Professional Development: Training for Professionalism as a Foundation for Competent Practice in Psychology

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Professional development (PD) is a broad, albeit vaguely defined, construct that underlies psychologists’ education and training and is intrinsic to professional functioning, or professionalism, throughout psychologists’ careers. This article resulted from the deliberations of a working group at the November 2002 Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology. The authors propose a definition of PD and consider professionalism to be its outcome. They then focus on 2 elements of professionalism—interpersonal functioning and thinking like a psychologist—and address related development and assessment implications for training and practice. Recommendations and implications for professional psychology organizations and for training and lifelong practices of psychologists emerged for further consideration.


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The Conference, initiated by the Association of Psychology Postdoctoral and Internship Centers (APPIC), was cosponsored by 34 other organizations. A preconference survey identified eight core competency areas and specialty competencies, including professional development (PD). Work group summaries and selected background literature developed for each work group topic can be found at http://www.appic.org/news/3_1_news_Competencies.htm.

The purpose of this article is to summarize the process and outcomes of the Professional Development Work Group (PDWG), address key aspects of PD, and present recommendations for further work on PD and professionalism. It is one of a series of articles about the conference work groups published in this issue of Professional Psychology: Research and Practice and in a special issue of the Journal of Clinical Psychology (Kaslow et al., 2004).

Conceptualizing Professional Development

The PDWG was led by Nancy S. Elman, with Joyce Illfelder-Kaye representing the Steering Committee and Michael Rohrbaugh serving as the group recorder.1 Members represented multiple constituencies, including clinical, counseling, school, and professional psychology training programs; internship and postdoctoral fellowship training directors; regulators; and a graduate student. The PDWG’s charge was to address PD from three perspectives: (a) identification, (b) training, and (c) assessment and

1 Other members of the group included James Dobbins, Wright State University; Carrie George, Texas A&M University; Christine Hall, Maricopa County Community College; John Muller, Austen Riggs Institute, Stockbridge, MA; Andrea Morrison, Argosy University; William N. Robiner, University of Minnesota Medical School; Edward Sheridan, University of Houston; and Erica Wise, University of North Carolina at Chapel Hill. We thank Michael Rohrbaugh, University of Arizona, for his careful organization of the PDWG process over the days of the Competency Conference.
future directions (details can be found on the Web site mentioned above).

Because PD has no single definition, its meaning may not always be clear to, or shared by, parties using it. Our literature review revealed neither efforts to achieve consensus on the meaning of PD nor definitions in standard or psychiatric dictionaries. From a developmental perspective, PD may relate to diverse tasks associated with starting graduate school, pursuing internships (Kaslow & Rice, 1985; Lamb, Baker, Jennings, & Yarris, 1982), completing professional degrees, pursuing postdoctoral activities (Kaslow, McCarthy, Rogers, & Summerville, 1992), preparing for licensure, beginning a career, functioning during the midcareer years, or nearing retirement (Rønnestad & Skovholdt, 2001). During training, PD may be focused on the development of competencies, knowledge, skills, and proficiencies, whereas subsequent developmental tasks center on the refinement of these competencies or on specialization. Later in practice, PD may refer to furthering skill development and attaining or updating of knowledge or to preventing the erosion of competencies as a part of lifelong learning. PD may also reflect efforts to expand, deepen, generalize, or redirect competencies and knowledge into expertise in areas beyond those encountered in formal education and training. PD activities may be promoted in classrooms, workshops, or continuing professional education programs (Association of State and Provincial Psychology Boards, 2001) or through professional and personal experiences such as reading, mentoring, and consultation. Finally, PD may refer to external processes reflecting attainment of competence (e.g., licensure or board certification) or to the ascending of career ladders (e.g., assuming supervisory, administrative, or managerial functions; academic promotion).

