge Above the Novice Level – Ethical and Legal Competencies (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE:		
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**C. DESCRIPTION OF SKILLS LEADING TO COMPETENCIES THAT ARE DEVELOPED DURING THE PRACTICE EXPERIENCE/COMPLETED WORK EXPERIENCE (competence level expected by the completion of practice is indicated in brackets in the left-hand column) PLEASE NOTE: the ratings in this section are also expected for applicants who are presenting with a completed work experience from other jurisdictions. If they are not MRA eligible from another Canadian jurisdiction SCP must assess them for MRA eligibility. It is included because some new Saskatchewan applicants are exceptionally sophisticated when first presenting for work experience.**

The entire self-appraisal document is intended to serve as a guide for the work experience process for those who require supervision. The descriptions look at the expectations for performance at the end, not the beginning, of the supervised work or internship experience. An average rated performance between A and P for each subsection is expected by the time the member achieves full practice. Because most provinces expect a pre and a post degree period of 1500 hours, to be compliant there is an expectation that applicants in Saskatchewan will have to achieve more in less time prior to achieving an independent practice level. Continued professional growth is expected after the completion of the 1500 hour supervised work experience, both prior to final oral examination and full practice registration is achieved and after. While the expected level of professional function at the end of 1500 hours of supervision is indicated for each item by a letter in brackets, achievement of higher levels would be very welcome.

### 1. Relationship/Interpersonal Skills

The ability to form and maintain productive relationships with others is a cornerstone of professional psychology. Productive relationships are respectful, supportive, professional and ethical. Professional psychologists should possess these basic competencies when they first begin their clinical training. Although the ability to form such relationships is grounded in basic skills that applicants will have developed over the course of their lives to date, helping the applicants that hone and refine these abilities into professional competencies in the clinical setting are a key aim of the practice training. In particular, the practice training seeks to enhance applicant's skills in forming relationships:

#### a) With Patients/Clients/Families:

<b>Rating list of interpersonal skills with patients and/or families</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>				
i) Ability to take a respectful, helpful professional approach to patients/clients/families. (A)	N	I	A	P	E
ii) Ability to form a working alliance. (I)	N	I	A	P	E
iii) Ability to deal with conflict, negotiate differences (I)	N	I	A	P	E
iv) Ability to understand and maintain appropriate professional boundaries. (I)	N	I	A	P	E

**Sources for Claimed Skills Above the Novice Level – Interpersonal Skills With Patients and/or Families (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents OR Experience Content (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents of experience (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents of experience (Below):
Year Taken		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**b) With Colleagues:**

<b>Rating list of interpersonal skills with colleagues</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>				
i) Ability to work collegially with fellow professionals. (A)	N	I	A	P	E
ii) Ability to support others and their work and to gain support for one's own work. (I)	N	I	A	P	E
iii) Ability to provide helpful feedback to peers and receive such feedback openly, avoiding defensiveness, from peers. (I)	N	I	A	P	E

**Sources for Claimed Skills above the Novice Level – Interpersonal Skills with Colleagues (above table)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents OR Experience Content (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents of experience (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**c) With Supervisors:**

Rating list of interpersonal skills in dealing with supervision and with supervisors	Self Rated Level of Competence - Circle the one which most applies to you now
i) Ability to work collaboratively with the supervisor. Collaboration means understanding, sharing and working by a set of common goals for supervision. Many of these goals will change as the applicant gains professional competence, although a core goal, of working co-operatively to enhance the applicant's skills as a clinician, will remain constant. It is this aspect of collaboration that is expected to be at the "A" level by the end of practice training. Competencies ii & iii below may be considered aspects of collaboration with the supervisor. (A)	N I A P E
ii) (Completed Work Experience) Ability to prepare for supervision. (A)	N I A P E
iii) Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and dependency on supervisors. (A)	N I A P E
iv) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgement as to when supervisory input is necessary. (I)	N I A P E

**Sources for Claimed Skills above the Novice Level – Interpersonal Skills in Dealing with the Supervisor and Supervision (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents OR Experience Content (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
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Institution		Brief Description of Course Contents of experience (Below):
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Institution		Brief Description of Course Contents (Below):
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Course Number:		
No. of Credits:		
Hours per Week:		

