

# BOARD OF PSYCHOLOGY

Psychologist



This report was written and produced by  
the staff of the Office of Examination Resources,  
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## EXECUTIVE SUMMARY

The Board of Psychology (BOP) requested that the Department of Consumer Affairs, Office of Examination Resources (OER), conduct a validation study. As part of a comprehensive evaluation of the practice of psychology in California, OER reviewed the validation study conducted for the Association of State and Provincial Psychology Boards (ASPPB) completed in September 2003. The purpose of this occupational analysis was to identify tasks and the knowledge necessary to perform those tasks not addressed in the ASPPB validation study. This occupational analysis is *not* a complete study of the profession of psychology but as an addendum to information not covered in the ASPPB's report, *The Study of the Practice of Licensed Psychologists in the United States and Canada*. The results of the ASPPB validation study serve as the basis for the examination plan of the Examination for Professional Practice in Psychology (EPPP), and the purpose of OER's validation report is to serve as the basis for the examination plan of the California Psychology Supplemental Examination (CPSE).

To develop a legally defensible examination plan for the CPSE, OER compiled information from three groups of licensed psychologists, thus using a content validation strategy. The first two groups reviewed the ASPPB study and identified and discussed the content areas not addressed in the ASPPB study. After the licensed psychologists identified areas pertinent to practice in California but not addressed in the ASPPB report, the groups identified the tasks as well as the knowledge necessary to perform those tasks. A third group of licensed psychologists reviewed and revised the lists of tasks and knowledge statements to ensure that statements were definitive in their meaning.

OER developed a questionnaire to be sent to psychologists statewide that consisted of three parts. Part One consisted of demographic questions about the psychologists themselves, their work setting, and practice. In Part Two, the psychologists rated each job task in terms of how often they performed the task, how important the task was to performance of their current job, and how difficult is it to attain proficiency in the specified task. Finally in Part Three, psychologists were asked to rate each knowledge statement in terms of how important that knowledge is to performance of their current job and their application of this knowledge in their job.

OER used a stratified random sampling with proportional allocation by county to distribute the questionnaire to 2,500 licensed psychologists in California who are in good standing with the BOP. The psychologists were partitioned into two groups: those psychologists licensed in California five or less years and those psychologists licensed in California six or more years. Eight hundred twenty-three psychologists (32.9%) returned the questionnaires; of these 744 respondents were actively working as psychologists. The respondents represented 49 of the 58 counties in California.

OER used a multiplicative model to arrive at a critical index for each task and knowledge statement. A final group of licensed psychologists evaluated these critical indices and

determined that one knowledge statement should be eliminated from further analysis. The last step was to have the final group of psychologists establish the linkage between job tasks and knowledge statements. The examination outline is structured into four content areas. Each content area is weighted proportionately relative to other content areas. The examination outline specifies the job tasks that a psychologist is expected to master at the time of licensure. The CPSE will be based directly on the examination outline. The following table presents the four content areas, a descriptive overview of the content areas, and the weight for each content area.

### **AN OVERVIEW OF THE CALIFORNIA PSYCHOLOGY SUPPLEMENTAL EXAMINATION (CPSE)**

<b>Content Area</b>	<b>Content Area Description</b>	<b>Percent Weight</b>
Crisis Assessment and Intervention	This area addresses the candidate's ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.	22
Clinical Assessment and Evaluation	This area addresses the candidate's ability to identify a patient's presenting problems and to collect and integrate information within the patient's interpersonal and cultural context. This area includes psychological testing, the ability to formulate diagnoses and provide recommendations.	22
Treatment Interventions	This area assesses the candidate's ability to develop a theoretically-derived treatment plan and prioritize treatment goals based on assessment and diagnoses. This area includes the ability to implement, evaluate, and modify clinical interventions as well as to identify the clinical impact of legal and ethical responsibilities on treatment.	17
Legal and Ethical Standards	This area assesses the candidate's ability to apply legal, ethical, and current professional standards in clinical practice.	39
<b>TOTAL</b>		<b>100</b>

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## CHAPTER 1. INTRODUCTION

### **PURPOSE OF THE OCCUPATIONAL ANALYSIS**

The Board of Psychology (BOP) requested that the Department of Consumer Affairs, Office of Examination Resources (OER), conduct a validation study to identify critical job activities performed by licensed psychologists. This occupational analysis is part of the BOP's comprehensive review of the practice of psychology in California. The purpose of this occupational analysis is to identify tasks and the knowledge necessary to perform those tasks not addressed in the Association of State and Provincial Psychology Board's (ASPPB) validation study. The study prepared by OER for the BOP should *not* be considered a complete study of the profession of psychology but as an addendum to information not covered in the ASPPB's report, *The Study of the Practice of Licensed Psychologists in the United States and Canada*. The results of the ASPPB validation study serve as the basis for the examination plan of the Examination for Professional Practice in Psychology (EPPP), and the purpose of OER's validation report is to serve as the basis for the examination program for the California Jurisprudence and Professional Ethics Examination (CJPEE).

### **CONTENT VALIDATION STRATEGY**

To ensure that the occupational analysis reflects the actual tasks performed by psychologists, OER implemented a content validation strategy to describe the content of the job. The content validation strategy established the link between the job tasks and the knowledge statements utilizing the technical expertise of the licensed psychologists.

### **ADHERENCE TO LEGAL STANDARDS AND GUIDELINES**

Several statutes, guidelines, and case law serve as standards for the basis of licensure, certification, and registration programs in California. These include the Federal Uniform Guidelines for Employee Selection, the Civil Right Act of 1991, and Section 12944 of the California Fair Employment and Housing Act. For a licensure program to meet these standards, it must be based on the job activities that psychologists perform on the job.

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## CHAPTER 2. SURVEY QUESTIONNAIRE

### UTILIZATION OF EXPERTS

The BOP identified licensed psychologists who represent diverse ethnic and practice settings to provide technical expertise in all phases of the occupational analysis. Some of the psychologists participated in focus groups that reviewed the ASPPB report, and they determined whether the ASPPB report is representative of practice of psychologists in California. Other psychologists developed and refined new job tasks and knowledge statements that were created in response to the ASPPB validation report and current practice in California. A number of recently licensed psychologists were included in each of the focus groups to ensure that the results of the occupational analysis reflect current practice for the entry-level candidate.

### LIST OF JOB TASKS AND KNOWLEDGE STATEMENTS

OER conducted two focus group meetings to identify major content areas of their practice and the job tasks performed in each content area not addressed in the ASPPB validation report. The panelists were also asked to identify the knowledge necessary to perform each job task safely and competently. A third focus group reviewed and refined the list of job tasks and knowledge statements.

The second and third focus groups evaluated the technical and conceptual accuracy and comprehensiveness of the content areas, including the job tasks and knowledge statements. The panelists determined whether the scope of the task and knowledge statements was independent and nonoverlapping.

OER then developed a questionnaire based on the list of job tasks and knowledge statements. Appendices A and B display the cover letter and the questionnaire that the BOP mailed to the licensed psychologists selected to receive this survey.

### DISTRIBUTION OF QUESTIONNAIRE

The questionnaire was distributed to a stratified random sampling with proportional allocation by county. The identified recipients of the questionnaire consisted of licensed psychologists practicing in California who are in good standing with the BOP. A target sample of 2,500 licensed psychologists was selected out of 9,382 licensed psychologists practicing in California.

OER used the following methodology for the stratified random sampling.

- The 9,382 licensed psychologists were partitioned into two groups or strata consisting of those psychologists licensed in California five or less years (N= 3087) and those psychologists licensed in California six or more years (N= 6293).

- To ensure the representation of licensed psychologists at or near entry-level, questionnaires were sent to 1,302 licensed psychologists who were licensed in California for five or less years. The remaining sample (N=1198) of psychologists was selected from the group with six or more years licensed in California.
- For each group or strata, if a county had ten or fewer psychologists identified then all the psychologists were selected for that county. A total of 64 licensed psychologists were selected from the group with five or less years licensed, and 82 psychologists were selected from the group with six or more years licensed in California.
- The remaining licensed psychologists from each group or strata were proportionally and randomly selected based on the percentage of psychologists from each county. Appendix C displays the population and sampling distribution by county for the two groups or strata.

## CHAPTER 3. SURVEY RESULTS

### OVERVIEW SURVEY RESULTS

The psychologists were asked to complete the three parts of the questionnaire. Part One contains general background questions about themselves, their work setting, and practice. In Part Two, the psychologists are asked to rate each job task in terms of: (1) how often they perform the task (FREQUENCY); (2) how important the task is to performance of their current job (IMPORTANCE), and (3) how difficult is it to attain proficiency in this task (DIFFICULTY). Similarly in Part Three, psychologists are asked to rate each knowledge statement in terms of: (1) how important a knowledge (IMPORTANCE) is to performance of their current job and (2) their application of this knowledge in their job (USAGE).

### RESPONSE RATE

Eight hundred twenty-three psychologists (32.9%) returned the questionnaires. Seven hundred forty-four respondents were actively working as psychologists; therefore, the adjusted response rate for the psychologists was 29.7%. Respondents represented 49 of the 58 counties in California. Appendix D presents the respondents by county and region.

### RELIABILITY OF RATINGS

All ratings from the questionnaire were evaluated with a standard index of reliability called coefficient alpha ( $\alpha$ ). Coefficient alpha is an estimate of internal-consistency reliability of the respondents' ratings of job tasks and knowledge statements in the questionnaire. Coefficients were calculated for all respondent ratings and knowledge statements, including the knowledge statement that was eliminated after analysis.

Table 1 displays the reliability coefficients for the task rating scales in each content area. The frequency, importance, and difficulty for each content area were highly reliable. The high reliability indicates that the responding psychologists rated the task statements consistently throughout the questionnaire.

Table 2 displays the reliability coefficients for the knowledge statements rating scales in each content area. The importance and usage for each content area were highly reliable. The high reliability indicates that the responding psychologists rated the knowledge statements consistently throughout the questionnaire.

TABLE 1 – TASK - SCALE RELIABILITY

<b>Content Area</b>	<b>Number of Tasks</b>	<b>Frequency</b>	<b>Importance</b>	<b>Difficulty</b>
Crisis Assessment and Intervention	5	.8318	.8253	.7871
Clinical Assessment and Evaluation	4	.7574	.7386	.7334
Treatment Interventions	3	.8111	.7792	.7659
Legal and Ethical Standards	5	.7858	.8220	.8965
<b>TOTAL</b>	<b>17</b>	<b>.8300</b>	<b>.8420</b>	<b>.8809</b>

TABLE 2 – KSA - SCALE RELIABILITY

<b>Content Area</b>	<b>Number of KSAs</b>	<b>Importance</b>	<b>Usage</b>
Crisis Assessment and Intervention	23	.9609	.9259
Clinical Assessment and Evaluation	25	.9562	.9283
Treatment Interventions	22	.9579	.9355
Legal and Ethical Standards	39	.9618	.9406
<b>TOTAL</b>	<b>109</b>	<b>.9806</b>	<b>.9722</b>

## **DEMOGRAPHIC RESULTS**

Most of the responding psychologists can be described in terms of the following demographic data (see Figures 1 – 11 and Tables 3 – 13, starting on page 7):

- Work full-time as a psychologist
- Work in an urban setting
- Have provided some clinical supervision
- Have never provided administrative supervision
- Primarily use the English language to speak to patients
- Primarily have a general clinical private practice
- Licensed in California for at least 0 to 5 years

Figure 6 displays the number of psychologists who speak another language to provide treatment for their patients. Figure 7 shows the languages identified by the psychologists as being used during the treatment of patients. Please note that the totals in Figures 6 and 7 are unequal because some of the psychologists indicated they speak more than one language, and others indicated they knew "a little bit" of the language.

Figures 9 and 10 display the number of psychologists who work in a particular practice setting and specialty area. Please note that the totals in Figures 9 and 10 reflect that the psychologists work and specialize in more than one area.