We hope and expect that as trainees and professionals move through PD activities and benchmarks, there will be a simultaneous internal development of professionalism as a desired outcome of their PD efforts. In this sense, we see professionalism as the crystallization of a professional identity, which involves securing one’s identity as a psychologist (Friedman & Kaslow, 1986; VanZandt, 1990), internalizing standards of the field (e.g., ethics and standards of practice), undergoing introjection of and socialization into a professional role, and refining interpersonal and self-reflective skills (Schön, 1983). According to VanZandt (1990), “Professionalism is the intrinsic motivation . . . the way in which a person relies on a personal high standard of competence in providing professional services . . . a person’s willingness to pursue professional development opportunities that will improve skills within the profession” (p. 243). Also, the attainment of professionalism may involve internal processes (e.g., growth, differentiation, emergence of fuller understanding, crystallizing of attitudes) that include ongoing consideration of and reflection on personal and professional experiences (Rønnestad & Skovholdt, 2001; Schön, 1983).

Toward a Definition of Professional Development and Professionalism

As a prelude to defining PD, it is instructive to review the meaning of its basic foundation, profession, which it shares with other disciplines and vocations. Webster’s dictionary defines profession as a calling requiring specialized knowledge and often long and intensive preparation including instruction in skills and methods as well as in the scientific, historical, or scholarly principles underlying such skills and methods, maintaining by force of organization or concerted opinion high standards of achievement and conduct, and committing its members to continued study and to a kind of work which has for its prime purpose the rendering of a public service (Webster’s Third New International Dictionary, 1986, p. 1811).

Efforts to define PD and professionalism have been limited. Ducheny, Allezausser, Crandell, and Schneider (1997) defined PD as “an ongoing process through which an individual derives a cohesive sense of professional identity by integrating the broad-based knowledge, skills, and attitudes within psychology with one’s values and interests” (p. 89). In the preconference survey, 283 respondents highly endorsed several PD components: critical thinking (95%), interpersonal relationships (88%), knowledge of self (83%), self-assessment (74%), and self-care (71%).

Psychology is not alone in efforts to explicate PD and professionalism. Epstein and Hundert (2002) addressed comparable issues in the training of physicians (e.g., interpersonal functioning and critical thinking). They focused on “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). They also addressed acquisition and use of knowledge, integrative aspects of care, building therapeutic relationships, context, development, and “habits of mind.” The last concept encompasses observations of one’s own thinking, emotions, and techniques; attentiveness; critical curiosity; recognition of and response to cognitive and emotional biases; and a willingness to acknowledge and correct errors (p. 230). Attention to professionalism in medicine has burgeoned. Lundberg (2004) stated that the essential elements of professionalism are self-governance and self-regulation. The Medical Professionalism Project of the American Board of Internal Medicine (ABIM) Foundation, the American College of Physicians–American Society of Internal Medicine (ACP-ASIM) Foundation, and the European Federation of Internal Medicine (2002) promotes professionalism in the practice of medicine (http://ci.nbme.org/professionalism/default.asp), especially the primacy of patient welfare, patient autonomy, and social justice in health care. A recent study of physicians who had received disciplinary action revealed that they were more likely than others to have been rated as having problematic or unprofessional behavior during medical school (Papadakis, Hodgson, Teherani, & Kohatsu, 2004).

The PDWG sought to establish a working definition of PD that encompassed training and beyond. After a further literature review, we propose the following definition: PD is the developmental process of acquiring, expanding, refining, and sustaining knowledge, proficiency, skill, and qualifications for competent professional functioning that result in professionalism. It comprises both (a) the internal tasks of clarifying professional objectives, crystallizing professional identity, increasing self-awareness and confidence, and sharpening reasoning, thinking, reflecting, and judgment and (b) the social/contextual dimension of enhancing interpersonal aspects of professional functioning and broadening professional autonomy.