**d) With Support Staff:**

<b>Rating list of interpersonal skills in dealing with support staff</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Ability to be respectful of support staff roles and persons. (A)	N I A P E

**Sources for Claimed Skills above the Novice Level – Interpersonal Skills in Dealing with Support Staff (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
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Institution		Brief Description of Course Contents (Below):
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No. of Credits:		
Hours per Week:		

**e) With Teams for Provision of Services:**

<b>Rating list of interpersonal skills in dealing with teams to provide service</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Ability to participate fully in team's work. (A)	N I A P E
ii) Ability to understand and observe team's operating procedures. (I)	N I A P E

**Sources for Claimed Skills above the Novice Level – Interpersonal Skills in Dealing with Teams**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
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Institution		Brief Description of Course Contents OR Experience Content (Below):
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Course Number:		
No. of Credits:		
Hours per Week:		



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Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

**f) With Community Professionals:**

<b>Rating list of interpersonal skills in dealing with community professionals</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Ability to communicate professionally and work collaboratively with community professionals. (I)	N I A P E

**Sources for Claimed Skills above the Novice Level – Interpersonal Skills in Dealing with Community Professionals (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
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Institution		Brief Description of Course Contents (Below):
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Course Number:		
No. of Credits:		
Hours per Week:		

**g) For the Supervised Practice Site Itself:**

<b>Rating list of interpersonal skills in coping within the supervised practice site itself</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>				
ii) Ability to understand and observe agency's operating procedures. (A)	N	I	A	P	E
iii) Ability to participate in furthering the work and mission of the supervised practice site. (A)	N	I	A	P	E
iii) Ability to contribute in ways that will enrich the site as a supervised practice experience for future Provisional psychologists. (A)	N	I	A	P	E

**Sources for Claimed Skills above the Novice Level – Supervised Practice Site (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
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Hours per Week:		

## 2. Skills in Application of Research

Clinical practice in all health-care fields (e.g., medicine, nursing, dentistry) is based on accumulating research results, knowledge derived from practice, and the good judgement of the clinician (see, e.g., "What is evidence-based medicine [EBM]," <http://www.hsl.unc.edu/lm/ebm/whatis.htm>). A core research knowledge base, and training in accessing and applying research knowledge to clinical practice form a core competency for psychologists.

Rating list of skills in application of research	Self Rated Level of Competence - Circle the one which most applies to you now
i) Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases. (I)	N I A P E
ii) Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc. (I)	N I A P E

### Sources for Claimed Skills above Novice Level – Skills in the Application of Research (table listed above)

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
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### 3. Psychological Assessment Skills

Psychological assessment is a fundamental competency for psychologists, and it includes comprehensive and integrated assessment, psychological testing, intervention and the evaluation of the outcome of psychological service. A foundation of knowledge and skill is needed for psychological assessment.

<b>Rating list of assessment skills and competencies expected at completion of work experience</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals couples families and groups. (I)	N I A P E
ii) Ability to use systematic approaches to gathering data to inform clinical decision-making. (I)	N I A P E
iii) Knowledge of psychometric issues and bases of assessment methods. (A)	N I A P E
iv) Ability to integrate assessment data from different sources for diagnostic purposes.	N I A P E
v) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches.	N I A P E
vi) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches. (I)	N I A P E

**Sources for Claimed Skills above the Novice Level – Psychological Assessment Skills (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
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#### 4. Intervention Skills

Intervention includes preventive, developmental and remedial interventions. Intervention and Psychological Assessment are the two fundamental operational competencies for psychologists, and they are typically the major focus of supervised practice training.

