Consultation and interprofessional collaboration by psychologists occur with individuals, groups, programs, and organizations. The practice of consultation and interprofessional collaboration involves interdisciplinary relationships, preparation, and advanced skill development within specialty areas of psychology (e.g., clinical, counseling, industrial-organizational, and school). The Workgroup on Consultation and Interdisciplinary Relationships engaged in a planning process at the Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology to address fundamental issues regarding consultation and interprofessional collaboration in professional psychology. The Workgroup articulated working definitions, consensus points about psychologists as consultants and interprofessional collaborators, a consulting and interprofessional competency blueprint for preparation and assessment strategies, and future directions. This is one of a series of articles published in
Workforce-diversity consultants have stated consistently that collaboration through diverse workgroups promotes new ideas, goals, and practices that may benefit the greater good of an organization, profession, or group of people (Arredondo, 1996; Cox, 1993; Loden & Rossener, 1991; Thomas, 1991). It has been hypothesized that collaborative undertakings invite a sharing of experience and knowledge from different disciplinary and professional backgrounds, work settings, and specialty areas within and outside of psychology. It has been hypothesized further that the practice of consultation and interprofessional collaboration can take individuals out of their proverbial comfort zones. In professional psychology, specialty areas and professional distinctions among clinical, counseling, and school psychologists, for example, often have created artificial silos, leading to arbitrary forms of distance and barriers, and at times, mistrust and a lack of collegiality (Shealy, Cobb, Crowley, Nelson, & Peterson, in press). Thus, in order to address issues related to consultation and interprofessional collaboration in professional psychology, the Consultation and Interdisciplinary Relations Workgroup (herein referred to as the “Workgroup”) became engaged in a process of creative thinking and idea generation that resulted in a blueprint to further future directions in these key areas. Simultaneously, the Workgroup enacted practices and possibilities for consultation and interprofessional collaboration on the basis of a shared identity as psychologists working in different specialty areas (e.g., clinical, counseling, industrial/organizational, and school) and our experiences in various settings and with other disciplines.

This article offers a preliminary framework for defining competencies in consultation and interprofessional collaboration for professional psychology. Based on the Workgroup’s deliberations, the following topics will be discussed: consultation and interprofessional collaboration as a domain of competence within professional psychology; working definitions and consensus points; a consulting and interprofessional competencies blueprint that articulates foundational knowledge, skills, and attitudes/value orientations at graduate and post-graduate levels; assessment of consultation and interprofessional competencies; and future directions. As part of the Competencies Conference, the Consultation and Interdisciplinary Relationships Workgroup engaged in a process that spawned the ideas and framework that emerged.

**Working Definitions**

The Workgroup developed working definitions of key constructs to facilitate completion of its charge in a finite period of time. The terms that prompted the most discussion were competencies, competence, consultation, and interprofessional collaboration. Ultimately, the group agreed to the definitional domains noted below.

Competencies is a term with varying definitions, often beginning with attention to professional competence. Although specific to physicians and trainees, Epstein and Hundert (2002) have proposed a definition that has relevance for consultation by psychologists.
They described 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. 2). Nelson (2001b) has outlined a comprehensive definition of competency as a construct incorporating premises of mastery and application of knowledge and developmentally informed and culturally competent methods to “assess/diagnose problems; select appropriate interventions; analyze and interpret intervention outcomes; communicate outcomes to other professionals and the public; and educate and supervise other professionals and the public” (p. 3).

Multicultural specialists have proposed three interdependent competence domains: counselor awareness of cultural biases and assumptions, counselor awareness of the client’s worldview, and application of culturally appropriate strategies and techniques (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). The competency model of the National Council of Schools of Professional Psychology (NCSPP; Peterson et al., 1992) indicates the integration of knowledge, skills, attitudes, and values in a specific area. All of these definitions imply that competencies are expressions of competence.

Competence also has multiple definitions. For example, competence demonstrates personal characteristics (knowledge, skills, attitudes, and values) that lead to adaptation in specific environments (Sundberg, Snowden & Reynolds, 1978). In writing about a “competence paradigm for psychological practice,” Masterpasqua (1989) defined competence as “adaptive, cognitive, emotional, behavioral, and social attributes, complemented by the person’s implicit or explicit beliefs and expectations about his or her access and ability to implement those attributes” (p. 1366). Both definitions suggest that consultants should be self-aware about their capabilities or competence, possess a repertoire of competencies, and be able to adapt these in a given situation. Thus, a psychologist who is invited to consult about the turnover of women administrators in a hospital setting would be able to determine immediately if available consultation skills can be applied in response to the problem situation.