Professionalism is a necessary component of all aspects of psychologists’ functioning, though it is not a substitute for other
Ingredients that contribute to specific competencies (e.g., technical training, clinical and research experience). Professionalism may be conceptualized more as an underlying capacity or capability than a specific skill or competency. Reflecting a lifelong-learning and developmental perspective, Fraser and Greenhalgh (2001) defined capability as the “extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance” (p. 799), adding a dimension not captured in a more static view of competence as “what individuals know or are able to do in terms of knowledge, skills, attitudes” (p. 799). Their perspective underscores the need for PD activities to emphasize “changeability, improvability, and responsiveness” (p. 799).

Components of PD and Professionalism

Psychologists presumably are most able to provide service to clients or others when they have a sense of professional identity, have developed a commitment to fulfilling responsibilities reliably and expertly, and are effective in taking care of themselves (e.g., managing their own stress). The significance of self-awareness and adequate self-care in response to the stresses induced by professional practice has been noted (e.g., Baker, 2003; Figley, 2002; Mahoney, 1997; Norcross, 2000). However, there is no single PD mechanism for promoting professionalism. Two fundamental components of professionalism—interpersonal functioning and critical thinking, or more broadly, “thinking like a psychologist”—were the PDWG’s focus and are discussed below as exemplars. Other components of professionalism considered fundamental to PD (e.g., knowledge of self, self-assessment, and self-care) are beyond the scope of this article.

Interpersonal Functioning

The centrality of psychologists’ social or interactive skills and the goal of refining interpersonal facilities as a key to competent practice across domains of professional psychology have been written about extensively. Elements that merit particular attention include conceptualization of sets of operations or skills for relating effectively with others, developing one’s own professional approaches and persona, and internalizing professional standards. For example, there have been efforts to measure social intelligence, the ability to understand others and to behave wisely and appropriately in relation to them (Boyalzis, Goleman, & Rhee, 2000), empirically. Additional aspects of interpersonal functioning include the therapeutic triad of empathy, positive regard, and genuineness (Rogers, 1957); warmth; and a nondefensive or reflective response to constructive feedback (Neufeldt, Karno, & Nelson, 1996). These qualities have been explored in the literature on mindfulness, psychological mindedness (Farber & Golden, 1997), and emotional intelligence (Goleman, 1995). Farber and Golden (1997) cited the benefits of psychological mindedness in psychotherapists “as facilitating insight into oneself and others, as improving the quality and furthering the satisfaction of psychotherapeutic work, as greatly enhancing interpersonal relations, and as the mechanism by which the subtlety and nuances of life are understood and appreciated” (p. 218). Furthermore, attention to multicultural issues is an important component of interpersonal functioning. Seeing oneself as a cultural being and understanding the impact of one’s culture on interactions with others are also essential to competent interpersonal functioning (American Psychological Association [APA], 2003).

Thinking Like a Psychologist

A second aspect of PD is the ability to think like a psychologist or, essentially, to approach problem solving from a psychological and scientific perspective (Halonen, 1995; Halpern, 1998). Halpern (1998) defined critical thinking or analysis as “deliberate use of skills and strategies that increase the probability of a desirable outcome” (p. 449). Thinking like a psychologist is based on a combination of factors including (a) critical thinking and logical analysis; (b) being conversant with and utilizing scientific inquiry and professional literature; (c) being able to conceptualize problems and issues from multiple perspectives (e.g., biological, pharmacological, intrapsychic, familial, organizational/systems, social, cultural); and (d) being able to access, understand, integrate, and use resources (e.g., empirical evidence, statistical approaches, technology, collegial consultation). The research on expert performance in professional behavior (Locke & Covell, 1997; Rønnestad & Skovholt, 2001; Schön, 1983) is of particular relevance for further identifying such cognitive processes. Those exhibiting expert performance not only rely on the rules used by novices but utilize analytic approaches in novel situations, creatively or intuitively reflecting on and evaluating what they are doing, and reasoning both forward and backward in decision making and diagnostics (Chi, Glaser, & Farr, 1988; Ericsson & Charness, 1994; Goodyear, 1997). Thinking like a psychologist is also consistent with Sterberg’s (2001) conceptualization of the development of wisdom as incorporating tacit as well as explicit knowledge mediated by values of a common good.

