

TO: Members, Panel on Health Services
Hong Kong Legislative Council

RE: Oral Presentation - Pilot Accredited Registers Scheme for Healthcare Professionals

5 December 2018

My name is TIEN Liang. I hold a doctorate in Clinical Psychology from a university in the United States of America (USA). I am licensed in the USA State of Washington as a Clinical Psychologist. I am board certified by the American Board of Professional Psychology (ABPP) with specialty in Couples and Family. As it is the custom in Hong Kong to provide all of the credentials one has, I hold a B.A. in Asian Studies with a major in comparative religion, a Master's in Counseling Psychologist, and a Master's in Buddhist Studies.

I work in the capacity of Professor and Program Director for the Alliant International University (AIU)/California School of Professional Psychology – Hong Kong (CSPP-HK) Doctor in Psychology (PsyD) Program. Since coming to Hong Kong in 2015, I have been repeatedly presented with allegations of the substandard training provided by this program. Both City University of Hong Kong(CityU)/School of Continuing and Professional Education(SCOPE) and AIU/CSPP-HK PsyD Program have written numerous documents explaining the nature of our accreditation and the USA model of training for doctoral clinical psychologists. I attach these documents here for your review.

The information in these documents has, in the past, been dismissed as biased because of my employment status. I receive no personal or professional gain from providing information to you or from my engagement in the Pilot Accredited Register Scheme, since our doctoral program has closed, I am leaving Hong Kong at the end of the week, and I will no longer be an employee. The use of such ad-hominem attacks to disregard information that I have provided misses the opportunity to engage in a genuine discussion of best practice in the training of clinical psychology as well as the service needs of the residents of Hong Kong.

I wish the members of the Panel on Health Services to know that I support the efforts of the government to credential clinical psychologists and other healthcare professionals. My concern focuses on the restrictiveness of the regulations as

currently proposed for the clinical psychologist AR. These regulations, on the surface, appears inclusive, inasmuch as they describe a path to registration for those clinical psychologists who are graduates of programs other than HKU or CUHK. On closer examination, the specifics of the proposed regulation prevents someone like me, who has had decades of professional experience, academic qualifications and board certification in the U.S., from being qualified to register in the accredited register. If, through exception, I am allowed to apply for registration, under the current proposal I would need to send certain types of supporting material. In submitting these material required for application, I would violates an U.S. law, Health Insurance Portability and Accountability Act (HIPPA), and the ethics code of the American Psychological Association (APA). This means that, should I apply for clinical psychology registration in Hong Kong, I run the risk of being sanctioned for violation of both US law and APA ethics codes.

From an outsider's perspective, the regulations are untenable and obviously protectionistic. I urge you to do two things. One is to focus on designing a process in developing an accredited register that recognize the need for and give credibility to information from all interested parties. Such a process will result in regulations that gives Hong Kong the diversity of well-trained clinical psychologists from across the globe. The second is to set credential standards that are commensurate with other developed nations for the best practice in training and credentialing of clinical psychologists.

I believe with your leadership, Hong Kongers who are experiencing psychological anguish can access world class treatment services from a pool of well qualified, diverse clinical psychologist who are able and willing to practice at the community level in Hong Kong.

A handwritten signature in black ink, appearing to read 'Tien Liang, Psy.D., ABPP'. The signature is fluid and cursive, with the first name 'Tien' being the most prominent.

TIEN Liang, Psy.D., ABPP



**To: Members, Health Services Panel
Hong Kong Legislative Council,
Via Secretariat, Health Services Panel
(BY EMAIL: panel_ha@legco.gov.hk)**

26 October 2017

Dear Legislators

Doctor of Clinical Psychology

It has been announced in the 2017 Policy Address (para 167) that the Government will complete the accreditation process for clinical psychologists in the Accredited Registers Scheme for Healthcare Professionals. I take this opportunity to provide important background information on the Doctor of Clinical Psychology program offered by the School of Continuing and Professional Education at City University of Hong Kong in collaboration with California School of Professional Psychology, Alliant International University. I hope the information will enable a better understanding of the contribution made by the program to enriching the education and training of clinical psychologists in Hong Kong as well as promoting best practice in the profession to serve the needs of the local community.

Since its inception in 1991, the School of Continuing and Professional Education (SCOPE) of the City University of Hong Kong (CityU) has played a leading role in establishing non-local programs to address unmet needs for specific skilled professionals in Hong Kong society through collaborations with renowned overseas universities. CityU also has in place well-established policies, guidelines and robust mechanisms to oversee the partnership and quality assurance of these non-local programs as well as to ensure that they comply with the Non-local Higher and Professional Education Regulation Ordinance (CAP 493).

For years, Hong Kong as a densely populated and highly competitive urban city, has been facing severe challenges of maintaining sound mental health and psychological well-being of its citizens to ensure sustainable development. The need for a quality educational program to train competent clinical psychologists to provide timely and professional assistance to individuals who are suffering from psychological or emotional difficulties in Hong Kong has

also become increasingly urgent. In 2007, to address the shortage of professionally-trained clinical psychologists in Hong Kong, SCOPE, in collaboration with California School of Professional Psychology (CSPP) of Alliant International University (AIU), established the Doctor of Clinical Psychology (PsyD) Program.

CSPP was chosen as a strategic partner because it is one of the first free-standing schools of professional psychology in the United States. It has educated over 16,000 psychology graduates and has trained approximately half of the licensed psychologists in California. In addition to compliance with US local legislation and University policy and guidelines, all Alliant International University degree programs are subjected to accreditation by the Western Association of Schools and Colleges (WASC)¹ Senior College and University Commission.

The CSPP Hong Kong PsyD program was developed to demonstrate comparability of academic standards with the AIU programs. We consider this comparability of academic standards to be most relevant to our students and external agencies. Professionally, though the American Psychological Association (APA) does not accredit programs outside US, the HK PsyD program aligns with the same standard as the other US based CSPP Programs which all have their curriculum and clinical training model accredited by APA.

The Hong Kong PsyD program was started in 2007 and the last cohort of students was admitted in 2015. The total number of graduates from this program is expected to be around 120. In 2016 CityU was saddened to receive the news that Alliant International University would discontinue all the programs offered outside the US, including programs in Hong Kong, Tokyo and Mexico City. We understand that the decision is a strategic move, and is independent of the quality of any of its programs outside the US. We are proud to have taken part in helping Hong Kong meet the need for professional clinical psychologists and that our graduates have met international standards. Their education in the PsyD program has been recognized by licensing bodies in US, UK, Australia and New Zealand.

These external recognitions fully demonstrate that the PsyD program, though different from the two Master's programs offered by two universities in Hong Kong, is definitely of no less quality or standard. We are aware of the queries raised by Hong Kong Psychological Society's Division of Clinical Psychology and Hong Kong Clinical Psychology Association against the CSPP-Hong Kong PsyD program. In collaboration with our partner, we have

¹ [*Western Association of Schools and Colleges \(WASC\)*](#)¹, a regional accrediting body recognized by the U.S. Department of Education and the same agency under which other prestigious California and western U.S. schools are accredited such as Stanford, USC and UCLA

decided to address those queries by explaining in detail the different model of training clinical psychologists used in United States which the CSPP-Hong Kong PsyD program is modeled on. The attached document addresses the philosophy, pedagogy, curriculum, and method for training Doctors of Clinical Psychology under the US model. We include all the relevant information to provide a holistic view of the program.

We hope our explanation will help to dispel misunderstandings about the CSPP-Hong Kong PsyD program. This letter and the attached document are intended to be read by all members of the Health Services Panel of the Legislative Council. They are also open to the public. We welcome further opportunities for discussion with relevant stakeholders who are concerned about the mental health of Hong Kong residents. Please feel free to contact Mr. Daniel Wong (Tel: 3442 8756), Program Officer of SCOPE, Dr. TIEN Liang, Program Director of the CSPP-HK PsyD program at liang.tien@alliant.edu or myself at Louis.ma@cityu.edu.hk should you require any further information.

Sincerely



Dr Louis Ma
Director
School of Continuing and Professional Education



CSPP CALIFORNIA SCHOOL OF
PROFESSIONAL PSYCHOLOGY
ALLIANT INTERNATIONAL UNIVERSITY

United States Model of Training Doctoral Level Clinical Psychologists

Alliant International University
California School of Professional Psychology
Hong Kong
Doctor of Psychology

in collaboration with

City University of Hong Kong
School of Continuing and Professional Education

Submitted by

TIEN Liang, PsyD, ABPP
Professor and Program Director
CSPP-HK PsyD Program

October 2017

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Executive Summary

Hong Kong (HK) is a developed international city in almost all respects. Regrettably, availability of clinical psychology services commensurate to those of other developed nations lags behind in the breadth, quantity and quality of services. The Hong Kong Hospital Authority estimated that 70,000 – 200,000 Hong Kongers would suffer from severe mental illness (HKHA, 2011). As of 2017, HK has one (1) clinical psychologist for every 18,000 HK resident or 1:18,000; compared to United Kingdom (UK) with 1:5000. To address this unmet need, City University of Hong Kong School of Continuing and Professional Education (CityU-SCOPE) had the foresight to partner with California School of Professional Psychology, the oldest and most well established school of professional psychology in the US, to educate and train doctoral level clinical psychologists in Hong Kong in 2007.

HK does not have established minimal educational criteria for training clinical psychologists, nor does HK have statutory regulations that assure minimum qualifications. In compliance with Non-local Higher and Professional Education Regulation Ordinance (CAP 493), the Alliant International University, California School of Professional Psychology-Hong Kong Doctor of Psychology (PsyD) Program (CSPP-HK) employs the US model of practitioner-scholar to train doctoral level clinical psychologists. CSPP-HK demonstrates its high standard in doctoral level professional clinical psychology training through a number of unique features:

| Features | Descriptions |
|---|---|
| International Recognition | CSPP-HK is the only clinical psychology program in Hong Kong that receives: <ul style="list-style-type: none"> • Designation from ASPPB/National Register of Health Service Providers in Psychology (NR) • Accreditation from Accrediting Commission for Schools Accrediting Commission for Schools Western Association of Schools and Colleges (WASC). • Full membership status in California Psychology Internship Council (CAPIC) |
| Comparability with Modern International Standards | The doctoral level training meets the minimal standard of education for in clinical psychology in the U.S.A., Canada, UK, and other countries with advanced development in this profession. |
| Distinguished Faculty in 2017 (See Appendix for more info.) | <ul style="list-style-type: none"> • Dr. Liang Tien (Former Co-Chair of the Examining Board of Psychology, Department of Health, State of Washington. Former chair of Washington State Psychological Association’s Ethics Committee and ABPP certified psychologist) |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Dr. Debra Kawahara (APA Council Representative Div. 35) • Dr. Darryl Thomander (Clinical Assistant Professor in the Department of Neurology and Neurological Sciences at the Stanford University School and ABPP certified psychologist) • Dr. Natalie Porter (Former APA Council Representative Div. 35) |
| Quality of Education and Clinical Training | |
| High Standard Clinical Training | <ul style="list-style-type: none"> • Partners with more than 36 placement sites in Hong Kong, UK, Singapore, Australia, Macau. • Only Hong Kong based program eligible for close to 100 CAPIC accredited internship sites in the United States • Provides intensive clinical training for students with 2600 hours of practicum and internship with four hours of supervision per week, and specific training in assessment, individual, group, and family therapy, crisis intervention, program evaluation, and consultation. • Supervision from doctoral trained supervisors |
| Practitioner Scholar Model | <ul style="list-style-type: none"> • Requires a doctoral dissertation that contributes original knowledge to the field of psychology. CSPP-HK students usually investigate clinical issues of concern to the HK community and thus provide valuable data to many underexplored areas in the field. |
| Distinctive Training Focus | <p>The only clinical psychology program in Hong Kong to offer</p> <ul style="list-style-type: none"> • courses in psychopharmacology and neuropsychology to equip students with medical knowledge for hospital settings. • professional training in Psychodynamic, Cognitive Behavioral and Family Systems theories to tailor treatment approaches according to client needs. • training on multicultural competency for treating diverse clientele such as South Asians Hong Kongers, domestic helpers, refugees, new immigrants, substance users, LGBTIQ, and people with disabilities. |
| Program Output | |
| Local Recognition | <ul style="list-style-type: none"> • Program in full compliance with HK Cap493 • All graduates who applied for qualification assessments through HKCAAVQ have successfully received recognition for Qualifications Framework (QF) at level 7. |
| International Registration or licensure of graduates | <ul style="list-style-type: none"> • Graduates have obtained international licensure and/or registration from UK, US, Australia, and New Zealand |
| Student | Expect to graduate more than 120 alumni who have cumulatively provided |

| | |
|----------------------------|--|
| Contributions to Hong Kong | greater than two million six hundred thousand (2,600,000) hours of direct psychological services to the citizens of Hong Kong. |
|----------------------------|--|

Knowing that there are at least two different models of training clinical psychologists in HK, this document aims to present our model of education and training in detail and present evidences for our qualifications and accreditations. We hold that being different does not imply lesser quality. We posit that, at a minimum, CSPP-HK PsyD graduate are equivalent to that of those trained through the local master's level clinical psychology programs. To demonstrate our high standard of training, this document includes an analysis of the two training models to illustrate the professional competency of psychologists graduated from the CSPP-HK PsyD program and to address inaccurate claims made about our program.

