

A Competency-Based Curriculum for Training Middle-Level Community–Clinical Psychologists¹

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The focus of this paper is to delineate the basic skills that might be appropriate for a community–clinical psychologist. The need for competent professionals to deliver mental health services has exceeded the capacity of existing training programs. Current training emphasis is aimed at providing a community–clinical psychologist on the middle level who would have a set of skills or competencies that would easily identify him as a psychologist.

Psychological training has a threefold focus. One focus is academic in nature. A psychology trainee receives the theoretical background of the discipline. A second focus is scientific (research) in nature. This focus provides a psychology trainee with the know-how for controlled experimentation. The third focus is that of a service delivery profession. As a service delivery profession, psychology is concerned with the practical application of skills for the amelioration of mental or social problems. After receiving rather extensive training in these three aspects of the discipline, a trainee will usually choose to specialize in one of them with the other two being more or less support areas. For example, a psychologist may elect to do research, teach, or engage in service delivery, but rarely would one specialize in all areas in which one has been trained.

Albee (1968) projected manpower needs in psychology that greatly exceeded the production capacity of psychology training programs. According to Nazarro (1973), "Of 566 clinical and counseling graduates which represented the output of 136 graduate departments, only 9 were not appropriately placed. Out of 755 other Ph.D. graduates, 40 could not find positions in their field." Mental

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health service delivery suffers in many locales because of the lack of competent personnel. There is a specific need for minority people, i.e., women, blacks, Spanish-surnamed, Oriental, and original Americans, as well as groups such as the Appalachian whites. It is important to prepare professionals from the ranks of minority groups and lower income people with the intent that they might return to their environments to deliver mental health services.

The American Psychological Association has been involved with the question of training since the 1949 conference in Boulder, Colorado. Woods (1971) provided a rich historical perspective of the American Psychological Association's activities with regard to the question of professional levels within psychology. Woods went on to say that the question regarding M.A.-trained people was first raised by Wundt, who was concerned that "the APA should devote serious attention to the kind of training that will be necessary for people to work in this area." The utilization of middle-level (B.A. and M.A.) psychologists is still an unresolved issue. There have been and perhaps always will be, individuals who function in the role of the traditional psychologist without doctoral level training. Historically, these individuals have functioned competently with pay level providing the only clear distinction.

MIDDLE-LEVEL COMMUNITY-CLINICAL PSYCHOLOGY TRAINING PROGRAMS

Psychologists are currently involved with the question of the kind of training necessary for competent service delivery. Several institutions in the southeast have developed curricula which are designed to train people at the middle levels. Florida Agricultural and Mechanical University is about to initiate a middle-level program with a community-clinical thrust. Murray State University, Murray, Kentucky, has a currently existing degree-awarding program. Morehouse University in Atlanta offers an optional certificate in community psychology upon receipt of the baccalaureate degree. Also, Georgia College at Milledgeville offers a program to prepare qualified "psychological technicians" at the bachelor's degree level for work in a variety of mental health settings. The referenced colleges are in the southeastern region, but there are institutions over the country similarly involved, such as California State University at San Francisco, which places emphasis on "public practice." Additionally, the Southern Regional Education Board of Atlanta is involved in conceptualizing models for the training and development of manpower in community-clinical psychology on the middle levels.

Community-clinical psychology represents an effort to incorporate the skills and insights of a clinician into a community setting. For this practitioner, the laboratory is the street; the office is the front porch. While this practitioner

must have some theoretical base, he must be able to translate this theory readily into viable intervention techniques appropriate to the existing milieu. Ballard (1973) determined from a group of paraprofessional community mental health workers the following concept of a community—clinical psychologist. It was suggested by the group that a community—clinical psychologist should be a person who (1) understands the problems of that community, (2) can identify with that community, and (3) can establish trust levels between himself and that community.

Clearly the paraprofessional mental health workers placed emphasis on the psychologist's sensitivity and other intrinsic characteristics. Such criteria place a burden on the process for screening and evaluating applicants. But what of the more teachable skills that this type of person should have to function as a competent professional? After studying psychology curricula and much discussion with colleagues interested in training, a number of salient skills have been specified which it seems important that the middle-level psychologist possess upon completion of training.