There is no single element involved in or PD approach to promoting this aspect of professionalism. Diverse strategies can promote thinking like a psychologist: critiquing research reports (e.g., analyzing internal and external validity); generating clinical formulations and treatment plans; applying varying standards of evidence (e.g., brief generative writing assignments); individual or group coaching; Socratic dialogue; goal-directed problem-solving exercises; courses in teaching for faculty and supervisors; and so forth. Assessment of critical analytic skills may include portfolio review, mentored self-assessment, goal attainment scaling, faculty and supervisor evaluations, peer ratings, as well as empirically based evaluations.

As a preliminary effort, in Table 1 we present selected components of PD and provide examples of how interpersonal functioning and thinking like a psychologist might be stimulated or enhanced.

Individual Variation

The PDWG recognized variability in how individuals develop and how specific PD experiences might affect the course and extent of the development of professionalism. Whereas some dimensions of professionalism may be taught, modeled, or facilitated, it seems unlikely that such PD processes or efforts alone would determine individuals’ ultimate level of professionalism. Other determining factors may be individuals’ innate capabilities, curiosity, and motivation. As with other nature–nurture controversies, the relative contribution of each is a matter of speculation. If
<table>
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<th>Dimension</th>
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<tr>
<td>Communication</td>
<td>Skills training (e.g., microcounseling) Supervision Cotherapy, cointerviewing Coauthorship Participation in interdisciplinary teams Communication with community resources</td>
<td>Supervisory evaluation Audiovisual review of client interactions Direct observation of interactions with clients, referral sources, and other professionals Review of written documents related to patient care and other professional activities Client satisfaction survey Peer consultation</td>
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<td>Responsibility and accountability</td>
<td>Setting clear expectations for performance Structuring supervision to permit review of progress on tasks Role modeling Reading and discussion of professional standards (e.g., ethics code, state statutes and regulations, institutional policies) Discussion of “business” and regulatory aspects of professional practice Continuing education</td>
<td>Time management and stress management workshops and readings Maintenance of rigorous schedule Relaxation training Supportive peer relationships Continuing education</td>
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<tr>
<td>Time management/stress management/self-care</td>
<td>Time management and stress management workshops and readings Maintenance of rigorous schedule Relaxation training Supportive peer relationships Continuing education</td>
<td>Supervisor evaluation Record review/audit Time analysis logs Clinical intervention log Clinical assessment logs Feedback from third parties (e.g., third parties)</td>
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<td>Supervision Directed readings Psychotherapy Peer consultation Journal club</td>
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<td>Supervision Directed readings Cultural diversity training Group projects Individual and group differences classes</td>
<td>Supervisor discussion and evaluation</td>
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<td>Development of professional identity</td>
<td>Peer interactions and socialization Peer case consultation Role modeling Mentoring Directed readings (e.g., see references) Discussion of controversies in the field Professional development conferences Attendance at professional meetings Participation in professional associations Involvement with research and scholarly activities Representation of psychology in interdisciplinary activities</td>
<td>Supervisor discussion and evaluation</td>
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<tr>
<td>Critical thinking and analysis</td>
<td>Critiquing published research reports (e.g., internal and external validity) Critiquing clinical formulations and treatment plans Applying standards of evidence (exercises; real faculty-led projects) Brief generative writing assignments (e.g., minute paper) Individual or group coaching, Socratic dialogue, goal-directed problem solving Group problem-solving exercises Courses in seminars and teaching methods for faculty and supervisors Making professional presentations, teaching Developing one’s skills as a supervisor Course work or reading in related areas (e.g., logic, philosophy, law, literature and the arts)</td>
<td>Supervisor discussion and evaluation</td>
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Note. EPPP = Examination for Professional Practice in Psychology; ABPP = American Board of Professional Psychology.
some basic level of PD may be hypothesized to be necessary for entry into the field, it might be useful to develop means for identifying and screening for such attributes. One can question whether by the time students reach graduate school, they already possess sufficient rudimentary qualities associated with professionalism to make use of further training or, if they do not, whether they can accomplish the PD that is necessary to function effectively as a psychologist. A key question is whether doctoral psychology education and training programs can instill in students the values and skills underlying PD and professionalism, including those students in whom deficits in such skills exist at entry to graduate school (see Vacha-Haase, Davenport, & Kerewsky [2004] for a discussion of the admissions process as the first opportunity to address this capacity in psychology training). Further research into admission to graduate school (e.g., personal attributes as predictors of professional functioning, institutional practices and policies for determining these) could complement our understanding of PD and professionalism.