FIGURE 1 – YEARS LICENSED AS PSYCHOLOGIST

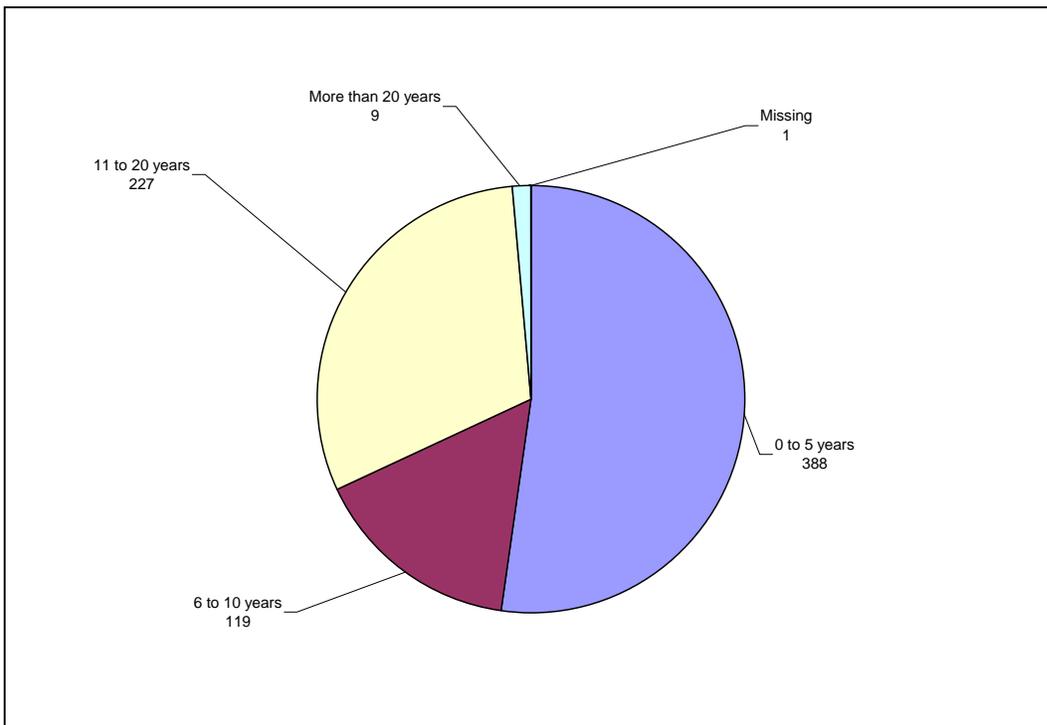


FIGURE 2 – YEARS IN PRACTICE AS PSYCHOLOGIST

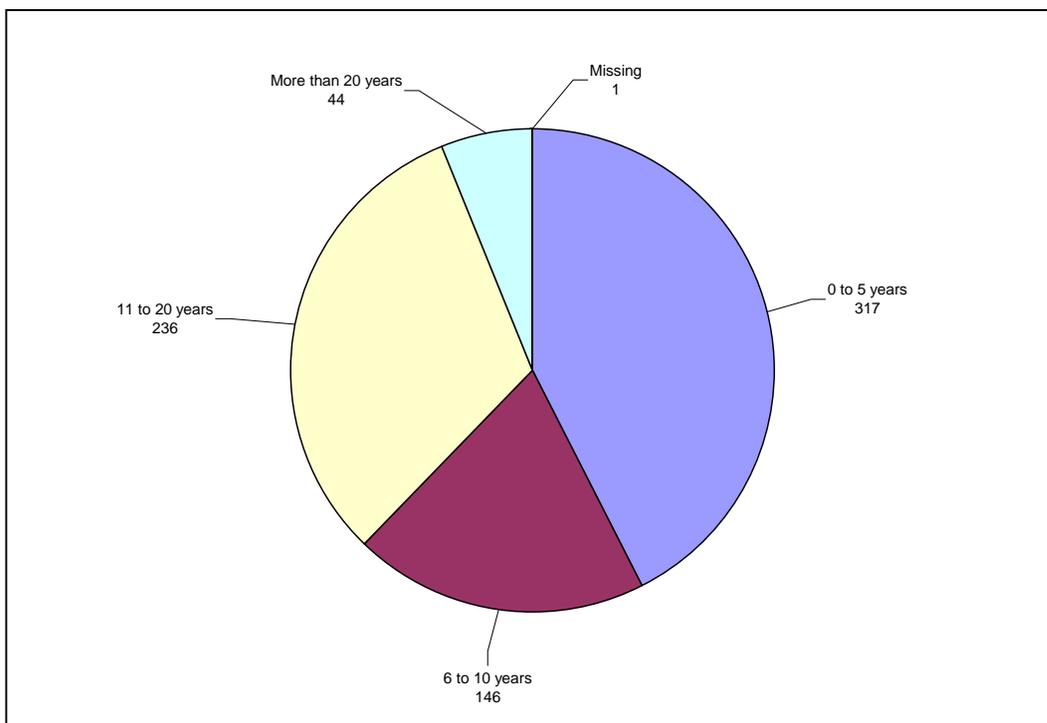


FIGURE 3 – HOURS WORKED AS PSYCHOLOGIST

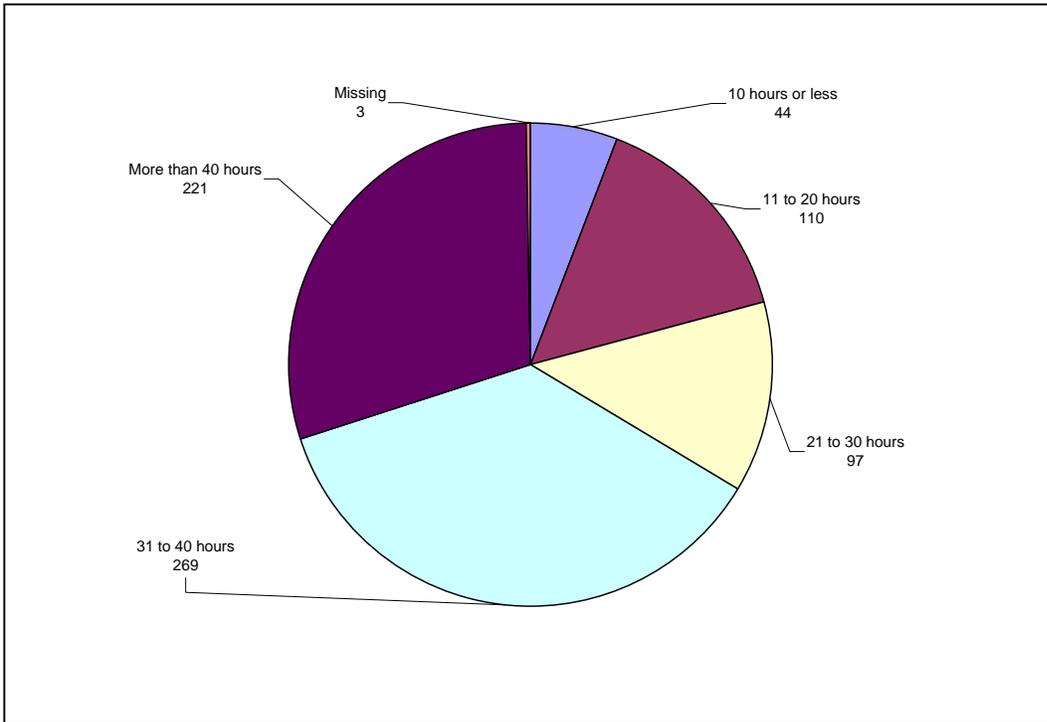


FIGURE 4 – YEARS PROVIDING CLINICAL SUPERVISION

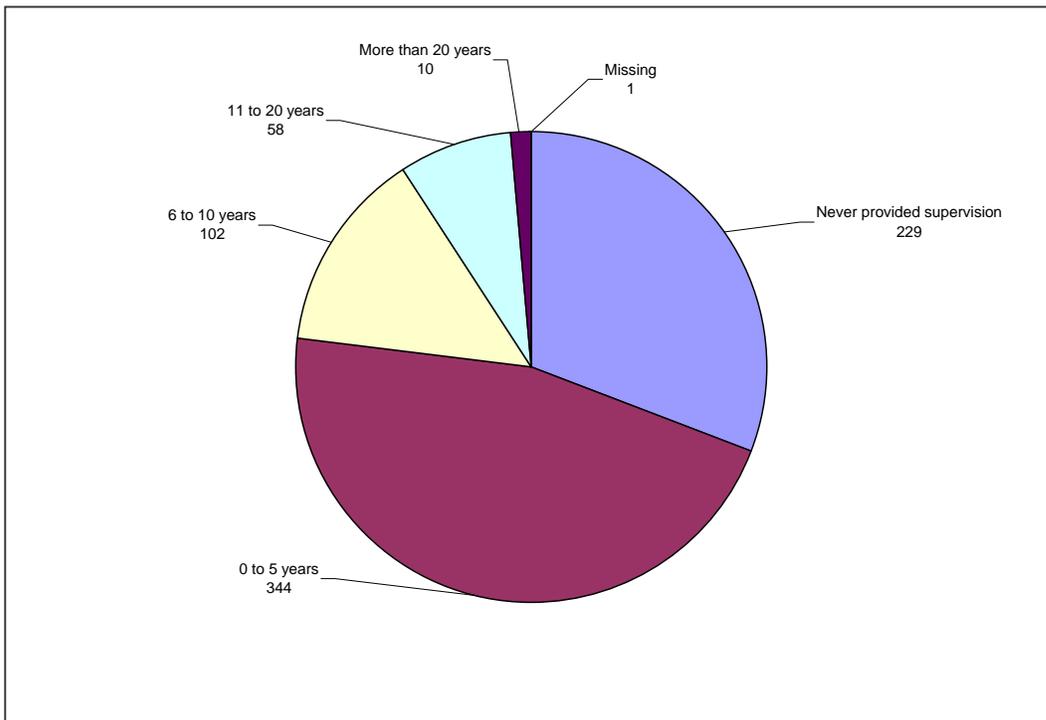


FIGURE 5 – YEARS PROVIDING ADMINISTRATIVE SUPERVISION

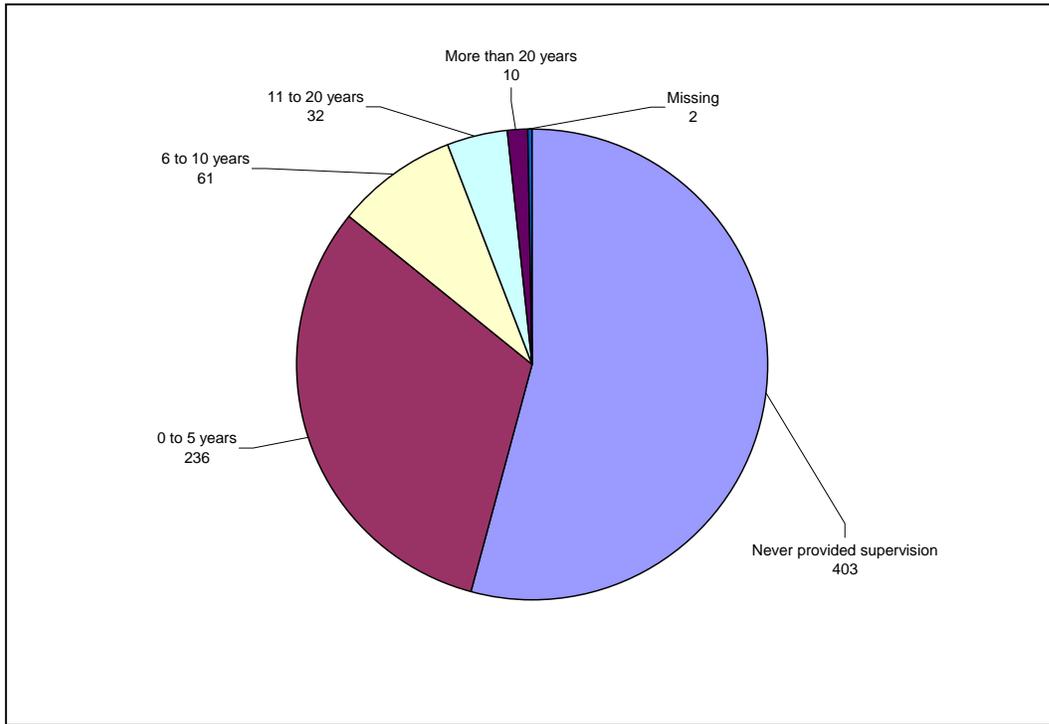


FIGURE 6 – SPEAK ANOTHER LANGUAGE

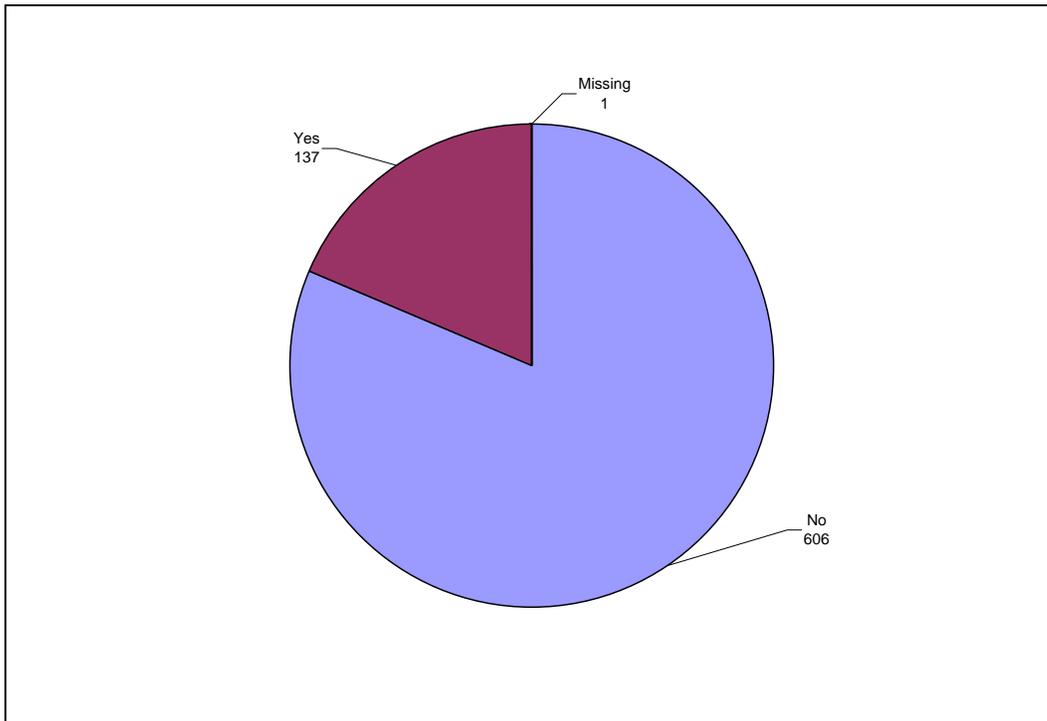
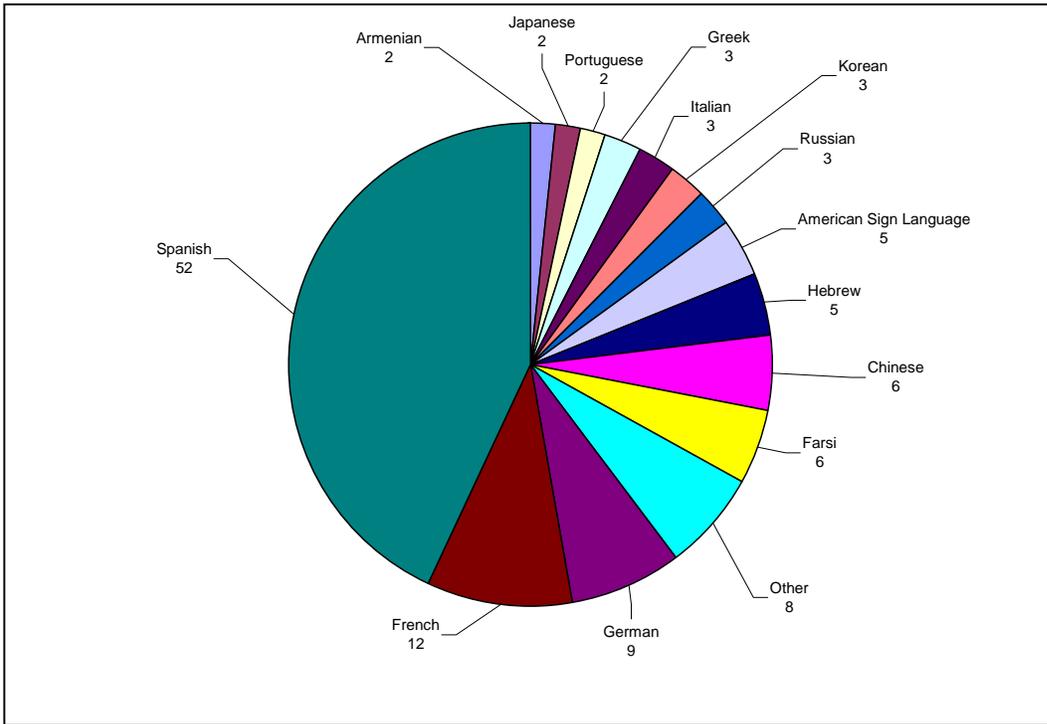


FIGURE 7 – LANGUAGES SPOKEN TO PATIENTS



Note: Some respondents indicated more than one language and others indicated they knew "a little bit" of the language.

