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Enhancing clinical competence among graduate students: a single-session intervention

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Enhancing Clinical Competence Among Graduate Students:
A Single-Session Intervention

by

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Presented to the Faculty of the
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George Fox University

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Enhancing Clinical Competence Among Graduate Students:
A Single Session Intervention

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Enhancing Clinical Competence Among Graduate Students:
A Single-Session Intervention

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Abstract

The past 2 decades have yielded a major paradigm shift toward competency-based training in the field of professional psychology. As a result, increased expectations for competency development have recently been placed upon graduate students. The current study was designed to assess the effectiveness of a brief, single-session training didactic in clinical competency. Results indicate that a single session training significantly increased students' knowledge of clinical competency and related expectations pre-test to post-test. While one would expect all students to have an increase in knowledge over the course of an academic year, students in the training group demonstrated significantly more knowledge in the clinical competency domains of psychological assessment, intervention, and relationship than students who did not receive the training.

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Chapter 1

Introduction

Defining Clinical Competency

Epstein and Hundert (2002) define professional competence as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (p. 226). Competence assesses the interaction of knowledge, skills, and attitudes while reflecting a professional’s capability and proficiency for practice in his or her professional domain. Competence is developmental in nature, dependant upon context, and acquired incrementally (Rubin et al., 2007).

History of Clinical Competency in Doctoral Education

The past two decades have yielded a major paradigm shift toward competency-based education, training, and credentialing in the field of professional psychology (Sumerall, Lopez, & Ochlert, 2000). The transition towards competency-based education has created so much attention that the word “zeitgeist” has been used to describe the growing movement (Rubin et al., 2007). Rubin et al. (2007) suggest that the 1949 Boulder Conference may have been the precursor of competency-based education at the doctoral level. In 1986, the National Council of Schools and Programs of Professional Psychology (NCSPP), a pioneer in the field, employed an innovative competency-based curriculum for professional educators (Peterson, Peterson, Abrams, & Stickler, 1997). Originally identifying six core competency areas pertinent to

professional psychology training, the NCSPP created one of the first widely recognized models for conceptualizing competence in professional training programs (Fouad et al., 2009; Peterson et al., 1997). Outlined in the revised Guidelines and Principles for Accreditation, The Committee on Accreditation (CoA) of the American Psychological Association (APA) added to this foundation with a transition to a competency-based method of accreditation in 1996 (Fouad, et al., 2009; Kaslow et al., 2004; Rubin et al., 2007). This revision mandated training programs to define student training expectations as competencies (Fouad, et al., 2009). The trend continued with the 2002 revision of the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct, which included a new section devoted to clinical competence (Rubin et al., 2007). The code mandates psychologists to “adhere to boundaries of competence” as well as maintain competence (American Psychological Association [APA], 2002). Interest in the competency-based movement was heightened at the 2002 Competencies Conference: Future Directions in Education and Credentialing (Kaslow, 2004). Sponsored by the Association of Psychology Postdoctoral and Internship Centers (APPIC), the APA, and other professional organizations, the conference aimed to address the core competencies required for training program graduates. The identification of the following eight core competency domains were a product of The Competencies Conference preconference survey: (a) scientific foundations of psychology and research methods; (b) ethical, legal, and public policy issues; (c) supervision; (d) psychological assessment; (e) intervention; (f) individual and cultural diversity; (g) consultation and interdisciplinary relationships; and (h) professional development issues (Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology, Scottsdale, AZ; Rodolfa et al., 2005). These competency domains served as the

framework for the Competencies Conference work groups, which were created to analyze the definition and function of each core competency. The “Competency Cube Model,” a now widely accepted model of core competency areas, is an outcome of one of these workgroups. Comprised of 12 core competencies, this model (see Figure 1) makes a clear distinction between foundational and functional competencies (Fouad et al., 2009).

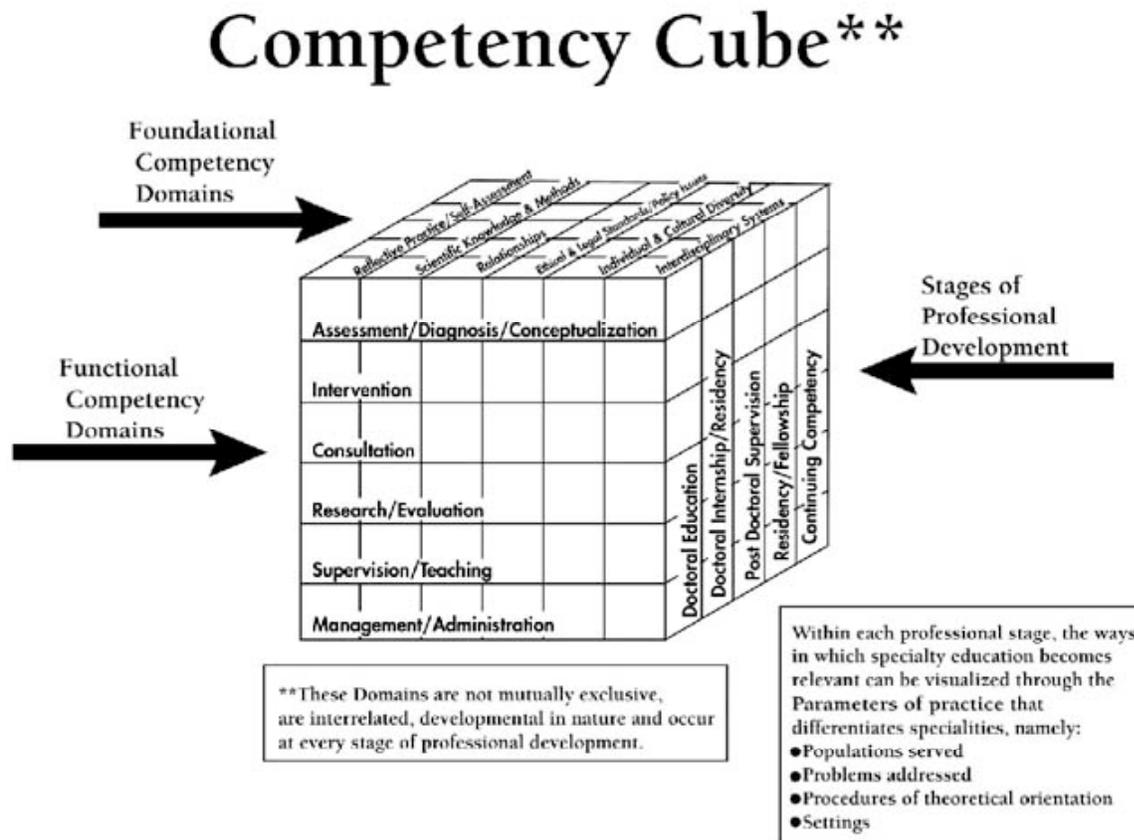


Figure 1. Competency cube model (Rodolfa et al., 2005).

The Council of Credentialing Organizations in Professional Psychology (CCOPP; 2004) defines foundational competencies as “the knowledge, skills, attitudes, and values that are foundational to professional functions and are based upon the values and science of the discipline

of psychology and the realm of professional practice” (CCOPP, 2004, p. 4). Foundational competencies (*x*-axis) refer to the professional’s baseline skill set and are predominantly learned during graduate training (Rodolfa et al., 2005). Foundational competencies include: self-assessment and reflective practice, familiarity with requisite scientific knowledge and methods, capacity for effective relationships, adherence to ethical and legal standards, respect for individual and cultural diversity, and ability to function in interdisciplinary systems (CCOPP, 2004) and provide the foundation upon which functional competencies are established. Functional Competencies (*y*-axis) are defined as “the professional roles and activities that require the integration and application of knowledge, skills, attitudes, and values foundational to the domain of professional practice in which one engages” (CCOPP, 2004, p. 4). Functional competencies include: assessment, diagnosis, and case conceptualization, intervention, consultation, research and evaluation, supervision and teaching, and management and administration. The *z*-axis includes the various stages of professional development. (i.e., doctoral education, doctoral internship/residency, post doctoral supervision, residency/fellowship, and continuing competency). The three dimensions of this model illustrate the overlap of competency development across the developmental stages (Fouad et al, 2009).

The 2003 NCSPP conference, Strategic Impact: Continuing to Shape the Future of Professional Psychology, emphasized continued development of the competence model in clinical training (Rubin et al., 2007). As a result of the growing need for the assessment of competence, the American Psychological Association (APA) Task Force of the Assessment of Competence in Professional Psychology was established in 2003 (Fouad, et al., 2009; Kaslow & Keilin, 2006). Moving beyond defining competencies, this task force focused on the assessment

of competence. Because the attainment of competence is a developmental process, the assessment of competence should also occur developmentally (Thomas & Hersen, 2009).

Assessment of Competence

Traditionally, the assessment of knowledge has been used exclusively as a means of measuring competence (Kaslow et al., 2004). Historically, it has been possible for a student to successfully meet the requirements of a practicum rotation without fully exhibiting competence in a particular area (Thomas, 2000). However, Fraser and Greenhalgh (2001) recently identified a need for the assessment of capabilities.

The establishment of the Assessment of Competency Benchmarks Work Group has been the most recent step in the competency movement. Building on the “Cube Model,” this workgroup met for two days in 2006. The outcome of their meeting was the *Benchmarks Document*. This document defines 15 core competencies, across three levels of training (readiness for practicum, readiness for internship, and readiness for entry to practice). The foundational competencies presented in this document include: professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, and interdisciplinary systems. The functional competencies are as follows: assessment, intervention, consultation, research and education, supervision, teaching, administration, and advocacy (Fouad et al., 2009). Each competency is defined in terms of essential components and behavioral anchors.