Contextual Factors

The importance of training and work environments as contexts in which PD activities occur also warrants recognition. The impact of the training environment or institutional culture on nurturing or stifling individuals’ personal growth and professionalism deserves more attention. For example, if a training site is perceived as being conducive to self-exploration, trainees are more likely to engage in the reflection, disclosure, and experimentation that presumably foster PD and professionalism. If a learning environment does not provide optimal challenges for effective personal and professional development, trainees might not be motivated or stimulated sufficiently to become ready for real-world challenges. Alternatively, an unduly stressful environment may interfere with trainees’ functioning and ability to absorb new learning. Because individuals vary in their background, temperament, preparation, and tolerance of and resources for coping with stress, an interaction effect may be presumed to operate among trainees, faculty, and training environments. The impact on trainees’ development of the personal and professional development of the faculty and supervisors who train them, and of the systems and institutions in which they learn, deserves further attention. Another way of putting this is that it is questionable whether trainees can be expected to be more attentive to matters of PD than are the faculty who teach, supervise, or mentor them.

The National Council of Schools of Professional Psychology has attempted to address these components, including interpersonal skills and reflective practice, in the core curriculum (Peterson, Peterson, Abrams, & Stricker, 1997). Consideration of the balance between the development of the internalized elements of professionalism and the knowledge and skill base of psychology merits further exploration in research on training and PD, particularly with regard to training specialties and professional endeavors (e.g., practice vs. clinical science). Attention to the training environment is the intent of the APA Committee on Accreditation’s (2002) Guidelines and Principles for Accreditation of Programs in Professional Psychology, Domain E (Student–Faculty Relations). A student competency task force of the Council of Chairs of Training Councils (CCTC), a committee of the APA Board of Educational Affairs (BEA), has proposed a policy for the comprehensive evaluation of trainee competence that goes beyond academic knowledge or skills (see http://www.apa.org/ed/graduate/cctc.html). It addresses interpersonal and PD areas of self-awareness and self-reflection. Such initiatives may help training programs to develop better mechanisms and strategies for effectively addressing PD.

Promoting Professional Development

The means to foster PD and professionalism are heterogeneous, including formal processes and structures, planned activities and curricula, as well as informal and incidental experiences. There are no clear, absolute goals or objectives for promoting professionalism, nor is there a PD technology, let alone an empirically validated PD approach for enhancing individuals’ professionalism. Presumably, multiple approaches may be used to promote the multifaceted aspects of professionalism. These may include didactics, heuristic exercises, providing cotherapy, supervision, consultation, mentoring (Johnson, 2002), and other strategies (see Table 1). In addition, creating an environment conducive to learning and integrating features of quality assessment and improvement or total quality management into PD may enhance such efforts. It seems reasonable to assume that further attention to PD and ways of promoting professionalism could improve graduate training, enrich psychologists’ personal and professional experiences, and ultimately enhance the services that psychologists provide.