Please note that AIU/CSPP-HK does not stand to benefit from whatever decisions are made regarding the status or minimum training standards to be adopted in HK because AIU/CSPP-HK has already decided to discontinue the program. We accepted our last entering class in September of 2015. To enhance services to the people of HK, we urge adoption of training and credentialing practices commensurate with other developed nations, thereby increasing the variety and availability of services so that they are similar to those typically provided by clinical psychologists in other developed nations around the world.

Part One: Background

Hong Kong Need for Clinical Psychologist Services

The United Nation's World Health Organization (WHO) reports that approximately 25% of individuals will "develop one or more mental or behavioral disorders at some stage in life" (WHO, 2011). According to the projection of the Hong Kong Hospital Authority (HKHA), presuming the rate of mental illness is consistent with worldwide rates and the WHO estimates, and based on a population of approximately 6.9 million Hong Kong (HK) residents, 1 - 1.7 million individuals in Hong Kong will suffer from some form of mental illness, and 70,000 – 200,000 will suffer from severe mental illness (HKHA, 2011).

Based on the combined membership of the Hong Kong Association of Doctors in Clinical Psychology (HKADCP) and Hong Kong Psychological Society's Division of Clinical Psychology (HKPS-DCP), as of 2017, HK has one (1) clinical psychologist for every 18,000 HK residents, or a ratio of 1:18,000. This contrasts with a much lower ratio in the United Kingdom (UK, 1:5000) and the United States of America (US, 1:3000). The HK Social Welfare Department (SWD) Clinical Psychological Service Branch reported that the average waiting time for a first appointment with a clinical psychologist was 46.3 days (HK Legislative Council, 2017), with very infrequent follow-up appointments.

The types of services provided by clinical psychologists internationally include in-patient milieu treatment, individual psychotherapy, couples and family psychotherapy, expert witness services for courts, psychological assessment, psycho-educational workshops, as well as traditional university-based teaching and research. Neither the breadth of services nor the variety of settings where clinical psychologists provide services internationally is available in Hong Kong. The result for HK residents is undue delay of services leading to unnecessary suffering as well as reduction in productivity and full participation in society.

Hong Kong is a developed international city in almost all respects. Regrettably, availability of clinical psychology services commensurate to those of other developed nations lags in both the breadth and quantity of services. To provide HK residents with the types and level of mental health treatment similar to those found in other developed nations, there is a need for more clinical psychologists, psychologists who are trained to work in a broader array of treatment settings, and psychologists who are trained at international standards.

Educational and Training of Clinical Psychologists in Hong Kong

Hong Kong Cap. 493 Non-local Higher and Professional Education (Regulation) Ordinance, Part III, exemption from Registration, 8 Exemption (1)(a)(iii)(B)(II) permits a local university to address unmet needs for specific skilled professionals, such as clinical psychologists. HK Cap493 permits importing of well-established programs recognized by an

otherwise qualified professional body in another country, which enables a richness of educational designs to serve the people of HK.

HK does not have established minimal educational criteria for training clinical psychologists. Additionally, HK is in need of more trained clinical psychologists who can serve the thousands of Hong Kongers suffering from psychological and emotional difficulties. To address the unmet need for clinical psychologists, City University of Hong Kong's (CityU) School of Continuing and Professional Education (SCOPE) had the foresight approximately 17 years ago to start exploring clinical psychology training models from other developed nations. About a decade ago, CityU-SCOPE partnered with the California School of Professional Psychology (CSPP), the oldest and the most well-established school of professional psychology in the US, to educate and train doctoral-level clinical psychologists in HK. Retaining a higher educational program like the Alliant International University/California School of Professional Psychology – Hong Kong's Doctor of Psychology (PsyD) Program, (subsequently referred to as AIU/CSPP-HK), provided in collaboration with the School of Continuing and Professional Education at City University of Hong Kong (subsequently referred to as SCOPE/CityU) is one way HK keeps up with the highest international levels of training and shows its openness and ability to embrace international standards.

Hong Kong Accredited Registers Scheme for Clinical Psychologists

LC Paper No. CB(2)1459/15-16(03) released in May 2016 (HK Department of Health, 2016) established the framework for a voluntary Accredited Registers Scheme for Clinical Psychology, which is one of the healthcare professions in HK that is currently not subject to statutory regulation. In the section titled "Proposed Framework of the Scheme" part (e) item 11, the LC paper specifies, "The standards set by the accreditation agent will include ... educational and training requirements."

The remainder of this document addresses itself to the above mentioned "educational and training requirements". It describes the academic training model and international standards for clinical psychology. We give special attention to those educational and training requirements that are the foundations for the practice of clinical psychology in the US. We focus specifically on requirements in the US State of California. We do this for two reasons. The first is that the US is widely considered to be setting the highest international standards. According to Leach (2012), "Not only has the U.S. model of regulations of professional practice greatly influenced both the nature of regulations and the structure and function of professional associations in other parts of the world, the United States has also been a major force in the models for psychology regulations used by its neighbors in the North American continent." The second reason is that we have unique expertise, given that our university's California School of Professional Psychology (CSPP) is one of the earliest schools in the US

to adopt the Doctor of Psychology (PsyD) degree. We have been educating clinical psychologists for almost 50 years in the State of California and for greater than 10 years in HK.

Accreditations and professional credentials. There is a fundamental difference in the system of accreditation between HK and US educational institutions. HK has nine self-accrediting institutions which are exempted from external accreditation. In contrast, all legitimate universities in US must seek external accreditation, whether the universities are state or private institutions.

Accreditation of SCOPE-AIU/CSPP-HK. The SCOPE-AIU/CSPP-HK PsyD program at CityU is accredited by a number of organizations. The PsyD program complies with the Non-local Higher and Professional Education Regulation Ordinance (CAP 493). Alliant International University (AIU) is accredited by the Western Association of Schools and Colleges (WASC) Senior College and University Commission, a regional accrediting body recognized by the US Department of Education, the same agency under which other prestigious California and western US schools, such as Stanford, USC and UCLA, are accredited. The CSPP PsyD degree is approved by WASC.

In addition to the accreditation at the regional association level for specific programs, as well as the entire university, it is a common practice for professional programs to seek accreditation from professional bodies to demonstrate the quality of their training. All of the US-based CSPP PsyD programs are accredited by the American Psychological Association (APA), the largest individual member-based professional psychology organization in the US. The CSPP-HK PsyD clinical psychology program curriculum is modeled after those of the CSPP-San Francisco PsyD program.

However, because the APA does not review or offer accreditation to programs not on US soil, the CSPP-HK PsyD program (despite being a US institution) instead applied for and has been granted professional recognition from different bodies:

- (a) The CSPP-HK PsyD program was awarded designation from the ASPPB/National Register Designation Project. (National Register – <https://www.nationalregister.org/>). US licensing boards of psychology extend the same status to graduates of National Register Designated programs as graduates of APA-accredited programs.
- (b) The CSPP-HK PsyD program holds membership in the California Psychology Internship Council (CAPIC; <http://capic.net/>), which means our students are eligible to apply for CAPIC-accredited internships and postdoctoral fellowships throughout California and other US States. CAPIC states clearly that "CAPIC internships are comparable in training and supervision to APA-accredited and APPIC-member internships" (APPIC, or the Association of Psychology Postdoctoral and Internship Centers, sets national standards for internship and post-doctoral training programs and facilitates development of internship and post-doctoral

training programs). It is important to note that the CSPP-HK PsyD program is the only clinical psychology program in HK that receives recognition from international professional organizations.

To maintain accreditation by WASC, Designation status by the National Register and membership in CAPIC, there is a system of regular internal program review, self-study, external program review, evaluations of institutional, program, and course learning outcomes, and other administrative efforts to ensure the quality of education and training. In other words, the CSPP-HK PsyD program must regularly demonstrate evidence to bodies both internal and external to both Alliant International University and CityU in order to maintain such accreditations, designations and membership.

Graduates from the AIU/CSPP-HK doctoral program qualify for membership in both the APA and the British Psychological Society(BPS), and have been recognized by statutory registration bodies in Great Britain, the US, New Zealand, and Australia; with roles and titles such as Licensed Psychologist in US State of California; Licensed Psychologist in the US State of New York, Registered with the Psychology Board of Australia, and Registered Practitioner Psychologist with the UK Health & Care Professions Council.

International Standards for Clinical Psychologists

Definition and scope of practice. According to the UK Health Care Professions Council and the American Psychological Association, psychology is the “study of mind and behavior.” Psychotherapy with a clinical psychologist is different from therapy provided by other professions. Clinical psychologists both provide services that assist in solving the problems of day-to-day living and treat underlying issues that make a person vulnerable to those problems.

The Australian Psychological Society provides further information on the scope of practice of psychologists:

“Many psychologists work directly with those experiencing difficulties, such as mental health disorders including anxiety and depression. ... Common settings in which psychologists work to assess, diagnose, treat or prevent problems include schools, hospitals, courts, community health services, prisons, the defence forces and private practice. Psychologists can work at an individual, group or organisational level and their ability to positively influence human behaviour is called on by businesses, market research companies, and consulting firms. ... The complex and interconnected work that psychologists do to help people lead happier and more meaningful lives is always underpinned by research. Many thousands of Australian psychologists work in academic or research settings, adding to this evolving understanding of human behavior, and how it might be improved for the better” (APS, 2017).

Thus, as conceptualized in UK, US, and Australia, there is consensus on the focus of psychology and on the scope of practice for clinical psychologists.

Minimum educational requirements. The American Psychological Association (APA) defines “professional psychologist” as someone who has “a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school” (APA, 2017). Canada defines a psychologist through licensing at the provincial level. The College of Psychologists of Ontario states that to hold “a certificate authorizing autonomous practice as a psychologist, you require a doctoral degree in psychology” (CPO, 2017).

The European Certificate in Psychology (EuroPsy, 2009), a 36-nation regulatory body in the European Union (EU), established a minimum qualification that candidates (Section A, Article 2, a. and b.) “have successfully completed a nationally accredited academic curriculum in psychology at a university ... provided the curriculum has a duration equivalent to at least five years of full-time study (300 ECTS) ... are able to show evidence of supervised practice ... in training for the duration of not less than one year of full-time work” (EuroPsy, 2009).

Looking across those countries that have regulatory bodies for psychologists, there appears to be consensus that clinical psychologists are trained through a university program with either concurrent or post-graduate supervised professional experience. In the EU, where there is greater variability in their educational system, the minimum requirement appears to be set at the master’s degree. In North America, the minimum requirement is set at the doctoral degree, with both pre- and post-doctoral supervised professional experience, as well as a doctoral dissertation. With reference to the British education model, which directly influenced the models of existing clinical psychology programs in both the University of Hong Kong and the Chinese University of Hong Kong, the British educational model has now moved to a higher standard and requirement (clinical psychology training at the doctoral level).