Student Engagement in Training

Limited literature exists on student engagement. Research regarding student engagement at the graduate level is especially sparse. Though it is difficult to operationally define (Newmann, 1986, as adopted by Zyngier, 2008), student engagement has been acknowledged as a “precursor to student learning” (Zyngier, 2008, p. 1765). Researchers describe engagement as a multifaceted construct, composed of three primary components (Fredricks, Blumenfeld, & Paris, 2004). Behavioral engagement pertains to a student’s participation in his or her learning experience. Emotional engagement involves a student’s attitudes toward the learning process, educators, and peers. Cognitive engagement encompasses a student’s investment in the learning experience and refers to a student’s thoughtfulness, willingness, and motivation (Fredrick et al., 2004). Coates (2005) suggests that student engagement is comprised of activities such as “active learning, involvement in enriching educational experiences, seeking guidance from staff or working collaboratively with other students” (p. 26). Skinner and Belmont (1993) suggest that engaged students “select tasks at the border of their competencies, initiate action when given the opportunity, and exert intense effort and concentration in the implementation of learning tasks” (p. 572). Assessing student engagement occurs primarily through student self-assessment and direct observation (O’Malley et al., 2003).

Self-Assessment

Kaslow et al. define self-assessment as “the process by which the person being assessed validly ascertains personal and professional strengths and areas in need of improvement across foundational and functional competency domains, raises awareness of own limits of expertise and determines what to do when those limits are reached, and monitors their own progress in the

process of taking action to address specific developmental needs” (Kaslow, Rubin, Forrest, et al. 2007 as cited in Kaslow et al., 2009). The *Benchmarks Document* identifies the essential component of self-assessment at the practicum level as, “knowledge of core competencies and emerging self-assessment regarding competencies.” Behavioral anchors indicate that practicum students should be able to “demonstrate awareness of clinical competencies for professional training” as well as “develop initial competency goals for early training (with input from faculty)” (Fouad et al., 2009, p.S11). Because they are both a reflection of ethical guidelines and imperative for the assessment of competency, Rubin et al. (2007) posit that the field of professional psychology should place increased emphasis on “self-assessment, self-monitoring, reflection, and self-awareness” (p. 459). Belar et al. (2001) suggest that “learning, practice, feedback, and public criteria” are requisites of self-assessment so that an individual is aware of the standard to which one is being held.

Few standardized self-assessment measures exist that have known reliability and validity (Kaslow et al., 2009). While, overall, there is strong face validity of self-assessment measures, the data supporting the correlation between self-assessments and performance, supervisor, and peer feedback is variable (Dunning, Health, & Suls, 2004; Eva, Cunnington, Reiter, Keane, & Norman, 2004; Fletcher & Baldry, 2000; Mattheos, Nattestad, Falk-Nilsson, & Attstrom, 2004; Swick et al., 2006; all as cited in Kaslow et al. 2009). Those who are most confident and/or least skilled tend to produce the least accurate self-assessments (Davis et al., 2006 as cited in Kaslow et al., 2009). Because the validity of a students’ self-report is questionable, multiple methods of assessment are ideal (O’Malley et al., 2003; Assor & Connell, 1992). Many of the clinical

competencies emphasize expression of clinical skills, so practicum sites provide a practical venue for their evaluation.

Practicum Training and Licensure

Practicum training typically involves clinical intervention, clinical assessment, supervision, and consultation (Kaslow, Pate, & Thorn, 2005) while also providing an important venue for rudimentary socialization into the professional field of psychology (Gross, 2006). The Commission on Education and Training Leading to Licensure in Psychology suggested implementing parameters requiring competency mastery at various stages of training (Rubin et al., 2007). Practicum training is often the first stage in developing professional competence in psychology (Hatcher & Lassiter, 2007). The Practicum Competencies Workgroup has identified the knowledge, skills, and attitudes that a student must demonstrate at the novice, intermediate, and advanced stages of professional development (Rubin et al., 2007). It is critical that a student have knowledge of these expectations.

Single-Session Interventions

Limited data exists on the efficacy of single session training interventions; however, multi-disciplinary research studies indicate that brief, focused interventions are successful among varied populations. Following one 20-minute cognitive-behavioral pain management training intervention, nursing students were more knowledgeable of cognitive-behavioral pain management techniques and better able to implement cognitive-behavioral strategies (MacLaren, Cohen, Larkin, & Shelton, 2008). Preliminary results indicate that a single session parenting consultation increased participants' level of competence while decreasing their level of stress (Sommers-Flanagan, 2007). Additionally, Lasch, Wilkes, Lee, & Blanchard (2000) found that

one daylong didactic training workshop on cancer pain assessment and management significantly increased postgraduate nurses' knowledge and enhanced associated attitudes. Results indicate that one daylong workshop was as effective as hands-on experience.

Rationale for Study

Increased expectations for competency development have recently been placed upon graduate students. Furthermore, current literature emphasizes the importance of self-awareness and self-evaluation among graduate students. Current APA guidelines require graduate programs to inform students about performance expectations (Busseri, Tyler & King, 2005). A survey completed by 81 accredited doctoral clinical psychology training directors indicates that the most common cause for dismissals and resignations was related to concerns of clinical competency and failure to meet academic standards (Busseri et al., 2005). As a result, one could argue that increasing a student's knowledge of clinical competency may increase his or her likelihood of achieving academic and professional success. The present study was designed to increase competency awareness and assess the efficacy of one single-session training intervention. It was hypothesized that a single session didactic training would increase students' knowledge of clinical competency as well as enhance students' engagement in the training process.

Chapter 2

Methods

Participants

Participants consist of 14 second-year and 14 third-year graduate students enrolled in George Fox University's APA-accredited doctoral clinical psychology program. The number of practicum placements completed by each student determined the participant's year in the program. On average, second year students successfully completed a minimum of 30 semester hours. Third year students typically earned a minimum of 60 semester hours. Participant's age range was 22 to 41 years ($M = 28.25$, $SD = 5.70$). Of the participants, 61% were female and most participants identified as Caucasian (89.29%). The remaining participants identified as Hispanic (3.57%), Asian-American (3.57%), and Palestinian (3.57%).

Participants were divided into two groups. The training group ($n = 14$) consisted of 7 second year students and 7 third year students. The control group ($n = 14$) also consisted of 7 second year students and 7 third year students. All participants were earning clinical hours at assigned practicum placements.

Instruments

Student Competency Questionnaire: The Student Competency Questionnaire (See Appendix A) is a paper and pencil self-report measure, consisting of 18 items developed by the researcher. The questionnaire was designed to assess each student's perceived level of clinical competency knowledge as well as the student's perceived level of engagement in his or her

clinical training. Each item on the Student Competency Questionnaire utilized a 6-point rating scale ranging from *Strongly Agree* to *Strongly Disagree*.

Student Evaluation Form: The Student Evaluation Form (See Appendix B) is a 31-item evaluation form utilized by George Fox University's Clinical Psychology Program as a means of evaluating each doctoral student's performance at his or her practicum training site. The form is completed at the end of each academic semester by each student's practicum site supervisor. For the purposes of this study, 15 items were added to the preexisting Student Evaluation Form. The additional 15 items were designed to assess each participant's engagement in clinical training and knowledge of clinical competency from the perspective of his or her practicum site supervisor. Each supervisor utilized a 6-point rating scale to respond to each item on the Student Evaluation Form, ranging from *Strongly Agree* to *Strongly Disagree*.

Student Training Program: A 15-minute training presentation (See Appendix C) was created using Microsoft Powerpoint. The training format involved the use of slides and a recorded script that was read aloud by the researcher. The presentation was informational and examined foundational and functional competencies as endorsed by the NCSPP. The training emphasized the following three domains of competency: psychological assessment, intervention, and relationship. A summary of competency related expectations was articulated according to graduate student status and an appropriate assessment measure was discussed.

Procedure

The Student Competency Questionnaire was administered to all participants during their first class of the fall 2008 semester. At the end of the fall 2008 semester, each participant's clinical supervisor completed the expanded Student Evaluation Form assessing each student's

level of clinical competency knowledge as well as each student's level of engagement in his or her training. During the first week of the following spring semester, participants in the training group engaged in a 15-minute computerized training on clinical competency. Participants in the control group did not complete the clinical competency training. At the end of the Spring 2009 semester, all participants completed the Student Competency Questionnaire in order to assess each participant's change in knowledge and level of engagement in clinical training. At this time, each participant's clinical supervisor also completed the expanded Student Evaluation Form.

Chapter 3

Results

An independent samples *T*-test was computed to confirm that means of the training group and the control group were similar at the time of pretest. There was no significant difference between the two groups in the pre-test assessment of students' knowledge or level of engagement as reported by the students or the students' supervisors.

A 2 (groups) x 2 (T1-T2) repeated measures Analysis of Variance (ANOVA) was conducted to evaluate the effect of the training on each participant's knowledge and level of engagement. Knowledge results (see Table 1) indicated a significant main effect for time $F(1, 27) = 6.34, p < .05, \eta^2 = .19$ and a significant main effect for student group $F(1, 27) = 4.49, p < .05, \eta^2 = .14$. The group by time interaction effect was also significant $F[1, 27] = 13.60, p < .01, \eta^2 = .36$ indicating that the training group's change from pretest to posttest was different than the control group's level of change. Post hoc analyses confirmed this difference $t(28) = -3.30, p < .02$ as well as the training group's increase in knowledge over time $t(28) = -4.90, p \leq .00$. These results indicate that the training intervention effectively increased competency related knowledge.

Supervisors of students in both the training and the control group perceived a significant increase in student knowledge at the time of post-test $F[1, 19] = 12.46, p < .02, \eta^2 = .40$; however, because the main effect for group $F[1, 19] = 2.02, p > .05, \eta^2 = .09$ and the group by

Table 1

Knowledge Results of Training and Control Groups

Knowledge			Descriptive Statistics	
Group	Time	Rater	Mean	SD
Training	1	Self	59.06	5.78
	2	Self	67.63	7.50
Control	1	Self	59.69	5.39
	2	Self	58.08	7.96
Training	1	Supervisor	54.00	9.82
	2	Supervisor	56.85	9.34
Control	1	Supervisor	45.75	11.11
	2	Supervisor	52.88	10.64

time interaction effect $F(1, 27) = 2.30, p > .05$ were non-significant, this increase does not appear to be a result of receiving or not receiving training.

There was no significant difference in student's self-reported level of engagement (see Table 2). The training group's level of engagement at post-test decreased from $M = 14.00, SD = 2.19$ to $M = 13.38, SD = 2.36$. Similarly, the control group's level of engagement decreased from $M = 12.23, SD = 3.03$ to $M = 11.77, SD = 3.27$. Results indicated non-significant main effects for both time $F[1, 27] = 2.31, p > .05, \eta^2 = .79$ and group $F[1, 27] = 3.22, p > .05, \eta^2 = .11$. The group by time interaction effect was also non-significant $F(1, 27) = .52, p > .05$. It appears that the training had no impact on student level of engagement, at least from the students' perception.