FIGURE 8 – WORK LOCATION

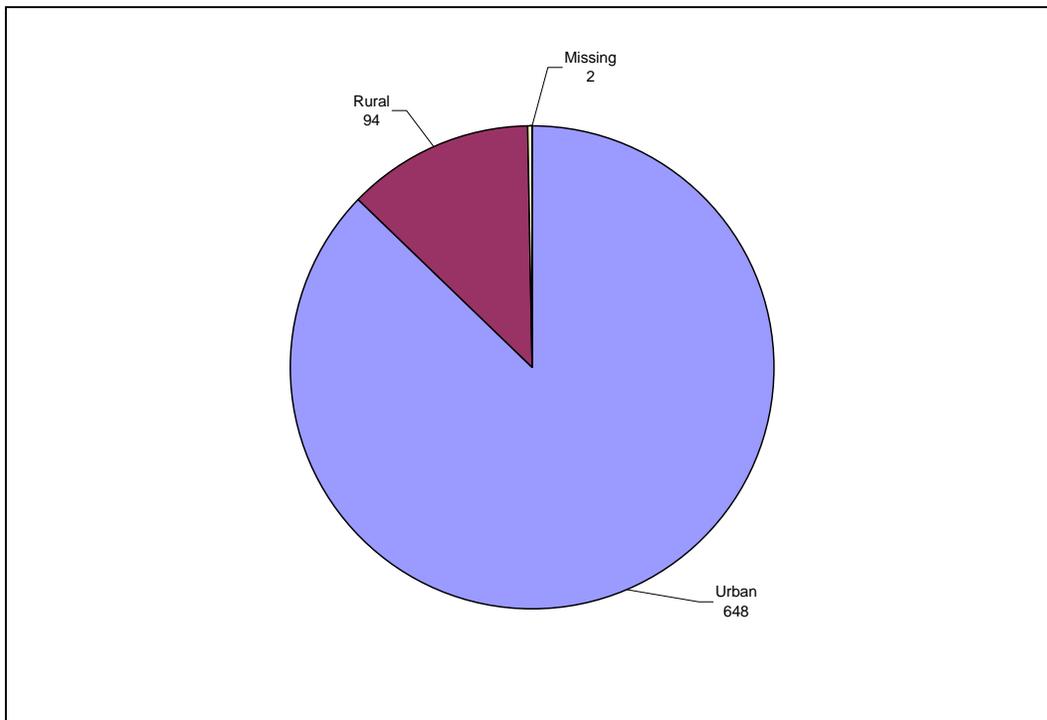
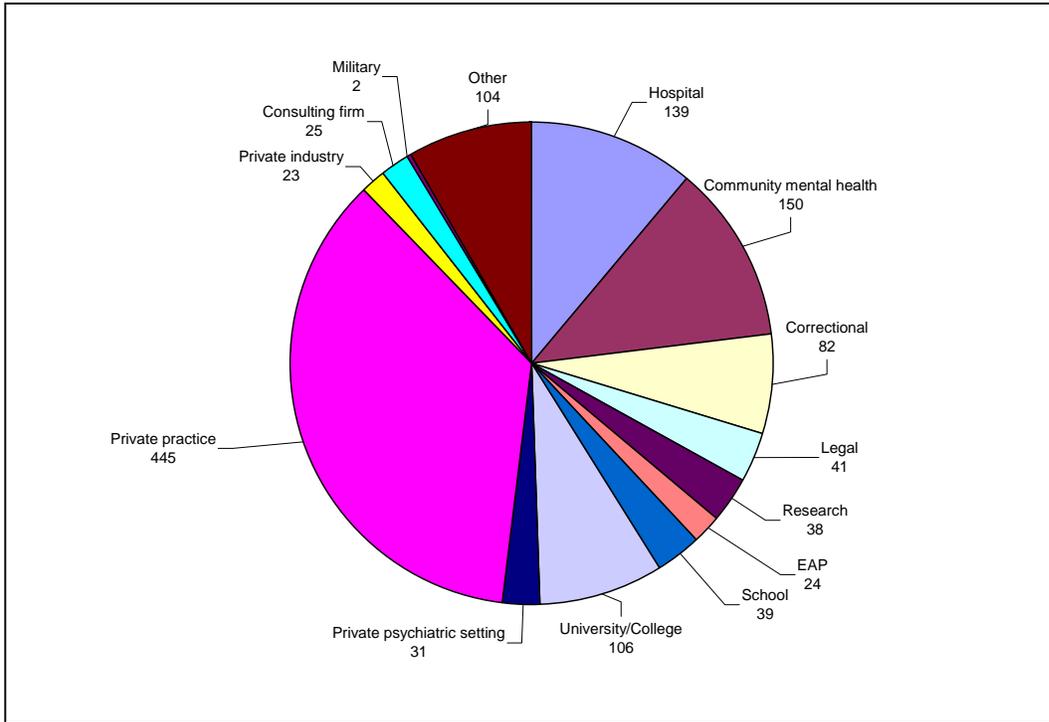
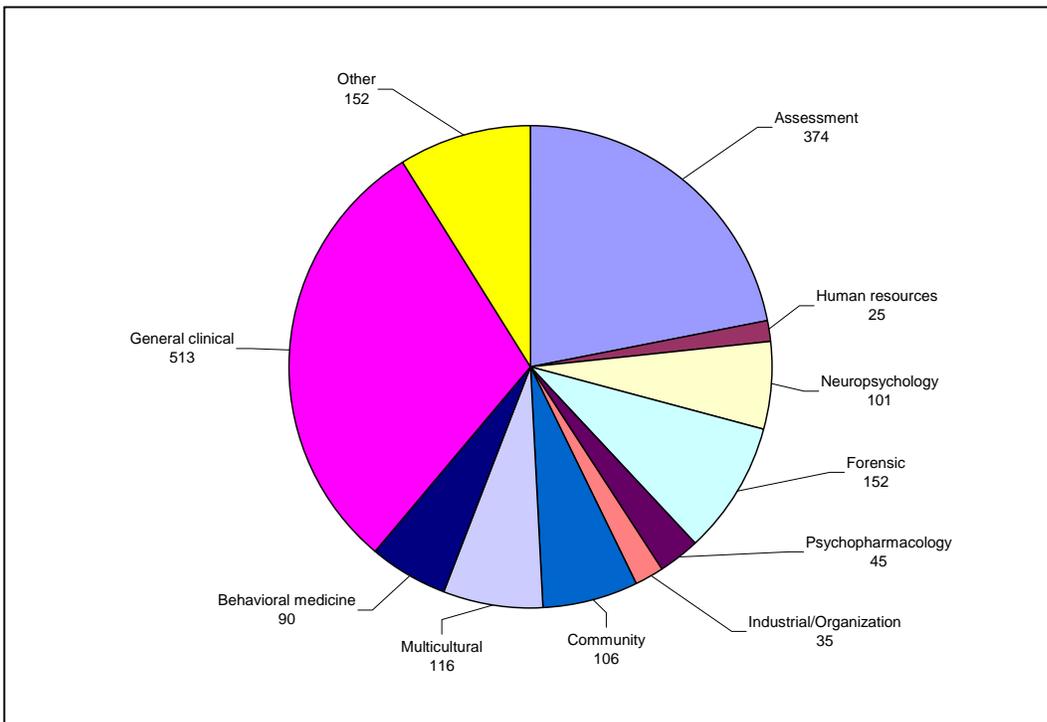


FIGURE 9 – WORK SETTINGS FOR PSYCHOLOGY



Note: Respondents could indicate more than one practice setting.

FIGURE 10 – SPECIALTY AREAS FOR PSYCHOLOGY



Note: Respondents could indicate more than one specialty.

FIGURE 11 – REGION OF PRACTICE

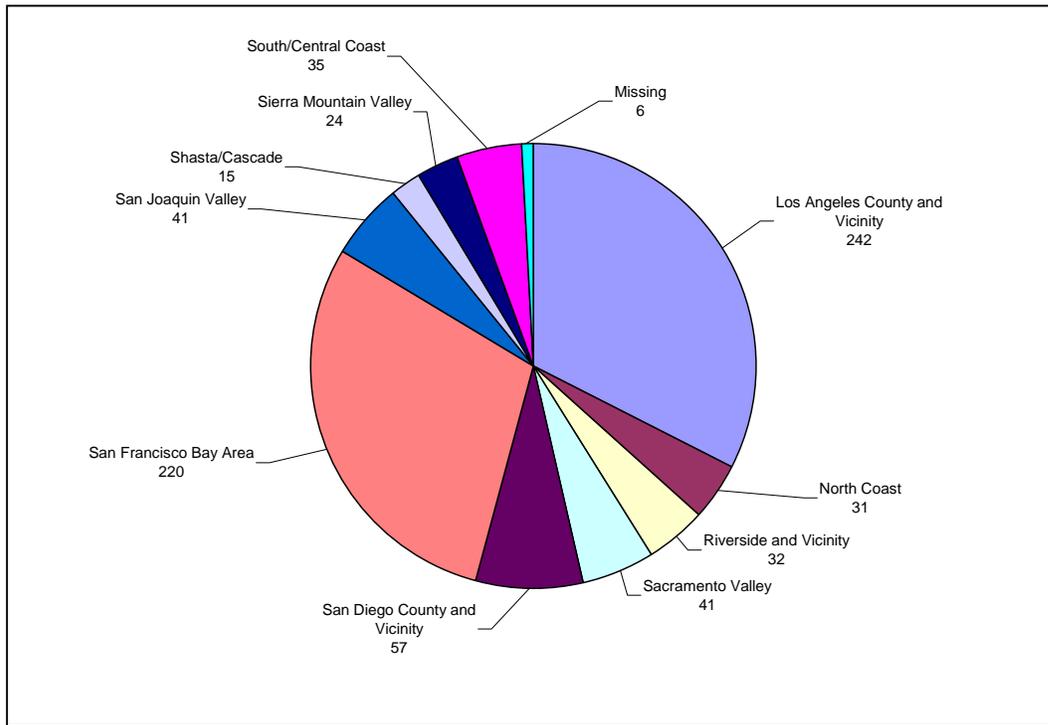


TABLE 3 – YEARS LICENSED AS PSYCHOLOGIST

Years Licensed	Number of Respondents	Percent
0 to 5 years	388	52.2
6 to 10 years	119	16.0
11 to 20 years	227	30.6
More than 20 years	9	1.2
Mismarked	0	-
Missing	1	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

TABLE 4 – YEARS IN PRACTICE AS PSYCHOLOGIST

Years Licensed	Number of Respondents	Percent
0 to 5 years	317	42.7
6 to 10 years	146	19.7
11 to 20 years	236	31.7
More than 20 years	44	5.9
Mismarked	0	-
Missing	1	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

TABLE 5 – HOURS WORKED AS PSYCHOLOGIST

<b>Hours Worked</b>	<b>Number of Respondents</b>	<b>Percent</b>
10 hours or less	44	5.9
11 to 20 hours	110	14.8
21 to 30 hours	97	13.1
31 to 40 hours	269	36.3
More than 40 hours	221	29.8
Mismarked	2	-
Missing	1	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

TABLE 6 – YEARS PROVIDING CLINICAL SUPERVISION

<b>Years Clinical Supervision</b>	<b>Number of Respondents</b>	<b>Percent</b>
Never provided supervision	229	30.8
0 to 5 years	344	46.3
6 to 10 years	102	13.7
11 to 20 years	58	7.8
More than 20 years	10	1.3
Mismarked	0	-
Missing	1	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

TABLE 7 – YEARS PROVIDING ADMINISTRATIVE SUPERVISION

<b>Years Administrative Supervision</b>	<b>Number of Respondents</b>	<b>Percent</b>
Never provided supervision	403	54.3
0 to 5 years	236	31.8
6 to 10 years	61	8.2
11 to 20 years	32	4.3
More than 20 years	10	1.3
Mismarked	0	-
Missing	2	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

TABLE 8 – SPEAK ANOTHER LANGUAGE

<b>Language</b>	<b>Number of Respondents</b>	<b>Percent</b>
No	606	81.6
Yes	137	18.4
Mismarked	0	-
Missing	1	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

TABLE 9 – LANGUAGES SPOKEN TO PATIENTS

<b>Language</b>	<b>Number of Respondents</b>
American Sign Language	5
Armenian	2
Chinese	6
Farsi	6
French	12
German	9
Greek	3
Hebrew	5
Italian	3
Japanese	2
Korean	3
Portuguese	2
Russian	3
Spanish	52
Other	8

Note: Some respondents indicated more than one language and others indicated they knew "a little bit" of the language.

TABLE 10 – WORK LOCATION

<b>Location</b>	<b>Number of Respondents</b>	<b>Percent</b>
Urban	648	87.3
Rural	94	12.7
Mismarked	1	-
Missing	1	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

TABLE 11 – PRACTICE SETTINGS

<b>Practice Setting</b>	<b>Frequency</b>	<b>Percent</b>
Hospital	139	11.1
Community mental health	150	12.0
Correctional	82	6.6
Legal	41	3.3
Research	38	3.0
EAP	24	1.9
School	39	3.1
University/College	106	8.5
Private psychiatric setting	31	2.5
Private practice	445	35.6
Private industry	23	1.8
Consulting firm	25	2.0
Military	2	.2
Other	104	8.3
Total	1249	100.0

Note: Respondents could indicate more than one practice setting.

TABLE 12 – SPECIALTY AREAS

<b>Specialty Area</b>	<b>Frequency</b>	<b>Percent</b>
Assessment	374	21.9
Human resources	25	1.5
Neuropsychology	101	5.9
Forensic	152	8.9
Psychopharmacology	45	2.6
Industrial/Organization	35	2.0
Community	106	6.2
Multicultural	116	6.8
Behavioral medicine	90	5.3
General clinical	513	30.0
Other	152	8.9
Total	1709	100.0

Note: Respondents could indicate more than one specialty.

TABLE 13 – REGION OF PRACTICE

<b>Region</b>	<b>Number of Respondents</b>	<b>Percent</b>
Los Angeles County and Vicinity	242	32.8
North Coast	31	4.2
Riverside and Vicinity	32	4.3
Sacramento Valley	41	5.6
San Diego County and Vicinity	57	7.7
San Francisco Bay Area	220	29.8
San Joaquin Valley	41	5.6
Shasta/Cascade	15	2.0
Sierra Mountain Valley	24	3.3
South/Central Coast	35	4.7
Mismarked	0	-
Missing	6	-
<b>TOTAL</b>	<b>744</b>	<b>100.0</b>

## CHAPTER 4. DEVELOPMENT OF EXAMINATION OUTLINE

### CRITICAL TASK INDEX

To obtain a critical task index for each job task, the mean frequency (F), mean importance (I), and mean difficulty (D) ratings were multiplied for each task.

$$\text{Critical task index} = \text{mean (F)} * \text{mean (I)} * \text{mean (D)}$$

A panel of psychologists evaluated the task indices and selected a mean final critical task index of 11.90 as the boundary above which tasks would be retained and below which tasks would be eliminated. Appendix E displays each task, the mean for each rating scale (i.e., frequency, importance, and difficulty) as well as the critical task index for each task. No tasks were eliminated from this analysis.

### CRITICAL KNOWLEDGE INDEX

To obtain a critical knowledge index for each knowledge statement, the mean importance (I) and mean usage (U) ratings were multiplied for each knowledge statement.

$$\text{critical knowledge index} = \text{mean (I)} * \text{mean (U)}$$

The same panel of psychologists who evaluated the tasks also evaluated the knowledge indices and selected a mean critical value of 1.50 as the boundary above which knowledge statements would be retained and below which statements would be eliminated. Appendix F displays each knowledge statement, the mean for each rating scale (i.e., importance and usage) as well as the critical knowledge index for each knowledge statement. One knowledge statement was eliminated from this analysis.

### LINKAGE OF KNOWLEDGE STATEMENTS TO JOB TASKS

The last step in the development of the examination outline was to establish a linkage between job tasks and knowledge statements to define the content areas in the examination outline. The same panel of psychologists who evaluated the results of the occupational analysis also established the linkage between job tasks and knowledge statements. The panelists achieved the linkage by assigning specific knowledge statements to specific job tasks so that every task had a set of knowledge statements associated with it and every knowledge statement was associated with a task.

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## CHAPTER 5. EXAMINATION OUTLINE

### OVERVIEW EXAMINATION OUTLINE

This examination outline is structured into four content areas (See Tables 14 through 16). Each content area is weighted proportionately relative to other content areas. The examination outline specifies the job tasks that a psychologist is expected to master at the time of licensure. Examinations are based directly on the examination outline.