Rating list of intervention skills	Self Rated Level of Competence - Circle the one which most applies to you now
i) Ability to formulate and conceptualise cases. (I)	N I A P E
ii) Ability to plan treatments. (I)	N I A P E
iii) Ability to implement intervention skills, covering a wide range of developmental, preventive and "remedial" Interventions, including psycho-educational interventions, crisis management and psychological/psychiatric emergency situations, depending on the focus and scope of the supervised practice site. (I)	N I A P E
iv) Knowledge regarding the concept of empirically supported practice. (A)	N I A P E
v) Knowledge regarding specific empirically supported treatment methods. (I)	N I A P E
vi) Ability to apply specific empirically supported treatment methods. (I)	N I A P E
vii) Assessment of treatment progress and outcome. (I)	N I A P E
vii) Effective use of supervision to implement and enhance skills. (A)	N I A P E

**Sources for Claimed Skills above Novice Level – Intervention Skills (table listed above)**

<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
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### 5. Consultation Skills/Interdisciplinary Collaborations

The Work-group at the 2002 Competencies Conference viewed consultation as a key competency for psychologists in the 21st century, citing the importance of psychologists being able to “serve as competent and engaged consultants who bring value to a broad range of settings, contexts and systems that can benefit from skilful application [of] psychological knowledge.”

<b>Rating list of consultation skills/interdisciplinary collaboration skills</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Knowledge of the unique patient care roles of other professionals. (I)	N I A P E
ii) Ability to effectively relate to other professionals in accordance with their unique patient care roles. (I)	N I A P E
iii) Understanding of the consultant's role as an information provider to another professional who will ultimately be the patient care decision-maker. (I)	N I A P E
iv) Capacity for dialoguing with other professionals which avoids use of psychological jargon. (I)	N I A P E
v) Ability to chose an appropriate means of assessment to answer referral questions. (I)	N I A P E
vi) Ability to implement a systematic approach to data collection in a consultative role. (I)	N I A P E
vii) Consultative reports are well organised, succinct and provide useful and relevant recommendations to other professionals. (I)	N I A P E

#### **Sources for Claimed Skills above the Novice Level – Consultation Skills (table listed above)**

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<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
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Institution		Brief Description of Course Contents of experience (Below):
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## 6. Diversity – Individual and Cultural Differences

The APA Multicultural Guidelines (APA, 2003) noted that “All individuals exist in social, political, historical, and economic contexts, and psychologists are increasingly called upon to understand the influence of these contexts on individuals’ behaviour” (p. 377). Thus every competency listed in this document is thoroughly linked to matters of individual and cultural difference (ICD), including knowledge related to ICD, as well as awareness of, respect for, and appropriate action related to ICD. It is critical that applicants have or acquire prior to achieving full practice a clear understanding that culture influences the way in which clients are perceived, the way in which clients perceive the counsellor, and that culture-centred practices may be more effective than practices developed or used with only one cultural group (e.g., Canadians of European origin). Applicants require and must have or obtain an understanding of how individual and cultural differences influence clients’ recognition of a problem and appropriate solutions for that problem.

<b>Rating list of specific competency areas related to ICD considered important to identify and train applicants in demonstrating</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Knowledge of self in the context of diversity (one’s own attitudes, stimulus value, and related strengths/limitations) as one operates in the clinical setting with diverse others (i.e., knowledge of self in the diverse world). (I)	N I A P E
ii) Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic populations) (I)	N I A P E
iii) Ability to work effectively with diverse others in assessment, treatment and consultation. (I)	N I A P E

### **Sources for Claimed Skills above the Novice Level – Diversity (ICD) (table listed above)**

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## 7. Ethics

During the supervised practice, the Provisional member will build on course work in ethical practice, developing practical knowledge of ethical practice, including linkage of the CPA ethics code to behaviour and decision making in actual clinical settings. In addition, Provisional members should increase and apply their understanding of legal standards (provincial and national, e.g., HIPA) and CPA and APA practice guidelines).

