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RELATIONSHIP COMPETENCY

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"Relationship is the capacity to develop and maintain a constructive working alliance with clients" (McHolland, chap. 21, p. 162). The relationship competency is the foundation and the prerequisite for all the other competencies in professional psychology. In this context, the relationship competency includes psychological knowledge relevant to relationships, the necessary skills, and relational attitudes appropriate to the professional psychologist. Assessment, intervention, research and evaluation, consultation and education, management and supervision, and other functions of the professional psychologist rely on the basic ability to establish, understand, and maintain an authentic and appropriate relationship.

The paramount importance of relationship cuts across both theoretical orientations and professional specializations. Although psychodynamic and client-centered orientations perhaps have been more explicit about the central role of the relationship competency (Messer, 1988; Pinsof, 1988; Rogers, 1965), cognitive and behavioral interventions also are reliant on the relationship context in which services are offered (Arkowitz & Hannah, 1989). In addition, systemic theories focus primary attention on the patterns of relationships, although the nature of the therapist's role varies. From all major perspectives then, the quality of the relationship between the psychologist and the individual, family, or group with whom he or she is working remains central.

Similarly, although the clinical and counseling specialties in psychology traditionally have stressed the importance of interpersonal skills, the relationship competency is equally critical in other traditional (e.g., school and organizational psychology) and emerging (e.g., forensic, health, and geriatric psychology) specialties. As a case in point, in a recent consultation on the development of an organizational psychology program, a distinguished psychologist, formerly on the faculty of a school of management, ad-

vised that the only sine qua non of the core curriculum should be explicit attention to the self as instrument (R. Tannenbaum, personal communication, March 15, 1987).

Professional psychologists spend a substantial proportion of their working lives dealing with relationship issues: problems between parents and children, between spouses, among family members, and among work groups. Professional psychologists themselves work in a context of relationships. The services they provide, the activities in which they participate, and the research they produce all are strongly influenced by the relationship context (see Peterson, chap. 3). Relationships are a central focus of the psychological knowledge on which professionals depend.

Following the conceptualization adopted by the members of the National Council of Schools of Professional Psychology (NCSPP) at the Mission Bay conference (Bourg et al., 1989), we discuss the central elements of the relationship competency by exploring the relevant knowledge, skills, and attitudes that we see as essential for the professional psychologist.

Knowledge

The knowledge base pertaining to relationship that is necessary for professional competence encompasses three domains: (a) expert knowledge of a relevant portion of the psychological data base, (b) knowledge of self, and (c) knowledge of others.

The Psychological Data Base

To say that a student must possess expert knowledge of a relevant portion of the psychological data base is a necessarily broad statement because a substantial percentage of psychological knowledge is relevant to relationships. The portion of the data base that is relevant for a particular type of psychologist may vary with particular subfields (e.g., clinical psychology compared with neuropsychology). However, all psychologists need to have some acquaintance with the theory and the research regarding interpersonal relationships if they hope to use their relationship skills effectively.

Arguably, much of the psychological knowledge, including theory and research, implicitly or explicitly deals with what goes on in relationships (e.g., Carson, 1983; Kiesler, 1982; Leary & Maddux, 1987). For example, there seems to be wide agreement from a variety of perspectives that problematic and dysfunctional early relationships have a strong negative impact on the developing person. Leary and Maddux (1987) suggested that knowledge about relationships may well provide a viable interface between social psychology and clinical and counseling psychology. Furthermore, professional psychology is increasingly attentive to the impact of differential power and domination on relationships as well as to the social, cultural, and ethnic context in which they occur (see Edwall & Newton, chap. 19; Davis-Russell, Forbes, Bascuas, & Duran, chap. 20).

In another sense, to establish effective professional relationships with particular clients who have particular needs, psychologists must have expert knowledge of specified areas of psychology (e.g., developmental to serve children, forensic for the courts). In fact, psychology is unique among the mental health disciplines because it grounds interventions on a broad-based science of psychology. A key element in establishing effective professional relationships is the respect and trust of the client. People seek the services of a psychologist in part because of the general knowledge psychologists pos-

sess about human functioning and because of the specific knowledge (certain) psychologists have about a wide variety of human situations (e.g., family patterns, neuropsychological assessments, and psychological sequelae of physical illness.