### NARRATIVE DESCRIPTION OF CONTENT AREAS

Narrative descriptions were developed for each content area to provide a broad perspective of each area in terms of a defining theme. The examination outline presented in Tables 15 and 16 includes these narrative descriptions.

TABLE 14 – SUMMARY OF CONTENT AREA

<b>Content Area</b>	<b>Number of Tasks</b>	<b>Sum of Critical Task Indices</b>	<b>Area Weight (%)</b>
Crisis Assessment and Intervention	5	136.83	22
Clinical Assessment and Evaluation	4	136.47	22
Treatment Interventions	3	109.68	17
Legal and Ethical Standards	5	249.70	39
<b>TOTAL</b>	<b>17</b>	<b>632.68</b>	<b>100</b>

### CONTENT AREA WEIGHTS

The relative weight of the content area in the examination outline represents the sum of the critical task indices for a content area divided by the overall sum of the critical task indices for all tasks. For example, if the sum of the critical task indices for “Crisis Assessment and Intervention” in the examination outline is 136.83, the weight of that content area (22%) is calculated by dividing the sum of the critical task indices (136.83) by the overall sum of the critical task indices (632.68).

TABLE 15 – OVERVIEW OF THE EXAMINATION OUTLINE

<b>Content Area</b>	<b>Content Area Description</b>	<b>Percent Weight</b>
Crisis Assessment and Intervention	This area addresses the candidate’s ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.	22
Clinical Assessment and Evaluation	This area addresses the candidate’s ability to identify a patient’s presenting problems and to collect and integrate information within the patient’s interpersonal and cultural context. This area includes psychological testing, the ability to formulate diagnoses and provide recommendations.	22
Treatment Interventions	This area assesses the candidate’s ability to develop a theoretically-derived treatment plan and prioritize treatment goals based on assessment and diagnoses. This area includes the ability to implement, evaluate, and modify clinical interventions as well as to identify the clinical impact of legal and ethical responsibilities on treatment.	17
Legal and Ethical Standards	This area assesses the candidate’s ability to apply legal, ethical, and current professional standards in clinical practice.	39
<b>TOTAL</b>		<b>100</b>

TABLE 16 – CALIFORNIA PSYCHOLOGY SUPPLEMENTAL EXAMINATION  
OUTLINE

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<b>Crisis Assessment and Intervention (22 %)</b> - This area addresses the candidate's ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.	
Task Statements	Knowledge Statements
T1 Determine whether an immediate crisis exists.	<p>K1 Knowledge of crisis assessment.</p> <p>K2 Knowledge of factors (e.g., medical, developmental, psychosocial, legal, environmental) that may constitute a crisis.</p> <p>K3 Knowledge of range of behaviors exhibited by individuals in crisis.</p> <p>K6 Knowledge of culture and diversity-specific factors in the assessment of crisis.</p> <p>K8 Knowledge of assessment techniques to determine potential for self-harm/suicide (e.g., patient and collateral interviews, observation, record review, psychometric procedures).</p> <p>K12 Knowledge of assessment techniques to determine violence potential (e.g., patient and collateral interviews, observation, record review, psychometric procedures).</p> <p>K15 Knowledge of assessment techniques to determine grave disability (e.g., patient and collateral interviews, observation, record review, psychometric procedures).</p>

<b>Crisis Assessment and Intervention (22 %)</b> - This area addresses the candidate's ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.	
Task Statements	Knowledge Statements
T2 Assess risk factors for self-harm/suicide by evaluating patient's intention and means to determine the level and type of intervention.	<p>K4 Knowledge of when to consult with other professionals during the assessment of crisis.</p> <p>K5 Knowledge of when to refer to other professionals during the assessment of crisis.</p> <p>K7 Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for self-harm/suicide.</p> <p>K8 Knowledge of assessment techniques to determine potential for self-harm/suicide (e.g., patient and collateral interviews, observation, record review, psychometric procedures).</p> <p>K9 Knowledge of emergency resources.</p> <p>K10 Knowledge of community resources.</p> <p>K17 Knowledge of legal obligations (e.g., involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn).</p> <p>K18 Knowledge of ethical responsibilities including but not limited to: involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn.</p> <p>K20 Knowledge of interventions corresponding to the level and type of risk (e.g., self-harm/suicide, violence potential, grave disability).</p>

<b>Crisis Assessment and Intervention (22 %)</b> - This area addresses the candidate's ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.	
Task Statements	Knowledge Statements
T3 Assess risk factors for violence by evaluating patient's intention and means to determine the level and type of intervention.	<p>K4 Knowledge of when to consult with other professionals during the assessment of crisis.</p> <p>K5 Knowledge of when to refer to other professionals during the assessment of crisis.</p> <p>K9 Knowledge of emergency resources.</p> <p>K10 Knowledge of community resources.</p> <p>K11 Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for violence.</p> <p>K12 Knowledge of assessment techniques to determine violence potential (e.g., patient and collateral interviews, observation, record review, psychometric procedures).</p> <p>K17 Knowledge of legal obligations (e.g., involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn).</p> <p>K18 Knowledge of ethical responsibilities including but not limited to: involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn.</p> <p>K20 Knowledge of interventions corresponding to the level and type of risk (e.g., self-harm/suicide, violence potential, grave disability).</p>

<b>Crisis Assessment and Intervention (22 %)</b> - This area addresses the candidate's ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.	
Task Statements	Knowledge Statements
T4 Assess for grave disability by evaluating ability to perform activities of daily living to determine the level and type of intervention.	K4 Knowledge of when to consult with other professionals during the assessment of crisis. K5 Knowledge of when to refer to other professionals during the assessment of crisis. K9 Knowledge of emergency resources. K10 Knowledge of community resources. K13 Knowledge of legal definition of grave disability. K14 Knowledge of signs and symptoms of grave disability, with consideration of culture and diversity. K15 Knowledge of assessment techniques to determine grave disability (e.g., patient and collateral interviews, observation, record review, psychometric procedures). K17 Knowledge of legal obligations (e.g., involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn). K18 Knowledge of ethical responsibilities including but not limited to: involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn. K20 Knowledge of interventions corresponding to the level and type of risk (e.g., self-harm/suicide, violence potential, grave disability).

<b>Crisis Assessment and Intervention (22 %) - This area addresses the candidate's ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.</b>	
Task Statements	Knowledge Statements
T5 Respond to an immediate crisis (e.g., self-harm/suicide, violence potential, grave disability).	<p>K4 Knowledge of when to consult with other professionals during the assessment of crisis.</p> <p>K5 Knowledge of when to refer to other professionals during the assessment of crisis.</p> <p>K7 Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for self-harm/suicide.</p> <p>K9 Knowledge of community resources.</p> <p>K10 Knowledge of emergency resources.</p> <p>K11 Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for violence.</p> <p>K14 Knowledge of signs and symptoms of grave disability, with consideration of culture and diversity.</p> <p>K16 Knowledge of crisis intervention strategies.</p> <p>K17 Knowledge of legal obligations (e.g., involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn).</p> <p>K18 Knowledge of ethical responsibilities including but not limited to: involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn.</p> <p>K19 Knowledge of when the intervention is complete.</p> <p>K20 Knowledge of interventions corresponding to the level and type of risk (e.g., self-harm/suicide, violence potential, grave disability).</p> <p>K21 Knowledge of when and how to include family in crisis interventions.</p> <p>K22 Knowledge of cultural and diversity issues relating to crisis intervention.</p> <p>K23 Knowledge of when and how to follow up on crisis intervention.</p>

<b>Clinical Assessment and Evaluation (22%)</b> - This area addresses the candidate's ability to identify a patient's presenting problems and to collect and integrate information within the patient's interpersonal and cultural context. This area includes psychological testing, the ability to formulate diagnoses and provide recommendations.	
Task Statements	Knowledge Statements
T6 Gather information needed for assessment (e.g., interview(s), record review, testing, clinical observation, previous diagnosis).	<p>K24 Knowledge of how to determine the purpose for an evaluation (e.g., referral question, needs of referral source).</p> <p>K25 Knowledge of legal obligations and ethical responsibilities (e.g., informed consent, HIPAA, limits of confidentiality, conflicts of interest).</p> <p>K26 Knowledge of diagnostic interviewing techniques.</p> <p>K27 Knowledge of mental status exam methods.</p> <p>K29 Knowledge of procedures used to collect collateral information (e.g., medical records, collateral interviews).</p> <p>K30 Knowledge of type of clinical history to obtain (e.g., psychosocial, medical, psychiatric).</p> <p>K32 Knowledge of limitations of assessment procedures (e.g., interview(s), record review, testing, clinical observation, previous diagnosis).</p> <p>K33 Knowledge of culture and diversity factors that affect assessment.</p> <p>K34 Knowledge of patient's personal factors that influence clinical judgment.</p> <p>K35 Knowledge of psychologist's personal factors that influence clinical judgment.</p> <p>K36 Knowledge of when to use psychological testing.</p> <p>K37 Knowledge of limitations of psychological testing.</p> <p>K43 Knowledge of factors that affect presentation of signs and symptoms (e.g., age, gender, race, culture, disabilities, socioeconomic status, malingering, secondary gain).</p>

<p><b>Clinical Assessment and Evaluation (22%)</b> - This area addresses the candidate's ability to identify a patient's presenting problems and to collect and integrate information within the patient's interpersonal and cultural context. This area includes psychological testing, the ability to formulate diagnoses and provide recommendations.</p>	
Task Statements	Knowledge Statements
<p>T7 Perform psychological testing (e.g., diagnostic, employment selection, placement, risk assessment) when indicated.</p>	<p>K24 Knowledge of how to determine the purpose for an evaluation (e.g., referral question, needs of referral source).</p> <p>K25 Knowledge of legal obligations and ethical responsibilities (e.g., informed consent, HIPAA, limits of confidentiality, conflicts of interest).</p> <p>K36 Knowledge of when to use psychological testing.</p> <p>K37 Knowledge of limitations of psychological testing.</p> <p>K38 Knowledge of application of psychological tests (e.g., age, gender, race, culture, disabilities).</p> <p>K39 Knowledge of factors that affect the interpretation of test data (e.g., limitations associated with age, gender, race, culture, disabilities, effort, motivational factors).</p> <p>K40 Knowledge of legal and ethical standards of psychological testing (e.g., test security, copyright, dissemination of data to patients, dual relationship, self-referred forensic evaluation).</p> <p>K43 Knowledge of factors that affect presentation of signs and symptoms (e.g., age, gender, race, culture, disabilities, socioeconomic status, malingering, secondary gain).</p>

<b>Clinical Assessment and Evaluation (22%)</b> - This area addresses the candidate's ability to identify a patient's presenting problems and to collect and integrate information within the patient's interpersonal and cultural context. This area includes psychological testing, the ability to formulate diagnoses and provide recommendations.	
Task Statements	Knowledge Statements
T8 Formulate a diagnosis (e.g., differential, provisional, rule-out) when indicated based on assessments.	<p>K28 Knowledge of diagnostic classification systems and their application (e.g., DSM, ICD).</p> <p>K31 Knowledge of limitations of diagnostic classification systems.</p> <p>K34 Knowledge of patient's personal factors that influence clinical judgment.</p> <p>K35 Knowledge of psychologist's personal factors that influence clinical judgment.</p> <p>K39 Knowledge of factors that affect the interpretation of test data (e.g., limitations associated with age, gender, race, culture, disabilities, effort, motivational factors).</p> <p>K41 Knowledge of differential diagnosis and comorbidity (e.g., substance abuse and mental disorder, pain and depression, dementia and depression, psychosis and sociopathy).</p> <p>K42 Knowledge of epidemiology of mental disorders (e.g., base rates, comorbidity).</p> <p>K43 Knowledge of factors that affect presentation of signs and symptoms (e.g., age, gender, race, culture, disabilities, socioeconomic status, malingering, secondary gain).</p>
T9 Formulate recommendation based on assessment.	<p>K44 Knowledge of how to present assessment findings and recommendations in a variety of settings (e.g., user-friendly written report, oral).</p> <p>K45 Knowledge of what information to include in reports and recommendations.</p> <p>K46 Knowledge of how to make recommendations that are sensitive to patient's support system.</p> <p>K47 Knowledge of how to make recommendations that are sensitive to patient's diversity.</p> <p>K48 Knowledge of referral sources (e.g., Easter Seals, neuropsychologist, medical health care provider, attorney, social worker).</p>

**Treatment Interventions (17%)** - This area assesses the candidate's ability to develop a theoretically-derived treatment plan and prioritize treatment goals based on assessment and diagnoses. This area includes the ability to implement, evaluate, and modify clinical interventions as well as to identify the clinical impact of legal and ethical responsibilities on treatment.

Task Statements	Knowledge Statements
<p>T10 Develop a treatment plan based on assessment, case formulation, and treatment goals.</p>	<p>K49 Knowledge of how to formulate a case based on information gathered.</p> <p>K50 Knowledge of how to prioritize the treatment interventions.</p> <p>K51 Knowledge of legal obligations and ethical responsibilities (e.g., informed consent).</p> <p>K52 Knowledge of diagnoses with corresponding empirically, culturally, or theoretically-derived treatment interventions.</p> <p>K53 Knowledge of models of treatment/intervention.</p> <p>K54 Knowledge of methods for integrating adjunctive services (e.g., AA, churches, pain management, culturally specific folk healers) to achieve treatment goals.</p> <p>K55 Knowledge of methods for integrating multiple systems (e.g., schools, physicians, probation, wrap-around) to achieve treatment goals.</p> <p>K56 Knowledge of the moderating effect of diversity factors on treatment (e.g., age, gender, race, culture, disabilities, SES).</p> <p>K57 Knowledge of how to determine time frames for patients to achieve treatment goals.</p> <p>K58 Knowledge of when to seek consultation regarding unfamiliar issues and populations (e.g., sexual orientation, age, cultural, disabilities).</p> <p>K59 Knowledge of treatment techniques/interventions and the evidence of their comparative effectiveness for specific disorders or functional concerns.</p> <p>K64 Knowledge of when and how to include family in treatment interventions.</p> <p>K68 Knowledge of how ethical responsibilities can impact patient treatment and the therapeutic relationship.</p> <p>K69 Knowledge of how legal obligations can impact patient treatment and the therapeutic relationship.</p>

<p><b>Treatment Interventions (17%)</b> - This area assesses the candidate’s ability to develop a theoretically-derived treatment plan and prioritize treatment goals based on assessment and diagnoses. This area includes the ability to implement, evaluate, and modify clinical interventions as well as to identify the clinical impact of legal and ethical responsibilities on treatment.</p>	
Task Statements	Knowledge Statements
<p>T11 Provide treatment based on treatment plan.</p>	<p>K59 Knowledge of treatment techniques/interventions and the evidence of their comparative effectiveness for specific disorders or functional concerns.</p> <p>K60 Knowledge of applications for systems interventions (e.g., systemic family interventions, school or community systems interventions, organizational development and change, performance enhancement/management, organizational leadership).</p> <p>K61 Knowledge of how to monitor effectiveness of intervention (e.g., collaborative goal setting and monitoring).</p> <p>K62 Knowledge of how to modify intervention as needed.</p> <p>K63 Knowledge of when to seek consultation during the course of treatment (therapist’s issues or patient’s personal factors).</p> <p>K64 Knowledge of when and how to include family in treatment interventions.</p> <p>K65 Knowledge of methods and issues associated with termination of treatment.</p>
<p>T12 Identify clinical impact of the ethical responsibilities and legal obligations on treatment.</p>	<p>K51 Knowledge of legal obligations and ethical responsibilities (e.g., informed consent).</p> <p>K66 Knowledge of how ethical responsibilities can impact clinical interventions.</p> <p>K67 Knowledge of how legal obligations can impact clinical interventions.</p> <p>K68 Knowledge of how ethical responsibilities can impact patient treatment and the therapeutic relationship.</p> <p>K69 Knowledge of how legal obligations can impact patient treatment and the therapeutic relationship.</p> <p>K70 Knowledge of how to reassess and implement treatment needs following actions taken as a result of legal obligations and ethical responsibilities.</p>