Note that each of the domains described in this document is expected as a matter of course to be grounded in ethical practice. More specifically, during supervised practice training the Provisional member will work to develop the following ethical competencies:

<b>Rating list of ethical competencies to be attained by the completion on supervised work</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>				
i) Knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules, regulations and case law relevant to the practice of psychology. (I)	N	I	A	P	E
ii) Recognise and analyse ethical and legal issues across the range of professional activities in the supervised practice setting. (I)	N	I	A	P	E
iii) Recognise and understand the ethical immersions/features of his/her own attitudes and practice in the clinical setting. (I)	N	I	A	P	E
iv) Seek appropriate information and consultation when faced with ethical issues. (A)	N	I	A	P	E
v) Practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the Provisional member). (I)	N	I	A	P	E
vi) Evidence commitment to ethical practice. (A)	N	I	A	P	E

**Sources for Claimed Skills above the Novice Level – Ethics (table listed above)**

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## 8. Development of Leadership Skills

The 2001 Education Leadership Conference Practicum Competencies Work-group identified beginning training in management and leadership skills as important in professional psychology. Presumably management and leadership skills are in evidence in any organised training setting; some deliberate effort to engage Provisional members in considering and practising these skills in the supervised practice setting could foster their development. In particular, supervised practice members may gain beginning understanding and practice in leadership through leading research teams, mentoring newer Provisional members in vertical team settings, acting as Assistant Directors in clinics, participating in clinic discussions of organisational goals and policies regarding clinical, training and management activities. Note that beginning familiarity with these issues is expected at the end of the supervised practice, as indicated by the "N" or Novice level of competence in the right-hand column:

Rating list of leadership skills	Self Rated Level of Competence - Circle the one which most applies to you now
i) Recognition of one's role in creating policy, participation in system change, and management. (N)	N I A P E
ii) Understand the relationship between roles of supervisor, manager and executive. (N)	N I A P E
iii) Understand the role of leadership in management success. (N)	N I A P E
iv) Ability to identify leadership, business and management skills. (N)	N I A P E
v) Understand the purpose and process of strategic planning. (N)	N I A P E
vi) Understand the basics of financial management as it pertains to clinical service delivery. (N)	N I A P E
vii) Understand the purpose and structure of meetings and how to run them well. (N)	N I A P E
viii) Ability to self-evaluate one's skills as manager and leader. (N)	N I A P E

### Sources for claimed skills

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### 9. Supervisory Skills

Supervision is widely considered to be a core competency in professional psychology (e.g., 2002 Competencies Conference). Some of the initial groundwork for supervisory competence may be developed during the practice training, even though the core requirements for competent supervisory practice await the mastery of the other competencies listed in this document. Practice training programs are encouraged to consider how best to introduce Provisional members to this critical role. The basic groundwork that is specific to developing supervisory competency may be addressed to some extent in the practice training experience, including some exposure to the following areas. Note that beginning familiarity only with these issues is expected at the end of the practice training, as indicated by the “N” or Novice level of competence in the right-hand column:

<b>Supervisor skills expected by completion of work experience</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Knowledge of literature on supervision (e.g., models theories & research). (N)	N    I    A    P    E
ii) Knowledge concerning how clinicians develop to be skilled professionals. (N)	N    I    A    P    E
iii) Knowledge of methods and issues related to evaluating professional work, including delivering formative and summative feedback. (N)	N    I    A    P    E
iv) Knowledge of limits of one's supervisory skills. (N)	N    I    A    P    E
v) Knowledge of how supervision responds appropriately to individual and cultural differences.(N)	N    I    A    P    E

**Sources for Claimed Skills above the Novice Level – Supervisory Skills (table listed above)**

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### 10. Professional Development

Practice training is a key experience in professional development for the novice psychologist. Certain central features that characterise professional development in later professional life are a particular focus during the practice training, and serve as a foundation for continuing professional development. These can be gathered under the heading of:

#### a) Practical Skills to Maintain Effective Clinical Practice

<b>Rating list of practical skills for maintaining effective practice of psychology</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>
i) Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, and reports); arriving promptly at meetings and appointments. (A)	N I A P E
ii) Developing an organised disciplined approach to writing and maintaining notes and records. (A)	N I A P E
iii) Negotiating/managing fees and payments. (I)	N I A P E
iv) Organising and presenting case material; preparing professional reports for health care providers, agencies, etc. (I)	N I A P E
v) How to self-identify personal distress, particularly as it relates to clinical work. (I)	N I A P E
vi) How to seek and use resources that support healthy functioning when experiencing personal distress. (I)	N I A P E
vii) Organising one's day, including time for notes and records, rest and recovery etc. (I)	N I A P E



