Professional psychologists in Canada are required to demonstrate several core competencies in order to obtain licensure. Upcoming modifications to national accreditation criteria for professional psychology training programmes and internships will result in an alignment of the competency frameworks used for training and for licensure. We review three particular competencies to highlight the diverse state of affairs with respect to our current capacity to implement competency based training. The competency areas of assessment and intervention have received enough investigation to support the development of competency-based training options. Clinical supervision lags behind, largely due to the extremely limited evidence base on how psychologists develop supervisory skills.

Key words: educational program accreditation; graduate psychology education; internship programs; professional competence; psychologists.

As part of this special issue on competencies in clinical psychology, we are pleased to provide our perspective on how the challenges of ensuring competency in training and licensing are being addressed in Canada. In the following pages we touch briefly on current and emerging standards for clinical competencies in Canada, describing both the opportunities to enhance training programmes and the gaps in the knowledge base necessary to ensure evidence-based training in core clinical competencies.

Psychology Training and Licensure in Canada

According to the Canadian Association of University Teachers (CAUT) almanac of post-secondary education, at the undergraduate level in 2007–2008 (the most recent year for which full data are available), over 32,000 students were enrolled in psychology programmes (CAUT, 2010). Only undergraduate programmes in business/commerce and general liberal arts/humanities programmes were more popular academic options for students in Canadian universities. As both applicants to, and directors of, professional psychology programmes can attest, programmes in professional psychology are the most popular graduate programmes in psychology. During the 2007–2008 period, over 1,200 students were enrolled in clinical or counselling psychology graduate programs in Canada (CAUT, 2010). As of 2006 (again, the most recent year for which full data are available), the Canadian Institute of Health Information (CIHI) reported that there were over 15,700 psychologists licensed to practice in Canada (CIHI, 2008). This represents an increase of 38% in the number of licensed psychologists compared to data from 1997.

Since 1984, the Canadian Psychological Association (CPA) has offered accreditation of doctoral professional psychology programs and internships in Canada, and there are now approximately 30 accredited professional programmes (including clinical psychology, clinical neuropsychology, counselling psychology, and school psychology). Although for many years CPA has endorsed the doctoral degree as the standard for entry to professional practice, slightly fewer than half of the provincial and territorial licensing bodies in Canada require a doctoral degree for licensure. In some jurisdictions, those with master’s degrees can be registered as psychologists in
others, the registration of these individuals is with the title of “psychological associate.” To add to this somewhat confusing state of affairs, in some jurisdictions the scope of practice for psychologists and psychological associates is essentially identical. Regardless of jurisdiction or title, having a graduate psychology degree from an accredited training programme (whether the CPA or the American Psychological Association), although not required for licensure, can facilitate the credential review process all applicants undergo when applying for licensure.

Training and Licensing for Competency

In order to ensure that the psychologists (and psychological associates) licensed in different jurisdictions have at least basic competence in providing services to the public, the provincial and territorial regulatory bodies in Canada responsible for the licensing of psychologists (and psychological associates) developed a Mutual Recognition Agreement (MRA) in 2001 (see http://www.cpa.ca/docs/file/MRA.pdf). The MRA requires that, regardless of title or jurisdiction, those providing psychological services in Canada must have core competencies in interpersonal relationships, assessment and evaluation, intervention and consultation, research, and ethics and standards. Two additional competencies, supervision and administration, are required in some jurisdictions (two jurisdictions require competency in supervision and one requires competency in administration). In addition to providing some assurance about professional competencies, the MRA, because of the evaluation of core competencies in all jurisdictions, provides a framework to ease the mobility of psychologists moving across jurisdictions. The MRA does not, however, specify the manner in which a regulatory body should assess the core competencies. The precise nature of this evaluation varies across jurisdictions but, in general, a combination of relevant graduate courses, written examinations, supervised professional experiences, and oral examinations is frequently used to assess a candidate’s competencies at the point of entry to autonomous practice.

The accreditation criteria developed by CPA were last updated in 2002, just after the signing of the MRA (CPA, 2002). As a result, the criteria used to ensure student competency in professional training programs and internships, although compatible with the MRA, are not directly keyed to the competencies required for licensure. Over the past two years, the fifth revision of the CPA accreditation criteria has been developed, in large part, to ensure clear alignment of accreditation and licensing standards with respect to training in competencies of professional psychology. This revision is likely to soon be adopted by the CPA Board of Directors, with the expectation that it will be in place for programmes seeking accreditation or re-accreditation in the 2011–2012 academic year (for a draft version, see http://www.cpa.ca/cpasite/userfiles/Documents/Accreditation/Accreditation_2009.pdf).