<b>Legal and Ethical Standards (39%)</b> - This area assesses the candidate's ability to apply legal, ethical, and current professional standards in clinical practice.	
Task Statements	Knowledge Statements
T13 Adhere to legal obligations in the administration of clinical practice.	<p>K71 Knowledge of when to seek consultation (e.g., respond to subpoenas, conflicts between federal and state law, conflicts between laws and ethics).</p> <p>K72 Knowledge of methods to maintain test security.</p> <p>K74 Knowledge of HIPAA rules and regulations.</p> <p>K75 Knowledge of laws and regulations related to the practice of psychology in California.</p> <p>K76 Knowledge of California laws that are in conflict with APA ethical standards.</p> <p>K77 Knowledge of California laws that are in conflict with HIPAA rules and regulations.</p> <p>K78 Knowledge of APA ethical standards as they relate to law.</p> <p>K80 Knowledge of where federal laws and APA ethical standards conflict (e.g., HIPAA).</p> <p>K81 Knowledge of exceptions to confidentiality (e.g., child abuse, elder abuse, grave disability, worker's compensation, Tarasoff, evasion of detection).</p> <p>K84 Knowledge of methods to maintain confidentiality (e.g., limits and exceptions).</p> <p>K85 Knowledge of the application of informed consent.</p> <p>K86 Knowledge of laws relating to treatment of minors.</p> <p>K87 Knowledge of laws related to assessing a patient's competence and capacity to consent to treatment.</p> <p>K88 Knowledge of when and how parental/guardian involvement is required in the treatment of minors (e.g., exceptions).</p> <p>K89 Knowledge of laws relating to sexual misconduct (e.g., requirement to distribute brochure, and seek consultation as needed).</p> <p>K91 Knowledge of issues relating to fees and financial arrangements (e.g., HMOs, private pay, nonpayment, pro bono).</p> <p>K94 Knowledge of issues relating to providing notices to consumers.</p> <p>K100 Knowledge of the obligations governing withholding records for nonpayment of treatment fees.</p>

<b>Legal and Ethical Standards (39%)</b> - This area assesses the candidate's ability to apply legal, ethical, and current professional standards in clinical practice.	
Task Statements	Knowledge Statements
T14 Adhere to ethical responsibilities in the administration of clinical practice.	<p>K71 Knowledge of when to seek consultation (e.g., respond to subpoenas, conflicts between federal and state law, conflicts between laws and ethics).</p> <p>K73 Knowledge of dilemmas confronting a practitioner when serving as an expert witness versus as a treating clinician.</p> <p>K76 Knowledge of California laws that are in conflict with APA ethical standards.</p> <p>K78 Knowledge of APA ethical standards as they relate to law.</p> <p>K79 Knowledge of APA Ethical Principles of Psychology and Code of Conduct.</p> <p>K80 Knowledge of where federal laws and APA ethical standards conflict (e.g., HIPAA).</p> <p>K90 Knowledge of APA ethical standards related to sexual misconduct.</p> <p>K92 Knowledge of issues relating to bartering.</p> <p>K93 Knowledge of issues relating to the use of assessment information.</p> <p>K101 Knowledge of issues regarding impairment (e.g., self and colleagues).</p>

<b>Legal and Ethical Standards (39%)</b> - This area assesses the candidate's ability to apply legal, ethical, and current professional standards in clinical practice.	
Task Statements	Knowledge Statements
T15 Adhere to APA ethical standards.	<p>K71 Knowledge of when to seek consultation (e.g., respond to subpoenas, conflicts between federal and state law, conflicts between laws and ethics).</p> <p>K72 Knowledge of methods to maintain test security.</p> <p>K73 Knowledge of dilemmas confronting a practitioner when serving as an expert witness versus as a treating clinician.</p> <p>K76 Knowledge of California laws that are in conflict with APA ethical standards.</p> <p>K78 Knowledge of APA ethical standards as they relate to law.</p> <p>K79 Knowledge of APA Ethical Principles of Psychology and Code of Conduct.</p> <p>K80 Knowledge of where federal laws and APA ethical standards conflict (e.g., HIPAA).</p> <p>K84 Knowledge of methods to maintain confidentiality (e.g., limits and exceptions).</p> <p>K85 Knowledge of the application of informed consent.</p> <p>K90 Knowledge of APA ethical standards related to sexual misconduct.</p> <p>K92 Knowledge of issues relating to bartering.</p> <p>K93 Knowledge of issues relating to the use of assessment information.</p> <p>K96 Knowledge of record security issues.</p> <p>K97 Knowledge of electronic record keeping issues.</p> <p>K98 Knowledge of conditions governing release of patient records.</p> <p>K101 Knowledge of issues regarding impairment (e.g., self and colleagues).</p>

<b>Legal and Ethical Standards (39%)</b> - This area assesses the candidate's ability to apply legal, ethical, and current professional standards in clinical practice.	
Task Statements	Knowledge Statements
T16 Maintain patient records.	<p>K72 Knowledge of methods to maintain test security.</p> <p>K74 Knowledge of HIPAA rules and regulations.</p> <p>K75 Knowledge of laws and regulations related to the practice of psychology in California.</p> <p>K76 Knowledge of California laws that are in conflict with APA ethical standards.</p> <p>K77 Knowledge of California laws that are in conflict with HIPAA rules and regulations.</p> <p>K78 Knowledge of APA ethical standards as they relate to law.</p> <p>K79 Knowledge of APA Ethical Principles of Psychology and Code of Conduct.</p> <p>K80 Knowledge of where federal laws and APA ethical standards conflict (e.g., HIPAA).</p> <p>K82 Knowledge of how to determine the holder of privilege.</p> <p>K83 Knowledge of the exceptions to privilege.</p> <p>K84 Knowledge of methods to maintain confidentiality (e.g., limits and exceptions).</p> <p>K93 Knowledge of issues relating to the use of assessment information.</p> <p>K95 Knowledge of record retention issues.</p> <p>K96 Knowledge of record security issues.</p> <p>K97 Knowledge of electronic record keeping issues.</p> <p>K98 Knowledge of conditions governing release of patient records.</p> <p>K99 Knowledge of conditions governing ownership of patient records.</p> <p>K100 Knowledge of the obligations governing withholding records for nonpayment of treatment fees.</p>

<b>Legal and Ethical Standards (39%)</b> - This area assesses the candidate's ability to apply legal, ethical, and current professional standards in clinical practice.	
Task Statements	Knowledge Statements
T17 Adhere to current professional standards and practice (e.g., work setting, standard of care, community, APA guidelines).	<p>K71 Knowledge of when to seek consultation (e.g., respond to subpoenas, conflicts between federal and state law, conflicts between laws and ethics).</p> <p>K81 Knowledge of exceptions to confidentiality (e.g., child abuse, elder abuse, grave disability, worker's compensation, Tarasoff, evasion of detection).</p> <p>K84 Knowledge of methods to maintain confidentiality (e.g., limits and exceptions).</p> <p>K88 Knowledge of when and how parental/guardian involvement is required in the treatment of minors (e.g., exceptions).</p> <p>K101 Knowledge of issues regarding impairment (e.g., self and colleagues).</p> <p>K102 Knowledge of issues regarding supervision.</p> <p>K103 Knowledge of issues regarding fraud.</p> <p>K104 Knowledge of procedures regarding peer infractions (e.g., formal versus informal actions).</p> <p>K105 Knowledge of issues regarding advertising/marketing.</p> <p>K106 Knowledge of issues related to the maintenance and revocation of license.</p> <p>K107 Knowledge of issues relating to continuing education.</p> <p>K108 Knowledge of requirements involving psychological assistants.</p>

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## CHAPTER 6. CONCLUSIONS

The occupational analysis of psychologists described in this report provides a comprehensive description of current practice in California not addressed in the ASPPB report. The procedures of the occupational analysis are based upon a content validation strategy to ensure that the results accurately represent the practice of psychology in California.

The results from this validation study have expanded the examination content such that the title of the current examination no longer accurately reflects the content of the examination. Therefore, OER recommends changing the examination title from the California Jurisprudence and Professional Ethics Examination (CJPEE) to the California Psychology Supplemental Examination (CPSE).

By adopting the CPSE examination outline contained in this report, the BOP ensures that their examination reflects current practice. This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional and technical standards.

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APPENDIX A – COVER LETTER TO PSYCHOLOGISTS

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**BOARD OF PSYCHOLOGY**

1422 HOWE AVENUE, SUITE 22  
SACRAMENTO, CA 95825-3200  
(916) 263-2699  
www.psychboard.ca.gov



September 28, 2004

Dear Survey Respondent:

On Behalf of the Board of Psychology, I would like to thank you in advance for participating in this Occupational Analysis survey regarding the profession of psychology. State licensing boards are mandated to protect the public by developing licensing examinations that determine competency for licensure. The examinations require candidates to demonstrate that they possess the knowledge, skills, and ability that the professional community defines as being necessary to perform safely and effectively in the independent practice of psychology.

The purpose of an occupational analysis is to identify the job tasks currently performed by Psychologists and the associated knowledge that is required to perform those job tasks. The results of the occupational analysis will be used to update the examination plans that serve as the basis for the psychology licensing program.

This occupational analysis questionnaire was developed with the assistance of licensed Psychologists throughout California and the Department of Consumer Affairs' Office of Examination Resources. Approximately 2,500 licensees were selected to receive and complete this questionnaire. The data from the questionnaires will assist the Board of Psychology in answering such questions as:

- How has the care of clients changed over the past 5 years?
- What job tasks are you now required to perform, and what associated knowledge do you need to enable you to administer safe and competent care to consumers in the State of California?

Please complete this questionnaire according to the instructions provided. It is critical to this project that you complete the questionnaire based on your own psychology practice. Do NOT respond based on what you think all Psychologists would be expected to perform or know. Data inconsistent with these instructions will be omitted for analysis. Individual responses will be kept completely anonymous and confidential.

A stamped return envelope is included for your convenience. If you have any questions, please email them to [kathy\\_bradbury@dca.ca.gov](mailto:kathy_bradbury@dca.ca.gov).

Sincerely,

A handwritten signature in black ink that reads 'Thomas O'Connor'.

Thomas O'Connor  
Executive Officer

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APPENDIX B - QUESTIONNAIRE

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## OCCUPATIONAL ANALYSIS OF PSYCHOLOGISTS

The Board of Psychology is currently conducting an occupational analysis of the psychology profession. The purpose of the occupational analysis is to identify the critical tasks that are currently performed by practicing psychologists and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the definition of the psychology practice and ensure that the licensing examination reflects the important or critical aspects of current practice.

The Board of Psychology is requesting your assistance in this process. By completing this questionnaire as it relates to your *current* practice, you will contribute valuable information regarding the psychology profession. Your responses on this questionnaire will be combined with the responses from other psychologists to determine job trends. Your individual responses will be kept confidential.

Complete this questionnaire only if you are currently licensed and working as a psychologist in California. If you are no longer currently licensed or working as a psychologist in California, answer question 1 only.

This questionnaire has three parts that address your experience during the past two years.

- PART 1**        Asks you for background information about yourself and the practice within which you work.
- PART 2**        Asks you to rate job tasks in terms of frequency, importance, and difficulty.
- PART 3**        Asks you to rate knowledge in terms of importance and usage.

The Board recognizes that every psychologist may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your input will provide vital information that will help the Board maintain the psychology examination program.

**Please complete each item in the questionnaire and return it  
in the postage-paid envelope no later than**

**October 27, 2004.**

**THIS IS A TWO-SIDED DOCUMENT. PLEASE READ/COMPLETE BOTH SIDES  
OF EACH PAGE.**



**PART I  
PERSONAL DATA**

*The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.), and it will be used only for the purpose of analyzing the ratings from this questionnaire.*

For items 1-7, check **ONLY ONE** of the choices.

1. Are you currently practicing as a licensed psychologist in California?
  - Yes
  - No (If no, please return this survey uncompleted in the enclosed postage paid envelope.)
2. How many years have you been licensed as a psychologist in California?
  - 0-5 years
  - 6-10 years
  - 11-20 years
  - More than 20 years
3. How many years have you been in practice as a psychologist?
  - 0-5 years
  - 6-10 years
  - 11-20 years
  - More than 20 years
4. How many hours per week do you work as a psychologist in California?
  - 1 to 10 hours
  - 11 to 20 hours
  - 21 to 30 hours
  - 31 to 40 hours
  - More than 40 hours
5. How many years have you provided clinical supervision?
  - Never provided clinical supervision
  - 0-5 years
  - 6-10 years
  - 11-20 years
  - More than 20 years
6. How many years have you provided administrative supervision?
  - Never provided administrative supervision
  - 0-5 years
  - 6-10 years
  - 11-20 years
  - More than 20 years
7. Do you speak any languages other than English with your patients/clients?
  - No
  - Yes (If yes, please specify)  

---
8. What describes the location where you perform MOST of your work?
  - Urban (greater than 50,000 people)
  - Rural (less than 50,000 people)

**For items 8 and 9, percentages should total to 100%.**

9. What percentage of your work is performed in each of the following types of practice settings?

- \_\_\_\_\_ % Hospital
  - \_\_\_\_\_ % Community mental health
  - \_\_\_\_\_ % Correctional
  - \_\_\_\_\_ % Legal
  - \_\_\_\_\_ % Research
  - \_\_\_\_\_ % EAP
  - \_\_\_\_\_ % School
  - \_\_\_\_\_ % University/College
  - \_\_\_\_\_ % Private psychiatric setting
  - \_\_\_\_\_ % Private practice
  - \_\_\_\_\_ % Private industry
  - \_\_\_\_\_ % Consulting firm
  - \_\_\_\_\_ % Military
  - \_\_\_\_\_ % Other (please specify)
- 
- 100%

10. What percentage of your work is performed in each of the following types of specialty areas?

- \_\_\_\_\_ % Assessment
  - \_\_\_\_\_ % Human resources
  - \_\_\_\_\_ % Neuropsychology
  - \_\_\_\_\_ % Forensic
  - \_\_\_\_\_ % Psychopharmacology
  - \_\_\_\_\_ % Industrial/Organizational
  - \_\_\_\_\_ % Community
  - \_\_\_\_\_ % Multicultural
  - \_\_\_\_\_ % Behavioral medicine (please specify)
- 
- \_\_\_\_\_ % General clinical (please specify)
- 
- \_\_\_\_\_ % Other (please specify)
- 
- 100%

11. In what California county do you perform the majority of your work? \_\_\_\_\_

**Please select ONLY ONE of the two-digit codes below.**

01	Alameda	16	Kings	31	Placer	46	Sierra
02	Alpine	17	Lake	32	Plumas	47	Siskiyou
03	Amador	18	Lassen	33	Riverside	48	Solano
04	Butte	19	Los Angeles	34	Sacramento	49	Sonoma
05	Calaveras	20	Madera	35	San Benito	50	Stanislaus
06	Colusa	21	Marin	36	San Bernardino	51	Sutter
07	Contra Costa	22	Mariposa	37	San Diego	52	Tehama
08	Del Norte	23	Mendocino	38	San Francisco	53	Trinity
09	El Dorado	24	Merced	39	San Joaquin	54	Tulare
10	Fresno	25	Modoc	40	San Luis Obispo	55	Tuolumne
11	Glenn	26	Mono	41	San Mateo	56	Ventura
12	Humboldt	27	Monterey	42	Santa Barbara	57	Yolo
13	Imperial	28	Napa	43	Santa Clara	58	Yuba
14	Inyo	29	Nevada	44	Santa Cruz		
15	Kern	30	Orange	45	Shasta		

**YOU HAVE COMPLETED PART I OF THE QUESTIONNAIRE.  
GO ON TO PART II.**

**PART 2**  
**INSTRUCTIONS FOR RATING JOB TASKS**

In this part of the questionnaire, please rate each item as it relates to *your* current job. It is important that you provide ratings for ALL tasks. Your frequency, importance, and difficulty ratings should be *separate* and *independent* ratings. Therefore, the ratings that you assign to one rating scale should not influence the ratings that you assign to another rating scale. For example, you may perform a task frequently, but the task may not be important or difficult.