**Sources for Claimed Skills above the Novice Level – Practical Skills (table listed above)**

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**b) Professional Development Competencies**

These features may be considered to be a focal subset of a broader group of skills related to the clinician's professional development that will continue throughout the career. This broader group includes:

<b>Rating list of professional development competencies expected by completion of practice training</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>				
i) Critical thinking and analysis. (I)	N	I	A	P	E
ii) Using resources to promote effective practice (e.g., published information, input from colleagues, technological resources). (A)	N	I	A	P	E
iii) Responsibility and accountability relative to one's level of training, and seeking consultation when needed. (A)	N	I	A	P	E
iv) Time management. (I)	N	I	A	P	E
v) Self-understanding and reflection. (I)	N	I	A	P	E
vi) Self-care. (I)	N	I	A	P	E
vii) Awareness of personal identity (e.g., relative to individual and cultural differences). (I)	N	I	A	P	E
viii) Career development & professional identity (aided, for example, by attending professional development seminars, career development courses, practice job talks & interviews, etc.). (I)	N	I	A	P	E
ix) Social intelligence; ability to interact collaboratively and respectfully with other colleagues. (A)	N	I	A	P	E
x) Willingness to acknowledge and correct errors. (A)	N	I	A	P	E
xi) Ability to create and conduct an effective presentation. (I)	N	I	A	P	E

**Sources for Claimed Skills above the Novice Level – Professional Development Competencies (table listed above)**

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**c) Meta-knowledge/Meta-competencies – Skilled Learning**

The training program should help members begin on the path of reflective understanding and knowledge about their own knowledge and competencies. A broadly drawn definition characterises Meta-knowledge as knowledge about knowledge – knowing what you know and what you don't know. Meta-knowledge includes being aware of the range and limits of what you know; knowing your own intellectual strengths and weaknesses, how to use available skills and knowledge to solve a variety of tasks, how to acquire new or missing skills, or being able to judge that a task can't be done with current knowledge. Meta-competencies similarly refer to the ability to judge the availability, use and susceptibility to self-education of personal competencies. The development of Meta-knowledge and Meta-competencies depends on self-awareness, self-reflection and self-assessment (Weinert, 2001).

<b>Rating list of meta-knowledge and meta-competencies acquired to facilitate skilled learning and self teaching during and after work experience</b>	<b>Self Rated Level of Competence - Circle the one which most applies to you now</b>				
i) Knowing the extent and the limits of one's own skills; learning the habit of and skills for self-evaluation of clinical skills. (I)	N	I	A	P	E
ii) The ability to use supervision, consultation and other resources to improve and extend skills (note the related relationship competence – to work collegially and responsively with supervisors). (A)	N	I	A	P	E
iii) Knowledge of the process for extending current skills into new areas. (I)	N	I	A	P	E
iv) Commitment to life-long learning and quality improvement. (A)	N	I	A	P	E
v) Awareness of one's identity as a psychologist (Education Leadership Conference): an aspect and reflection of Meta-knowledge that is role specific, knowing what one knows and can do (and should do) as a psychologist. (I)	N	I	A	P	E

**Sources for Claimed Skills above the Novice Level – Meta-Knowledge (table listed above)**

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COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents of experience (Below):
Year Taken		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		
<b>LIST ITEM ABOVE CLAIMED AT ABOVE NOVICE LEVEL:</b>		
COURSE TITLE OR DESCRIPTION OF OTHER EXPERIENCE CLAIMED AS SOURCE OF COMPETENCE:		
⇒	⇒	<b>(Use additional Sheet if Necessary to list multiple courses and experiences)</b>
Institution		Brief Description of Course Contents (Below):
Year Taken:		
Course Number:		
No. of Credits:		
Hours per Week:		