Part Two: California School of Professional Psychology (CSPP)

History of CSPP

CSPP was founded in 1969. At that time university programs in the US were training Ph.D.-level psychologists focused on conducting research. Psychological services were limited to hospitals, counseling centers at universities, and some high-cost private practice offices. Seeing the extent to which marginalized populations in the community encounter barriers to receiving clinical psychology services, the founders of CSPP started this first free-standing school of professional psychology in the US. Its mission was, and remains, to serve a broad range of clients, including those from marginalized communities, and to foster respect for human diversity by combating discrimination in all its forms. To serve this mission, CSPP was instrumental in establishing a new degree, the Doctor in Psychology, or PsyD. The goal of all of CSPP's clinical psychology PsyD programs is to train *doctoral-level* psychologists in the practitioner/scholar model (described below).

CSPP graduates from PsyD programs commonly work at community-based settings such as non-governmental organizations (NGOs). Transporting this tradition to HK, the CSPP-HK PsyD program graduates have been trained for and are uniquely qualified to fulfill the goal of the Social Welfare Department to “create new clinical psychologist posts at Integrated Community Centres for Mental Wellness to step up professional support for ex-mentally ill persons and persons suspected to suffer from mental health problems through the provision of individual or group psychological treatment, and to strengthen the capabilities of frontline professionals in these centres through clinical supervision” (HASWF, 2016).

The training philosophy. Across the history of doctoral programs in clinical psychology in the US, there have been two most prominent and influential models of training: the scientist–practitioner or Boulder Model and the practitioner-scholar or Vail Model (Buchanan, 2002). After the Second World War, the Boulder Model was proposed in 1949 at the Conference on Graduate Education in Psychology in Boulder, Colorado. The main goal of this model is to train students to generate scientific knowledge in psychology and to incorporate scientific studies into clinical practice (Jones & Mehr, 2007). It assumes that the knowledge generated by conducting scientific studies enhances the efficacy of psychological services and advances the field of psychology. The Boulder Model became the standard for Ph.D. programs until the 1970s. (Frank, 1984).

During the latter part of the twentieth century, mental health settings were finding their newly graduated clinical psychologists insufficiently prepared for the realities of treating clients. In response, the practitioner–scholar model, also referred to as the Vail model, emerged as an alternative to the Boulder model. The Vail model redirected the focus from the production of scientific knowledge to the application of such knowledge into

psychological services (Buchanan, 2002). In support of the practitioner-scholar model, the National Council of Schools and Programs of Professional Psychology (NCSPP) stated that clinical psychology training should focus on “the needs of clients by utilizing the best available theoretical conceptions, the most useful available research, along with individual and collective professional experience” (Peterson, Peterson, Abrams, & Stricker, 1997, p. 376). Clinical psychologists trained in the practitioner-scholar model learn and apply empirical research and evidence-based practice in order to provide the most efficacious treatment.

The practitioner-scholar model is now the primary professional training approach in doctoral clinical psychology programs in the US (Norcross & Castle, 2002). This is the model used in the CSPP-HK PsyD program. We translate the philosophy into seven core goals in our program:

- Goal 1: To produce graduates who have mastered the scientific foundations of clinical psychology and who apply this knowledge to their work.
- Goal 2: To develop graduates who understand research methods and skillfully apply them to significant human problems.
- Goal 3: To produce graduates who identify as clinical practitioners and who use ethical and legal principles to guide professional practice, self-evaluation, and professional growth.
- Goal 4: To train students to understand clinical phenomena within social and cultural contexts in order to apply this understanding in evaluation/assessment, consultation/education, and supervision/management.
- Goal 5: To develop graduates who are able to intervene using multiple methods, with diverse populations, across many settings and in changing and evolving contexts.
- Goal 6: To graduate students with the attitudes, knowledge, and skills to work professionally in a global context.
- Goal 7: To train students who engage in lifelong learning and professional development.

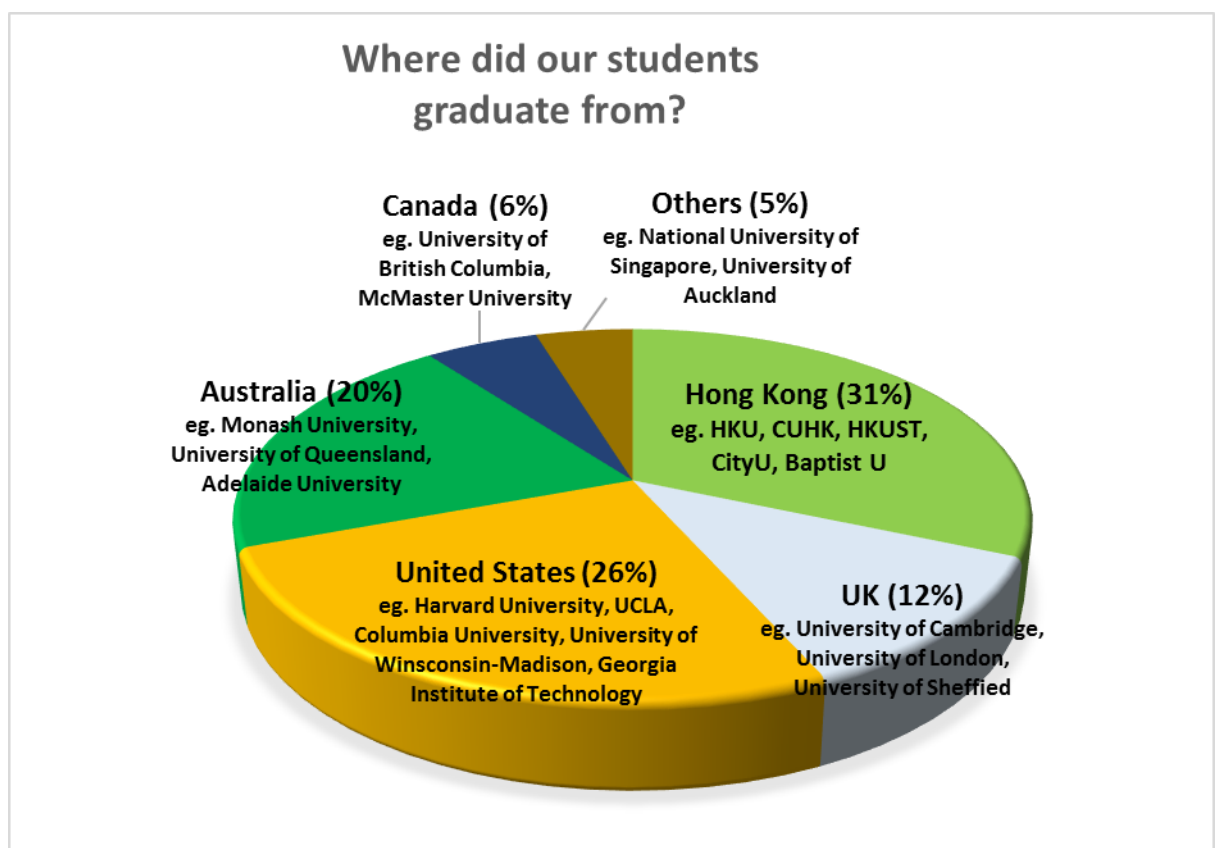
CSPP-HK PsyD Program-trained Clinical Psychologists

The CSPP-HK PsyD program features the US model of practitioner-scholar training that educates students both to become broadly-trained practitioners and to be able to conduct research that can contribute to the body of psychological literature.

CSPP-HK assures our students achieve those NCSPP-based benchmarks through achieving graduate level passing marks in all coursework, satisfactory marks on two comprehensive examinations, closely supervised training and evidence of appropriate competencies in their professional clinical experience, successful passing of an oral clinical examination and a dissertation project in the form of an empirical study.

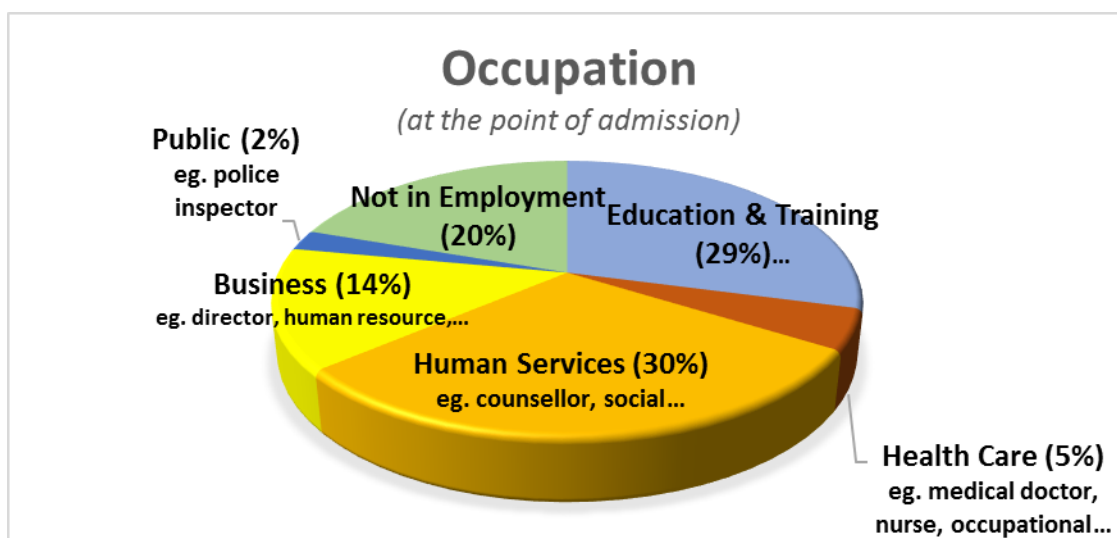
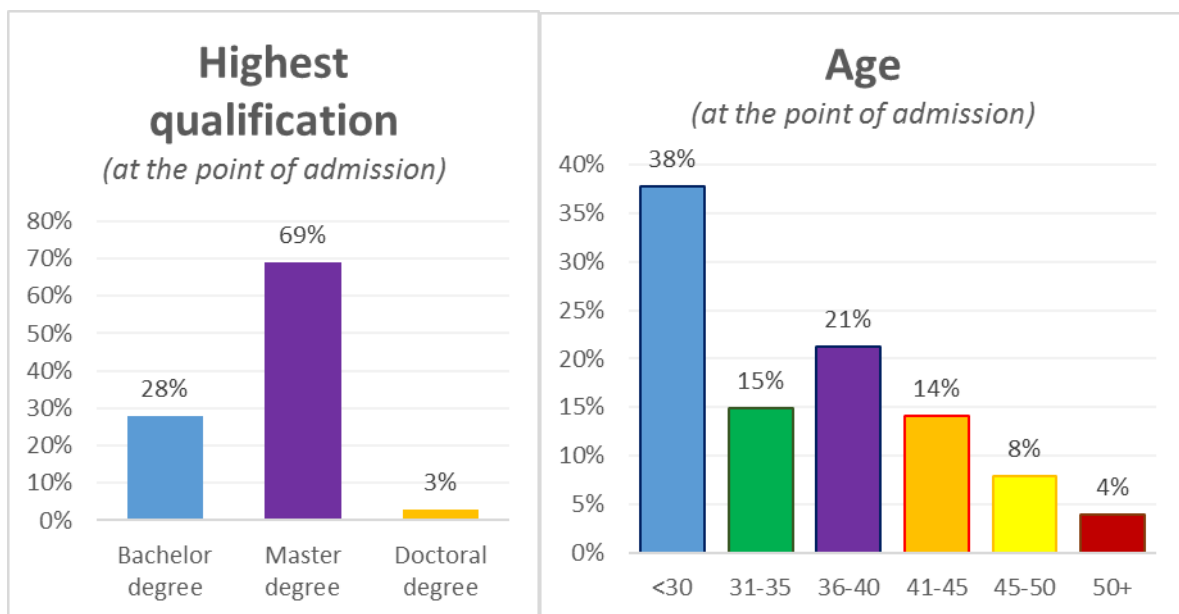
Student profile. US universities generally are prepared for applicants who do not have undergraduate degrees in the graduate degree program by specifying which core undergraduate courses are required prior to admissions into their graduate programs. CSPP adopts this practice by requiring that applicants must either hold a BA in psychology or equivalent undergraduate coursework in psychology. Additionally, CSPP-HK has a slight preference for older students because clinical psychology requires a level of emotional maturity that are more common in adults.