Postdoctoral Phase

PD during the postdoctoral phase is likely to focus on refining skills, broadening knowledge acquired earlier, and engaging in activities (e.g., publishing, teaching, clinical service) that individuals choose to define and distinguish their career trajectories. For example, at this level, PD addresses developmental tasks of finding preferred work niches (rather than exploratory or assigned practica or the generalist training typically provided at the predoctoral internship level); transitioning into more mature or expert roles and responsibilities; surmounting regulatory hurdles; entering systems (e.g., provider panels of third-party payers, faculty, medical staff of hospitals) as autonomous professionals; and further evolving one’s unique professional persona and interpersonal style of relating. It is the phase in which individuals more fully confront real-world matters (e.g., workforce opportunities and challenges, economic realities and the skills required for developing a professional practice or research program) and embark on balancing their professional growth activities and continued learning with their personal lives.

Postdoctoral education and training is an essential phase of PD (Kaslow et al., 1992; Riess, 1992). Professional associations (APA, APPIC, the Association of State and Provincial Psychology Boards, the American Board of Professional Psychology [ABPP], and the National Register of Health Service Providers in Psychology) have convened national conferences (Belar et al., 1993; Reich, Sands, & Wiens, 1995) at which postdoctoral training has been characterized as experiences to “develop advanced competency and expertise for the professional practice of psychology” (Belar et al., 1993, p. 1285). Currently, informal or formal postdoctoral experiences are typically pursued in the year(s) following the doctorate, as a means of preparing for licensure and obtaining
advanced and specialized training (Logsdon-Conradsen et al., 2001). At this time, only 14% of recent graduates pursue formal fellowships, and 33 postdoctoral programs are currently accredited by APA.

**Licensure.** Part of the postdoctoral phase of PD, for graduates pursuing either formal postdoctoral fellowships or informal arrangements, is preparation for the Examination for the Professional Practice of Psychology (EPPP). The process of reviewing basic psychology in preparation for independent practice is a professional rite of passage. Presenting one’s credentials to licensing boards and passing the examination that provides verification that one has mastered the basic principles and knowledge base of psychology affirm to nascent professionals (and others) their entry into the profession.

**Board certification.** In pursuit of one of the most advanced formal levels of PD, some psychologists seek certification through the ABPP in an area of specialization and interest. Whereas psychologists are not compelled to obtain this level of certification, it has been argued that it would be good for the field if more psychologists did (Bent, Packard, & Goldberg, 1999; Dattilio, 2002). Specially areas establish specific requirements for demonstrating eligibility based on training and processes for assessing candidates to affirm that they have achieved advanced competencies. Psychologists may also pursue advanced training and credentialing for a Certificate of Proficiency through APA’s College of Professional Psychology (http://www.apa.org/college/homepage.html).

For most psychologists, postlicensure PD is less formal and may not be recognized with any type of designation or certification. Participation in a range of activities, such as memberships (e.g., APA; state, provincial, and territorial psychological associations; research and service organizations), governance and administration of the institutions in which they work, contributions to the professional literature, and a myriad of other professional experiences promote PD. In academic settings, PD may be reflected in academic advancement, mentoring, and expansion of educational and teaching activities. Relicensing and continuing education (CE) requirements add a formal component to postlicensure PD in many jurisdictions. Case consultation within trusted, collegial relationships and self-directed, informal activities may be powerful tools in cultivating professionalism and expertise.

Once psychologists have achieved licensure, investment in PD is largely dependent on their intrinsic motivation. One hopes that the process of formal education and training has instilled in them the enduring professional value of pursuing lifelong learning. With the exception of CE hours required for licensure renewal, there are few mandates to require ongoing PD. Unfortunately, it is possible to adhere to regulations to complete CE hours without really engaging in the processes of skill development, self-assessment, and self-reflection that are at the heart of such laws. In work settings, there may be barriers, such as financial disincentives, to engaging in collegial consultation despite its potential richness in promoting PD.