At present, the emphasis in training is shifting to include preparation for providing services competently at the completion of curricular and academic requirements. While flexibility should be built into any training program, there are some basic constraints. For example, there is the need for the student to complete a certain number of semester hours prior to being awarded the degree, dependent on whether B.S. or M.S. Second, there are probably certain courses which are considered essential or core curricula for the particular program. Recognizing the legal requirements and constraints that may be placed by the college or university, the developer of a training program should call upon his or her knowledge of the needs of the agencies in the area as well as the interests of the students in developing the specific major courses. The competencies that one would teach should complement existing mental health needs for the community. The competencies listed herein are approached from a skills point of view rather than from a coursework point of view, i.e., what a student should be able to do, rather than what courses a student should have.

COMPETENCIES FOR MIDDLE-LEVEL COMMUNITY—CLINICAL PSYCHOLOGISTS

The curriculum should introduce the psychology major to the *group process* early; groups are something with which he or she will have to contend throughout a professional career. The personal value and the possibilities of utilization of this skill are great. Another skill that the student should have is interviewing — the ability to listen well, to note well, and to evoke expression on the part of the interviewee. The student should have skill in relating to *different age*

levels and different educational levels, because in any community you will find the gamut of persons to be dealt with — the very young, the young, the middle-aged, and through to the aged. Also, people will be more or less formally educated and this community—clinical psychologist must understand how to relate with people on all these levels.

As a clinician, the community—clinical psychologist will be expected to have *assessment skills*. These should include skill in observing behavior, skill in the use of tests, skill in the use of interviews, and skill in participant observation, the kind of observation that anthropologists do, i.e., seeing while one is living on the spot.

Counseling skills are a necessity and go along with the clinician side of this professional. The counseling skills should include individual counseling, group counseling, family counseling, and marriage counseling.

Another very useful skill is that of the *utilization of community resources*. The community—clinical psychologist may serve as a member of many advisory boards because of the nature of his work, and in this way his position might be that of a catalyst and could help to direct efforts towards the betterment of services for the individuals living in the community, thereby ensuring that all of the community resources (i.e., social agencies, social services, churches, courts, city councils) might serve the roles for which they were intended.

In the area of *group facilitator*, the professional should have the skills to organize communities and make them functional. This professional should have the ability to observe family members to see how they interact and to make assessments of the family interaction. In a similar way, he should be able to deal with peer relationships — boyfriend/girlfriend relationships and student/teacher relationships — and be able to analyze the dynamics of these interrelationships. Consistent with the group dynamics, this professional should have an appreciation for the *communication skills* so necessary for the intergroup activities. Moreover, this professional person should have *personal communicative skills* that would enable him to articulate his goals, both orally and in written expression.

Research skills seem a necessity. When one mentions research skill in connection with this professional, the traditional experimental laboratory is not what should come to mind. Rather, this professional should have the ability to be critical about what is going on and to make changes in a given situation. The person should be trained to think in an experimental fashion, i.e., in the fashion of trying out one thing, assessing it, and trying another. When we talk about inculcating research skills into this person we are talking about the type of research skills that will enable this person to be a solver of community problems.

Many of the skills which have been delineated could be taught through existing psychology programs without drastic changes in the course offerings. However, the course objectives might have to be modified to accommodate a

competency-based orientation. There might need to be a shift in emphasis to include the mastery of practitioner skills. One can see that we are talking about learning at the cognitive level of application. (Bloom et al., 1969).

The skills which have been delineated represent the basic and fundamental skills necessary for the middle-level trainee to be identifiable as a psychologist. For it is true that while psychologists vary with regard to their specific expertise and specialties, there are nevertheless certain skill commonalities shared by all.

The community-clinical psychologist must be in touch with the community which he will serve. Exposure to the community and introduction to the people of the community should occur as soon as feasible in the training program. Individual programs must decide how this might be done — practical experience connected with coursework, separate practicum, or perhaps a contractual arrangement with some community agency for service delivery.

The focus on a community-oriented clinician is timely. The emphasis in mental health service delivery is shifting from removing the patient from the community to that of working with the patient in the community. The community-clinical psychologist becomes a valuable professional for this current trend.

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