Knowledge of Self

Emphasis on the science of psychology (and of related disciplines) should not lead us to neglect knowledge of self—the second domain of the knowledge essential for effective professional functioning in a field that necessarily must remain an art as well as a science. Singer, Peterson, and Magidson (see chap. 18) also discuss issues pertaining to knowledge of the self in clinical training. Our knowledge of ourselves (motivations, limitations, peculiarities, and so on) greatly hinders or enhances our ability to relate to others and, hence, our professional effectiveness.

The role of self-knowledge in establishing effective professional relationships cuts across theoretical orientations. From a psychodynamic perspective, self-knowledge is critical in dealing effectively with transference and countertransference issues. Rogers (1965) and his followers emphasized the importance of self-awareness in client-centered work. Family systems practitioners stressed the importance of understanding one's own family of origin to deal successfully with the complex kaleidoscope of family patterns. Effective behavioral interventions are dependent on the quality of the relationship between the psychologist and the client. The importance of self-knowledge in the training of professional psychologists is evidenced by the many NCSPP programs that require or highly recommend individual or group therapy for students (Kopplin, 1986).

Knowledge of Others

The third relevant knowledge domain for professional competence is knowledge of others. The well-trained psychologist does not attempt to work with others without first gaining some knowledge of the larger context in which the client functions. The context includes microsystems (e.g., individual personality differences, gender differences, and family dynamics) and macrosystems (e.g., work environments and national norms). In addition, knowledge of differing life-styles is a crucial prerequisite to effective therapist-client relationships. How can professional psychologists work successfully with evangelicals, gays, Blacks, or Hispanics without knowledge of their cultures and values?

Skills

The previous discussion of knowledge of the self and of others demonstrates the intimate link between knowledge and skills emphasized in the Mission Bay resolutions on the basic competencies of professional psychologists (Bourg et al., 1987; Bourg et al., 1989). The skills central to the relationship competency include, but are not limited to, the ability to (a) communicate empathy, (b) engage others, (c) set others at ease, (d) establish rapport, and (e) communicate a sense of respect.

These skills have been investigated under the rubric of interpersonal skills and the

therapist (Kurtz, Marshall, & Banspach, 1985; Mahon & Altmann, 1977). Kurtz et al. (1985) undertook a review and analysis of the research during a 12-year period on relationship-skills training. Although they discussed the growing view that relationship skills are not important to treatment outcomes, in the final analysis they asserted that "the assumption generally prevails that the counselor's level of functioning on interpersonal dimensions is related to constructive client change" (Kurtz et al., 1985, p. 250). Although Kurtz et al. (1985) referenced a wide array of labels used to talk about relationship skills, they observed that virtually every skill typology they investigated either implicitly or explicitly included one or more of what Rogers (1965) called the core facilitative conditions: empathy, genuineness, and positive regard.

This observation notwithstanding, Stiles, Shapiro, and Elliott (1986) argued that the quest for a core of personal characteristics and behaviors located in the therapist that can account for therapeutic change has faded. Rather, they suggested that there may be more hope of finding an explanation for clinical effectiveness in clients' behaviors and attitudes (e.g., involvement in therapy, exploration of internal frame of reference.). In addition, Stiles et al. (1986) suggested that the concept of therapeutic alliance may prove more fruitful as an explanatory concept undergirding positive therapeutic change. Drawing on the work of Bordin (1979), Stiles et al. (1986) described the therapeutic alliance as consisting of three aspects: (a) the emotional bonding between client and therapist, (b) the quality of involvement in the therapeutic task, and (c) the degree of agreement between client and therapist on the goals of therapy. Whether one adheres to the traditional yet empirically unvalidated position that therapeutic change is inextricably linked with empathy and other therapist variables, or whether one adopts the more empirically promising position that therapeutic change is linked to the nature of the alliance between therapist and client (with primary importance on how the client perceives the therapist), one cannot escape the conclusion that training in relationship skills is an essential part of the core curriculum.