Table 2

Engagement Results of Training and Control Groups

Engagement			Descriptive Statistics	
Group	Time	Rater	Mean	<i>SD</i>
Training	1	Self	14.00	2.19
	2	Self	13.38	2.34
Control	1	Self	12.23	3.03
	2	Self	11.77	3.27
Training	1	Supervisor	20.38	3.64
	2	Supervisor	20.69	4.07
Control	1	Supervisor	18.14	3.58
	2	Supervisor	20.29	3.68

While students reported a decrease in level of engagement over the course of the academic year, supervisors reported a slight increase in their perception of student engagement. According to supervisor rating, the training group's level of engagement increased from $M = 20.38$, $SD = 3.64$ at time of pre-test to $M = 20.69$, $SD = 4.07$ at post-test. The control group's level of engagement increased from $M = 18.14$, $SD = 3.58$ to $M = 20.29$, $SD = 3.69$. The main effect for time was significant $F(1,18) = 5.49$, $p < .05$. However, because the main effect for group $F(1,18) = .61$, $p > .05$ and the group by time interaction effect was insignificant, $F(1, 18) = 3.08$, $p > .05$ this difference cannot be attributed to the training intervention.

Chapter 4

Discussion and Conclusion

The current study was designed to assess the effectiveness of a brief, single session training didactic in clinical competency. This research was guided primarily by two questions: (a) Will a single session training intervention increase graduate students' level of competency based knowledge? (b) Will a single session training intervention increase graduate students' level of engagement? Results indicate that a brief, single session training on clinical competency significantly increased students' knowledge of clinical competency, expectations related to clinical competency, and methods for assessing clinical competency from pre-test to post-test. While one would expect all students to have an increase in knowledge over the course of an academic year, students in the training group demonstrated significantly more knowledge in the clinical competency domains of psychological assessment, intervention, and relationship than students who did not receive the training.

As expected, supervisors of students in both groups observed an increase in knowledge from pre-test to post-test; however, students in the training group did not appear to have a significantly greater increase in knowledge. Because current competency benchmarks require students to demonstrate awareness of clinical competencies for clinical training, it is important to train students how to implement the behavioral indicators that communicate this increase in self-awareness and knowledge.

Student engagement also did not appear to be impacted by the training. While the training briefly emphasized the importance of student engagement and provided specific suggestions for increasing student proactivity, student engagement was not the major focal point of the intervention training. It is interesting to note that while students reported a decrease in their level of engagement throughout the academic year, supervisors, perceived an increase in engagement. While students report engaging in fewer proactive behaviors (i.e., participating in optional training opportunities, scheduling appointments with supervisors, etc.), their supervisors did not perceive a change. The decrease in student engagement could also be explained by the student's increase in knowledge. As the student becomes more competent throughout the academic year, the optional behaviors which measure student engagement may be perceived to be less important by the student.

It is important to note that there are several limitations to this study. The relatively small, demographically homogeneous sample size of this study is an obvious limitation. Future studies should aim to expand the sample size in order to increase power in analyses. The extent to which these findings can be generalized to other settings is unknown. It should also be noted that the validity and reliability of the assessment measures developed for this study are unknown. The development of an empirically validated assessment measure would yield more credible results. Training diffusion is also a possibility. It is possible that students in the training group could have discussed their experience with students in the control group, thus contaminating results.

Conclusion

From an educational perspective, the significant increase in student knowledge demonstrates that even a brief, 15-minute training exercise can convey knowledge to a group of

graduate psychology students. This finding is consistent with previous studies on the effectiveness of brief didactic trainings (MacLaren et al., 2008 and Sommers-Flanagan, 2007). As MacLaren et al. (2008) suggested, the ability to demonstrate a significant increase in student knowledge after only a brief, 15 minute training didactic was likely due to the depth of information discussed. Because the training didactic effectively enhanced student knowledge after only 15 minutes, similar trainings could easily be incorporated into current curricula with minimal time and financial commitments. The continuation of similar trainings is expected to be a necessary step in developing competency awareness while also promoting the foundational competency of self-awareness. As students gain awareness of their competency related strengths and weaknesses they can work towards improving specific areas of weakness as needed.

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Appendix A

Student Competency Questionnaire

Epstein and Hundert (2002) define competence as the “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served.” In collaboration with Dr. Mary Peterson’s on-going program evaluation, please complete this survey by circling the response that most closely indicates how much you agree or disagree with each statement.

1. I have adequate knowledge of the seven competencies required for entry-level practice in professional psychology.

Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

2. I am aware of my needs for additional competency development.

Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

3. I am aware of the competency development requirements expected from me this year.

Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

4. I am pro-active about my training needs with my practicum supervisor because I know what competency areas I should specifically focus on.

Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

5. I regularly communicate my competency based training needs with my supervisor.

Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

6. I have received training about the National Council of Schools of Professional Psychology (NCSPP) 2007 clarification of expectations regarding competencies.

Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

7. I would like to receive additional training on the competency model.

Strongly Agree Agree Slightly Agree Slightly Disagree Disagree Strongly Disagree

(Please continue on back)

Please rank your perceived level of knowledge (1-6) of the following clinical competencies:

	No Knowledge			Very Knowledgeable		
Interviewing & Therapeutic Relationship Development	1	2	3	4	5	6
Case Formulation	1	2	3	4	5	6
Psychological Testing	1	2	3	4	5	6
Ethics and Professionalism	1	2	3	4	5	6
Intervention Planning	1	2	3	4	5	6
Intervention Implementation	1	2	3	4	5	6
Evaluation of Interventions	1	2	3	4	5	6
Professional Demeanor	1	2	3	4	5	6
Awareness of Self & Others	1	2	3	4	5	6
Interpersonal Connection	1	2	3	4	5	6
Cultural Adaptability	1	2	3	4	5	6

Additional Comments

***Demographics of practicum student**

Practicum Site _____ Year in Program _____ Last four digits of SSN# _____

Appendix B

Student Evaluation Form

George Fox University - Graduate Department of Clinical Psychology

STUDENT EVALUATION (FORM #2)

Student's Name: _____ Level (circle one): Pract I, Pract II, Preintern.

Semester of evaluation (circle one): Fall Spring Summer 20____

Site: _____ Phone: _____

Please rate this student's overall performance this semester compared to students with similar training (circle one for each item)

- N/A = **Not applicable**
- 1 = **Needs focused emphasis on this area**
- 2 = **Needs to refine or develop this area**
- 3 = **Functions adequately or above in this area**
- 4 = **Functions beyond expectations in this area**

A. Knowledge (mastery of factual and theoretical material)

1. Knowledge of various psychotherapy models and concepts	N/A	1	2	3	4
2. Knowledge of strategies to build therapeutic relationships	N/A	1	2	3	4
3. Knowledge of assessment techniques and strategies	N/A	1	2	3	4
4. Knowledge of various intervention strategies	N/A	1	2	3	4
5. Knowledge of ways to conceptualize a case	N/A	1	2	3	4
6. Knowledge of how service delivery occurs in this site	N/A	1	2	3	4
7. Knowledge of how to supervise others	N/A	1	2	3	4
8. Knowledge of ethical guidelines	N/A	1	2	3	4

Comments on student's knowledge:

B. Professional Attitudes (attitudes that facilitate clinical work)

1. Demonstrates appropriate interpersonal warmth, respect, and compassion with clients and staff	N/A	1	2	3	4
2. Demonstrates conscientiousness, energy and responsibility	N/A	1	2	3	4
3. Demonstrates self-sufficiency, yet seeks consultation and guidance appropriately	N/A	1	2	3	4
4. Demonstrates collaborative use of supervision and incorporates critical evaluation into clinical work.	N/A	1	2	3	4
5. Demonstrates intellectual curiosity and is open to learning	N/A	1	2	3	4
6. Demonstrates self-awareness and self-reflection, and uses this information appropriately in clinical activity	N/A	1	2	3	4
7. Demonstrates awareness of personal and professional limitations appropriate for level of training	N/A	1	2	3	4
8. Demonstrates personal integrity and ethical conduct	N/A	1	2	3	4
9. Keeps appointments with clients and supervisors.	N/A	1	2	3	4
10. Produces paperwork and records accurately and on time.	N/A	1	2	3	4
11. Demonstrates appropriate professional presentation of self	N/A	1	2	3	4

Comments on professional attitudes:

C. Skills (ability to apply factual and theoretical material in clinical situations)

1. Ability to establish effective rapport	N/A	1	2	3	4
2. Ability to maintain empathic contact	N/A	1	2	3	4
3. Ability to formulate intervention strategies based on knowledge of client and psychological concepts	N/A	1	2	3	4
4. Ability to formulate treatment plans	N/A	1	2	3	4
5. Ability to administer and score psychological tests	N/A	1	2	3	4
6. Ability to intervene with clients to produce growth, insight, or change	N/A	1	2	3	4
7. Ability to respond appropriately to ethical dilemmas	N/A	1	2	3	4
8. Ability to effectively supervise others	N/A	1	2	3	4
9. Ability to seek and give consultation with other staff	N/A	1	2	3	4
10. Ability to make sound professional decisions regarding assessment and treatment of clients	N/A	1	2	3	4
11. Ability to produce oral and written materials which are articulate, accurate, and concise.	N/A	1	2	3	4
12. Ability to bring closure to a therapeutic relationship through transfer of case or termination.	N/A	1	2	3	4

Comments on student's skills:

D. Engagement (pro-active attitude towards clinical training)

1. Demonstrates awareness of professional goals or needs for specific competency development	1	2	3	4	5	6
2. Demonstrates awareness of competency requirements expected this year.	1	2	3	4	5	6
3. Demonstrates a proactive attitude towards training needs with supervisor.	1	2	3	4	5	6
4. Demonstrates regular communication with supervisor regarding specific competency based training needs	1	2	3	4	5	6

Comments on student's engagement:

Please rank student's level of knowledge (1-6) of the following clinical competencies:

	No Knowledge			Very Knowledgeable		
Interviewing & Therapeutic Relationship Development	1	2	3	4	5	6
Case Formulation	1	2	3	4	5	6
Psychological Testing	1	2	3	4	5	6
Ethics and Professionalism	1	2	3	4	5	6
Intervention Planning	1	2	3	4	5	6
Intervention Implementation	1	2	3	4	5	6

Evaluation of Interventions	1	2	3	4	5	6
Professional Demeanor	1	2	3	4	5	6
Awareness of Self & Others	1	2	3	4	5	6
Interpersonal Connection	1	2	3	4	5	6
Cultural Adaptability	1	2	3	4	5	6

E. Behavioral Recommendations

<u>Areas to develop</u>	<u>Recommendations for improvement</u>
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Practicum Site Supervisor

Date

Student Signature

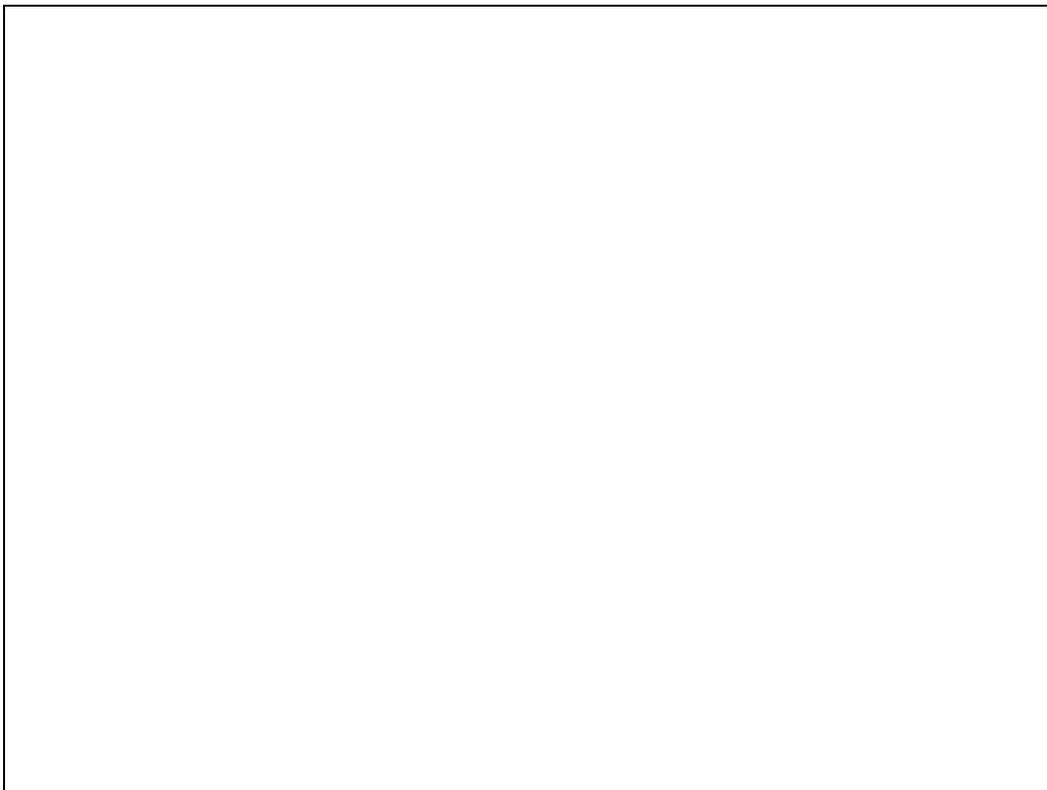
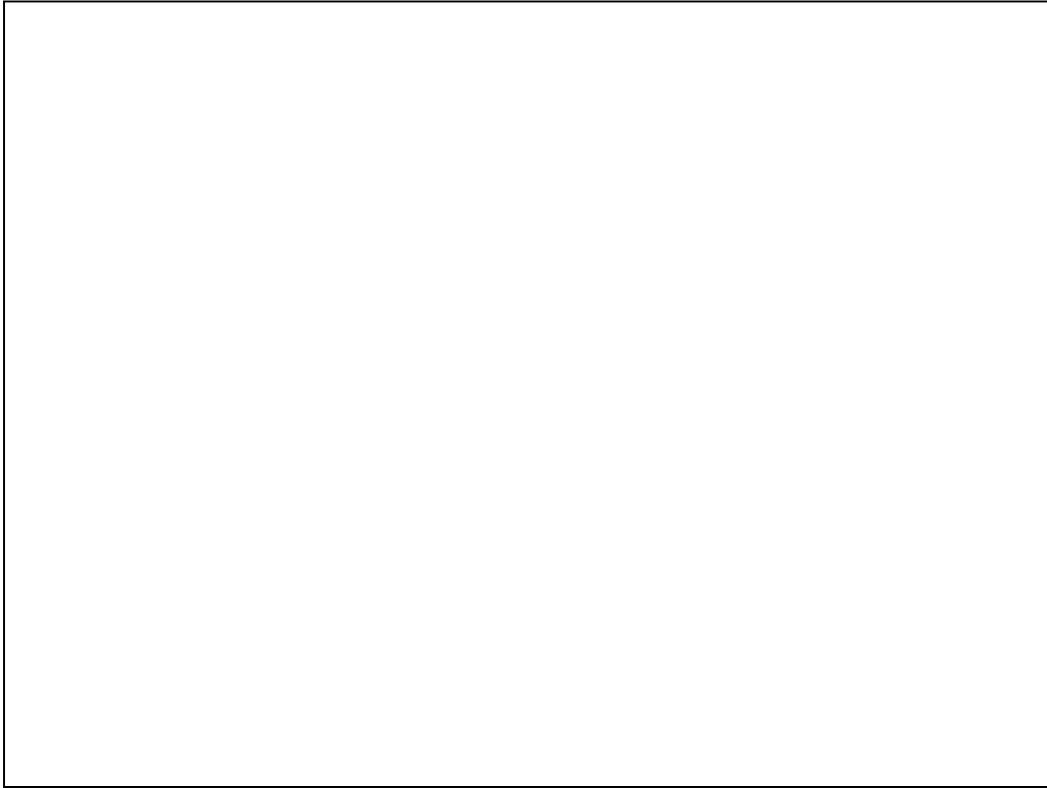
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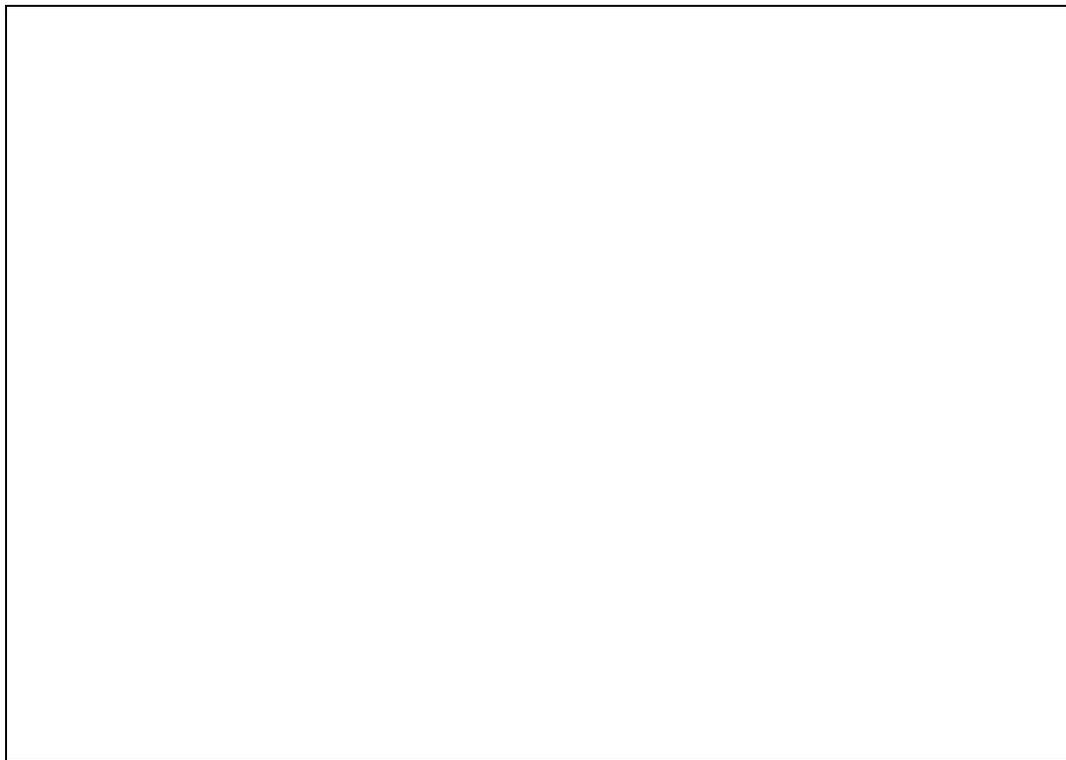
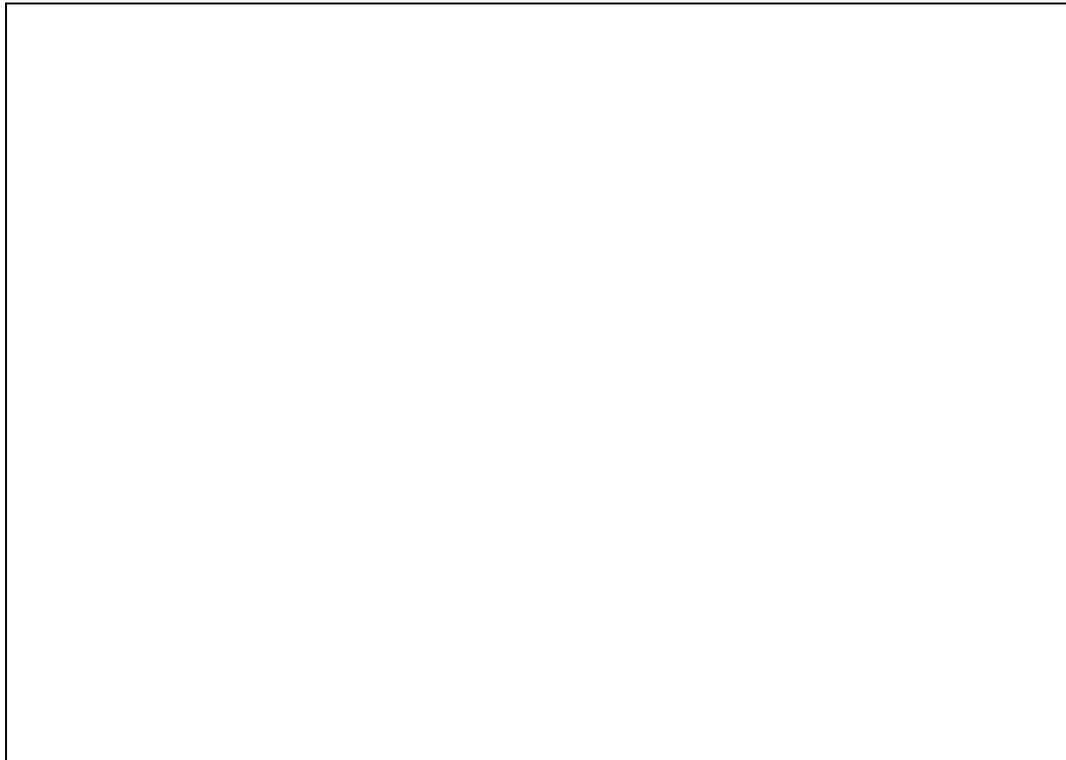
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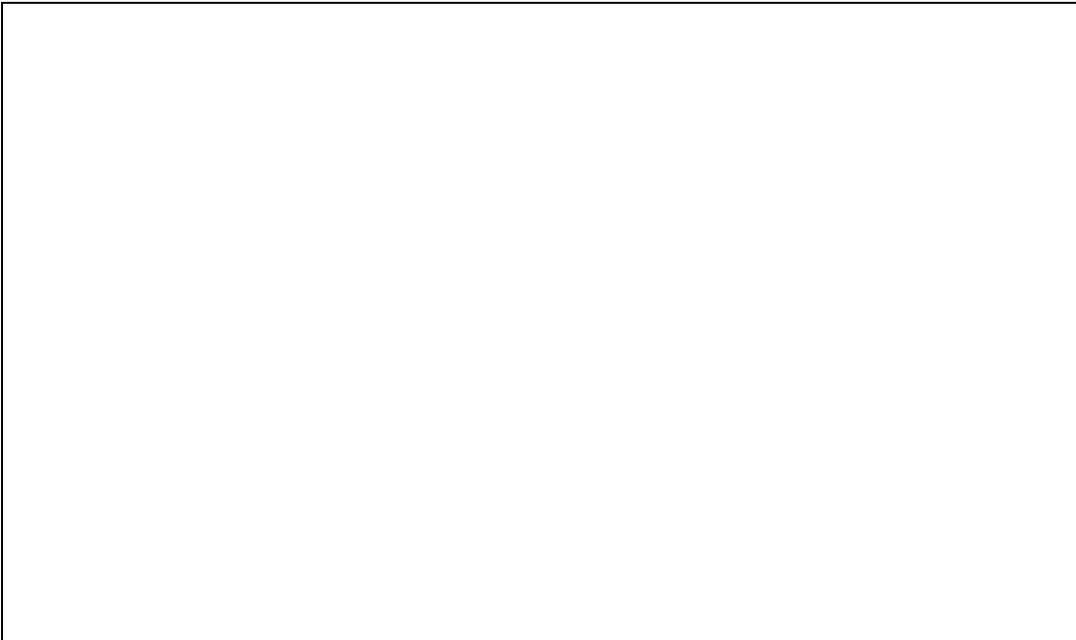
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Associate Director of Clinical Training
George Fox University
414 N Meridian St.
Newberg, OR 97132-2697