**Assessment of PD and Professionalism**

The assessment of PD and its outcome, professionalism, is a complex undertaking because of its multiple facets and especially because conceptualizations of PD involve development beginning with graduate education and continuing throughout psychologists’ careers. Mechanisms for assessment at different stages across such a wide continuum necessarily vary as a function of the unique developmental tasks that are encountered. The absence of clear standards for training for PD in psychology, along with other factors that confound assessments of trainees at the internship level (Robiner, Fuhrman, & Ristvedt, 1993), presumably complicate assessment of PD at all levels.

There are no universal objective measures for assessing psychologists’ PD, professionalism, competence, or readiness for practice. Unfortunately, because the EPPP is principally designed to measure knowledge related to the practice of psychology, it cannot be considered as a means for assessing PD and professionalism in the broader sense outlined herein. Consequently, beyond surmounting the hurdles for licensure, only a few external markers of PD exist, such as attainment of ABPP or other certification, publications, receipt of awards, or recognition by one’s peers. Such indices fail to commemorate the array of psychologists’ PD activities or professional accomplishments.

Despite these challenges to assessment, it is possible to point to promising strategies for assessing PD. For example, the medical profession has embraced innovative approaches to problem-based learning such as the triple-jump technique. This is a three-stage written or oral task that can be used to assess students. The first step provides students with a case for which they are asked to articulate a main problem, develop hypotheses, and identify key questions. Next, students research the problem, collect information, and evaluate their hypotheses in light of that information. Third, students describe how they would handle the problem using the obtained information and/or how they would address the problem in the future (Boud & Feletti, 1997; Feletti & Ryan, 1994; Smith, 1993).

Other approaches for promoting and assessing specific components of PD are emerging. For example, assessments of thinking like a psychologist can be embedded within course work (e.g., case conferences), and thinking like a psychologist can also be measured through performance on structured exercises and self- and faculty ratings. A scholarship on teaching critical thinking in psychology has emerged in recent years (Halonen, 1995) that includes suggestions for integrating infusion and immersion approaches in graduate professional education and training. Strategies to incorporate critical thinking activities within traditional instructional methods or to promote critical thinking through immersion in collegial scholarly exploration might include portfolio review, mentored self-assessment, goal attainment scaling, faculty and supervisor evaluations, peer ratings, as well as empirically based evaluations.

Presumably, strategies such as those mentioned in Table 1 may be used to assess other components of PD, including the interpersonal aspects. Nevertheless, the development of methodologies for assessing PD is likely to require much greater effort and investment of resources in the future than has been evident so far.

**Recommendations and Implications**

Looking ahead, the PDWG considered how PD could be approached more systematically. Because PD is broadly essential to the competent practice of psychology, we hope that other professional groups and educational institutions will more fully
delineate approaches for promoting PD and the maintenance of professionalism.

National/Organizational Level

Efforts at the national/organizational level might include establishing an agenda for PD by marshalling the efforts of multiple organizations. For example, the APA, the BEA, and the CCTC, along with other entities, could promote a scholarship of teaching and training that more directly addresses PD. A curriculum could be devised that explores the implications of the relevant sections of the APA Ethical Principles of Psychologists (APA, 2002) regarding training (Section 7), facilitates development of training models with “promising” or “best” practices that promote PD, and encourages research to evaluate their effectiveness over time in promoting professionalism. Professional groups might consider underwriting a conference focused on PD that considers the training objectives of diverse specialties and assessment mechanisms. The APA Committee on Accreditation could consider revising its accreditation guidelines so that Domain B (Program Philosophy, Objectives, and Curriculum Plan) emphasizes learning experiences that address major PD functions (e.g., thinking like a psychologist, capacity for reflective learning) and assesses their outcomes and so that Domain E (Student–Faculty Relations) further encourages programs to promote environments that nurture self-awareness and self-reflection. The ABPP could explore further the role of board certification in promoting PD and professionalism among its diplomats and expanding the population of psychologists who seek recognition for their expertise.