Psychological Consultation focuses on the needs of individuals, groups, programs, and organizations. It refers to planned interactions between the professional psychologist (consultant) and one or more representatives of clients, colleagues, or systems (consultees) relative to a problem, person, area, or program. Psychological consultation is based on principles and procedures found within psychology and related disciplines in which a professional psychologist applies to his/her areas of expertise in response to the presenting needs and stated objectives of consultees.

Interprofessional Collaboration refers to education, training, scholarship, practice, and other professional activities that prepare and call for psychologists to work: (a) in a respectful, collaborative, integrative, and informed manner with other psychologists and members of other disciplines and professions; and (b) with individuals, groups, systems, and organizations that may have diverse values, ethical perspectives, or worldviews, and accountability to different constituencies.

Consultation as a Domain in Professional Psychology

There are multiple ways to discuss consultation and examine the interface with organizational consulting psychology and industrial/organizational psychology. Recent publications on organizational consulting psychology (Lowman, 2002) conveyed perspectives on theory, skills, and techniques. In addition, the Education and Training Committee of Division 13 Consulting Psychology has developed Principles for Education and Training at the Doctoral and Post-Doctoral Level in Consulting Psychology/Organizational
Psychology (American Psychological Association, Society of Consulting Psychology, Education, and Training Committee, 2000). Division 14, the Society for Industrial and Organizational Psychology, has promulgated Guidelines for Education and Training at the Doctoral Level in Industrial–Organizational Psychology (American Psychological Association, Society for Industrial and Organizational Psychology, 1999). There is similarity in the two Guidelines documents, particularly in their scientist–practitioner orientation, delineation of competencies, recommended areas of competence in doctoral-level training, and strategies for building or training for competence (American Psychological Association, Society for Industrial and Organizational Psychology, 1999; American Psychological Association, Society of Consulting Psychology, Education, and Training Committee, 2000). Both presume preparation for the psychologist’s engagement at individual, group, and organizational levels, applying a range of competencies or skills such as appraisals and evaluations, statistical methods, and data analysis, and training.

Differences between guidelines lie with the regulatory or licensing process that applies to Industrial–Organizational (I-O) psychologists and the fact that I-O psychology is designated a Tier 1 General Practice Specialty (Drum & Blom, 2001). Organizational Consulting Psychology, on the other hand, would be considered a Tier 2 or Delimited Specialty, responsive to marketplace forces (Drum & Blom, 2001). Examples may be attention by a consulting psychologist to management and leadership development for women, a workforce diversity initiative, or executive coaching in a particular company. Regardless, there is an interdisciplinary and competency-based relationship between the two areas.

Interprofessional Collaboration as a Domain in Professional Psychology

Psychologists have long been engaged in interprofessional collaboration in working with other psychologists across specialty areas, and by deliberately including the expertise and contributions of social workers, nurses, physicians, special educators, attorneys, and others in agencies or as members of clinical teams. Although multi- and interdisciplinary activities of this nature have occurred for decades within psychology and other professions, there is a greater convergence around several key themes (see Johnson, Stewart, Brabeck, Huber, & Rubin, in press). These include:

(a) the practices, values, and objectives associated with most interdisciplinary activities can be grouped logically and appropriately under the rubric of “interprofessional collaboration”;

(b) interprofessional collaboration reflects a paradigm shift away from notions of disciplinary centrism (i.e., that one’s profession offers the first or last “word” on matters of practice or research) and toward an appreciation that other professions offer complementary perspectives and ways of working that are valuable to the pursuit of common goals; and

(c) interprofessional collaboration represents a “best practice” strategy for responding to real-world complexity in education, training, research, and practice (e.g., responding optimally to client service needs, helping students learn to interact with members of other fields, taking advantage of interdisciplinary funding opportunities, meeting accountability standards and requirements, responding to economic constraints across private/public systems).