The CSPP-HK PsyD program admitted graduates with good standing from local and overseas universities. Some of whom hold undergraduate degrees from leading universities like Harvard University (US), University of Cambridge (UK), University of London (UK), University of California, Los Angeles (US), Columbia University (US), National University of Singapore (Singapore), Monash University (Australia), University of Queensland (Australia), University of Wisconsin-Madison (US), University of British Columbia (Canada), University of Southern California (US), Georgia Institute of Technology (US), New York University (US), University of Sheffield (UK), Adelaide University (Australia), University of Auckland (New Zealand), Hong Kong University, Chinese University of Hong Kong, Hong Kong University of Science & Technology and City University of Hong Kong.



Many of our students are from diversified background in the field of human services (counsellor, social worker, psychologist), education (school principal, professor, lecturer, administer), healthcare (medical doctor, nurse, occupational therapist), public services (police inspector), and business sector (VP / officer of human resource, marketing officer, internal auditor).

Amongst them, many of them are professionals in their own field such as medical doctors, healthcare professionals, social workers and teachers who care for the mental well-being of the community. The following diagrams show their qualifications at the point of admission.



Some students attempt to hold full time job in their first year in the CSPP-HK PsyD program. It is not unusual that our students reduce their paid work hours from full to part-time or even quitted their jobs completely in their second year or third year in order to dedicate more time to their studies in the program.

Response to inaccurate and defamatory accusations against CSPP-HK.

| Areas | Inaccurate Accusations | Facts of CSPP-HK |
|------------------------|--|---|
| Academic Accreditation | <p>Different from other Alliant Psy.D. programs based in the US, CityU SCOPE/AIU CSPP-HK program does not receive accreditation from American Psychological Association (APA) and hence it is not a recognizable training program.</p> | <p>CSPP-HK does not receive accreditation from APA because APA does not accredit any foreign program outside of the US. However, CSPP-HK is accredited or recognized by a number of organizations.</p> <p>a) Non-local Higher and Professional Education Regulation Ordinance (CAP 493).</p> <p>b) Western Association of Schools and Colleges (WASC) Senior College and University Commission, a regional accrediting body recognized by the US Department of Education, the same agency under which other prestigious California and western US schools, such as Stanford, USC and UCLA, are accredited. The CSPP PsyD degree is approved by WASC.</p> <p>(c) The ASPPB/National Register Designation Project (NR) the graduates of National Register Designated programs have the same status as graduates of APA-accredited programs.</p> <p>(d) The CSPP-HK PsyD program has also received membership in the California Psychology Internship Council (CAPIC) and our students are the only clinical psychology students in Hong Kong eligible to apply for CAPIC-accredited internships and postdoctoral fellowships throughout California.</p> <p>HK has nine self-accrediting institutions which are exempted from external accreditation. In contrast, all legitimate universities in US must seek external accreditation, whether the universities are state or private institutions. On top of the universities' accreditations, professional clinical psychology programs without external accreditations from recognized professional associations may not be able to validate the standard of their professional training program. In fact, clinical psychology programs in HK will not qualify for APA and NR accreditation or CAPIC academic membership because of the limited training in theoretical orientations, shortage in training hours and professional courses, lack of training in cultural and individual differences and diversity, and other domains.</p> |

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| <p>Delivery Mode & Duration</p> | <p>CSPP-HK PsyD program is a part time four year program which grants both a master and a doctoral degree and mode of courses are intensive in-person and online teaching.</p> | <p>CSPP-HK PsyD program is a full time professional program with 120 credit units of course work, a doctoral dissertation project, two comprehensive exam, one clinical competency progress review exam, and three years of professional field training. Different from doctoral programs in Hong Kong, most of the doctoral training in clinical psychology in U.S. offers both a master's degree and a doctoral training after a completion of 4-5 years of training (usually 5 years for PhD and 4 years for PsyD). APA accredited CSPP programs in US also grant both master's degree and doctoral degree to students who have fulfilled all requirements.</p> <p>For the mode of teaching, CSPP-HK provides high quality education by flying world renowned faculty from US to HK for some intensive classes with consist of some online components. All skill based courses are face-to-face, only basic foundational courses are on-line. On-line courses consist of about 12% of all courses offered.</p> |
| <p>Internship Requirements</p> | <p>The hours requirement is to complete at least 2,600 hours of internship while there is not any regulations on areas of clinical training.</p> | <p>Our program models after our APA accredited programs in the US and follows the APA expectations on training advanced skill, competency and knowledge in theories and methods of assessment/diagnosis, effective interventions including empirically supported treatments, theories and/or methods of consultation, evaluation and supervision, strategies of scholarly inquiry, and issues of cultural and individual diversity relevant to all of above. However, APA does not have restrictive requirements on the number of rotations in internship or variety of clinical settings in internships.</p> <p>The training model has students to actively participate and work at a clinical placement for a full year in order to develop the breadth and depth of skills and knowledge in treating one particular population. Compared to common clinical training in US, HK programs have interns spend only three to four months in one rotation or training site which does not seem to provide the necessary sequence, intensity, duration, and frequency of clinical training. CSPP-HK aims to well equip students with skills to provide advanced psychotherapy in different modalities instead of increasing exposure to different settings at the expenses of depth and intensity in training.</p> |

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| <p>Supervisors Arrangement</p> | <p>Most of the internship supervisors are not clinical psychologists and are not on-site. There is lack of required standard for clinical supervisors</p> | <p>In the CSPP-HK Psy.D. Program, students work with three different supervisors concurrently: a weekly meeting for individual supervision with a primary supervisor; a weekly meeting for group supervision; and a regular meeting with their site supervisor which provides students with a total of 2.5 to 3.5 hours of supervision per week. The requirements of the three supervisors are:</p> <p>Primary Supervisor:</p> <ol style="list-style-type: none"> 1) at doctoral level, 2) licensed or official registered with a governmental department and/or demonstrate advanced level of training and clinical experiences in at least one specialized area. 3) complete a minimum of six (6) hours of supervision coursework every two years, and/or demonstrate advanced experiences and competencies in clinical supervision. <p>Site Supervisor: Licensed, registered, or certified mental health professionals such as clinical psychologist, psychiatrist, social workers, and other professionals.</p> <p>Group Supervisor: Same requirement as the primary supervisor.</p> <p>In this model, all students are supervised by at least one clinical psychologist as well as at least one mental health professional from another discipline. In a world of multidisciplinary collaborations among health and mental health professionals, CSPP-HK strives to train our students to respect different disciplines, mutually learn and grow from the multifaceted knowledge, and effectively work with different professionals to provide the best quality of care. The hours and model of supervision are also comparable to the best practice of supervision according to American Psychological Association.</p> |
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Part Three: Comparison of the CSPP-HK PsyD Program and Local Hong Kong Training Programs in Clinical Psychology

At present, the field of clinical psychology in HK has two primary models of training and practice: the US model represented by the CSPP-HK PsyD program and the HK model represented by the University of Hong Kong (HKU) and the Chinese University of Hong Kong (CUHK). The models differ in curriculum strategy, professional standards, and models of supervised professional experience. To clarify the differences, this section compares courses and supervised clinical experience. The information contained in this document is based on the CSPP-HK PsyD program, and published webpage information from HKU, CUHK, HKPS and HKADCP.

What defines a CSPP-HK PsyD Clinical Psychologist?

To attain the PsyD degree, candidates complete a 120 credit US-semester-based, doctoral-level academic program. Their understanding of the foundations of psychological science, theory and practice is honed into clinical expertise by concurrent course work and supervised professional experience. Students are closely supervised by doctoral-level psychologists providing both individual and group supervision. Clinical acumen is measured across the scope of practice, from the administration of psychological instruments and report writing, to crisis management and psychotherapy. Three major theoretical orientations of clinical practice are introduced in the CSPP-HK PsyD curriculum: Cognitive Behavioural Therapy (CBT), Psychodynamic, and Family/Systems. Once familiar with these schools of thought, students select one theoretical orientation for advanced training through concurrent course work, practice in clinical placements, and supervision by mentors who share that theoretical orientation. In this context, HK has benefited directly from over two million hours of treatment provided by CSPP students placed in NGOs throughout their years of education.

In addition, students must conduct an original piece of dissertation research. Their dissertation usually investigates a clinical issue of concern to the HK community. Through their dissertation, candidates become experts at critical thinking, research, and dissemination of advanced learning. Prior to graduation, each CSPP-HK PsyD student produces an original piece of research that can contribute to scientific literature. Many students (approximately 10%) go on to publish their work in US professional journals or make presentations of their findings at US national and international scientific or technical meetings and conferences. The wide range of student dissertation topics have included, though not limited to: program evaluations of HK mental health services, investigation of the mental health status of family care providers; the impact of symptoms such as sleep problems and chronic pain among HK citizens and expatriates; sleep, chronic pain and psychological distress in heterosexuals in HK; improvement of geriatric care services, and psychological distress among homosexuals.

In this way, HK has benefited from the many dissertations that have been published on issues of psychological concern for HK residents.

Education and Training Comparisons

The overwhelming majority of the practicing clinical psychologists who are registered with the HKPS-DCP have been trained at the master's degree level from either HKU or CUHK (information retrieved from the Member Directory of the Division of Clinical Psychology, The Hong Kong Psychological Society). We have taken the Master of Social Sciences in the field of Clinical Psychology of University of Hong Kong (HKU-CP) as an example to illustrate the differences between the US practitioner/scholar model and the HK model.

Generally, the HK degree Master of Social Sciences in the field of Clinical Psychology involves a two-year program with 58 to 60 units of training, with prerequisite of a BA in psychology. The US PsyD model used by the CSPP-HK PsyD program requires 120 units, with a prerequisite of either a BA in psychology or successful completion of equivalent undergraduate psychology course work.

Courses: The graduate degree course comparison is as follows:

| Area of Competency | Required courses in HKU-CP program | Required courses in AIU/CSPP-HK – PsyD |
|---|--|--|
| Theories and Interventions in Clinical Psychology | PSYC7003: Individual psychotherapy I | PSY7504 Observation and Interviewing |
| | | PSY6220 - Professional Ethics and the Law |
| | PSYC7004: Individual psychotherapy II | PSY7504 - Theory & Technique of Clinical Practice - Cognitive / Behavioral |
| | PSYC8003 – Family and group therapy | PSY7504 -Theory and Technique of Clinical Practice – Psychodynamic |
| | | PSY7504 - Theory and Technique of Clinical Practice - Family Systems |
| | | PSY7504 - Theory & Technique of Clinical Practice - Child Psychotherapy |
| | | PSY7921 -Theory & Technique of Chinese Clinical Practice |
| | | PSY8531 - Advanced Clinical Seminar I |
| | PSY8532 - Advanced Clinical Seminar II | |
| Classes Concurrent with Clinical Training | PSYC6001: Practicum | PSY6545 Practicum I |
| | PSYC7009: Clinical seminar I | PSY6546 - Practicum II |
| | | PSY6547 - Practicum III |
| | | PSY6548 - Practicum IV |
| | PSYC8001: Clinical seminar | PSY9561/2/3 - Half-Time Predoctoral Internship (3 |

| | | |
|---|---|--|
| | II | semesters) |
| | | PSY9564/5/6 - Half-Time Predoctoral Internship (3 semesters) |
| Psychological Assessment | PSYC7018: Cognitive Assessment | PSY7515 Psychodiagnostic Assessment I |
| | PSYC7002: Assessment of personality and psychopathology | PSY7516 Psychodiagnostic Assessment II |
| Statistics and Research Methods | PSYC7019: Research methods and statistics I | PSY6043 Statistics |
| | PSYC7020: Research methods and statistics II | PSY6030 - Psychometrics & Advanced Statistics |
| | | PSY6062 - Research Methods & Principles of Research Design |
| | | PSY7003 - Research Proposal Design I |
| | | PSY7004 - Research Proposal Design II |
| | | PSY8901 Dissertation Project I |
| | | PSY8902 Dissertation Project II |
| Foundations of Psychological Sciences (required by APA for doctoral programs in U.S.) | PSYC7005/PSYC7006: Psychopathology | PSY6523 – Psychopathology |
| | | PSY6140 - Advanced Developmental Psychology |
| | | PSY6105 - Biological Foundations of Behaviour |
| | | PSY6101 - Cognitive Bases of Behaviour |
| | | PSY6121 – History and Systems of Psychology |
| | | PSY112 – Social Bases of Behaviour |
| Advanced Coursework: Biological Science and Biological Bases of Care | PSYC8004 - Clinical Neuropsychology | PSY8555 – Neuropsychology |
| | | PSY8554 – Psychopharmacology |

Direct comparison of the course curricula of the two programs illustrates the breadth and depth required for a doctoral program. The intensity of the training reflects the dedication required of doctoral students to achieve international competence in clinical psychology practice, research, and professional skills. The US program mode of course delivery includes weekly face-to-face classes, face-to-face intensive classes, blended on-line and face-to-face classes, as well as online classes. Online coursework is a small part (12%) of the CSPP-HK PsyD program’s curricular design.