If the task is NOT part of your job, rate the task "0" (zero) "Frequency," "0" (zero) "Importance," and "0" (zero) "Difficulty."

Circle ONE number in each rating scale that corresponds to your response.

**RATING SCALES**

**FREQUENCY**

How OFTEN have *you* performed this task during the past two years, relative to other tasks that you perform?

- 0 DOES NOT APPLY TO MY JOB; NOT PERFORMED. I never perform this task in my job.
- 1 RARELY. This task is one of the least frequently performed tasks in my job.
- 2 SELDOM. This task is performed infrequently relative to other tasks that I perform in my job.
- 3 OCCASIONALLY. This task is performed somewhat frequently relative to all other tasks that I perform in my job.
- 4 OFTEN. This task performed more frequently than most other tasks in my job.
- 5 VERY OFTEN. I perform this task very often, and it is one of the most frequently performed tasks in my job.

**IMPORTANCE**

How IMPORTANT is performance of this task to *your* job? Consider the past two years of performing the tasks in your job.

- 0 DOES NOT APPLY TO MY JOB; NOT PERFORMED. This task is not important or does not apply to my job because I do not perform this task.
- 1 MINOR IMPORTANCE. This task is of minor importance relative to other tasks; it has the lowest priority of all tasks that I perform in my job.
- 2 MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority among all tasks that I perform in my job.
- 3 VERY IMPORTANT. This task is very important for effective performance; it has a higher degree of importance or priority than most other tasks that I perform in my job.
- 4 CRITICALLY IMPORTANT. This task is one of the most critical tasks that I perform in my job.

## LEVEL OF DIFFICULTY

How DIFFICULT is it to attain proficiency in this task? Consider all of the tasks *you* have performed over the past two years, and make your judgement relative to other tasks you perform.

- 0 DOES NOT APPLY TO MY JOB. This rating indicates that I do not perform this task in my job and therefore cannot rate the difficulty of this task.
- 1 VERY EASY. This rating indicates that this task is very easy to learn; proficiency is acquired in a very short time.
- 2 EASIER THAN MOST. This rating indicates that this task is easier than most others to learn; proficiency is acquired in a relatively short span of time without any great degree of difficulty.
- 3 AVERAGE DIFFICULTY. This rating indicates that this task is about average in terms of difficulty to learn compared to other tasks.
- 4 MORE DIFFICULT. This rating indicates that this task is more difficult than many other tasks to learn; a fairly long time is needed to develop proficiency in this task.
- 5 MOST DIFFICULT. This rating indicates that this task is one of the most difficult tasks to learn; a great deal of time is needed to develop proficiency in this task.

### EXAMPLE

In this example, if you believe that the performance of this task is one of the most frequently performed tasks that is very important and very easy to learn, mark Frequency “3,” Importance “4,” and Difficulty “4.”

Task	Frequency	Importance	Difficulty
Determine whether an immediate crisis exists.	0 1 2 (3) 4 5	0 1 2 3 (4) 5	0 1 2 3 (4) 5

Frequency	Importance	Difficulty
How OFTEN have <i>you</i> performed this task during the past two years?	How IMPORTANT is performance of this task to <i>your</i> job?	How difficult is it to attain proficiency in this task?
Does not apply to my job; task not performed Rarely Seldom Occasionally Often Very often	Does not apply to my job; task not performed Of minor importance Moderately important Very important Critically important	Does not apply to my job Very easy Easier than most Average difficulty More difficult Most difficult

	Task	Frequency	Importance	Difficulty
<b>I. CRISIS INTERVENTION</b>				
T1	Determine whether an immediate crisis exists.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T2	Assess risk factors for self-harm/suicide by evaluating patient's intention and means to determine the level and type of intervention.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T3	Assess risk factors for violence by evaluating patient's intention and means to determine the level and type of intervention.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T4	Assess for grave disability by evaluating ability to perform activities of daily living to determine the level and type of intervention.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T5	Respond to an immediate crisis (e.g., self-harm/suicide, violence potential, grave disability).	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
<b>II. CLINICAL EVALUATION</b>				
T6	Gather information needed for assessment (e.g., interview(s), record review, testing, clinical observation, previous diagnosis).	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T7	Perform psychological testing (e.g., diagnostic, employment selection, placement, risk assessment) when indicated.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T8	Formulate a diagnosis (e.g., differential, provisional, rule-out) when indicated based on assessments.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T9	Formulate recommendation based on assessment.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5

Frequency	Importance	Difficulty
How OFTEN have <i>you</i> performed this task during the past two years?	How IMPORTANT is performance of this task to <i>your</i> job?	How difficult is it to attain proficiency in this task?
Does not apply to my job; task not performed Rarely Seldom Occasionally Often Very often	Does not apply to my job; task not performed Of minor importance Moderately important Very important Critically important	Does not apply to my job Very easy Easier than most Average difficulty More difficult Most difficult

### III. TREATMENT INTERVENTIONS

T10	Develop a treatment plan based on assessment, case formulation, and treatment goals.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T11	Provide treatment based on treatment plan.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T12	Identify clinical impact of the ethical responsibilities and legal obligations on treatment.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5

### IV. LEGAL AND ETHICAL STANDARDS

T13	Adhere to legal obligations in the administration of clinical practice.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T14	Adhere to ethical responsibilities in the administration of clinical practice.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T15	Adhere to APA ethical standards.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T16	Maintain patient records.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5
T17	Adhere to current professional standards and practice.	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5

**PART 3  
INSTRUCTIONS FOR RATING KNOWLEDGE**

In this part of the questionnaire, please rate each item as it relates to *your* current job. It is important to provide ratings for ALL knowledge statements. Your importance and usage ratings should be *separate* and *independent* ratings. Therefore, the ratings that you assign to one rating scale should not influence the ratings that you assign to another rating scale.

If there is knowledge that you do not use, rate the knowledge “0” (zero) “Importance” and “0” (zero) “Usage.”

Circle ONE number in each rating scale that corresponds to your response.

**RATING SCALES**

**IMPORTANCE**

How IMPORTANT is this knowledge to performance of tasks in *your* current job and including the past two years?

- 0 DOES NOT APPLY; NOT REQUIRED. This knowledge does not apply to my job; it is not required for job performance.
- 1 MINOR IMPORTANCE. This knowledge is of minor or incidental importance for job performance; it is useful for some minor part of my job.
- 2 MODERATELY IMPORTANT. This knowledge is moderately important for job performance in some relatively major part of my job.
- 3 VERY IMPORTANT. This knowledge is very important for job performance in a significant part of my job.
- 4 CRITICALLY IMPORTANT. This knowledge is critically important for my job performance.

**USAGE**

What level best represents your use of this knowledge in *your* job?

- 0 I do not have the knowledge.
- 1 I recognize/recall the knowledge.
- 2 I apply/interpret/integrate the knowledge.

**EXAMPLE**

In this example, if you believe that this knowledge is critically important, and you can apply/interpret/integrate the knowledge, mark Important “4” and Usage “2.”

<b>Knowledge</b>	<b>Importance</b>	<b>Usage</b>
Knowledge of crisis assessment.	0 1 2 3 (4)	0 1 (2)

<b>Importance</b>	<b>Usage</b>
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?	What level best represents your use of this knowledge in <i>your</i> job?
0 Does not apply 1 Of minor importance 2 Moderately important 3 Very important 4 Critically important	0 I do not have the knowledge. 1 I recognize/recall the knowledge. 2 I apply/interpret/integrate the knowledge.

<b>Knowledge</b>		<b>Importance</b>	<b>Usage</b>
<b>I. CRISIS INTERVENTION</b>			
K1	Knowledge of crisis assessment.	0 1 2 3 4	0 1 2
K2	Knowledge of factors (e.g., medical, developmental, psychosocial, legal, environmental) that may constitute a crisis.	0 1 2 3 4	0 1 2
K3	Knowledge of range of behaviors exhibited by individuals in crisis.	0 1 2 3 4	0 1 2
K4	Knowledge of when to consult with other professionals during the assessment of crisis.	0 1 2 3 4	0 1 2
K5	Knowledge of when to refer to other professionals during the assessment of crisis.	0 1 2 3 4	0 1 2
K6	Knowledge of culture and diversity-specific factors in the assessment of crisis.	0 1 2 3 4	0 1 2
K7	Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for self-harm/suicide.	0 1 2 3 4	0 1 2
K8	Knowledge of assessment techniques to determine potential for self-harm/suicide (e.g., patient and collateral interviews, observation, record review, psychometric procedures).	0 1 2 3 4	0 1 2
K9	Knowledge of community resources.	0 1 2 3 4	0 1 2
K10	Knowledge of emergency resources.	0 1 2 3 4	0 1 2
K11	Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for violence.	0 1 2 3 4	0 1 2
K12	Knowledge of assessment techniques to determine violence potential (e.g., patient and collateral interviews, observation, record review, psychometric procedures).	0 1 2 3 4	0 1 2

<b>Importance</b>	<b>Usage</b>
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?	What level best represents your use of this knowledge in <i>your</i> job?
0 Does not apply 1 Of minor importance 2 Moderately important 3 Very important 4 Critically important	0 I do not have the knowledge. 1 I recognize/recall the knowledge. 2 I apply/interpret/integrate the knowledge.

<b>Knowledge</b>		<b>Importance</b>	<b>Usage</b>
K13	Knowledge of legal definition of grave disability.	0 1 2 3 4	0 1 2
K14	Knowledge of signs and symptoms of grave disability, with consideration of culture and diversity.	0 1 2 3 4	0 1 2
K15	Knowledge of assessment techniques to determine grave disability (e.g., patient and collateral interviews, observation, record review, psychometric procedures).	0 1 2 3 4	0 1 2
K16	Knowledge of crisis intervention strategies.	0 1 2 3 4	0 1 2
K17	Knowledge of legal obligations (e.g., involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn).	0 1 2 3 4	0 1 2
K18	Knowledge of ethical responsibilities including but not limited to: involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn.	0 1 2 3 4	0 1 2
K19	Knowledge of when the intervention is complete.	0 1 2 3 4	0 1 2
K20	Knowledge of interventions corresponding to the level and type of risk (e.g., self-harm/suicide, violence potential, grave disability).	0 1 2 3 4	0 1 2
K21	Knowledge of when and how to include family in crisis interventions.	0 1 2 3 4	0 1 2
K22	Knowledge of cultural and diversity issues relating to crisis intervention.	0 1 2 3 4	0 1 2
K23	Knowledge of when and how to follow up on crisis intervention.	0 1 2 3 4	0 1 2
<b>II. CLINICAL EVALUATION</b>			
K24	Knowledge of how to determine the purpose for an evaluation (e.g., referral question, needs of referral source).	0 1 2 3 4	0 1 2
K25	Knowledge of legal obligations and ethical responsibilities (e.g., informed consent, HIPAA, limits of confidentiality, conflicts of interest).	0 1 2 3 4	0 1 2
K26	Knowledge of diagnostic interviewing techniques.	0 1 2 3 4	0 1 2

<b>Importance</b>	<b>Usage</b>
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?	What level best represents your use of this knowledge in <i>your</i> job?
0 Does not apply 1 Of minor importance 2 Moderately important 3 Very important 4 Critically important	0 I do not have the knowledge. 1 I recognize/recall the knowledge. 2 I apply/interpret/integrate the knowledge.

	<b>Knowledge</b>	<b>Importance</b>	<b>Usage</b>
K27	Knowledge of mental status exam methods.	0 1 2 3 4	0 1 2
K28	Knowledge of diagnostic classification systems and their application (e.g., DSM, ICD).	0 1 2 3 4	0 1 2
K29	Knowledge of procedures used to collect collateral information (e.g., medical records, collateral interviews).	0 1 2 3 4	0 1 2
K30	Knowledge of type of clinical history to obtain (e.g., psychosocial, medical, psychiatric).	0 1 2 3 4	0 1 2
K31	Knowledge of limitations of diagnostic classification systems.	0 1 2 3 4	0 1 2
K32	Knowledge of limitations of assessment procedures (e.g., interview(s), record review, testing, clinical observation, previous diagnosis).	0 1 2 3 4	0 1 2
K33	Knowledge of culture and diversity factors that affect assessment.	0 1 2 3 4	0 1 2
K34	Knowledge of patient's personal factors that influence clinical judgment.	0 1 2 3 4	0 1 2
K35	Knowledge of psychologist's personal factors that influence clinical judgment.	0 1 2 3 4	0 1 2
K36	Knowledge of when to use psychological testing.	0 1 2 3 4	0 1 2
K37	Knowledge of limitations of psychological testing.	0 1 2 3 4	0 1 2
K38	Knowledge of application of psychological tests (e.g., age, gender, race, culture, disabilities).	0 1 2 3 4	0 1 2
K39	Knowledge of factors that affect the interpretation of test data (e.g., limitations associated with age, gender, race, culture, disabilities, effort, motivational factors).	0 1 2 3 4	0 1 2
K40	Knowledge of legal and ethical standards of psychological testing (e.g., test security, copyright, dissemination of data to patients, dual relationship, self-referred forensic evaluation).	0 1 2 3 4	0 1 2

<b>Importance</b>		<b>Usage</b>	
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?		What level best represents your use of this knowledge in <i>your</i> job?	
0	Does not apply	0	I do not have the knowledge.
1	Of minor importance	1	I recognize/recall the knowledge.
2	Moderately important	2	I apply/interpret/integrate the knowledge.
3	Very important		
4	Critically important		

<b>Knowledge</b>		<b>Importance</b>				<b>Usage</b>			
K41	Knowledge of differential diagnosis and comorbidity (e.g., substance abuse and mental disorder, pain and depression, dementia and depression, psychosis and sociopathy).	0	1	2	3	4	0	1	2
K42	Knowledge of epidemiology of mental disorders (e.g., base rates, comorbidity).	0	1	2	3	4	0	1	2
K43	Knowledge of factors that affect presentation of signs and symptoms (e.g., age, gender, race, culture, disabilities, socioeconomic status, malingering, secondary gain).	0	1	2	3	4	0	1	2
K44	Knowledge of how to present assessment findings and recommendations in a variety of settings (e.g., user-friendly written report, oral).	0	1	2	3	4	0	1	2
K45	Knowledge of what information to include in reports and recommendations.	0	1	2	3	4	0	1	2
K46	Knowledge of how to make recommendations that are sensitive to patient's support system.	0	1	2	3	4	0	1	2
K47	Knowledge of how to make recommendations that are sensitive to patient's diversity.	0	1	2	3	4	0	1	2
K48	Knowledge of referral sources (e.g., Easter Seals, neuropsychologist, medical health care provider, attorney, social worker).	0	1	2	3	4	0	1	2
<b>III. TREATMENT INTERVENTIONS</b>									
K49	Knowledge of how to formulate a case based on information gathered.	0	1	2	3	4	0	1	2
K50	Knowledge of how to prioritize the treatment interventions.	0	1	2	3	4	0	1	2
K51	Knowledge of legal obligations and ethical responsibilities (e.g., informed consent).	0	1	2	3	4	0	1	2
K52	Knowledge of diagnoses with corresponding empirically, culturally, or theoretically-derived treatment interventions.	0	1	2	3	4	0	1	2
K53	Knowledge of models of treatment/intervention.	0	1	2	3	4	0	1	2

<b>Importance</b>	<b>Usage</b>
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?	What level best represents your use of this knowledge in <i>your</i> job?
0 Does not apply 1 Of minor importance 2 Moderately important 3 Very important 4 Critically important	0 I do not have the knowledge. 1 I recognize/recall the knowledge. 2 I apply/interpret/integrate the knowledge.