Within psychology, perhaps the best embodiment of conceptual and pragmatic realities vis-à-vis “interprofessional collaboration” is the Graduate Psychology Education (GPE) Program, the first and only federal grant system that is designed expressly to fund
the education and training of doctoral-level professional psychologists. Principally because “collaboration among health care professionals is a growing practice designed to better meet the multiple health needs of patients . . .”, GPE supports “. . . demonstrated needs for integrated, interdisciplinary health care services for underserved populations and in areas of emerging need” (Levitt, 2002, pp. 1–2). In recognition that psychologists are an integral part of the larger health profession, GPE defines applied and professional psychologists as “health service psychologists,” and rewards the very sort of interprofessional collaboration that the Workgroup defined and recognized. Such efforts are supported by a burgeoning literature and by conferences and other national initiatives that promote interprofessional activity across professional groups and educational disciplines (e.g., Akerson, Hubbell, Huber, Shealy, & Stewart, 2003; Brabeck, Walsh, & Latta, 2003; Johnson et al., in press; Lawson, in press; Levitt, 2002; Shealy et al., in press; Stuart Foundation, 2002).

Consultation and Interprofessional Collaboration

Originally, the Workgroup was asked to consider issues of “consultation and interdisciplinary relationships.” For a variety of definitional, conceptual, and applied reasons, the Workgroup ultimately preferred the term “interprofessional” to the term “interdisciplinary” because the former term is increasingly used across professions (as noted above) and because “interprofessional collaboration” (in contrast to “interdisciplinary relationships”) offers a more active, inclusive framework for the types of academic and applied professional competencies the group was developing. At the same time, the Workgroup explicitly recognized that the capacity to develop and maintain professional “relationships” (interdisciplinary and otherwise) was at the core of both consultation and interprofessional collaboration. Specifically, to be competent in these areas, psychologists need to acquire and demonstrate the knowledge, skills, attitudes, and values necessary to work in a collegial, integrative, and informed manner across specialty and practice areas. The Workgroup further suggested that interprofessional collaboration prepares psychologists for work in a respectful, collaborative, integrative, and informed manner with other psychologists, not only ones that are health-care providers.

Although members of the Workgroup saw consultation and interprofessional collaboration as synergistic and complementary spheres of professional activity, they also distinguished consultation as a planned process designed to produce a particular outcome from interprofessional collaboration, the latter a way of working or a set of values regarding the benefits and necessity of “playing well” with professional colleagues in psychology and other fields. The context in which competencies is expressed and the objectives of concomitant professional activities influence the degree to which consultation and interprofessional collaboration are evident or interrelated. To take one example, preparing a Graduate Psychology Education (GPE) grant application (see above) to address a relatively high incidence of teenage pregnancy may involve a wide range of professional disciplines (e.g., community based, primary prevention specialists, health psychologists, clinical psychologists, social workers, nurses, primary-care physicians). The application and planning process and the interpersonal and professional relationships needed to accomplish the task, ultimately, would illustrate competence (or the lack thereof) in both consultation (with submission of an application) and receipt of funds as specific objectives and interprofessional collaboration (with the integrated contributions of allied professions to the final application). This example can be extended to consultation and interprofessional collaboration across a range of professional activities and contexts (e.g., education, training, scholarship, and practice). In short, relying on the definitions and deliberations of the Workgroup, it would appear that consultation and interprofessional
collaboration often represent different but complementary aspects of the same competency coin, rather than entirely separate or separable currency.

Additional Points of Consensus on Consultation and Interprofessional Collaboration

Another task for the Workgroup was to agree on principles and premises to guide overall recommendations regarding consultation and interprofessional collaboration. Points of consensus included:

(a) psychologists are experts in human behavior, which they can assess and influence through practice in a variety of settings with different levels of focus (individual, group, systems);

(b) consultation and interprofessional collaboration are core competencies for education and training within professional psychology; and

(c) psychologists can make distinct contributions as consultation and interprofessional collaborators insofar as such activities are “practiced by scientifically trained professionals with [sufficient] relational skills, cultural competence, ethics, a social justice orientation, and assessment proficiency (i.e., in psychometrics, measurement, and evaluation)” (The Consultation and Interdisciplinary Relationships Workgroup, 2002).