Specific implications of differences in the program design between HKU-CP master's degree program and the current CSPP-HK PsyD program are discussed in the following sections.

Theories and intervention in clinical psychology. The CSPP-HK PsyD program has nine (9) courses that teach theory and intervention, covering the three main theoretical orientations (Cognitive Behavioural Therapy, Psychodynamic, and Family-Systems theories). This breadth affords doctoral students the chance to become familiar with a wider scope of interventions and identify an orientation that suits their strengths as a clinician.

Classes concurrent with clinical training. Comparing the number of hours of training and support and the courses that are taken concurrently with clinical training, the CSPP-HK PsyD program requires five more classes and significantly more hours of training and support relative to the HKU-CP master's program. This difference will be discussed in greater depth in the Clinical Training section.

Psychological assessment. The training in psychological assessment of the two programs appears to be similar in course length and coverage.

Statistics and research methods. The HK model has two courses in statistics and research methods, whereas the US model has three courses.

Multicultural competence. The US model, in response to the American Psychological Association (APA) "Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists," incorporates multicultural competence training into courses, supervision, and the oral clinical proficiency competency review examination. This means students are trained in concepts of social justice that prepare students to work with minorities in the Chinese community such as domestic helpers, refugees, new immigrants, individuals with non-heterosexual sexual and gender identity (LGBTQIA), and individuals from ethnic minority groups.

Foundations of psychological sciences. All APA accredited programs in the US are required to offer a series of courses covering the scientific foundations of psychology (APA, 2006). Additionally, programs receiving designation status from the National Register, such as the CSPP-HK PsyD program, require more courses than APA in some of the areas listed below.

In the CSPP-HK PsyD program, the scientific foundational courses are:

- Psychopathology
- Advanced Developmental Psychology
- Social Bases of Behavior
- Biological Bases of Behavior
- Cognitive Bases of Behavior
- History and Systems of Psychology

These six courses comprise a required 18 credit hours of the doctoral program and insure that all students in the program graduate with graduate-level grounding in the basics of scientific psychology.

The HK's masters-level program has coursework in Psychopathology. It does not have advanced graduate-level coursework in Advanced Developmental Psychology, Social Bases of Behavior, Biological Bases of Behavior, Cognitive Bases of Behavior, and History and Systems of Psychology.

Advanced courses. In addition to the foundational course in Biological Bases of Behavior, the US model requires additional advanced courses to provide students advanced training in biological foundations of clinical psychology: Psychopharmacology and Neuropsychology. The advanced training in biological aspects means that doctoral students have broader knowledge with which to communicate with medical professionals when they work in multi-disciplinary teams.

Comprehensive examinations. In addition to all course requirements, the CSPP-HK PsyD program requires students to complete two comprehensive exams, including one in Professional Ethics and the Law and a second in Psychodiagnostic Assessment. These two comprehensive exams are designed to assess students' achievement of core competencies in ethical practice and assessment.

A third examination (taken individually with both a face-to-face interview and written component) is called the Clinical Proficiency Progress Review (CPPR). According to the Developmental Model used by the CSPP-HK PsyD program, interns' competence in clinical intervention must be independently examined. Through the CPPR, a student's competency is assessed by two independent experts, neither of whom is the students' individual clinical supervisor. In this formal examination, students are evaluated on their ability to present a clinical case to faculty both in writing and orally, and demonstrates their knowledge of case conceptualization, assessment, treatment, integration of multicultural concepts, and ethical principles related to the case. This clinical examination is a common practice among clinical psychology programs in the US and is a necessary assessment method to ensure quality of students' clinical skills.

Clinical Training and Supervision

The HKU-CP and the CSPP-HK PsyD program clinical training and supervision models differ in both the number of hours of clinical experience and the format of clinical supervision. The discussion on clinical training hours is based on information that is available from HKPS-DCP since such details as required number of hours are not available in information provided on HK master's level training programs' websites.

Overview of the clinical training model. To align our training standard with our APA-accredited programs in the US and to fulfil the requirements of the California Board of

Psychology, the CSPP-HK PsyD program follows the same training structure in terms of model of clinical supervision, types of placement settings, requirements for clinical hours, qualifications of clinical supervisors, and model of evaluation.

Model of clinical supervision. The HKU-CP and the CSPP-HK PsyD programs differ in the way supervision is provided, as well as in the underlying theoretical model of supervision. To prevent conflict of interest, APA and California law regarding psychology training prohibit students from retaining and paying directly for supervision. The CSPP-HK PsyD Program follows the guidelines delineated in the *Guidelines for Clinical Supervision in Health Service Psychology* (American Psychological Association, 2014), which employ the competency-based model as the guiding principle for clinical supervision (Falender & Shafranske, 2004; Farber & Kaslow, 2010; Hunsley & Barker, 2011). The competency-based model is defined as

an approach that explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency and develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidence-based practices and the requirements of the local clinical setting. (Falender & Shafranske, 2007, p. 233)

The competency-based model emphasizes a few key aspects. First, specific goals are established. The supervisees take a proactive role in discussing their clinical training goals with their supervisors, they learn about the needs and resources of their clinical settings from their site supervisors, and they collaboratively decide on the details of their training in clinical placement. For this reason, some students may be primarily providing psychological testing while others are conducting long-term psychotherapy in the same setting. The goals identified in the beginning of the clinical training year are reviewed by the primary supervisors during each evaluation period and students' progress towards the goals are tracked by the supervisors' evaluations as well as the students' self-reflections.

Second, the competency-based model is a meta-theoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies in six areas: Interviewing and Assessment, Diagnostic Evaluation, Psychotherapy, Use of Supervision, Professional Behaviours, and Sensitivity to Diversity. Instead of in-room supervision, the primary supervisors view audio or video recording of actual therapy sessions weekly to assess the development of competency among their supervisees. Audio or video tapes have been proven to be an effective supervision tool and associated with positive student competence outcome (Breunlin, Karrer, McGuire, & Cimmarusti, 1988; Huhra, Yamokoski-Maynhart, & Prieto, 2008). Should there be agencies that prohibit recording, the primary supervisors review process notes as an alternative. Based on actual performance as

seen on the audio/videotapes, primary supervisors provide specific comments to students and track students' incorporation of the feedback in subsequent sessions.

The supervisors' competency is another major focus in the competency-based model. In the CSPP-HK PsyD program, all the primary supervisors are doctoral level practitioners with advanced training and strong qualifications. Additionally, the primary supervisors participate in a weekly consultation group, which is an important component to ensure the practice of competency-based approach in supervision. To monitor the supervisors' competency, students complete anonymous evaluations of supervisors at the end of their internships. Without identifying personal information, students provide quantitative feedback to rate the supervisors' competency and qualitative feedback to describe their experiences in supervision. The Director of Clinical Training summarizes the results and provides feedback to the primary supervisors as an opportunity for professional growth.

Finally, each primary supervisor adapts the competency-based model according to their own theoretical orientation and their supervision to promote student competency in a particular theoretical orientation. Each supervisor has unique clinical background and qualifications and student can maximize their learning experiences by the variety of constructive feedback received from different supervisors.

Supervision arrangement. California licensing law allow clinical psychologists to expand their practice into areas in which psychologists are not already established by requiring a designated site supervisor. In the CSPP-HK PsyD program, students work with three different supervisors concurrently: a weekly meeting for individual supervision; a weekly meeting for group supervision; and a regular meeting with their designated site supervisor. The roles and duties of the three supervisors are described in table 1:

Table 1: Descriptions of Clinical Supervisors of CSPP-HK PsyD Program

| Role | Duties and Responsibilities | Background Qualifications |
|--------------------|--|---|
| Primary Supervisor | <p>Assume the primary responsibility for training clients and quality of client care.</p> <p>Maintain close communications with site supervisors through site visits and phone contacts throughout the year.</p> <p>Review and provide feedback to students' video recording, audio recording, and/or process notes if recording is prohibited in the clinical setting.</p> <p>Complete a formal evaluation of each supervisee per semester (3 times a year).</p> <p>Provide at least 1 hour per week of supervision and be available 24/7 for crisis.</p> | <p>Clinical supervisors must be:</p> <ol style="list-style-type: none"> 1) at doctoral level, 2) Licensed or official registered with a governmental department and/or demonstrate advanced level of training and clinical experiences in at least one specialized area. 3) complete a minimum of six (6) hours of supervision coursework every two years, and/or demonstrate advanced experiences and competencies in clinical supervision. |
| Site | Function as the Delegated Supervisors | Licensed, registered, or certified |

| | | |
|------------------|--|---|
| Supervisor | <p>according to the California Board of Psychology. Provide at least 1 hour every 2 weeks of supervision. Co-ordinate with primary supervisor on clinical duties. Facilitate students' learning of a multidisciplinary team approach. Complete formal evaluation of each supervisee per semester (3 times a year).</p> | <p>mental health professionals such as clinical psychologist, psychiatrist, social workers, and other health professionals.</p> |
| Group Supervisor | <p>Lead group supervision to enhance competence for case conceptualization, professional presentation, giving and receiving feedback, and alternative case formulations in different theoretical orientations. Provide 1.5 hours per week of group supervision. Complete formal evaluation of each supervisee per semester (3 times a year).</p> | <p>Same as Primary Supervisor</p> |

In this model, supervisees receive at least 2.5 and up to four hours of supervision per week, which includes 1 hour of face-to-face individual supervision, 1.5 hours of group supervision, and variable hours of on-site supervision depending on the site. This training model provides breadth of experience by the variety of settings and expertise of supervisors, and depth of experience through the hours with each supervisor and clinical hours in each placement. Students log their clinical hours regularly and obtain signatures from their primary supervisors as a proof of their psychological services.

Method of evaluation. In clinical practicum and clinical internships, the primary supervisor, site supervisor, and group supervisor complete three sets of standardized evaluation forms to assess students' progress in each semester. As each clinical training year covers three semesters (Fall, Spring, and Summer), students must pass all three evaluations to earn credit for their clinical training course. Studies have pointed out that if supervisors provide feedback to supervisees infrequently and irregularly, it will hinder supervisees' competency development, increase the risk for ethical violation, and fail to fulfil the supervisors' role as a gatekeeper for the community (Ellis et al., 2014; Thomas, 2010). Our model of evaluation helps to prevent such problems by providing regular and timely feedback on students' performance in the program and specific feedback for students to incorporate into their professional development.

Qualifications of primary supervisors in the CSPP-HK PsyD program. The professional qualifications of clinical supervisors is also a major difference between the HKU-CP and the CSPP-HK PsyD program training models. To summarize, we provide a

comparison of the qualifications and training for clinical supervisors published by DCP and the requirements for the CSPP-HK PsyD program.