Drawing on sociolinguistic and related research, Higginbotham, West, and Forsyth (1988) provided helpful considerations that can augment any program in relationship-skills training. Although a full explication of their hypotheses cannot be included here, we refer briefly to one of their ideas that has implications for relationship-skills training, which is sensitive to issues of diversity. They argued that students should be trained in what they call conversational cooperation. This refers to initial clinical encounters that are characterized by students detecting and analyzing uncomfortable moments in the conversation, restraining from making judgmental inferences, and looking for background commonality between themselves and the client, while not probing too deeply into intimate areas. Without establishing conversational cooperation, one runs the risk of misinterpretation and distortion of the therapeutic relationship. Gumprez (1982) and Erickson and Schultz (1982) provided multiple examples of how therapeutic encounters can go awry if students are not trained to relate to people of different cultural backgrounds.

Attitudes

The inclusion of some type of relationship-skills training in the core curriculum of virtually every member organization of NCSPP attests to the centrality of the relationship competency. In addition to knowledge and skills, and equally important, the relationship competency involves attitudes, aptitudes, and values. In his review of psychoana-

lytic perspectives on the therapist–client relationship, Messer (1988) reminded us that Freud, as early as 1912, underscored the importance of attitude in therapists' work with clients. However, Stricker and Callan (1987) noted that the role of attitudes has been neglected in discussions about the education and training of professional psychologists.

At the Mission Bay conference (Bourg et al., 1987; Bourg et al., 1989), the NCSPP participants emphasized this important dimension. To underscore the critical importance of including a direct focus on values and on attitudes in training professional psychologists, NCSPP adopted the following resolution (Mission Bay Conference Resolutions for Professional Psychology Programs, 1987):

1. In order to function most effectively in varied professional roles, a professional psychologist should demonstrate certain personal characteristics and attitudes, including but not limited to the following:

- a. Intellectual curiosity and flexibility.*
- b. Scientific skepticism.*
- c. Openmindedness.*
- d. Psychological health.*
- e. Belief in the capacity for change in human attitudes and behaviors.*
- f. Appreciation of individual and cultural diversity.*
- g. Interest in providing human services.*
- h. Personal integrity and honesty.*
- i. Capacity for developing interpersonal skills (empathy, respect for others, personal relatedness).*
- j. Self-awareness.*

(pp. 26–27)

Inherent in this resolution is the implicit belief that attitudes have an impact on effectiveness because they influence the psychologist's ability to relate. The relationship competency and appropriate professional attitudes and values are necessarily intertwined. Consistent with our earlier discussion of the knowledge and skills that are basic for psychologists to relate effectively, it is clear that intellectual curiosity, flexibility, scientific skepticism, open-mindedness, and appreciation of individual and cultural diversity are important, essentially interpersonal attitudes for the professional psychologist.

Conclusion

Although there are a multitude of approaches that have been developed to teach relationship skills, we believe that the entering student must have a foundation of initial relational ability on which to base the development of the more complex relationship skills necessary for effective functioning as a psychologist. Most professional schools require an interview with prospective applicants precisely to determine students' aptitude for basic interpersonal skills (Stricker, 1986). Because selection procedures are not infallible, however, student retention and advancement policies must include an explicit focus on interpersonal and relationship competence. Indeed a central element of the broader clinical competency review procedures in place in a number of professional programs includes explicit assessment of relationship issues, such as the ability to establish a productive relationship and the capacity for self-examination in an interpersonal context.

We have a responsibility to our students and to the public to ensure that our grad-

uates are competent to relate to others. Although our faculty can provide modeling, role playing, didactic material, and practical experience, ultimately it is the students' responsibility to develop their own relationship capacities. If students are unsuccessful in doing so, the faculty has the responsibility to counsel those people out of the profession.

We have argued that the relationship competency is central to professional psychology. The values implicit here go beyond relationships with clients to illuminate student — faculty interactions, the nature of collegiality, and the importance of connection to local communities. Embedded in this position is a broader philosophical vision that positive relationships are the foundation of caring and productive human communities.