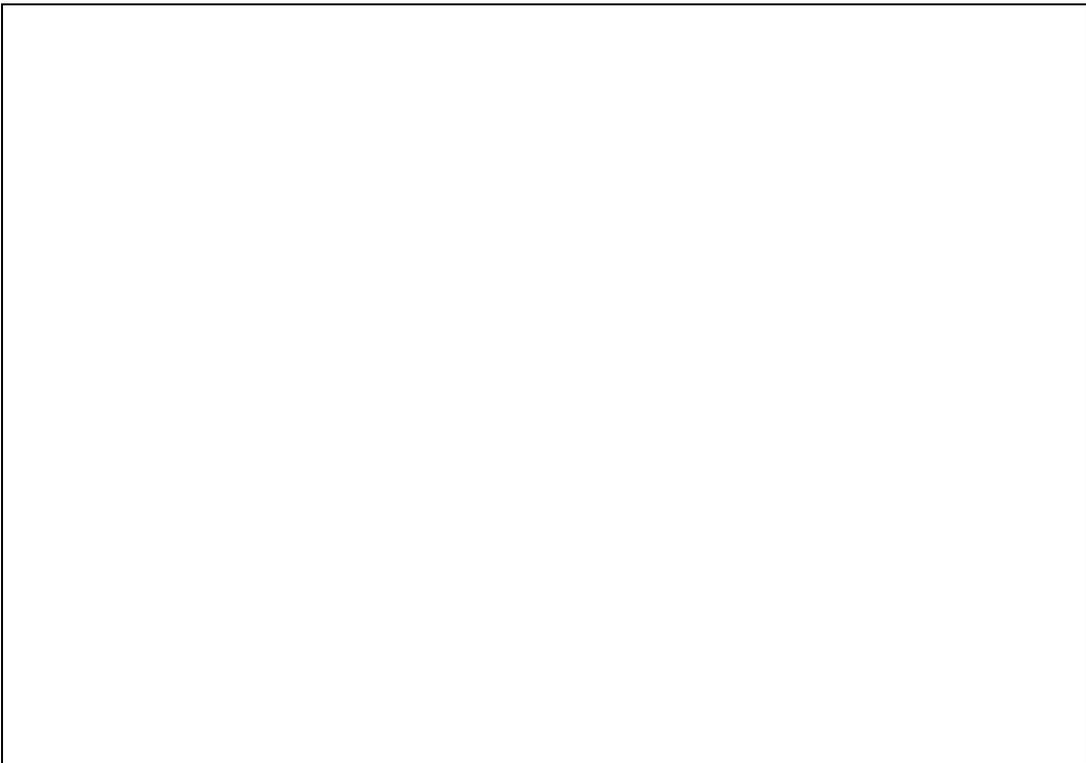
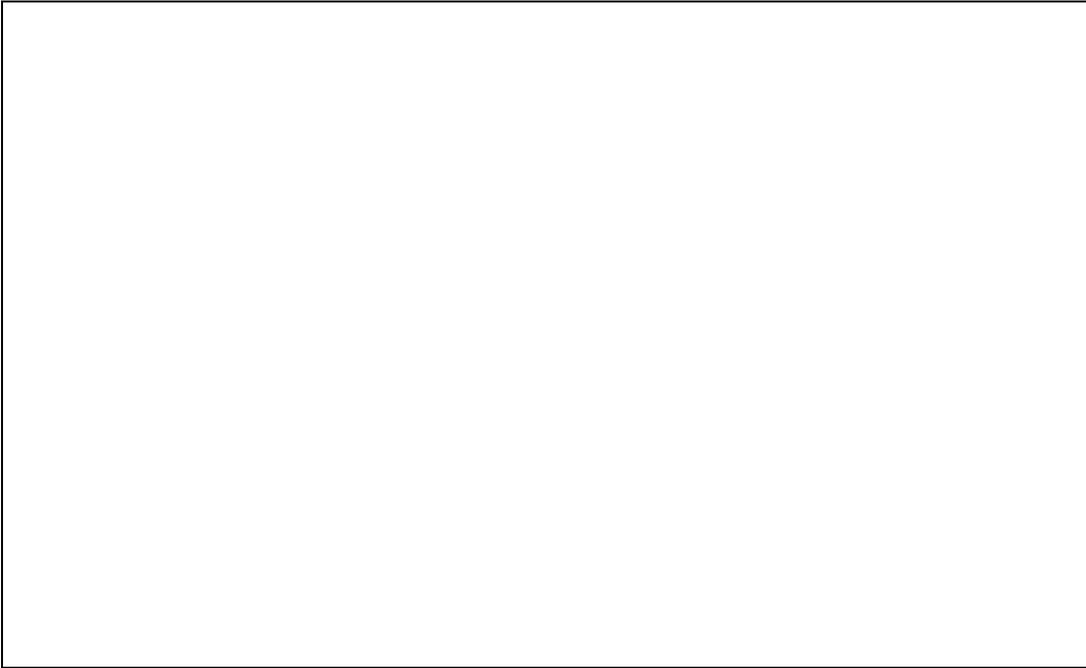
Appendix C