Comparison of the qualifications and training for clinical supervisors

| Criteria for a qualified clinical supervisor | Required for supervisors in HKU-CP program | Required for supervisors in CSPP-HK – PsyD program |
|--|---|--|
| Professional Credentials | Being a full member of DCP or eligible for full membership of DCP. | Clinical supervisors must be: 1) at doctoral level, 2) licensed or official registered with a governmental department and/or demonstrate advanced level of training and clinical experiences in at least one specialized area. *Only registration with professional organizations does not meet this requirement. |
| Degree requirement | Master’s degree in clinical psychology | Doctoral degree in clinical psychology |
| Requirements for clinical experiences | At least three years’ full-time relevant experience after gaining the qualification eligible for DCP membership | 1) Completion of clinical practicum in the doctoral program (600 to 1000 hours) 2) 3,000 hours of supervised professional experience with at least 1,500 hours accrued postdoctorally |
| Training in supervision | None | The primary supervisor has to: 1) complete a minimum of six (6) hours of supervision coursework every two years, or 2) demonstrate advanced experiences and competencies in clinical supervision. |
| Requirements for supervision support | Not specified | Participate in weekly supervisors’ consultation group to gain support from fellow supervisors. |

Together with the fidelity to the competence-based model, we expect primary supervisors to be: (1) professional psychologists trained in providing supervision; (2) competent in training students in assessment, treatment, and other psychological services; (3) the gatekeeper for the profession and the public; (4) evaluative of students objectively with specific feedback; and (5) able to employ effective supervision approaches according to the most current literature.

Clinical hours. Regarding the number of hours of clinical training and supervised professional experience, the HKPS-DCP requires 1500 total hours of training. HKPS-DCP membership requirements do not distinguish between direct client hours and other indirect training hours, such as attending workshops or writing reports.

Students in the CSPP-HK PsyD program follow the progressive training model in APA-accredited clinical psychology programs. Students are evaluated for their competencies in three stages: practicum level, internship level, and independent practice level. The first level of clinical training is a clinical practicum which requires 600 hours of supervised professional experience during their second year of training. The second level is internship for which students participate in a two-part internship with 1000 hours each in their third and fourth year. Both practicum and internship levels of training require that 40% of their training time be spent in direct contact hours with clients. The final level of clinical training as an independent psychologist occurs during the last year of students' clinical training; each student must pass a Clinical Competency Review Exam (CPPR) as a part of the graduation requirement.

Using the definition from Association of State and Provincial Psychology Boards (ASPPB), our students must participate in service-related activities (defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations) for their hours to be counted and 40% of direct hours must be face-to-face patient/client contact in the provision of psychological services.

In other words, students must accrue at least 1040 direct client contact hours providing psychological services to clients and a total of 2600 clinical training hours, pass all their clinical evaluations from the primary supervision, site supervisor, and group supervisor, and succeed in the CPPR to fulfil all requirements for clinical training in the CSPP-HK PsyD program. In the previous 10 years of our program, our alumni and students have cumulatively provided greater than 2,600,000 hours of psychological services to the community of HK.

Types of placement settings. We do not believe clinical psychologists should be bound to a traditional office setting providing individual psychotherapy. Instead of placing students primarily in hospitals and prisons, our students complete their training in a variety of community settings such as community mental health centres, outpatient clinics, university counselling centres, child therapy and psychological testing clinics, palliative care services in hospitals, drug and alcohol treatment programs, and residential or day treatment programs. In these settings, students are supervised to provide a variety of services:

- Individual and group psychotherapy with various populations
- Psychodiagnostic evaluation and report writing
- Design and implementation of community outreach programs
- Seminars and workshops for service users and professionals

- Consultation of a psychological nature with multidisciplinary teams
- Child treatment/counselling
- Crisis intervention
- Community psychology
- Organizational development activities.

Our model trains clinical psychologists to work with the community using an interdisciplinary approach to collaborate with other frontline health and mental health professionals. Our goal is to train independent and professional clinical psychologists with ethical, cultural, and clinical competencies to practice in real-world situations. With this goal in mind, in addition to the provision of psychotherapy and assessment, our students have conducted various presentations and workshops, conducted program evaluation research, provided peer supervision to other mental health professionals, assisted with administration, and participated in other agency activities within the community.

We have placements in 36 different settings spread throughout HK, China, Macau, and the UK. In addition to our primary supervisors, we have an estimated total of 70 registered social workers, three HKPCA Certified Counsellors, ten psychiatrists, and nine registered and/or licensed clinical psychologists who offer a diverse and multifaceted training experience for our students in the sites outside of U.S. In all of the CAPIC internship sites in U.S., there are at least one licensed clinical psychologist supervisors in each of the more than 100 agencies.

To fulfil our mission to serve a broad range of clients including marginalized populations and to foster respect for human diversity, most of our students work in community settings such as non-governmental organization (NGOs), schools, halfway houses, and other non-profit organizations (sample contracts without identifying information are provided below).

Our graduates are uniquely trained to fulfil the goals of the Hospital Authority and Social Welfare Department's *Service Framework for Community Mental Health Services* (2016) that aim to "set up professional support for ex-mentally ill persons suspected to suffer from mental health problems through the provision of individual or group psychological treatment, and to strengthen the capabilities of frontline professionals in these centres through clinical supervision."

Reasons for not adopting the apprenticeship model for clinical training. According to our understanding, the apprenticeship model or master-apprentice mentoring approach is the prominent supervisory training model for clinical psychologists in HK. The assumption of this mentor/apprenticeship model is that learning occurs through observing and assisting a "master" at work. This model uses in-room live supervision in which the clinical supervisor

supervises the trainee in actual treatment and provides feedback to the trainee in the presence of the client.

The CSPP-HK PsyD program does not adopt this model, for several reasons. The apprenticeship model and in-room supervision for training clinical psychologists is no longer a common model in the US for supervision of clinical psychology trainees. In his book, *Evidence-Based Clinical Supervision: Principles and Practice*, Milne (2009) suggested that the apprenticeship model originated from the ancient Greek approach to teaching and emerged in early 19th century when Freud adopted the medical training model to provide clinical supervision in psychoanalysis to a group of physicians. The current practice of clinical supervision has moved away from the apprenticeship model and now focuses on models that are supported by research evidence. In *Strength-based clinical supervision: A positive psychology approach to clinical training*, Wade and Jones (2015) describe the nine common approaches to supervision in the field such as the Therapy-based models, Developmental Supervision Model, and Outcome-oriented Supervision Model. The apprenticeship model was mentioned as one of the historical roots of supervision and it was described as only one component in one of the nine models, suggesting that it is not a prominent model for clinical psychology training nowadays.

Dr. Carol Falender, a well-recognized expert in clinical supervision, author of several textbooks and guidebook on clinical supervision for psychologists, member of the Supervision Guidelines Group of the Association of State and Provincial Psychology Boards (ASPPB) in the US, and Chair of the Supervision Guidelines Task Force of the Board of Educational Affairs of American Psychological Association recently discussed the apprenticeship model in her book, *Clinical Supervision: A Competency-Based Approach* (Falender & Shafranske, 2004). The authors described that implicit in the master-apprentice model is the idea that clinical knowledge and skills can be transferred through apprentices' observations of the masters' clinical work. They critique this fallacy, showing that clinical skills are not as easily transferrable as the apprenticeship model claims, and noting that observation is insufficient for students to develop their clinical skills and grow as an independent psychologist. During the 2017 American Psychology Association annual convention in Washington D.C., several faculty members of the CSPP-HK PsyD program spoke with Dr. Falender regarding her perspective on in-room supervision and she responded, "I have heard about it but it is not a prominent model. It would undermine the clinical competency of the supervisee. So I would say no." (C. Falender, personal communication, August 3, 2017).

In addition to Dr. Falender's perspective on the in-room live supervision model, several experts in clinical supervision also share similar concerns. First, the supervisor's direct feedback in the session may become an intrusive and disruptive experience for the

client. In fact, Goodman (1985) pointed out several potential problems in the supervisor's involvement: (1) some supervisors may intervene excessively and monopolize the treatment process; (2) the supervisor may attempt to provide dramatic interventions as a demonstration for the trainee while the interventions may not be the most relevant to the client's needs; (3) the supervisor's feedback and guidance may become dominating and in turn diminish the freedom of choice and creativity of the trainee; (4) the evaluative component of the session may interfere with the collaboration between the supervisor and trainee during treatment; and (5) the issues of power, dependency, control, and competency may emerge and impede treatment progress. Furthermore, several researchers have pointed out the increased level of anxiety in trainees during in room supervision (Bowman, 1980; Costa, 1994) while this additional layer of stress does not facilitate the treatment process. Third, the supervisor's involvement becomes a confounding variable in the treatment process and the supervisor cannot really observe the trainee's clinical competency when the trainee is providing treatment alone.

To avoid the problems with in-room supervision and ensure the evaluative component of supervision, US education had moved on to using one-way mirrors to substitute for in-room supervision about 40 years ago. With the advent of unobtrusive video/audio devices, US education now uses recorded transcripts.

The apprenticeship model also seems to be obsolete according to the contemporary research studies in clinical supervision. We conducted a literature review on research studies on the structure, components, and effectiveness of clinical supervision practiced by HK clinical psychologists. Using international research databases including PsychInfo, Proquest, PsycARTICLES, Academic Search Premier, SocINDEX, and other common databases, we input "Hong Kong" as a main category and other keywords related to supervision such as clinical supervision, professional supervision, and clinical training. The result yielded more than 30 studies and articles on clinical supervision of psychiatrists and social workers in HK and only four articles discussed supervision of clinical psychologists in HK. The four articles include a discussion of a report from supervisors of clinical psychology trainees (Cheng, 1993), a discussion of supervision of clinical psychology trainees in HK in terms of their training and experiences (Lam, 1987), an argument of the nature of supervision to be a multidimensional activity (Tsoi, 1987), and a position paper to redefine the role of the supervisor-supervisee relationship (Ho, 1987). Our literature search showed that there have been no studies on the efficacy of clinical supervision for psychologists in HK, best practices for clinical supervision models in HK, outcomes of the supervisees, or competency of the clinical supervisors. Moreover, all of the writings on supervision research in clinical psychology were greater than 20 years old and little is known about clinical supervision in the contemporary society of HK.

Due to the drawbacks of the apprenticeship model, the fact that it is seldom used in contemporary US training in clinical psychology, and the lack of research evidence to support its effectiveness, the CSPP-HK PsyD program does not adopt this model as the standard for supervision. Having the practitioner-scholar model as the guiding principle for clinical training, the CSPP-HK PsyD program employs supervision models supported by empirical evidence that are aligned with standards of internationally recognized professional associations.

In conclusion, there are at least two different models of training clinical psychologists in HK. We hold that being different does not imply lesser quality. In fact, we contend that the analysis presented offers evidence that the professional competency of psychologists graduated from the CSPP-HK PsyD program is, at a minimum, equivalent to that of those trained through the local master's level clinical psychology programs. Additionally, CSPP-HK PsyD program students have contributed more than two million six hundred thousand (2,600,000) hours of direct services to the citizens of HK in the course of their supervised professional experience and can continue to do so.

