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## NATIONAL COUNCIL OF SCHOOLS OF PROFESSIONAL PSYCHOLOGY CORE CURRICULUM SURVEY

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The task of developing a core curriculum for clinical psychology has emerged as a central concern for educators. At the Mission Bay conference, the 1986–1987 midwinter meeting of the National Council of Schools of Professional Psychology (NCSPP), the conferees suggested that the essential knowledge base necessary for training in professional psychology must be integrated into a broad-based curriculum, combining knowledge with basic attitudes and skills in the science and practice of psychology (Bourg et al., 1989). In the Mission Bay resolutions, NCSPP members advocated the development of “a single competency-based core curriculum [that] integrates the scientific foundations and methodology of psychology with the discipline’s professional foundations” (Bourg et al., 1989, p. 70). This generic core curriculum should include six competency areas: relationship, assessment, intervention, research and evaluation, consultation and teaching, and management and supervision.

In this chapter, we report the results of a survey undertaken to investigate the status among member schools of the competency-based core curricula identified at Mission Bay. The survey addressed the following questions:

1. Are the six competency areas, as represented by specified program elements, present in the core curricula of member schools?

2. Are the program elements that make up the six competency areas required or elective?
3. In what format are the program elements of the curriculum presented?
4. What is the relative emphasis given to each of the program elements?
5. Are the knowledge, attitudes, and skills components taught in an integrated manner?

## Method

In the core curriculum survey, each of the six competency areas was represented and operationalized by explicit program elements. The program elements were developed from a much larger array of items derived from a review of the curricular offerings found in 15 catalogs of schools of professional psychology. These program elements consisted of specific content areas such as interviewing techniques, adult assessment, and hypothesis testing. The specific content areas might have been the equivalent of a course or might have been included within a course.

The program elements considered to be central to each of the six competency areas were addressed. Elements for Competency Area 1—relationship—were interviewing techniques, dynamics of the therapeutic relationship, culture-sensitive approaches, and ethics and the therapeutic relationship. Elements for Competency Area 2—assessment—were intelligence testing, personality testing, vocational testing, neuropsychological assessment, and child assessment (each operationalized as certain tests). Elements for Competency Area 3—intervention—were psychodynamic therapy, cognitive-behavior modification therapy, group therapy, family therapy, and crisis intervention (each operationalized as certain techniques). Elements for Competency Area 4—research and evaluation—were methodology of program evaluation, statistics, research methods and design, hypothesis testing, and program development. Elements for Competency Area 5—consultation and teaching—were occupational mental health, employee-assistance programs, stress management, and parenting and couples education. Elements for Competency Area 6—management and supervision—were techniques of supervision; administrative issues; and legal, ethical, and professional standards of practice.

A pilot survey, using the list of program elements, was constructed. The pilot survey was sent to all members of the NCSPP program-development committee, five of whom returned it with their comments. In the pilot survey, respondents were asked to report the presence of a given program element in their program; its status as a requirement, elective, or part of a special program; the format used in its presentation; and the emphasis given. Respondents were instructed to provide a numerical value for the emphasis given to each specific program element, ranging from 0, for *no emphasis*, to 5, for *high emphasis*. In addition, respondents were asked to check which, if any, of the three components (i.e., knowledge, attitudes, or skills) were present in the teaching of each program element.

The results of the pilot survey were reviewed, the core curriculum survey was revised and shortened, and the final version was sent to the 34 member schools of NCSPP. Twenty schools (59%) responded. The questionnaires were completed by either the president, the academic dean, the program director, or the director of clinical training of the responding institution.

## Selected Results

Because of space limitations, only a selected subset of the data is reported here. Readers interested in a more detailed presentation of the results should contact the authors. The results, presented by competency area, are summarized in Table 1.