The core professional competencies set out by the MRA are comparable to those presented in other competency frameworks (e.g., Caslow, 2004; Caslow et al., 2007; Rodolla et al., 2005). The MRA competencies are also generally consistent with the competency framework recently developed by the Association of State and Provincial Psychology Boards (ASPPB), an international association comprised of the regulatory bodies in Canada and the USA. The ASPPB competency framework consists of scientific knowledge, evidence-based decision-making/critical reasoning, interpersonal and multicultural competence, professionalism/ethics, assessment, intervention/supervision/consultation (Greenberg, Caro, & Smith, 2010). There are two aspects of the ASPPB framework that are particularly noteworthy. First, the framework was validated by a means of a practice analysis, using data from over 1,100 licensed psychologists in the United States and Canada. Second, for each competency area, behavioural exemplars were developed for key skills, and respondents in the practice analysis rated the extent to which these exemplars typified expected competencies for those at varying levels of professional experience (specifically, during practicum training early in doctoral training, during internship training late in doctoral training, at entry to autonomous practice, and after three years of autonomous practice). These data should be invaluable for curriculum planning purposes in professional training programmes, inasmuch as they provide empirical support for the nature of professional competencies as manifested at specific levels of training (see also Fouad et al., 2009).

Much has been written about and, no doubt, will continue to be written about, training priorities and challenges in this era of evidence-based psychological practice (e.g., Hunsley, 2007a, 2007b; Kazdin, 2008; Levant & Hasan, 2008). As reviewing the numerous issues involved in training for and evaluating professional competencies is beyond the scope of this brief article, we will highlight a few of the options and challenges available for training for the assessment, intervention, and supervision competencies.

Competency in Assessment and Intervention

In the MRA, as in other competency frameworks, the critical professional services of assessment and intervention are viewed as core competencies for all professional psychologists, regardless of practice setting or specialty. As these services have been a mainstay in both training programmes and professional services for many decades, it is not surprising that there is a wealth of information available on evidence-based assessment and evidence-based intervention and how such skills should be incorporated into a training curriculum (e.g., American Psychological Association, Division 12 Presidential Task Force, 1999; Calhoun, Moras, Pilkonis, & Rehm, 1998; Haynes, Smith, & Hunsley, 2011; Hunsley & Mash, 2008; Krishnamurthy et al., 2004; Nathan & Gorman, 2007; Weisz & Kazdin, 2010). What has been lacking, until recently, is information on options and best practices with respect to the assessment of these two core competencies. Stemming from the efforts of an American Psychological Association task force and the ASPPB, there is now clear guidance on appropriate benchmarks for these skills across different levels of training (Fouad et al., 2009; Greenberg et al., 2010) and on relevant competency evaluation strategies (Karlow et al., 2009). Accordingly, it appears that all the necessary pieces are in place to develop competency-based
training and evaluation procedures for both psychological assessment and intervention.

**Competency in Supervision**

CPA accreditation criteria require that professional programmes provide training in supervision, but a recent survey of accredited clinical and counselling psychology programmes in Canada found that there was considerable variability in how programs provided this training (Hadjistavropoulos, Kehler, & Hadjistavropoulos, 2010). For example, although half of surveyed programmes require some coursework on clinical supervision, the number of required coursework hours on the topic ranged from 3 to 39! Moreover, only a quarter of training programs required practicum experience in which, under supervision, students provided clinical supervision. There are likely many reasons for this state of affairs, including the relatively recent focus on training students for clinical supervision, the fact that the responsibility for this training is shared between training programs and clinical internships that occur at the end of doctoral training, and the lack of established training benchmarks (but, see Fouad et al., 2009). However, we suspect that a major contributor to the current situation is that the evidence base for how to train for supervisory skills is extremely limited.

There are four developmental models in the mental health training literature that describe how supervisors develop their skills and professional identity (Hess, 1987; Rodenhauser, 1995; Stoltenberg, McNeill, & Delworth, 1998; Watkins, 1990). There is considerable consistency between models, with Watkins’ Supervisor Complexity Model (and the measure based on this model) having received the most empirical attention. The focus of this research largely examines the influence of past supervisory training and experience on supervisor development, although it has been used to detect improvements in trainees as they completed a brief supervision training programme (Baker, Exum, & Tyler, 2002). Other research in the clinical supervisor development literature has examined whether supervisory experience and training is associated with increased supervisory self-efficacy; the evidence on this question is mixed to date (Kavanagh et al., 2008; Stevens, Goodyear, & Robertson, 1998).

Prospective examinations of the impact of supervisor training programmes have largely emphasised training programmes that include both didactic coursework and experiential/practicum experiences. Most of the outcome data for such training programmes are based on self-report: for example, such combined training has resulted in participants reporting greater supervisory self-efficacy; the evidence on this question is mixed to date (Kavanagh et al., 2008; Stevens, Goodyear, & Robertson, 1998).

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In order for competency-based supervision training to be enacted, the supervision process itself needs to be more rigorously studied to so that educators know the impact of supervision on clients and trainees (Falender & Shafranske, 2010). The goal is twofold: first, understand what makes for effective supervision, and second, understand what makes for the effective teaching of effective supervision. Only when these two related questions are addressed, can we answer the “clarion call” (Falender & Shafranske, 2010, p. 45) for evidence-based supervision training that is sounding throughout psychology.

**Conclusions**

Competency-based training and licensure has come a long way in Canada in a relatively short period of time. Standards are in place, for both training programs and regulatory boards, to ensure the minimal attainment of a core set of clinical competencies by trainees and professionals. There is still much to be learned, however, about the best options for operationalising these standards and using scientific data to guide our efforts to train for, and evaluate, these professional competencies.

**References**