## **SECTION 3: ACQUIRING COMPETENCE- AND A CONCEPTUALISATION OF PRACTICE COMPETENCY**

As noted above, it is important to recognise that competencies are acquired at different rates. Some competencies, such as administrative or supervisory skills, may come slowly and later in professional development. Other more basic competencies, such as timeliness, ability to use supervision, etc., may be expected and even required achievements at a fully professional level very early in the training career. These differences in trajectory are reflected in the level of competence expected at the conclusion of internship or supervised work experience. For example, in Section C.1.a.i “Ability to take a respectful, helpful professional approach to patients/clients/families” is expected to be at the Advanced, or “A” level by the end of the 1500 hour supervised experience, since these skills are basic or foundation clinical skills. In Section C.2.i the competency “Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases” may vary considerably. As a starting point prior to supervised work or internship it may be self rated NOVICE. As it is often taught in graduate practica, it may be above Novice starting. It is anticipated that this competency will be a focus of considerable attention during the supervised work experience, and move toward sophistication from the baseline during this period.

### **Individual and Cultural Difference**

A core principle behind all competencies listed in this document is awareness of, respect for, and appropriate action related to individual and cultural difference (ICD). Cultural Differences are relevant to each of the competencies described, but take a particularly large role in some. In these instances, we have made an effort to mention ICD specifically.

### **Required/Expected Number of Practice Hours**

SCP has not determined how many hours of supervised training are needed to acquire the levels of competence described in this document. We believe that the expected domains and levels of competence should be defined first, and the question of how much training is needed to achieve these levels should be determined empirically. We have set a standard expectation for supervised work.

It was found that graduate programs vary widely in how much supervised experience they provide prior to graduation. Applicants to SCP also vary widely in how much personal experience they have obtained prior to seeking Provisional registration. The original authors of this document, The Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup, experimented with estimating the level a trainee should achieve in all the areas at each step of practice training. They based their estimates on 500-hour units of supervised experience. They looked at

500 hours of supervised training (the amount recommended by the ELC Practicum Workgroup report). However, a recent survey regarding practicum training conducted with the help of ADPTC members indicates that dividing supervised training into three sets 500 hour units was not reasonable. There is large variability in the duration and intensity of practical training during graduate degree programs. Therefore the accompanying document simply indicates an estimate of the competence level we believe should be reached by the end of practice training, without specifying how many hours would be needed to achieve these levels.

## **Describing Levels of Competence**

A guiding principle for the Applicant Self Rating of Competencies about competencies was that supervised work experience should prepare the psychology applicant to make effective use of their supervision experience. The authors worked to specify the level of competence in the various skill domains that would describe beginning level skills, restricted skills, and subsequently, competence at entry to independent psychological practice. The approach assumes that supervised practice will begin only after the applicant has had a period of classroom-based preparation. SCP recognises that not all programs endorse or adhere to this

Competencies are acquired at different rates. Some competencies, such as administrative or supervisory skills, may come slowly and later in professional development. Other more basic competencies, such as timeliness, ability to use supervision, etc., are expected and/or required to be substantially attained very early in training. These differences in the rate of development are reflected in the level of competence expected at the conclusion of supervised work experience and in the oral examination offered by SCP.

One of the most widely used schemes for describing the development of competence is that of Dreyfus and Dreyfus (1986). These authors define five stages – 1) Novice, 2) Advanced Beginner, 3) Competent, 4) Proficient, and finally, 5) Expert. The Dreyfuses' paradigm (shared with a number of other writers regarding skill development and competency) is that as the learner becomes increasingly familiar with the analytic and action tasks of the field, performance becomes more integrated, flexible, efficient and skilled. Patterns and actions that have to be carefully thought about or taught by supervisors become internalised and increasingly automatic.

Keeping the terms straight when discussing competence is a challenge. Similar-sounding terms refer to different concepts. For example, "competency" refers to a skill domain (e.g., assessment); "level of competence" refers to the level of skill an individual has acquired. An example of the latter is "intermediate level of competence in assessment". Finally, "competent" may be a description of a particular level of skill (e.g., this psychologist is competent in neuropsychological assessment). For the purpose of the Self-Report of MRA Competencies form, the definitions utilized by SCP are based on Dreyfus & Dreyfus (1986) and run from Novice to Expert.