The Workgroup was charged specifically with identifying methods of training or development, and assessment for consultation and interprofessional collaboration competency throughout the process of professional education and training. The stated assumption about consultation and interdisciplinary relationships by the organizers of the Competencies Conference was that these were generic competencies relevant to all areas of professional psychology. With this premise in mind, the Workgroup proceeded to identify personal attributes, core consultation and interprofessional collaboration competencies, a program of study for relevant competency domains, field-based and in-vivo alternative strategies in addition to textbook methods for applying competencies in practice, and means to assess consultation competencies. These topics will be discussed in the next section.

Blueprint for Developing Competencies in Consultation and Interprofessional Collaboration

As the Workgroup embarked on the task of outlining education and training for competencies in consultation and interprofessional collaboration within psychology, it considered components of competencies, developmental perspectives, and multicultural guidelines (American Psychological Association, 2003b). In this regard, Stratford (1994) outlined six attributes of competence: observable, measurable, containable, practical, derived by experts, and flexible. The Workgroup identified components of consultation competencies within this context. Similar to the framework for multicultural counseling competencies (Arredondo et al., 1996; Sue et al., 1992), the components incorporate competencies for the individual practitioner with respect to cultural self-awareness, knowledge, and intervention skills. Recently approved Guidelines on Multicultural Education and Training, Research, Practice, and Organizational Change for Psychologists (American Psychological Association, 2003b) also provide an example of interdisciplinary and marketplace forces (Drum & Blom, 2001) on the professional psychologist. Therefore, knowledge building and adherence to these Guidelines become consultation and interprofessional collaboration components.
The Workgroup also referred to a developmental model, outlining five stages of competency development as: beginner, advanced beginner, competent, proficient, and expert (Dreyfus & Dreyfus, 1986). The I-O Psychology and Organizational Consulting Psychology Guidelines do not contain overt statements about developmental levels. However, both guideline sets refer to doctoral and continuing-education training, implying expectations for deepening one’s consultation and interprofessional collaboration competency through ongoing education and training.

The Competency Components

**Foundational Knowledge**

Becoming competent, proficient, and “expert” (Dreyfus & Dreyfus, 1986) in consultation and interprofessional collaboration requires the acquisition of core areas of knowledge, including: theories about organizations, systems, consultation, and interprofessional collaboration; modes of consultation and interprofessional collaboration; theories of organizational behavior; effects of social policies and concomitant economic factors; pertinent research; group dynamics/theory; laws and legislation; ethical standards and guidelines (e.g., I-O psychology, multicultural, organizational consulting); assessment of consumer needs for services; and relevant business practices and knowledge. This position is supported further by the National Council of Schools and Programs of Professional Psychology in their statement about consultation and education competency (Illback, Maher, & Kopplin, 1991).

**The Culturally Self-Aware Consultant and Interprofessional Collaborator**

Adherence to ethical standards (American Psychological Association of Postdoctoral and Internship Centers, 2002) and Multicultural Guidelines (American Psychological Association, 2003b) is fundamental to consultation practice and interprofessional collaboration by professional psychologists. The Workgroup recommended that culturally self-aware consultants and interprofessional collaborators should be expected to:

(a) reflect awareness of their beliefs/values and ways their personal history may impact consultation activities;
(b) distinguish what they know or do not know about consultation and interprofessional collaboration within different settings, contexts, populations, and units of focus (e.g., individual, group, systems);
(c) recognize that maintaining competence requires a life-long commitment to continued education and training; and
(d) demonstrate the capacity to appreciate and accommodate multiple, and sometimes conflicting, worldviews and the ability to understand what is “happening” across contexts/systems and translate that understanding into skillful interventions.

**Relevant Skill Sets**

The foundational knowledge identified for consultation competency falls into cognitive, emotional, and behavioral (CEB) categories, with the assumption that comprehensive preparation is essential. The CEB schema focuses on established and emerging frameworks and perspectives including, but not limited to, interpersonal skill development and
application, self-awareness and emotional intelligence, content and evidence-based knowledge (both research and reported best practices), and field-based supervised practica to demonstrate sufficient competency in consultation and interprofessional collaboration. This blueprint for preparation resembles training in the four general practice specialties in professional psychology (clinical, counseling, school, industrial–organizational), all of which require a specified number of hours of direct contact/service, supervision, and related training in an approved internship setting. In this discussion, there will be an emphasis on inter- and intrapersonal skill development.