**Table 1**  
Competency Areas: Representation and Emphasis in the Curriculum at NCSPP Member Institutions

Competency area	Number of schools (n = 20)		Mean emphasis
		%	0 (No emphasis) 5 (High emphasis)
<b>1. Relationship</b>			
Interviewing techniques	20	100	4.4
Dynamics of therapeutic relationships	20	100	4.8
Culture-sensitive approaches	13	65	4.2
Ethics in therapeutic relationships	20	100	4.9
<b>2. Assessment</b>			
WAIS-R	18	90	4.5
MMPI	19	95	4.5
Vocational testing	3	15	0.3
Luria-Nebraska	1	5	2.8
WISC-R	15	75	4.3
<b>3. Intervention</b>			
Transference	19	95	4.3
Systematic desensitization	15	75	2.9
Interpersonal transactions	9	45	3.1
Assessment of family systems	8	40	3.5
Crisis-assessment procedures	10	50	2.4
<b>4. Research and evaluation</b>			
Method program evaluation and evaluation research	11	55	2.8
Hypothesis testing	19	95	3.9
Program development	5	25	1.8
<b>5. Consultation and teaching</b>			
Occupational mental health	1	5	1.0
Employee-assistance programs	0	0	0.2
Stress management	6	30	2.3
Parenting and couples education	0	0	0.8
<b>6. Management and supervision</b>			
Techniques of supervision	3	15	1.7
Administrative issues	0	0	0.6
Legal, ethical, and professional standards	15	75	2.8

Note. NCSPP = National Council of Schools of Professional Psychology; WAIS-R = Wechsler Adult Intelligence Scale-Revised; MMPI = Minnesota Multiphasic Personality Inventory; WISC-R = Wechsler Intelligence Scale for Children-Revised.

### **Competency Area 1: Relationship**

All respondent schools required the study of interviewing techniques as well as study of dynamics of the therapeutic relationship. Sixty-five percent of the respondents required study of culture-sensitive approaches. All respondents required study of ethics in the therapeutic relationship. These program elements were taught in a variety of formats, including lectures, seminars, and field placements. As expected, the mean emphases for the three program elements that were required by all the respondents was very high (between 4.4 and 4.9). The mean emphasis for culture-sensitive approaches was only modestly lower (4.2).

### **Competency Area 2: Assessment**

Intelligence testing, operationalized as the study of the Wechsler Adult Intelligence Scale-Revised, was required in 90% of the schools. Personality testing, operationalized as the study of the Minnesota Multiphasic Personality Inventory (MMPI), was required by 95% of the respondents. Only 15% required the study of vocational testing, whereas an additional 15% offered vocational testing as an elective. Neuropsychological assessment, operationalized as the study of the Luria-Nebraska Neuropsychological Battery, was required for all students by only one (5%) respondent. However, 20% of the respondents required it as part of a special program, and 45% offered it as an elective. Child assessment, operationalized as the study of the Wechsler Intelligence Scale for Children-Revised, was required by 75% and offered as an elective by the other 25%. Assessment was taught most frequently in field placements in conjunction with lectures, seminars, and special projects. Intelligence testing, personality testing, and child assessment all had high mean emphases scores (4.2 or higher). Neuropsychological assessment was in the midrange at 2.8.

### **Competency Area 3: Intervention**

Psychodynamic intervention, operationalized as the study of transference, was required by 95% of the respondents. Cognitive-behavioral modification therapy, operationalized as the study of systematic desensitization, was required by 75% and was offered as an elective by 10% of the respondents. Group therapy, operationalized as the study of interpersonal transactions in groups, was required by 45% of the respondents and offered as an elective by an additional 35%. Family therapy, operationalized as the study of assessment and diagnosis of family systems, was required of all students by 40% of the responding schools, and it was required of students in special programs by 25% of the respondents. Crisis intervention, operationalized as the study of crisis intake and assessment procedures, was required by 50% of the respondents and offered as an elective by another 25%. The various intervention techniques were taught primarily in lectures and seminars and secondarily in field placements and in special projects.

### **Competency Area 4: Research and Evaluation**

Program development was required by 25% of the respondents and was offered

as an elective by 20%. Methodology of program evaluation was required by 55% of the respondents and was offered as an elective by 10% more. Research methods and design, operationalized as the study of hypothesis testing, was required by 95% of the respondents. Both research and evaluation were presented primarily in a lecture or seminar format; occasionally they were presented in a special project. All items in this competency had mean emphases of 3.9 or lower; Program development had an emphasis rating of 1.8; program evaluation, 2.8; and hypothesis testing, 3.9.

#### **Competency Area 5: Consultation and Teaching**

The study of occupational mental health was required by a single respondent and was offered as an elective by 35% of the respondents. The study of employee-assistance programs was not required by any respondents, but was offered as an elective by 20%. Thirty percent of the respondents indicated that stress management was a requirement for all students; at 10% of the responding programs, only students in special programs were required to study stress management. Twenty percent offered it as an elective. Parenting and couples education was not required by any respondent and was offered as an elective by 25% of the programs. These elements are presented to the students in their field placements, special projects, and lectures. The emphasis rating for these areas was relatively low, ranging from 0.2 to 2.3.