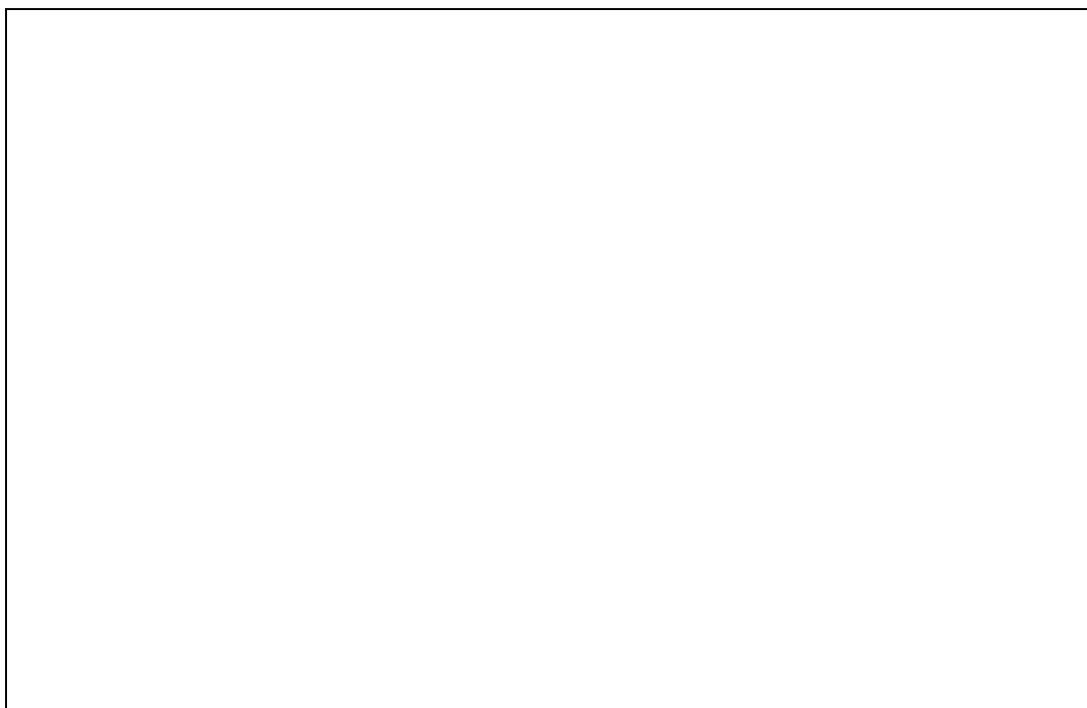
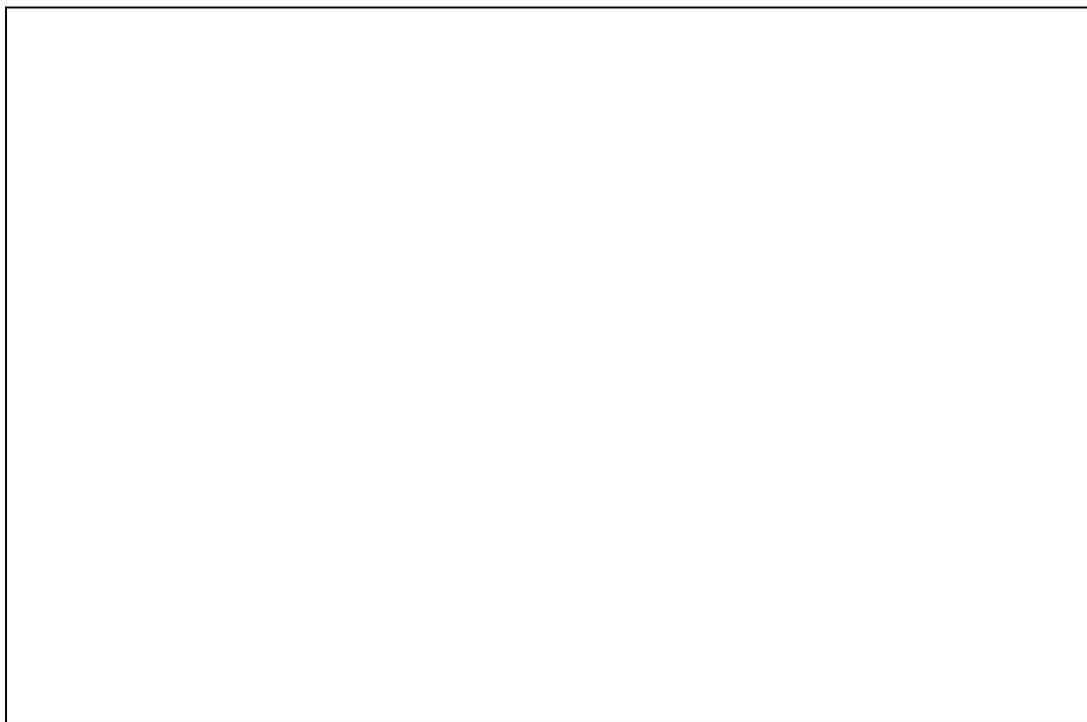
Student Training Program

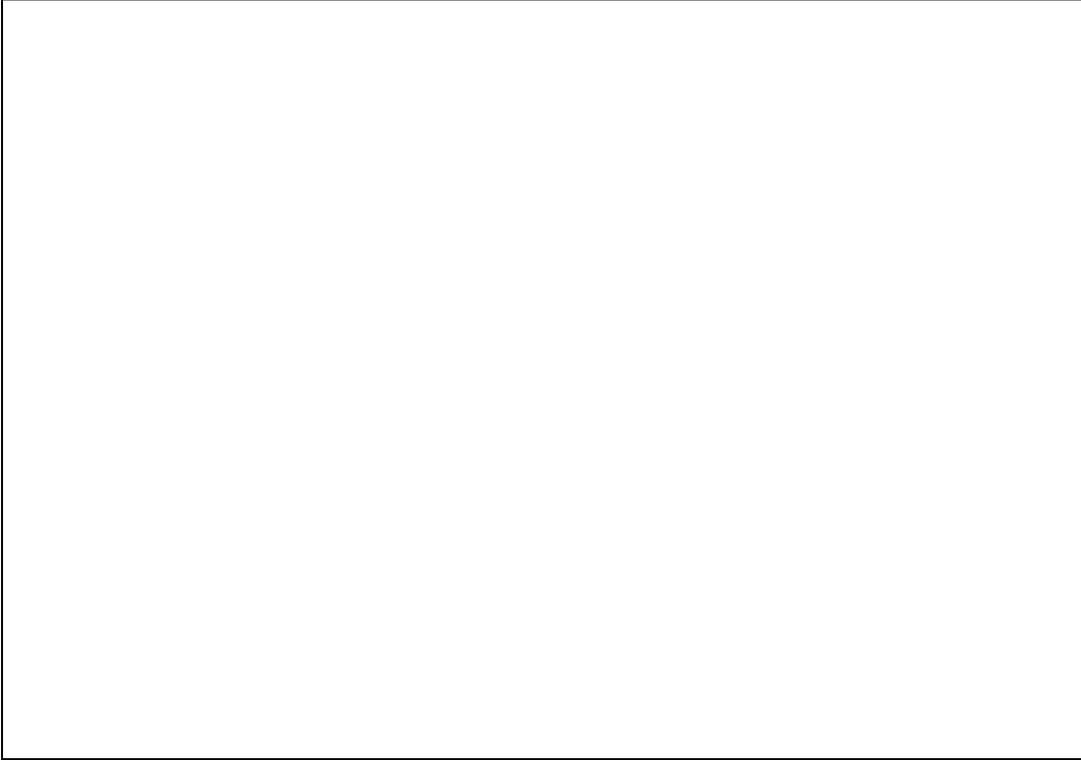


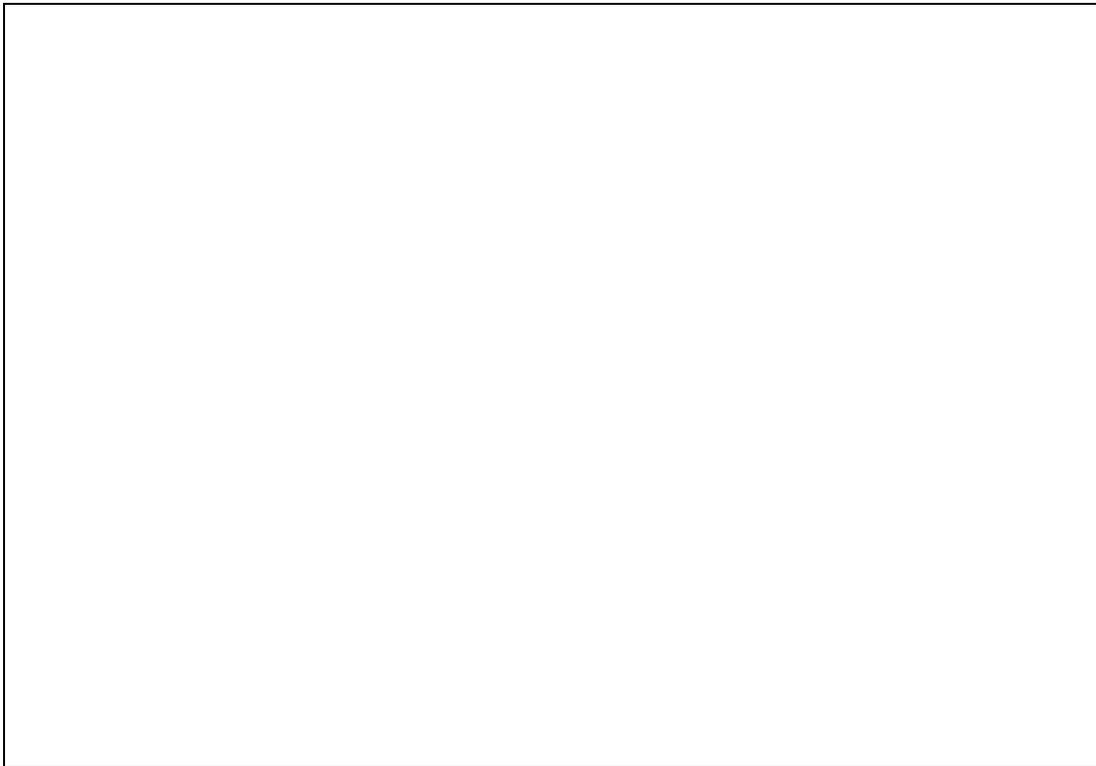
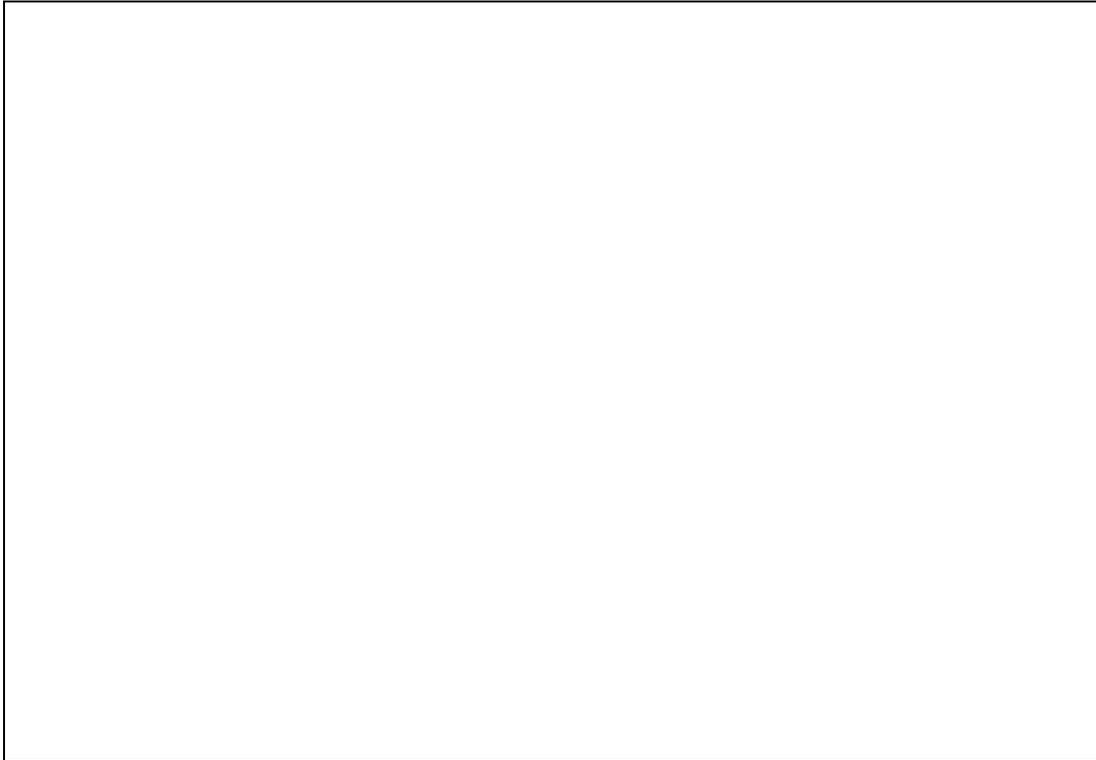