The Workgroup defined relevant interpersonal skills as listening, empathy, contextual understanding, flexibility, sense of humor, and ability to help people “play well with others” in assisting clients. Details were provided for specific domains of interpersonal skills. For example, communication skills were defined as the ability to respond and interact with individuals, groups and systems, including: (a) listening, observing, speaking, and writing; (b) data gathering, analysis, and reporting; (c) awareness of worldview, language, context, and values of self and others; (d) advocacy; (e) use of technology; and (f) ability to communicate and be understood. The Workgroup agreed that communication skills are essential to the development and maintenance of strong and positive relationships with consultees and other professionals. Along these lines, the Workgroup also emphasized specific values and practices that competent consultants and interprofessional collaborators demonstrate as part of developing and maintaining effective relationships, which include: (a) valuing skills of clients, professionals and other stakeholders; (b) establishing productive relationships and working in teams across specialty and disciplinary lines; (c) facilitating analysis and problem-solving skills; (d) demonstrating contracting and negotiating competence; (e) demonstrating knowledge of models that guide their work; and (f) participating in hands-on experiences to acquire and demonstrate these competencies.

Schein (1987) described three models of helping in process-based consultation, which also have relevance for processes of interprofessional collaboration as defined and described above. The expert (purchase of information or expertise) model indicates that the client organization, having assessed its needs accurately, seeks services specific to these needs, and presumably knows the “consequences of seeking help” (p. 24). With the doctor–patient model, the client organization empowers the consultant to make a diagnosis of the issues and recommendations to address them. A consultant or interprofessional collaborator following this approach must demonstrate sufficient self-awareness and facility in managing the relationship because the client may become dependent on the consultant for problem diagnosis and implementation of subsequent interventions. The process–consultation model best exemplifies the interpersonal skills identified by the Workgroup as essential for competent consultation and interprofessional collaboration. This model is very similar to clinical/counseling therapy approaches in that the client owns the presenting problem and collaborates in its diagnosis, and the consultant plays a facilitative role, offering perspectives, insights, and skills that can be applied in the given setting (Schein, 1987).

Implementation Skills

The work of consultation and interprofessional collaborators in organizations and agencies typically involves project management. The Workgroup identified relevant implementation skills as: (a) time management, setting and meeting project deadlines for self; (b) resource allocation, including human-resource management and budgeting;
(c) process planning, using a model to introduce, intervene, and evaluate the designated project; (d) communication (as noted above); and (e) client management. Again, there are parallels between the work of the traditional clinician and the consulting psychologist in particular. Identified skills underscore the need for consultants to manage boundaries (both time and interpersonal), follow a coherent plan to execute the intervention, determine alternative resources and costs, and attend to the client through “good” communication skills.

As noted above, another related implementation skill for consultants and interprofessional collaborators involves facilitation of teamwork for problem solving. The Workgroup defined the ability to work with individuals, groups, and systems to solve problems and effect change as:

(a) knowledge of needs assessment processes, behavior of individuals, groups, and systems in organizations, problem-solving models, methods to effect change in individuals, groups, and systems, and ethics and legal issues;

(b) skill in determining needs, thinking critically, developing hypotheses, formulating solutions, choosing from available strategies, and evaluating outcomes; and

(c) demonstrating those values that will empower client(s), integrate stakeholder interests, indicate objectivity, and support the use of evidence-based strategies.

Finally, professional consultation and interprofessional collaboration as a psychologist typically involve a systematic examination of available data and/or generation of new data where necessary. Information may be in numeric, statistical, or narrative form. Training in research and program evaluation, scale and survey development, reliability and validity issues, privacy and ethical concerns, quantitative and qualitative data analysis (all hallmarks of psychological training) apply directly to these practices. Specific skills recommended by the Workgroup included task and process evaluation, as well as data collection and analysis at all units of focus (i.e., individual, group, and systems). Ultimately, the Workgroup underscored the importance and use of research skills and methods.

The components outlined in this section are not exhaustive. They provide a point of reference for psychologists who consider themselves consultants and interprofessional collaborators, and for educational programs in psychology that aspire to strengthen their consultation and interprofessional coursework.