#### **Competency Area 6: Management and Supervision**

The study of techniques of supervision was required by 15% of the respondents and was offered as an elective by an additional 35%. The study of administrative issues was not required by any respondents, but was offered as an elective by 25%. Although earlier data indicated that all programs taught ethics, the study of legal, ethical, and professional standards of practice was specifically required by 75% of the respondents and was offered as an elective by one (5%). The techniques of supervision and administrative issues were presented to students primarily in field placements and special projects. Legal, ethical, and professional standards were presented to students in lectures, seminars, and special projects. In spite of their ubiquity, the techniques of supervision had an emphasis rating of 1.7; administrative issues, 0.6; legal, ethical, and professional standards of practice, 2.8.

Typically, the respondents checked all three components (knowledge, attitudes, and skills) if they taught a program element. For example, in almost every case, the respondents who reported teaching knowledge of an element also reported teaching attitudes and skills. Respondents differed, however, on the delivery of the program elements in terms of (a) requirements, (b) particular formats used, and (c) emphasis.

### **Discussion**

The data from the core curriculum survey indicated that the six competency areas recommended by NCSPP for the training of psychologists (Bourg et al., 1989) were present in the core curricula of the member schools. However, the six areas were neither represented equally nor emphasized equally in core curricula.

With respect to emphasis, there was variation across and within the six competency areas. Across the competency areas, more program elements were offered and were required in the relationship, assessment, intervention, and research and evaluation competencies than in the consultation and teaching or the management and supervision competencies. Furthermore, there was greater consistency among respondent schools concerning program elements in the relationship, assessment, intervention, and research and evaluation competencies.

At this time, as might be expected, the newer consultation and teaching and the management and supervision competencies have received less emphasis in the core curriculum. They often were viewed by respondent schools as elective rather than required material. These emerging areas of practice offer new and creative opportunities for curriculum development.

There was considerable variation among respondent schools, vis-à-vis specific program elements, within each competency area. In the assessment competency, for example, study of the MMPI, which was strongly emphasized at most schools, was not even offered at 1 school and was only moderately emphasized at 3 schools. Vocational testing, which was not offered at most schools, was moderately emphasized at 1 school.

The variation in emphasis was greater within the consultation and teaching competency area and within the management and supervision competency area than the other competency areas. Stress management was highly emphasized by one half of the responding programs and was not emphasized at all by the others. Techniques of supervision were also moderately to highly emphasized by one half of the sample and were not emphasized at all by the remainder. Even a program element presumably as fundamental as legal, ethical, and professional standards of practice was not emphasized in slightly less than one third of the sample.

Participants at the NCSPP Mission Bay conference advocated the use of a wide variety of formats in the education and training of professional psychologists. The data from the core curriculum survey indicated that the 20 respondent schools were in fact making use of a wide variety of learning formats, that is, lectures, seminars, field placements (both at the practicum and at the internship level), and special projects.

In response to the survey questions about integration of knowledge, attitudes, and skills components, the member school respondents indicated that such integration was present in the core curricula. Schools offering students knowledge in a particular area also reported providing training in attitudes and in skills. According to this survey, the values that are critically important to responsible clinical practice have been integrated into the core curriculum.

Some caution is appropriate in generalizing from this study. Operationalizing the competency-area elements certainly makes reliable responses more likely. However, this technique necessarily invites questions about particular operations. For example, would conclusions have been different if the Rorschach instead of the MMPI had been used to define personality testing? Similarly, if program elements in community psychology and consultation had been included in the consultation and teaching area, the overall results for this area might have been noticeably different.

Data from this survey, including material not summarized here, indicated that, despite important variations in particular program elements, there was great consistency in core curriculum areas across NCSPP member schools. Thus, it appeared that the criteria established by the American Psychological Association have had the effect of standardizing content areas in programs for training clinical psychologists. This standardization did not seem to result in the development of rigid, stultified, or "carbon-copy"

core curriculum program elements. Educational programs, it appears, have been able to maintain their individuality, uniqueness, and presumably their capacity for innovation.

It follows that the six competency areas identified by NCSPP appear to be useful in defining what is consensually regarded as necessary for the education of professional psychologists. This definition of the boundaries of psychology training makes it possible to determine who, in fact, has the training to function competently as a psychologist to ensure high-quality professional performance in the field.