Training: Admissions, Due Process, and Graduated Learning

Training programs should be encouraged to contribute to the dialogue at the national/organizational level described above. This might include further developing admissions criteria and processes that consider the capacity of applicants to develop appropriate professional behaviors, characteristics, and skills. By periodically addressing such dimensions (e.g., interpersonal functioning, thinking like a psychologist, self-awareness), movement to advanced responsibility and recommendations for internship and graduation could be based, at least in part, on these essential aspects of professional functioning. Programs need to carefully address due process and give notice of the importance of PD and of professionalism as goals and outcomes of training in program descriptions (e.g., Web sites, marketing materials, and student handbooks) and in quality assessment and improvement mechanisms (e.g., evaluation policies). In this way, the distress for faculty and students may be reduced when issues of inadequate PD arise. Such a focus would consider an appropriately graded level of complexity of PD elements. Fraser and Greenhalgh (2001) considered such a zone of complexity when they stated, “Relationships between items of knowledge are not predictable or linear, but neither are they frankly chaotic . . . when individuals engage with an uncertain and unfamiliar context in a meaningful way” (p. 800). These zones of complexity are similar to the model of scaffolding of learning suggested by Vygotsky and others (Forman, Minnick, & Stone, 1993) for understanding cognitive development. Similarly, assessment could be designed to recognize increasing levels of complexity in individuals and the level of independence and challenge in their work.

Relate Efforts in Psychology to Other Professions

Psychology shares with other fields its efforts to delineate and enhance PD and professionalism. Other mental and behavioral health fields that overlap psychology are likely to share challenges and developmental tasks associated with PD. The above recommendations with regard to the national/organizational level and the training issues could be facilitated by building on work within the profession of medicine (e.g., the recently endorsed guidelines of the Accreditation Council for Graduate Medical Education cite professionalism and interpersonal and communication skills as two of six general competencies related to patient care [see http://www.acgme.org]).

Professional Development as a Career-Long Objective

PD over psychologists’ careers may be conceptualized as an ongoing developmental progression through retirement. The focus on the person of the psychologist as core to PD invites a clearer focus on this continuum, such that early program efforts to create safety and respectful ways to address these components become the “prevention” model of professional practice, encouraging reflective practice, ongoing learning, critical thinking, and self-care. Addressing early warning signs or deficits in professionalism may diminish the likelihood that a psychologist’s functioning will become compromised.

Regulating Professional Practice

A more sustained focus on PD and professionalism may have implications for the credentialing and licensure of psychologists. As one example, regulatory boards might consider how PD might be approached more meaningfully and how professionalism might be assessed at initial licensing or at intervals throughout a psychologist’s career. New strategies for monitoring “continuing competence” beyond traditional CE might be developed. For example, innovations being explored in Canada (e.g., portfolio and practice audits) hold promise in this regard (P. Ritchie, personal communication, November 9, 2003).

Concluding Remarks

The 2002 Competencies Conference stimulated intensive dialogue about the identification, training, and assessment of PD in professional psychology. In the time available, the PDWG initiated an effort to elucidate PD, focusing on interpersonal functioning and thinking like a psychologist and attempting to identify promising strategies for promoting key aspects of professional functioning.

Psychology will face great challenges if it attempts to pursue a competency-based model of training and evaluation. If psychology’s experiences parallel those in the field of teacher education, the time, effort, and expense involved may be daunting (Lopez, 2000). Applying a competency-based model to PD in particular will pose formidable and complex challenges, requiring the training and assessment of multidimensional capabilities that are nonlinear, developmental (i.e., from novice to expert), and in large part
deeply personal. There is as yet no methodology for measuring such complex phenomena. There will likely continue to be controversy regarding the key components of core training in psychology, including discordant views among psychologists who focus, respectively, on practice, science, and research. PD as a process and professionalism as its outcome are essential underpinnings for myriad competencies in the field. Their key roles in securing the foundation of competent practice demand that more attention be devoted to sharpening our understanding of them and elucidating how better to promote them.

References


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