Competency-Based Consultation and Interprofessional Collaboration

Education and Training

It is impossible to delineate a graduate and post-graduate training curriculum in this document. Examples of curricula already exist in university-based I-O, organizational consulting, and interprofessional collaboration programs. Furthermore, it should be emphasized that across the three general practice specialties of clinical, counseling, and school psychology—and often with the fourth area of Industrial–Organizational psychology—“one would find more in common than different” (Nelson, 2001a, p. 6). Past American Psychological Association President Joseph Matazazzo is quoted for defining psychology as “one discipline with many applications” (Nelson, 2001a, p. 6). This suggests that clinical, counseling, school, and I-O psychology specialties have similar foundational competency domains (see also Beutler & Fisher, 1994; Shealy et al., in press). Thus, it can be conjectured that consultation and interprofessional collaboration is a generic competency construct with multiple applications depending on the particular specialty area. Such premises about the balance between generic and specialty-specific consultation
competencies informed the Workgroup’s recommendation for training. Specific areas for study for the development of consultation and interprofessional collaboration competences follow.

**Personal/Professional Development**

This construct involves attention to one’s personal motivation to become a professional psychologist with a focus on consultation and interprofessional collaboration, including career-development goals, personal and client cultural awareness and multicultural experiences, and exploration of different units of focus (e.g., individual, group, systems) through worldview and value orientation models (Sue & Sue, 2002).

**Graduate-Level Practical, Supervised Experience**

This component offers incremental exposure to the world of consultation and interprofessional collaboration, somewhat similar to those in clinical and counseling psychology, and including: (a) in-vivo experience and role play with feedback, (b) supervised field-based experience in “real world” settings, (c) advocacy from a consultative or interprofessional base, (d) work alongside role models and change agents, and (e) experiential projects (e.g., observation in corporate and nonprofit organizations).

Consultation and interprofessional collaboration opportunities often occur in traditional practica (e.g., clinical or counseling work in a public health setting or a college human-development center) with developmental opportunities for advocacy, needs assessments, policy work, and multidisciplinary collaboration and consultation.

**Formal Coursework in Systems Theory**

Systems theory is an integrated aspect of the four specialty areas of psychology. It may be described differently in coursework, but there is an expectation that professional psychologists will possess knowledge about ways that: (a) organizations work independently and as part of larger systems; (b) ecological and contextual systems act as forces to influence individuals, groups, and other systems; and (c) sociocultural values and forces (e.g., race, religion, etc.) influence and affect behavior and change. Textbooks in each specialty area can be instructive, and infusion approaches may be applied. Course faculty may incorporate theories about organizational behavior and social learning, interprofessional collaboration, community counseling models and practices, multicultural competencies and guidelines to inform clinical training, and approaches to system-wide advocacy, consultation, and evaluation. Formal coursework in systems theory addresses the consultant’s changing role across different contexts and professional settings, models of service delivery, and life-span development across different units of focus (e.g., individual, group, and system).

**Ethics and Assessment**

Another relevant area of coursework involves ethics, confidentiality in particular systems, and knowledge about particular American Psychological Association or Specialty Guidelines to inform practice (e.g., I-O Guidelines). Consultation often involves system-wide research, evaluation, and intervention planning. To support these practices, the Workgroup recommended coursework in evaluation techniques, needs assessment, outcome
research, the use of qualitative and quantitative methodologies, and statistical-analysis skills. The Multicultural Guidelines specific to research and organizational change for psychologists also are recommended (American Psychological Association, 2003b). They state, “Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds” (p. 388). This statement also is expanded to refer to consultations addressing workforce diversity and organizations that primarily serve individuals from diverse ethnic, linguistic, or racial minority backgrounds. “Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices” (American Psychological Association, 2003b, p. 56). As one example, this guideline describes considerations about structural barriers that may impede access to equitable services by or for linguistic minority individuals.

Additional Considerations

Competency-based training in consultation and interprofessional collaboration draws on a menu of strategies to support the educational development process. Therefore, the Workgroup recommended that students interested in consultation and interprofessional collaboration become engaged in learning by (a) multidisciplinary reading, literature reviews, and textbooks; (b) critically reviewing research; (c) case studies and participating on reports and presentations; and (d) evaluation exercises.