<b>Knowledge</b>		<b>Importance</b>	<b>Usage</b>
K54	Knowledge of methods for integrating adjunctive services (e.g., AA, churches, pain management, culturally specific folk healers) to achieve treatment goals.	0 1 2 3 4	0 1 2
K55	Knowledge of methods for integrating multiple systems (e.g., schools, physicians, probation, wrap-around) to achieve treatment goals.	0 1 2 3 4	0 1 2
K56	Knowledge of the moderating effect of diversity factors on treatment (e.g., age, gender, race, culture, disabilities, SES).	0 1 2 3 4	0 1 2
K57	Knowledge of how to determine time frames for patients to achieve treatment goals.	0 1 2 3 4	0 1 2
K58	Knowledge of when to seek consultation regarding unfamiliar issues and populations (e.g., sexual orientation, age, cultural, disabilities).	0 1 2 3 4	0 1 2
K59	Knowledge of treatment techniques/interventions and the evidence of their comparative effectiveness for specific disorders or functional concerns.	0 1 2 3 4	0 1 2
K60	Knowledge of applications for systems interventions (e.g., systemic family interventions, school or community systems interventions, organizational development and change, performance enhancement/management, organizational leadership).	0 1 2 3 4	0 1 2
K61	Knowledge of how to monitor effectiveness of intervention (e.g., collaborative goal setting and monitoring).	0 1 2 3 4	0 1 2
K62	Knowledge of how to modify intervention as needed.	0 1 2 3 4	0 1 2
K63	Knowledge of when to seek consultation during the course of treatment (therapist's issues or patient's personal factors).	0 1 2 3 4	0 1 2
K64	Knowledge of when and how to include family in treatment interventions.	0 1 2 3 4	0 1 2
K65	Knowledge of methods and issues associated with termination of treatment.	0 1 2 3 4	0 1 2

<b>Importance</b>	<b>Usage</b>
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?	What level best represents your use of this knowledge in <i>your</i> job?
0 Does not apply 1 Of minor importance 2 Moderately important 3 Very important 4 Critically important	0 I do not have the knowledge. 1 I recognize/recall the knowledge. 2 I apply/interpret/integrate the knowledge.

	<b>Knowledge</b>	<b>Importance</b>	<b>Usage</b>
K66	Knowledge of how ethical responsibilities can impact clinical interventions.	0 1 2 3 4	0 1 2
K67	Knowledge of how legal obligations can impact clinical interventions.	0 1 2 3 4	0 1 2
K68	Knowledge of how ethical responsibilities can impact patient treatment and the therapeutic relationship.	0 1 2 3 4	0 1 2
K69	Knowledge of how legal obligations can impact patient treatment and the therapeutic relationship.	0 1 2 3 4	0 1 2
K70	Knowledge of how to reassess and implement treatment needs following actions taken as a result of legal obligations and ethical responsibilities.	0 1 2 3 4	0 1 2

#### IV. LEGAL AND ETHICAL STANDARDS

K71	Knowledge of when to seek consultation (e.g., respond to subpoenas, conflicts between federal and state law, conflicts between laws and ethics).	0 1 2 3 4	0 1 2
K72	Knowledge of methods to maintain test security.	0 1 2 3 4	0 1 2
K73	Knowledge of dilemmas confronting a practitioner when serving as an expert witness versus as a treating clinician.	0 1 2 3 4	0 1 2
K74	Knowledge of HIPAA rules and regulations.	0 1 2 3 4	0 1 2
K75	Knowledge of laws and regulations related to the practice of psychology in California.	0 1 2 3 4	0 1 2
K76	Knowledge of California laws that are in conflict with APA ethical standards.	0 1 2 3 4	0 1 2
K77	Knowledge of California laws that are in conflict with HIPAA rules and regulations.	0 1 2 3 4	0 1 2
K78	Knowledge of APA ethical standards as they relate to law.	0 1 2 3 4	0 1 2
K79	Knowledge of APA Ethical Principles of Psychology and Code of Conduct.	0 1 2 3 4	0 1 2
K80	Knowledge of where federal laws and APA ethical standards conflict (e.g., HIPAA).	0 1 2 3 4	0 1 2

<b>Importance</b>	<b>Usage</b>
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?	What level best represents your use of this knowledge in <i>your</i> job?
0 Does not apply 1 Of minor importance 2 Moderately important 3 Very important 4 Critically important	0 I do not have the knowledge. 1 I recognize/recall the knowledge. 2 I apply/interpret/integrate the knowledge.

<b>Knowledge</b>		<b>Importance</b>	<b>Usage</b>
K81	Knowledge of exceptions to confidentiality (e.g., child abuse, elder abuse, grave disability, worker's compensation, Tarasoff, evasion of detection).	0 1 2 3 4	0 1 2
K82	Knowledge of how to determine the holder of privilege.	0 1 2 3 4	0 1 2
K83	Knowledge of the exceptions to privilege.	0 1 2 3 4	0 1 2
K84	Knowledge of methods to maintain confidentiality (e.g., limits and exceptions).	0 1 2 3 4	0 1 2
K85	Knowledge of the application of informed consent.	0 1 2 3 4	0 1 2
K86	Knowledge of laws relating to treatment of minors.	0 1 2 3 4	0 1 2
K87	Knowledge of laws related to assessing a patient's competence and capacity to consent to treatment.	0 1 2 3 4	0 1 2
K88	Knowledge of when and how parental/guardian involvement is required in the treatment of minors (e.g., exceptions).	0 1 2 3 4	0 1 2
K89	Knowledge of laws relating to sexual misconduct (e.g., requirement to distribute brochure, and seek consultation as needed).	0 1 2 3 4	0 1 2
K90	Knowledge of APA ethical standards related to sexual misconduct.	0 1 2 3 4	0 1 2
K91	Knowledge of issues relating to fees and financial arrangements (e.g., HMOs, private pay, nonpayment, pro bono).	0 1 2 3 4	0 1 2
K92	Knowledge of issues relating to bartering.	0 1 2 3 4	0 1 2
K93	Knowledge of issues relating to the use of assessment information.	0 1 2 3 4	0 1 2
K94	Knowledge of issues relating to providing notices to consumers.	0 1 2 3 4	0 1 2
K95	Knowledge of record retention issues.	0 1 2 3 4	0 1 2
K96	Knowledge of record security issues.	0 1 2 3 4	0 1 2
K97	Knowledge of electronic record keeping issues.	0 1 2 3 4	0 1 2

<b>Importance</b>	<b>Usage</b>
How IMPORTANT was this knowledge with regard to <i>your</i> performance of tasks during the past two years?	What level best represents your use of this knowledge in <i>your</i> job?
0 Does not apply 1 Of minor importance 2 Moderately important 3 Very important 4 Critically important	0 I do not have the knowledge. 1 I recognize/recall the knowledge. 2 I apply/interpret/integrate the knowledge.

<b>Knowledge</b>		<b>Importance</b>	<b>Usage</b>
K98	Knowledge of conditions governing release of patient records.	0 1 2 3 4	0 1 2
K99	Knowledge of conditions governing ownership of patient records.	0 1 2 3 4	0 1 2
K100	Knowledge of the obligations governing withholding records for nonpayment of treatment fees.	0 1 2 3 4	0 1 2
K101	Knowledge of issues regarding impairment (e.g., self and colleagues).	0 1 2 3 4	0 1 2
K102	Knowledge of issues regarding supervision.	0 1 2 3 4	0 1 2
K103	Knowledge of issues regarding fraud.	0 1 2 3 4	0 1 2
K104	Knowledge of procedures regarding peer infractions (e.g., formal versus informal actions).	0 1 2 3 4	0 1 2
K105	Knowledge of issues regarding advertising/marketing.	0 1 2 3 4	0 1 2
K106	Knowledge of issues related to the maintenance and revocation of license.	0 1 2 3 4	0 1 2
K107	Knowledge of issues relating to continuing education.	0 1 2 3 4	0 1 2
K108	Knowledge of requirements involving psychological assistants.	0 1 2 3 4	0 1 2
K109	Knowledge of procedures for out-of-state psychologists practicing in California.	0 1 2 3 4	0 1 2

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APPENDIX C - POPULATION AND SAMPLING DISTRIBUTIONS

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County	Licensed five or less years		Licensed six or more years	
	Total N	Selected N	Total N	Selected N
Alameda	239	98	513	93
Amador	1	1	6	6
Butte	14	5	19	6
Calaveras	N/A	N/A	5	5
Contra Costa	98	39	191	40
Del Norte	3	3	6	6
El Dorado	5	5	22	5
Fresno	48	19	97	22
Glenn	1	1	N/A	N/A
Humboldt	8	8	9	9
Imperial	1	1	1	1
Inyo	1	1	6	6
Kern	25	8	42	6
Kings	4	4	2	2
Lake	1	1	5	5
Lassen	2	2	5	5
Los Angeles	913	388	1767	338
Madera	5	5	9	9
Marin	70	27	190	35
Mariposa	N/A	N/A	3	3
Mendocino	3	3	15	3
Merced	4	4	3	3
Modoc	1	1	2	2
Mono	N/A	N/A	1	1
Monterey	19	6	35	5
Napa	19	6	40	9
Nevada	6	6	18	4
Orange	250	103	577	104
Placer	21	8	35	6
Plumas	N/A	N/A	2	2
Riverside	52	21	108	17
Sacramento	125	52	144	29
San Benito	3	3	2	2
San Bernardino	61	25	149	26
San Diego	329	135	666	123
San Francisco	238	96	418	76
San Joaquin	18	6	29	3
San Luis Obispo	50	21	83	16
San Mateo	66	27	160	28

County	Licensed five or less years		Licensed six or more years	
	Total N	Selected N	Total N	Selected N
Santa Barbara	31	13	102	--
Santa Clara	158	64	301	59
Santa Cruz	21	7	53	12
Shasta	13	5	17	4
Siskiyou	3	3	4	4
Solano	20	9	48	3
Sonoma	43	18	124	23
Stanislaus	7	7	27	5
Sutter	4	4	2	2
Tehama	N/A	N/A	2	2
Tulare	18	7	22	2
Tuolumne	1	1	7	7
Ventura	47	18	142	--
Yolo	17	7	57	14
<b>TOTAL</b>	<b>3,087</b>	<b>1,302</b>	<b>6,293</b>	<b>1,198</b>

Note: Shaded rows indicate zero-identified psychologists located in that county. Two counties, Santa Barbara and Ventura, were inadvertently eliminated from the random selection process for the experienced psychologist stratum (licensed six or more years). However, random sampling did occur in these counties for licensed psychologists for five or less years. Eighteen psychologists were selected from Ventura, and 13 psychologists were selected from Santa Barbara.

The statistical impact in this sampling should be minimal due to the overall return rate. If the two counties were not eliminated, approximately 27 psychologists from Ventura county and 19 psychologists from Santa Barbara counties should have been sent the questionnaire. Given the response rate of 29.7%, OER would expect to receive eight questionnaire responses from the Ventura psychologists and five questionnaire responses from the Santa Barbara psychologists. The estimated impact was 13 questionnaires, which is minimal given that 744 psychologist returned a completed questionnaire.

APPENDIX D – RESPONDENTS BY REGION

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Region	County	Number of Respondents
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**North Coast**

Del Norte	4
Humboldt	7
Mendocino	3
Sonoma	17

**Total North Coast 31**

**Shasta/Cascade**

Lassen	2
Modoc	2
Plumas	0
Shasta	7
Siskiyou	2
Tehama	2
	0

**Total Shasta/Cascade 15**

**San Francisco Bay Area**

Alameda	45
Contra Costa	26
Marin	13
Napa	6
San Francisco	61
San Mateo	10
Santa Clara	48
Santa Cruz	6
Solano	5

**Total San Francisco Bay Area 220**

**Sacramento Valley**

Butte	1
	0
Glenn	0
Lake	2
Sacramento	32
Sutter	1
Yolo	5
	0

**Total Sacramento Valley 41**

Region	County	Number of Respondents
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**San Joaquin Valley**

Fresno	13
Kern	8
Kings	5
Madera	7
Merced	4
San Joaquin	1
Stanislaus	3
Tulare	0

**Total San Joaquin Valley 41**

**Sierra Mountain Valley**

	0
Amador	2
Calaveras	2
El Dorado	2
Inyo	2
Mariposa	0
Mono	1
Nevada	2
Placer	6
Sierra	1
Tuolumne	6

**Total Sierra Mountain Valley 24**

**South/Central Coast**

Monterey	6
San Benito	2
San Luis Obispo	17
Santa Barbara	3
Venura	7

**Total South/Central Coast 35**

**Los Angeles & Vicinity**

Los Angeles	198
Orange	44

**Total Los Angeles & Vicinity 242**

**Riverside & Vicinity**

Riverside	11
San Bernardino	21

**Total Riverside & Vicinity 32**

**San Diego & Vicinity**

Imperial	0
San Diego	57

**Total San Diego & Vicinity 57**

**Region**

**County**

**Number of  
Respondents**

**Unknown  
Missing**

<b>Total Unknown</b>	<b>1</b>
<b>Total Missing</b>	<b>5</b>

**Total  
Respondents**

**744**

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APPENDIX E – SCALE MEANS AND CRITICAL INDICES FOR ALL  
TASK STATEMENTS

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### Task Statements by Content Area