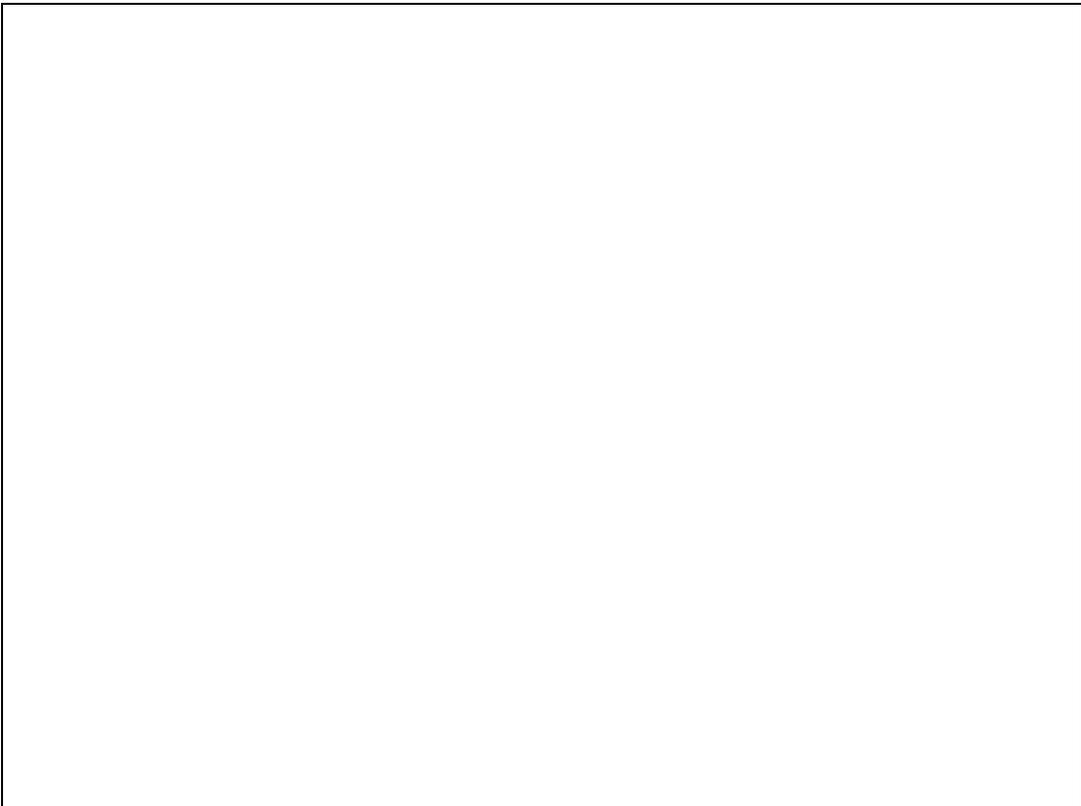
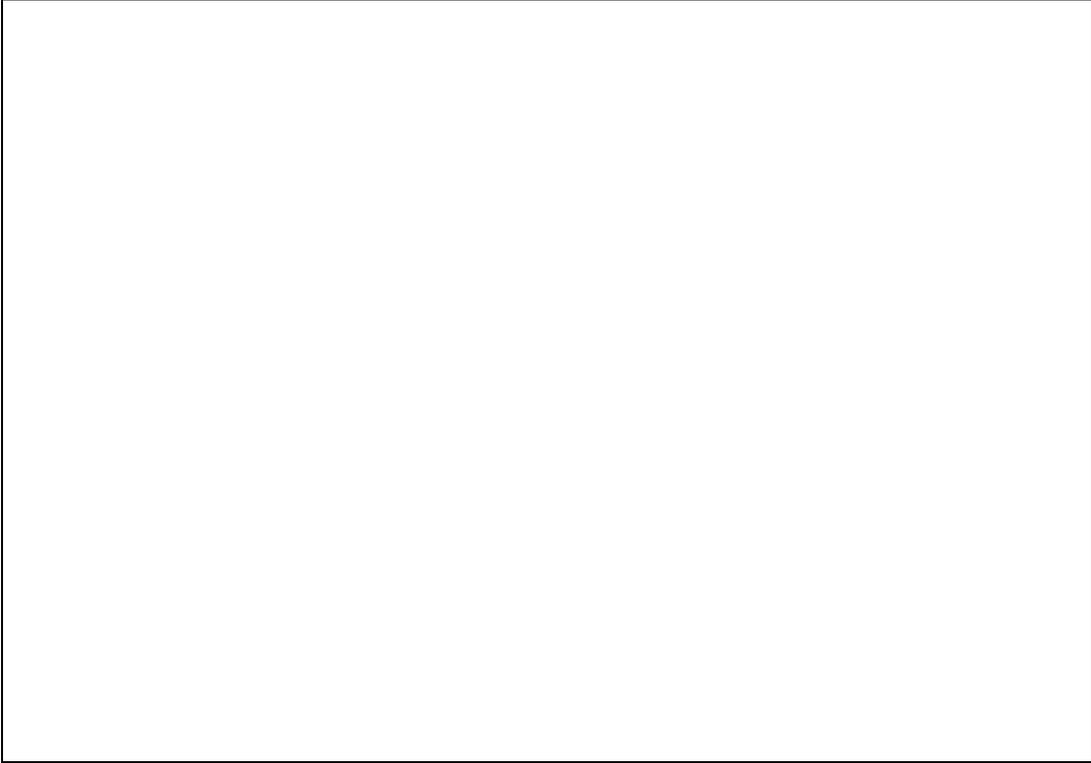












Appendix D
Curriculum Vitae

MISTI TUERCK NICHOLSON

314 EAST 1ST STREET #5 • NEWBERG, OR 97132 • PHONE (503) 550-9994
EMAIL: nicholson.misti@gmail.com

CURRICULUM VITAE

EDUCATION

George Fox University, Newberg, OR

Graduate Department of Clinical Psychology: Doctoral Program

APA Accredited

Anticipated Graduation Date: April 2011

George Fox University, Newberg, OR (2008)

Master of Arts, Clinical Psychology

Baylor University, Waco, TX (2006)

Bachelor of Arts in Psychology

CAREER PROGRESSION

Supervised Clinical Experience

Pre-Intern & Practicum II (August 2008-Present)

Providence Sherwood Medical Center-Primary Care, Sherwood, OR

Population: Children, Adolescents, Adults, and Seniors in a suburban, mid-sized, private hospital

Supervisor: Mary Peterson, PhD

Responsibilities:

- Provide individual, family, and group psychotherapy for patients referred by their primary care physician
- Provide consultation regarding health related behavioral concerns, chronic pain, and medical regimen adherence
- Complete comprehensive psychological assessments and provide feedback to patients and physicians
- Present cases to physician staff
- Assist with program development and on-going program/outcome evaluation

Supplemental Practicum (April 2008-Present)

Providence Newberg Medical Center – Behavioral Health Consultation Team, Newberg, OR

Population: Children, Adolescents, Adults, Seniors in a suburban, mid-sized, private hospital

Supervisors: Mary Peterson, PhD, Clark Campbell, PhD/ABPP, William Buhrow, PsyD

Responsibilities:

- Provide 24-hour on-call consultation services to the hospital emergency room, intensive care unit, and medical/surgical units
- Assess for suicidality, homicidality, psychosis, and other serious mental disorders
- Assess for chronic pain and utilize short-term solution-focused therapy techniques to reduce utilization of the emergency department for pain treatment
- Provide mental health consultation and recommendations to physicians and nurses
- Provide continuing education for hospital staff
- Attend weekly case review and supervision

Practicum I (August 2007-July 2008)

Multnomah County Detention Center & Juvenile Detention Center, Portland, OR

Population: Adjudicated Adolescents and Adults

Supervisor: Stephen Huggins, PsyD/CCHP

Responsibilities:

- Provided individual and group psychotherapy
- Completed comprehensive psychological assessments and provided feedback to clients
- Consulted with multidisciplinary mental health team

Pre-Practicum (August 2006-April 2007)

George Fox University Health & Counseling Center, Newberg, OR

Population: Adult Undergraduate Students

Supervisors: Clark Campbell, PhD; James Mours, MA

Responsibilities:

- Provided simulated individual psychotherapy
- Completed comprehensive psychological intake reports and treatment plans
- Presented cases to clinical team

Career Related Work & Volunteer Experience

VOLUNTEER VOYAGES LLC, CAJAMARCA, PERU (June 2009-July 2009)

Clinical Therapist

Population: Peruvian Children, Adolescents, and Adults living in rural mountain village

Supervisor: David Krier, MD

Responsibilities:

- Provided brief psychological interventions and play therapy for Peruvian patients in a fast-paced primary care clinic
- Conducted risk assessments
- Consulted with multidisciplinary team of physicians, pharmacists, surgeons, nurses, and social workers

PARRY CENTER FOR CHILDREN, PORTLAND, OR (June 2008-September 2008)

Child and Family Therapist

Population: Children and Adolescents in Residential and Intensive Day Treatment Programs

Supervisor: Whitney Vail, PsyD

Responsibilities:

- Provided residential and day treatment psychological services to children and adolescents with severe mental illness
- Direct services included clinical interviews, individual psychotherapy, family therapy, group therapy, case management, risk assessment, diagnosis, crisis intervention, milieu management, treatment planning, and progress review
- Completed CPR and Physical Restraint Safety training

CHILDREN'S EMERGENCY RELIEF INTERNATIONAL, CAHUL, MOLDOVA (May 2008-June 2008)
International Adult Team Coordinator

Population: At-risk Moldovan Children, Adolescents and University Students

Supervisor: Brenda Sanders

Responsibilities:

- Supervised team of undergraduate university students on international service trip
- Coordinated statewide charity drive
- Led orphanage camp for at-risk children in the world's largest child sex trafficking arena

THE DOUGY CENTER FOR GRIEVING CHILDREN & FAMILIES, PORTLAND OR (January 2007-April 2008)

Group Facilitator

Population: Bereaved Children, Adolescents, and Parents

Supervisor: Ruben Garcia, PhD

Responsibilities:

- Facilitated grief support group for children and adolescents coping with the loss of a parent or sibling
- Completed 25 hour grief training course

SYLVAN LEARNING CENTER, TUALATIN, OR (May 2006-April 2008)

Diagnostician & Trainer

Population: Children, Adolescents, and Adults in an Academic Setting

Supervisor: Lucille Van Houten, M.Ed.

Responsibilities:

- Administered diagnostic assessments for students with academic difficulties and learning disorders
- Provided assessment feedback to students and families
- Participated in school outreach programs and recruited local school district participation
- Developed comprehensive employee training program and trained new employees

PROVIDENCE NEWBERG MEDICAL CENTER, NEWBERG, OR (September 2006-December 2006)

Group Facilitator

Population: Depressed Adults Referred by Primary Care Physician

Supervisor: Tami Rodgers, MD

Responsibilities:

- Facilitated eight week depression group emphasizing the BioPsychoSocial Model
- Provided crisis intervention

THE ADVOCACY CENTER FOR CRIME VICTIMS & FAMILIES, WACO, TX (August 2005-May 2006)

Crisis Advocate

Population: Children, Adolescents, and Adult Crime Victims

Supervisor: Carol Ludwig, MA

Responsibilities:

- Assisted sexual assault victims during emergency hospital examinations
- Cared for victims' physical and emotional needs
- Educated victims about applicable legal rights

THE ADVOCACY CENTER FOR CRIME VICTIMS & FAMILIES, WACO, TX (August 2005-April 2006)

Telephone Hotline Counselor

Population: Adolescents and Adults with a variety of mental health diagnoses

Supervisor: David Jones, MA

Responsibilities:

- Counseled a variety of distressed callers
- Arranged for psychological follow-up care
- Attended monthly counseling seminars

BAYLOR UNIVERSITY AUTISM PROGRAM, WACO, TX (August 2005-January 2006)

Autism Support Group Volunteer

Population: Autistic Children and Their Families

Supervisor: Helen Benedict, PhD

Responsibilities:

- Supervised autistic children during parent support group
- Provided parents with psycho-educational information on autism and its' effect on families
- Completed autism training program

TALITHA KOUM INSTITUTE, WACO, TX (August 2005-December 2005)

Play Therapy Counselor

Population: At-risk Toddlers and Children

Supervisor: Helen Benedict, PhD

Responsibilities:

- Provided play therapy for children of multi-generational urban poverty
- Assisted parents with obtaining financial resources

BAYLOR UNIVERSITY, WACO, TX (September 2005-October 2005)

Crisis Counselor

Population: Displaced Children, Adolescents, and Adults Who Were Victim of a Natural Disaster

Supervisor: Jo-Ann Tsang, PhD

Responsibilities:

- Provided crisis intervention for Hurricane Katrina refugees
- Helped victims obtain resources

GONOW MISSIONS, MAGDEBURG, GERMANY (January 2005-June 2005)

International Student Volunteer

Population: German and Russian Children, Adolescents, and Adults

Supervisor: Shawn Blacksteain

Responsibilities:

- Coordinated outreach activities for at-risk German youth
- Developed curriculum and taught English classes to Russian Refugees
- Worked in American teen outreach Café

GONOW MISSIONS, KUALA LUMPUR, MALAYSIA (May 2003-July 2003)

International Student Volunteer

Population: Malaysian Adolescents and Adults

Supervisor: Robert Adams

Responsibilities:

- Worked in orphanages
- Relocated endangered crocodiles
- Taught university English classes
- Scheduled daily trips for university students

WEST ELEMENTARY SCHOOL, WACO, TX (January 2003-May 2003)

Youth Peer Mentor

Population: At-Risk Children

Supervisor: Amanda Realing, MA

Responsibilities:

- Counseled at-risk children
- Conducted weekly well-being assessments

HILLCREST BAPTIST HOSPITAL, WACO, TEXAS (August 2002-May 2003)

Hospital Volunteer

Population: Children, Adolescents, and Adults Patient in a Medical Setting

Supervisor: Diana Kohler

Responsibilities:

- Assisted nurses with patient care
- Provided emotional support for patients and their families

Teaching Experience

GEORGE FOX UNIVERSITY, NEWBERG, OR (January 2010-Present)

Graduate Teacher Assistant (Comprehensive Psychological Assessment)

Supervisor: Nancy Thurston, PsyD

Responsibilities:

- Graded comprehensive assessment reports

CHEMEKETA COMMUNITY COLLEGE, MCMINNVILLE, OR (March 2009-July 2009)

Adjunct Professor

Supervisor: John Plett, Ed.D.

Responsibilities:

- Taught undergraduate Psychology of Human Relations course
- Received positive student and supervisor evaluations

GEORGE FOX UNIVERSITY, NEWBERG, OR (January 2007-January 2009)

Graduate Teacher Assistant (Integrative approaches to Psychology and Cognition, Emotion, & Learning)

Supervisor: Rodger Bufford, PhD

Responsibilities:

- Graded essays and examinations
- Assisted with lecture preparation

BAYLOR UNIVERSITY PIPER CHILD DEVELOPMENT CENTER, WACO, TX (August 2003-December 2003)

Undergraduate Teacher Assistant

Supervisor: Margaret Baier, PhD

Responsibilities:

- Supervised care of nine infants
- Studied infant development and nurturing techniques
- Assisted with parenting classes

Supervision Experience

GEORGE FOX UNIVERSITY, NEWBERG, OR (August 2009-Present)

Graduate Level Supervisor

Supervisor: Rodger Bufford, PhD

Responsibilities:

- Provide weekly individual and group supervision for clinical psychology doctoral students
- Monitor academic and clinical progress
-

UNIVERSITY INVOLVEMENT

GEORGE FOX UNIVERSITY, NEWBERG, OR (November 2008-October 2009)

Community Care Committee

Responsibilities:

- Provided support and assistance to graduate students during times of crisis
- Assisted with community outreach activities

GEORGE FOX UNIVERSITY, NEWBERG, OR (February 2008-March 2009)

University Interviewee Host

Responsibilities:

- Hosted prospective students interviewing for doctorate of psychology program
- Assisted with program orientation

GEORGE FOX UNIVERSITY, NEWBERG, OR (August 2007-August 2008)

Peer Mentor

Responsibilities:

- Mentored first year doctoral students

RESEARCH EXPERIENCE

GEORGE FOX UNIVERSITY, NEWBERG, OR (September 2006-Present)

Research Vertical Team Member

Supervisor: Bill Buhrow, PsyD

Responsibilities:

- Attend bi-weekly meetings to discuss and evaluate team member's research
- Participate in collaborative research projects

CHALEM YOUTH AND FAMILY SERVICES, NEWBERG, OR (February 2008-June 2008)

Graduate Research Assistant

Supervisor: Dan Carpenter, PsyD

Responsibilities:

- Identified evidence-based practices utilized in youth residential treatment facilities
- Assisted with developing Request for Proposal document

BAYLOR UNIVERSITY, WACO, TX (December 2005-May 2006)

Research Assistant (Undergraduate)

Supervisor: Helen Benedict, PhD

Responsibilities:

- Observed documented play therapy sessions
- Coded for the occurrence of ambivalence during child play

PROFESSIONAL PRESENTATIONS AND PUBLICATIONS

Jurecska, D. & **Tuerck, M.** (in press). Psychologists as healthcare consultants: Multidisciplinary approach in an emergency department. *The Register Report*.

Tuerck, M., Sponaugle, R., Buhrow, W., & Nelson, J. (2009, August). *Differences in Sexual Behavior in Religious and Non-Religious Universities*. Poster presented at the 117th Annual Convention of the American Psychological Association, Toronto.

Tuerck, M., & Peterson, M. (2009, May). *Developing student competency in consultation and intervention*. Poster presented at the Annual Conference of the Oregon Psychological Association, Eugene, OR.

Peterson, M. & **Tuerck, M.** (2009, April). *Developing Clinical Competency in Graduate Students: The Practicum Supervisors' Perspective*. Poster presented at the 89th Annual Conference of the Western Psychological Association, Portland, OR.

Buhrow, W., Milner, J., Mock, R., Stevenson, J., & **Tuerck, M.** (2009, April). *Generosity and Religion*. Poster presented at the Annual International Conference of the Christian Association for Psychological Studies, Orlando, FL.

Alvey, M., Gayer, C., Perisich, K., Sponagule, R., **Tuerck, M.** (2008, August). *Spiritual Well-Being and Sexual Activity in Two Undergraduate Populations*. Poster presented at the 116th Annual Convention of the American Psychological Association, Boston, MA.

HONORS AND PROFESSIONAL AFFILIATIONS

- Michael Warner Ministry & Service Award
- Baptist Heritage Scholarship
- National Honors Society in Psychology (Psi Chi), Student Member
- American Psychological Association, Student Affiliate