Assessment of Consultation and Interprofessional Collaboration Competencies

Competencies in consultation and interprofessional collaboration can be assessed through different methods, in different settings, and at different points in the education, training, and application process (e.g., see the “Competency Cube” at http://www.appic.org for additional information about the developmental competence acquisition and assessment). For professional preparation, the Workgroup recommended peer/faculty evaluation through traditional methods. These methods include observations, “objective” outcome-based measures, a capstone experience, and teaching opportunities. For post-graduates or working professionals, continuing-education preparation and documentation of professional development through license renewal requirements are two possibilities.

Another form of competency assessment occurs through supervised field experiences. Feedback and evaluation based on data generated can be provided from the organization or unit where the consultation and interprofessional collaboration has taken place. Evaluation criteria may include the student consultant’s ability to (a) articulate the problem and process, (b) analyze a case, (c) rationalize an approach to consultation or interprofessional collaboration, (d) generate a report with a description of the issues and the provision of recommendations, (e) conduct an appropriate cost/benefit analysis, and (f) provide responses to the referral question. As part of this process—or at an adjunctive level—peers and faculty via relevant criteria also can assess a student’s consultation and interprofessional competencies.

Future Directions

The Workgroup recommended future directions and actions to build upon the preliminary definitions, ideas for educational content in graduate and post-graduate programs, and
methods for assessment of consultation competencies. Future directions, both long term and short term (ST) include:

1. Completion of a coherent statement (ST) regarding consultation and interprofessional collaboration on the extent to which competencies for consultation are shared by other professional psychologists. This determination can be accomplished by (a) eliciting feedback from related groups and entities (i.e., Divisions, credentialing and accreditation bodies) to enrich the competency development process (ST), and (b) making PowerPoint presentations available through different American Psychological Association Councils (e.g., Association of Psychology Postdoctoral and Internship Centers (APPIC) (ST);
2. Articulation of education and training domains from developmental perspectives defined as core elements (included in all professional psychology training) and specialty elements (e.g., advanced elements that define the specialty of consultation and interprofessional collaboration);
3. Formation of a taskforce to identify and implement systems that professional psychology can articulate and market. For example, academic programs need to communicate in public domains that consultation and interprofessional collaboration are service areas of the department and a benefit to students and multiple communities;
4. Proposals to incorporate core consultation and interprofessional collaboration components in model training programs to all American Psychological Association training councils;
5. Plans for a consultation- and interprofessional-collaboration-based conference involving specialty areas;
6. Articles representing the competency domain of consultation and interprofessional collaboration in professional psychology;
7. Compilation of bibliographies, training modules, dictionary of psychology-relevant consultation and interprofessional collaboration terms, and continuing-education programs;
8. Presentations of the Workgroup’s deliberations and recommendations through American Psychological Association presentations (e.g., BEA, BPA, Divisions, and other entities); and
9. Attention to relevant applications through workforce diversity management and development, and organizational behavior interventions, and to constructs such as emotional intelligence, worldviews, and situational learning.

Summary

Deliberations by the consultation and interprofessional collaboration Workgroup confirmed the belief of the Competency Conference planners (and available survey data) that these are key competency areas for professional psychology. Since consultation and interprofessional collaboration embody skills applied in unique and common ways by practitioners across the four specialty areas, it seemed appropriate to convene leaders from the specialties to give voice to competencies for professional practice. The outcomes of the Workgroup’s activities provide a stepping stone to examine additional relevant areas, as outlined above.

Experiences of senior-level psychologists (Workgroup 8 members) specific to on-going consultation and interprofessional collaboration were manifest throughout the work sessions. Discussions yielded many points of commonality and preferred practice approaches
based upon respective specialties and, additionally, offered participants an opportunity to model and practice the very competencies that were under discussion.

Time constraints did not allow a complete articulation of all relevant aspects or properties of these competencies or specification of relevant developmental perspectives (Nelson, 2001a). Some consulting models (Dougherty, 2000a; Gallessich, 1982, 1985), psychological interventions in organizations (Colarelli, 1998; Morgan, 1997), and interprofessional collaboration (Akerson et al., 2003; Brabeck et al., 2003; Johnson et al., in press; Lawson, in press; Stuart Foundation, 2002) were addressed insufficiently. However, the Workgroup remains optimistic about future opportunities for the field of professional psychology and for individual practitioners through deliberate attention to consultation and interprofessional collaboration. The Competencies Conference provided a crucial forum to further this important and dynamic process.

References