Task Statements		Freq	Imp	Diff	CV
<b>I. CRISIS ASSESSMENT AND INTERVENTION</b>					
T1	Determine whether an immediate crisis exists.	3.17	3.24	3.29	33.69
T2	Assess risk factors for self-harm/suicide by evaluating patient's intention and means to determine the level and type of intervention.	3.19	3.44	3.40	37.27
T3	Assess risk factors for violence by evaluating patient's intention and means to determine the level and type of intervention.	2.57	3.14	3.47	27.96
T4	Assess for grave disability by evaluating ability to perform activities of daily living to determine the level and type of intervention.	2.00	2.28	2.63	11.99
T5	Respond to an immediate crisis (e.g., self-harm/suicide, violence potential, grave disability).	2.36	3.19	3.44	25.93
<b>II. CLINICAL ASSESSMENT AND EVALUATION</b>					
T6	Gather information needed for assessment (e.g., interview(s), record review, testing, clinical observation, previous diagnosis).	4.12	3.23	3.01	40.05
T7	Perform psychological testing (e.g., diagnostic, employment selection, placement, risk assessment) when indicated.	2.33	2.08	2.68	13.01
T8	Formulate a diagnosis (e.g., differential, provisional, rule-out) when indicated based on assessments.	4.14	3.11	3.24	41.73
T9	Formulate recommendation based on assessment.	4.07	3.17	3.23	41.68
<b>III. TREATMENT INTERVENTIONS</b>					
T10	Develop a treatment plan based on assessment, case formulation, and treatment goals.	4.05	3.07	3.09	38.41
T11	Provide treatment based on treatment plan.	3.83	2.91	3.00	33.50
T12	Identify clinical impact of the ethical responsibilities and legal obligations on treatment.	3.59	3.18	3.31	37.77

	<b>Task Statements</b>	<b>Freq</b>	<b>Imp</b>	<b>Diff</b>	<b>CV</b>
<b>IV. LEGAL AND ETHICAL STANDARDS</b>					
T13	Adhere to legal obligations in the administration of clinical practice.	4.62	3.67	3.04	51.61
T14	Adhere to ethical responsibilities in the administration of clinical practice.	4.67	3.71	3.02	52.21
T15	Adhere to APA ethical standards.	4.68	3.63	2.93	49.86
T16	Maintain patient records.	4.63	3.46	2.78	44.62
T17	Adhere to current professional standards and practice.	4.80	3.66	2.92	51.40

APPENDIX F – SCALE MEANS AND CRITICAL INDICES FOR ALL  
KNOWLEDGE STATEMENTS

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### Knowledge Statements by Content Area

Knowledge Statements		Imp	Usage	CVK
<b>I. CRISIS ASSESSMENT AND INTERVENTION</b>				
K1	Knowledge of crisis assessment.	3.29	1.85	6.11
K2	Knowledge of factors (e.g., medical, developmental, psychosocial, legal, environmental) that may constitute a crisis.	3.29	1.82	5.99
K3	Knowledge of range of behaviors exhibited by individuals in crisis.	3.34	1.78	5.96
K4	Knowledge of when to consult with other professionals during the assessment of crisis.	3.47	1.85	6.43
K5	Knowledge of when to refer to other professionals during the assessment of crisis.	3.41	1.83	6.25
K6	Knowledge of culture and diversity-specific factors in the assessment of crisis.	3.07	1.59	4.87
K7	Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for self-harm/suicide.	3.48	1.81	6.29
K8	Knowledge of assessment techniques to determine potential for self-harm/suicide (e.g., patient and collateral interviews, observation, record review, psychometric procedures).	3.31	1.74	5.77
K9	Knowledge of community resources.	2.86	1.49	4.27
K10	Knowledge of emergency resources.	3.22	1.64	5.30
K11	Knowledge of clinical, cultural, demographic, personal history, and contextual or precipitating risk factors, including means, for violence.	3.13	1.61	5.03
K12	Knowledge of assessment techniques to determine violence potential (e.g., patient and collateral interviews, observation, record review, psychometric procedures).	2.97	1.54	4.57
K13	Knowledge of legal definition of grave disability.	2.50	1.38	3.46
K14	Knowledge of signs and symptoms of grave disability, with consideration of culture and diversity.	2.49	1.32	3.28
K15	Knowledge of assessment techniques to determine grave disability (e.g., patient and collateral interviews, observation, record review, psychometric procedures).	2.29	1.31	3.00
K16	Knowledge of crisis intervention strategies.	3.18	1.75	5.56
K17	Knowledge of legal obligations (e.g., involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn).	3.40	1.86	6.33

<b>Knowledge Statements</b>		<b>Imp</b>	<b>Usage</b>	<b>CVK</b>
K18	Knowledge of ethical responsibilities including but not limited to: involuntary hospitalization, reporting requirements, limits of confidentiality, duty to warn.	3.43	1.85	6.34
K19	Knowledge of when the intervention is complete.	2.99	1.62	4.85
K20	Knowledge of interventions corresponding to the level and type of risk (e.g., self-harm/suicide, violence potential, grave disability).	3.22	1.69	5.42
K21	Knowledge of when and how to include family in crisis interventions.	2.79	1.55	4.33
K22	Knowledge of cultural and diversity issues relating to crisis intervention.	2.83	1.47	4.15
K23	Knowledge of when and how to follow up on crisis intervention.	2.97	1.62	4.81
<b>II. CLINICAL ASSESSMENT AND EVALUATION</b>				
K24	Knowledge of how to determine the purpose for an evaluation (e.g., referral question, needs of referral source).	3.19	1.80	5.76
K25	Knowledge of legal obligations and ethical responsibilities (e.g., informed consent, HIPAA, limits of confidentiality, conflicts of interest).	3.54	1.84	6.52
K26	Knowledge of diagnostic interviewing techniques.	3.41	1.87	6.38
K27	Knowledge of mental status exam methods.	3.21	1.81	5.80
K28	Knowledge of diagnostic classification systems and their application (e.g., DSM, ICD).	3.41	1.90	6.47
K29	Knowledge of procedures used to collect collateral information (e.g., medical records, collateral interviews).	2.93	1.72	5.04
K30	Knowledge of type of clinical history to obtain (e.g., psychosocial, medical, psychiatric).	3.32	1.85	6.12
K31	Knowledge of limitations of diagnostic classification systems.	3.12	1.75	5.46
K32	Knowledge of limitations of assessment procedures (e.g., interview(s), record review, testing, clinical observation, previous diagnosis).	3.18	1.76	5.62
K33	Knowledge of culture and diversity factors that affect assessment.	3.16	1.67	5.29
K34	Knowledge of patient's personal factors that influence clinical judgment.	3.33	1.82	6.07
K35	Knowledge of psychologist's personal factors that influence clinical judgment.	3.41	1.86	6.35

<b>Knowledge Statements</b>		<b>Imp</b>	<b>Usage</b>	<b>CVK</b>
K36	Knowledge of when to use psychological testing.	2.85	1.68	4.78
K37	Knowledge of limitations of psychological testing.	3.00	1.69	5.07
K38	Knowledge of application of psychological tests (e.g., age, gender, race, culture, disabilities).	2.88	1.57	4.53
K39	Knowledge of factors that affect the interpretation of test data (e.g., limitations associated with age, gender, race, culture, disabilities, effort, motivational factors).	2.87	1.56	4.49
K40	Knowledge of legal and ethical standards of psychological testing (e.g., test security, copyright, dissemination of data to patients, dual relationship, self-referred forensic evaluation).	2.82	1.54	4.33
K41	Knowledge of differential diagnosis and comorbidity (e.g., substance abuse and mental disorder, pain and depression, dementia and depression, psychosis and sociopathy).	3.36	1.79	6.04
K42	Knowledge of epidemiology of mental disorders (e.g., base rates, comorbidity).	2.45	1.31	3.22
K43	Knowledge of factors that affect presentation of signs and symptoms (e.g., age, gender, race, culture, disabilities, socioeconomic status, malingering, secondary gain).	3.15	1.70	5.37
K44	Knowledge of how to present assessment findings and recommendations in a variety of settings (e.g., user-friendly written report, oral).	2.86	1.66	4.76
K45	Knowledge of what information to include in reports and recommendations.	2.99	1.70	5.09
K46	Knowledge of how to make recommendations that are sensitive to patient's support system.	3.04	1.71	5.21
K47	Knowledge of how to make recommendations that are sensitive to patient's diversity.	3.02	1.63	4.93
K48	Knowledge of referral sources (e.g., Easter Seals, neuropsychologist, medical health care provider, attorney, social worker).	2.87	1.58	4.53
<b>III. TREATMENT INTERVENTIONS</b>				
K49	Knowledge of how to formulate a case based on information gathered.	3.36	1.87	6.28
K50	Knowledge of how to prioritize the treatment interventions.	3.30	1.85	6.09
K51	Knowledge of legal obligations and ethical responsibilities (e.g., informed consent).	3.59	1.91	6.86

<b>Knowledge Statements</b>		<b>Imp</b>	<b>Usage</b>	<b>CVK</b>
K52	Knowledge of diagnoses with corresponding empirically, culturally, or theoretically-derived treatment interventions.	3.01	1.64	4.94
K53	Knowledge of models of treatment/intervention.	3.11	1.72	5.35
K54	Knowledge of methods for integrating adjunctive services (e.g., AA, churches, pain management, culturally specific folk healers) to achieve treatment goals.	2.91	1.63	4.75
K55	Knowledge of methods for integrating multiple systems (e.g., schools, physicians, probation, wrap-around) to achieve treatment goals.	2.94	1.62	4.77
K56	Knowledge of the moderating effect of diversity factors on treatment (e.g., age, gender, race, culture, disabilities, SES).	2.88	1.59	4.58
K57	Knowledge of how to determine time frames for patients to achieve treatment goals.	2.62	1.50	3.92
K58	Knowledge of when to seek consultation regarding unfamiliar issues and populations (e.g., sexual orientation, age, cultural, disabilities).	3.19	1.75	5.56
K59	Knowledge of treatment techniques/interventions and the evidence of their comparative effectiveness for specific disorders or functional concerns.	2.91	1.58	4.62
K60	Knowledge of applications for systems interventions (e.g., systemic family interventions, school or community systems interventions, organizational development and change, performance enhancement/management, organizational leadership).	2.35	1.32	3.09
K61	Knowledge of how to monitor effectiveness of intervention (e.g., collaborative goal setting and monitoring).	2.84	1.62	4.59
K62	Knowledge of how to modify intervention as needed.	3.13	1.75	5.46
K63	Knowledge of when to seek consultation during the course of treatment (therapist's issues or patient's personal factors).	3.28	1.80	5.89
K64	Knowledge of when and how to include family in treatment interventions.	2.79	1.67	4.66
K65	Knowledge of methods and issues associated with termination of treatment.	2.97	1.74	5.18
K66	Knowledge of how ethical responsibilities can impact clinical interventions.	3.31	1.82	6.03

<b>Knowledge Statements</b>		<b>Imp</b>	<b>Usage</b>	<b>CVK</b>
K67	Knowledge of how legal obligations can impact clinical interventions.	3.31	1.80	5.96
K68	Knowledge of how ethical responsibilities can impact patient treatment and the therapeutic relationship.	3.33	1.82	6.04
K69	Knowledge of how legal obligations can impact patient treatment and the therapeutic relationship.	3.29	1.79	5.88
K70	Knowledge of how to reassess and implement treatment needs following actions taken as a result of legal obligations and ethical responsibilities.	2.73	1.51	4.11
<b>IV. LEGAL AND ETHICAL STANDARDS</b>				
K71	Knowledge of when to seek consultation (e.g., respond to subpoenas, conflicts between federal and state law, conflicts between laws and ethics).	3.03	1.60	4.84
K72	Knowledge of methods to maintain test security.	2.47	1.47	3.63
K73	Knowledge of dilemmas confronting a practitioner when serving as an expert witness versus as a treating clinician.	1.87	1.06	1.99
K74	Knowledge of HIPAA rules and regulations.	2.92	1.56	4.57
K75	Knowledge of laws and regulations related to the practice of psychology in California.	3.48	1.83	6.38
K76	Knowledge of California laws that are in conflict with APA ethical standards.	2.73	1.17	3.20
K77	Knowledge of California laws that are in conflict with HIPAA rules and regulations.	2.66	1.08	2.86
K78	Knowledge of APA ethical standards as they relate to law.	3.03	1.48	4.49
K79	Knowledge of APA Ethical Principles of Psychology and Code of Conduct.	3.25	1.69	5.51
K80	Knowledge of where federal laws and APA ethical standards conflict (e.g., HIPAA).	2.69	1.11	2.98
K81	Knowledge of exceptions to confidentiality (e.g., child abuse, elder abuse, grave disability, worker's compensation, Tarasoff, evasion of detection).	3.60	1.91	6.87
K82	Knowledge of how to determine the holder of privilege.	3.09	1.64	5.09
K83	Knowledge of the exceptions to privilege.	3.12	1.64	5.13
K84	Knowledge of methods to maintain confidentiality (e.g., limits and exceptions).	3.48	1.85	6.43

<b>Knowledge Statements</b>		<b>Imp</b>	<b>Usage</b>	<b>CVK</b>
K85	Knowledge of the application of informed consent.	3.43	1.84	6.29
K86	Knowledge of laws relating to treatment of minors.	2.53	1.48	3.73
K87	Knowledge of laws related to assessing a patient's competence and capacity to consent to treatment.	2.56	1.44	3.67
K88	Knowledge of when and how parental/guardian involvement is required in the treatment of minors (e.g., exceptions).	2.42	1.42	3.44
K89	Knowledge of laws relating to sexual misconduct (e.g., requirement to distribute brochure, and seek consultation as needed).	2.86	1.63	4.67
K90	Knowledge of APA ethical standards related to sexual misconduct.	2.98	1.71	5.09
K91	Knowledge of issues relating to fees and financial arrangements (e.g., HMOs, private pay, nonpayment, pro bono).	2.44	1.43	3.48
K92	Knowledge of issues relating to bartering.	1.78	1.29	2.29
K93	Knowledge of issues relating to the use of assessment information.	2.80	1.60	4.47
K94	Knowledge of issues relating to providing notices to consumers.	2.37	1.35	3.20
K95	Knowledge of record retention issues.	2.75	1.59	4.37
K96	Knowledge of record security issues.	3.03	1.69	5.12
K97	Knowledge of electronic record keeping issues.	2.38	1.32	3.13
K98	Knowledge of conditions governing release of patient records.	3.06	1.70	5.20
K99	Knowledge of conditions governing ownership of patient records.	2.76	1.51	4.16
K100	Knowledge of the obligations governing withholding records for nonpayment of treatment fees.	1.95	1.24	2.43
K101	Knowledge of issues regarding impairment (e.g., self and colleagues).	2.50	1.42	3.55
K102	Knowledge of issues regarding supervision.	2.64	1.53	4.05
K103	Knowledge of issues regarding fraud.	2.32	1.35	3.13
K104	Knowledge of procedures regarding peer infractions (e.g., formal versus informal actions).	2.20	1.25	2.74
K105	Knowledge of issues regarding advertising/marketing.	1.80	1.20	2.15

<b>Knowledge Statements</b>		<b>Imp</b>	<b>Usage</b>	<b>CVK</b>
K106	Knowledge of issues related to the maintenance and revocation of license.	2.79	1.53	4.26
K107	Knowledge of issues relating to continuing education.	3.26	1.84	6.02
K108	Knowledge of requirements involving psychological assistants.	1.51	1.11	1.67
				.68

Note: Shaded row indicated knowledge statement eliminated from further analysis.