Part Four: Attachments

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Appendix

Some of the distinguished faculty of CSPP-HK.

| Faculty | Achievements |
|--------------------------|--|
| Dr. Liang Tien** | <ul style="list-style-type: none"> • Former Co-Chair of the Examining Board of Psychology, Department of Health, State of Washington • Former chair of Washington State Psychological Association's Ethics Committee • Co-chair of Ethic Committee for Asian American Psychological Association • Founder of the Doctoral Program in Clinical Psychology, Antioch University-Seattle • ABPP certified psychologist in Couple and Family Psychology* |
| Dr. Debra Kawahara** | <ul style="list-style-type: none"> • APA Council Representative Div. 35 |
| Dr. Diane Zelman** | <ul style="list-style-type: none"> • Published over 30 articles on peer-reviewed academic journals in the areas of health psychology, psychopharmacology, neuropsychology, and psychopathology |
| Dr. Christopher Tori** | <ul style="list-style-type: none"> • Published over 30 articles on peer-reviewed academic journals in the areas of multiculturalism, psychoanalytic psychology, inventories validation, and psychopathology |
| Dr. Darryl Thomander** | <ul style="list-style-type: none"> • Clinical Assistant Professor in the Department of Neurology and Neurological Sciences at the Stanford University, School of Medicine • President of the Northern California Neuropsychology Forum. • Former director of post-doctoral training in clinical neuropsychology and co-director of the Memory Disorders Clinic, Stanford Hospital and Clinics. • ABPP certified psychologist in Clinical Neuropsychology* |
| Dr. Andrew Bertagnolli** | <ul style="list-style-type: none"> • Vice President of Behavioral Health Clinical Products at Optum. • Former Director of Integrated Behavioral Health at Kaiser Permanente's Care Management Institute. • Former faculty of the California Institute of Integral Studies, the Wright Institute, San Francisco State University, University of California, Berkeley, and University of California, San Francisco. |
| Dr. Natalie Porter** | <ul style="list-style-type: none"> • Former APA Council Representative Div. 35 • Former president of the APA Div. 35 Society for the Psychology of Women |
| Dr. Scott Wooley | <ul style="list-style-type: none"> • Founder and director of the San Diego Center for Emotionally Focused Therapy and the Training and Research Institute for Emotionally Focused |

| | |
|-----------------------|--|
| | <p>Therapy (TRI EFT).</p> <ul style="list-style-type: none"> • One of the 46 trainers of Emotionally Focused Therapy in the globe. • AAMFT clinical member and approved supervisor. |
| Dr. Danny Wedding | <ul style="list-style-type: none"> • Former Senate and House of Representatives in U.S. Congress • APA Council of Representatives member (2016-2018) representing Division 12 (Society of Clinical Psychology) |
| Dr. Jean Lau Chin | <ul style="list-style-type: none"> • Full Professor at Adelphi University • Advisory Committee on Eliminating Mental Health Disparities Committee for Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services • President, National Council of Schools and Programs of Professional Psychology; advisory board of ERASE Racism; |
| Dr. Morgan T. Sammons | <ul style="list-style-type: none"> • Executive Officer of the National Register of Health Service Psychologists • Past president of APA's Division 55 • Current Chair of the California Psychological Association's Division 5 (Psychopharmacology) • Past president of the Maryland Psychological Association. |
| Dr. Stephen Chou | <ul style="list-style-type: none"> • Director of Training and Research at the Summit Center • Director of 2e Assessment and Research at Flex School |
| Dr. Ronald Teague | <ul style="list-style-type: none"> • ABPP in Clinical Psychology and Psychoanalysis in Psychology* • Chief Psychologist at Fresno Community Hospital • Fellow member of American Academy of Clinical Psychology and American Academy of Psychoanalysis |

*** Faculty who is currently teaching in the year of 2017*

**The American Board of Professional Psychology (ABPP) is the primary organization for specialty board certification in psychology in the U.S and assures the public that specialists designated by the ABPP have successfully completed the educational, training, and experience requirements of the specialty, including an examination designed to assess the competencies required to provide quality services in that specialty. It is similar to the specialist training of medical doctors in Hong Kong. More information can be found in <https://www.abpp.org/i4a/pages/index.cfm?pageid=3341>*

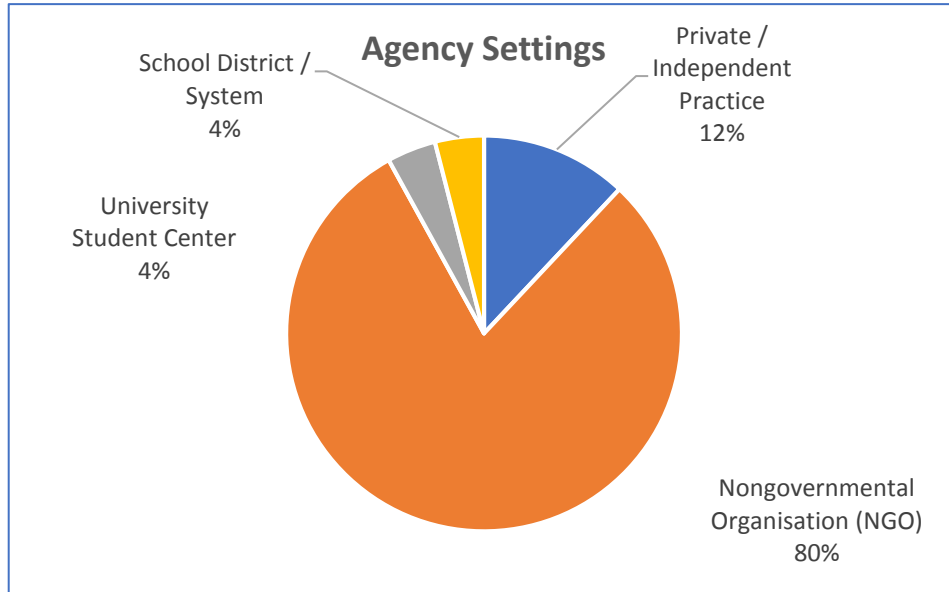


Agency Satisfaction Survey 2017-18

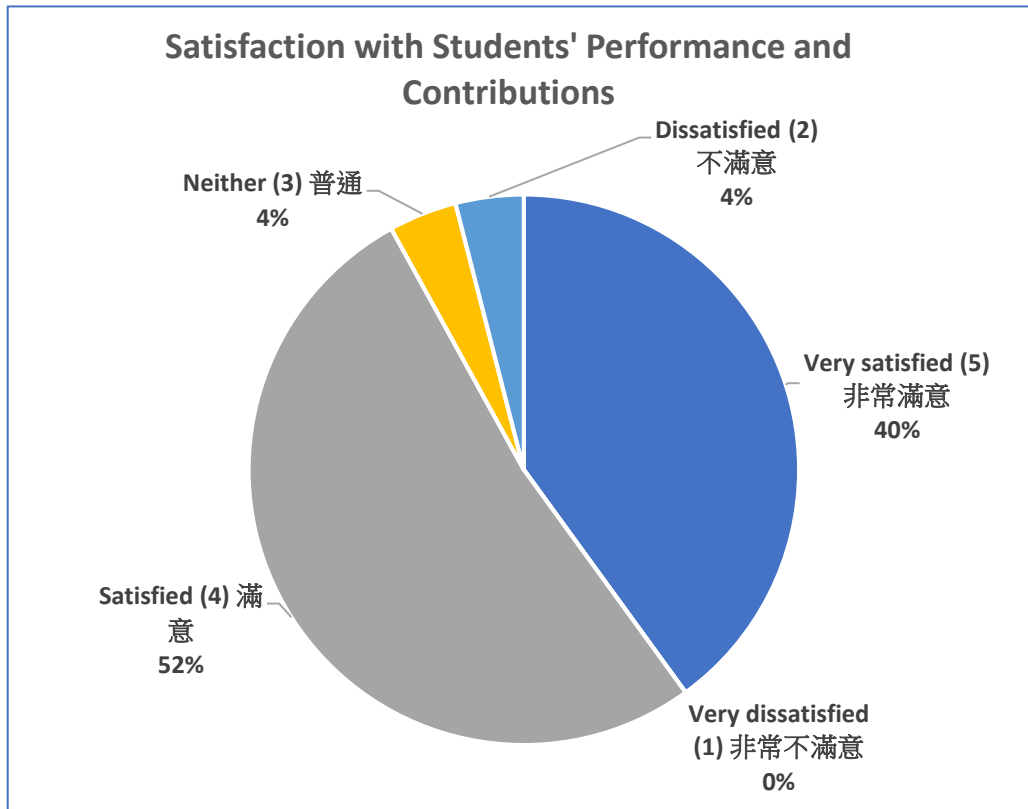
Executive Summary

The results of the 2017-18 Agency Satisfaction Survey, sent March 2018, yielded 25 responses, representing over 60% of our clinical placement sites. The key results include:

- **Type of the agency setting**

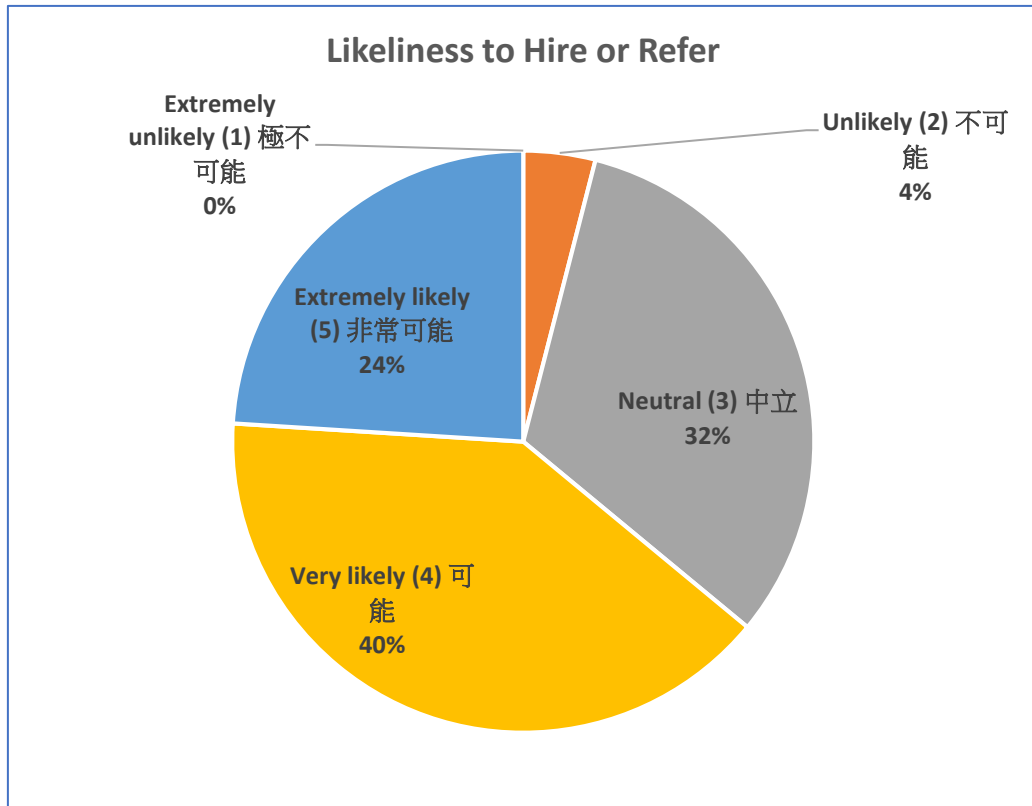


- **Agency's overall satisfaction**



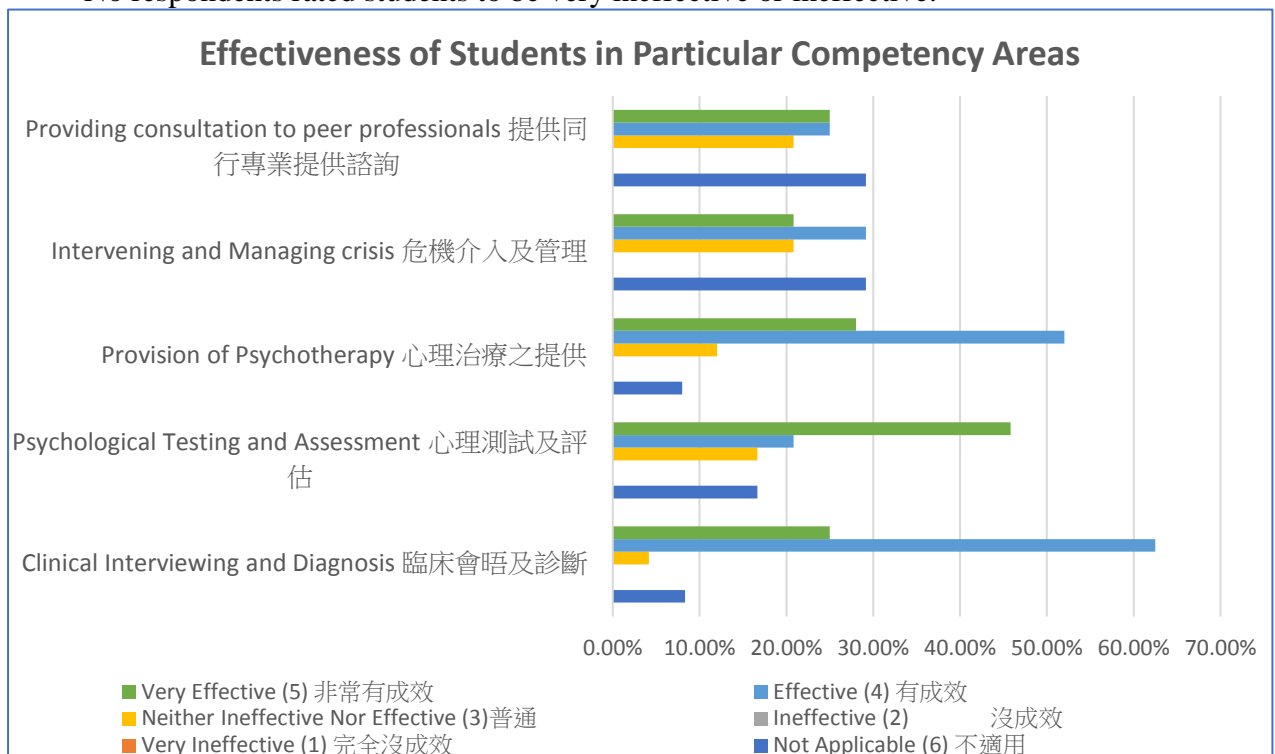


- **Likelihood to hire CSPP-HK graduates or refer clients to them**



- **Competency of CSPP-HK Trainees**

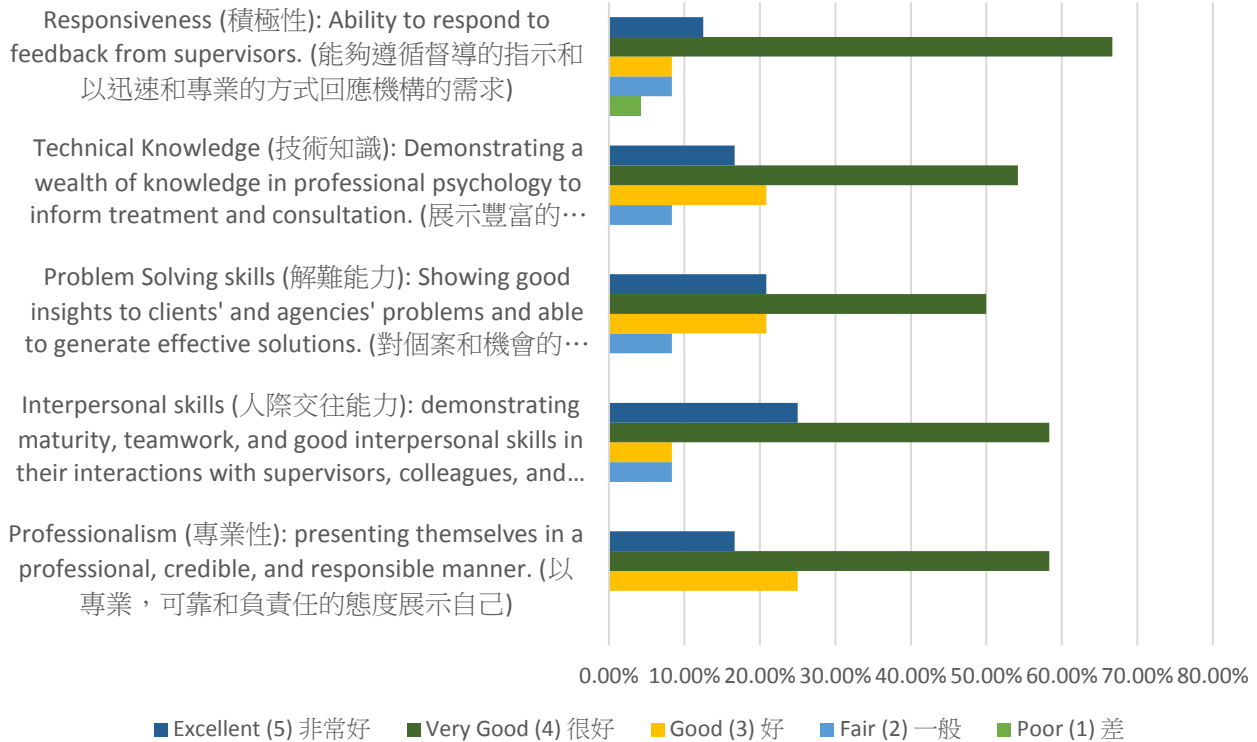
*No respondents rated students to be very ineffective or ineffective.





- **Professionalism of CSPP-HK Trainees**

Students Representation as Professional Clinical Psychologists in Specific Areas



- **Testimony from Agencies**

- “實習學生有熱誠及專業輔導經驗，為專業同工提供非常專業諮詢服務！”
- “The students were usually helpful and took initiative in support of the service at units. Their contribution is much appreciated.”
- “All of the students who have had placements here have provided an invaluable contribution to our centre.”
- “They are very professional, knowledgeable and sensitive to the needs of clients.”
- “... They have serious requirements for students. Only direct contact hours are counted, and thus, students are very responsive to clients' need. Also, CSPP is willing to hear feedback from agency. They are so devoted to enhance psychological service in HK. and even open to offer free training to agency by its professor. As a matter of fact, students' supervisors are holders of PsyD. Such arrangement make us feel confident to let their students to handle cases with various psychological problems...”
- “The CSPP-HK students/interns demonstrated the breadth of knowledge that is expected of the trainees of their level of training (pre-doctoral). Most of them adapted to our site's demanding clientele and workload well and almost seamlessly in a relatively short time. They presented themselves with professionalism and tremendous work ethics....”
- “It's pity that the school is going to stop training clinical psychologists in Hong Kong, as some of the graduates have been found to be very competent in the service and their continual contribution can fill in the gap of inadequate professionals in the field. Hope the school will consider resuming the training in Hong Kong again someday.”



CSPP CALIFORNIA SCHOOL OF
PROFESSIONAL PSYCHOLOGY
ALLIANT INTERNATIONAL UNIVERSITY

**The U.S. Competency-Based Model and the Hong Kong Apprenticeship Model
Of
Supervision for Clinical Psychology**

Alliant International University
California School of Professional Psychology – Hong Kong
Doctor of Psychology

In collaboration with

City University of Hong Kong
School of Continuing and Professional Education

Submitted by

TIEN Liang, Psy.D., ABPP
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May 2018

The U.S. Competency-Based Model and the Hong Kong Apprenticeship Model Of Supervision for Clinical Psychology

During an in-person meeting on 3 April 2018, Dr. Patrick Leung (Department of Psychology at the Chinese University of Hong Kong) and Dr. Tatia Lee (Department of Psychology at the University of Hong Kong) reported that the Hong Kong “on-site supervision,” in the context of training clinical psychologists, is the practice of pairing a clinical psychologist who is employed in the hospital with a trainee who shadows the clinical psychologist at all times. Further, it was reported that the justification for this intensive presence and watchfulness, and the reason for Hong Kong’s adoption of this model for training clinical psychologists, is that trainees will inevitably make mistakes, and thus the patient being treated by a trainee must be protected from harm.

Similar to the Hong Kong training as reported by Drs. Lee and Leung, the CSPP-HK PsyD Program’s clinical training also have supervisors who are on-site at the agency where the trainee is placed for his/her supervised clinical training. The difference is that the HK training places the clinical psychology supervisor physically in the same room at the same time as the trainee and the patient whereas in the CSPP-HK model the clinical psychologists supervisor enters the treatment room with the trainee and the patient through video/audio/process note recordings. The CSPP-HK clinical psychologist supervisor may, or may not be physically located in the same agency. When a clinical psychologist is not located in the placement agency, CSPP-HK has both a site-supervisor and an individual clinical psychologist supervisor. The site-supervisor, who may or may not be a clinical psychologist but is always a credentialed mental health professional, working in collaboration

with the individual clinical psychologist supervisor, has oversight of the trainee at the placement site.

An additional difference, as reported by Drs. Lee and Leung, is that their training occurs in the hospital setting whereas the CSPP-HK training occurs in a multitude of agencies in the community, including hospital, long term residential facilities, and out-patient community mental health clinics. Therefore, when appropriate, both site-supervisor and individual clinical psychologist supervisor are involved.

The Hong Kong model of training clinical psychologists, as described, patterns itself after the medical apprenticeship model. In the ‘Hong Kong on-site supervision - apprenticeship model’, the trainee observes the master and in turn is watched over by the master until the trainee is deemed to have gained sufficient knowledge and skill to practice independently. The medical apprenticeship model is described thus: “The practice of surgery is a learned art, built upon a strong foundation of didactic learning, reading, observation, doing under guidance, and repetition. This apprenticeship model has changed little over the years” (Gorman, Meier, Rawn &, Krummel, 2000, p. 353). Additionally, the ‘Hong Kong on-site supervision - apprenticeship model’ replicates the practices of “the mid-19th century, [during which] student physicians encountered this knowledge and these skills and values as enacted by their teachers in the course of caring for patients” (Cooke, Irby, Sullivan, & Ludmerer, p. 1341).

The relevant question is whether this model is appropriate for training clinical psychologists. The predominant training and supervision model for clinical psychology used throughout the U.S. and in the CSPP-HK PsyD Program is a different model, the competency-based model (Falender & Shafranske, 2004; Farber & Kaslow, 2010; Hunsley & Barker, 2011). This model is set forth in the *Guidelines for Clinical Supervision in Health*

Service Psychology (APA, 2014) and the *Supervision Guidelines for Education and Training Leading to Licensure as a Health Service Provider* (ASPPB, 2015). These professional associations employ the competency-based model as the guiding principle for clinical training and supervision.

According to Falender & Shafranske (2007, p. 233), “competency-based supervision is an approach that explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency and develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidence-based practices and the requirements of the local clinical setting”. In other words, the competency-based model involves a spectrum of research evidence-based training and supervisory practices; these are the practices that have been found to be the most effective for training skilled psychologists, while also protecting patients.

Both the Hong Kong apprenticeship model and the U.S. competency-based model emphasize the need for direct observation of the trainee’s psychotherapy work. Several schools of thought and professional psychology associations, such as the American Psychological Association (APA) and the American Association of Marriage and Family Therapy (AAMFT), guide supervisors to conduct direct observation of trainees. “Direct observation provides essential information regarding trainees’ development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods” (APA-CoA, 2015, p. 89).

However, the Hong Kong apprenticeship model and the U.S. competency-based model diverge regarding how best to conduct direct observation. The apprenticeship model requires the supervisor being present in the room at all times with trainees and their patients, whereas the U.S. competency-based model recommends the review and discussion of

video/audio recordings and process notes from the trainee's work, in addition to dialogues with the trainee to enhance and evaluate clinical judgment, self-awareness, and therapeutic skill. A recent article recommends, "Evidence of supervisee work should at first be collected in low-inference formats, such as ... electronic recording formats. This is especially important for first-time supervisees" (Jordan, 2016, p. 39).

The U.S. competency-based model of supervision via direct observation through review of video/audio recordings and process notes – rather than having supervisor present in the same room as the trainee and the patient – is endorsed for a host of reasons. Each reason is informed by best practice recommendations as derived from research evidence. The remainder of this document provides the rationale, the approach, and the techniques established in the U.S. competency-based model. It also emphasizes ways in which those components of the CSPP-HK PsyD Program that adhere to the competency-based model provide training that is superior to that which emerges from the apprenticeship model.

- **The competency model is more relevant for psychotherapy training than a model based on medical education.**

The Hong Kong supervisor of the kind described by Drs. Leung and Lee, in which a trainee provides services with the supervisor in the room, may be more appropriate in a medical context. The needs of psychotherapy patients are distinct from those of medical patients, and it is therefore necessary to adapt training and supervision approaches to the needs of patients in the psychological context.

The site of the pathology in medicine and clinical psychology are different. When the site of pathology is physical and tangible, like a tumor, the nature of the pathology and how it is assessed does not change depending on the context in which the person consults the medical physician. A tumor does not change its shape, size or type, regardless of whether the

patient consults a medical physician in a hospital or a neighborhood clinic, and regardless of how many medical physicians are present in a room observing the pathology.

This consistency of pathology across locations and treatment personnel does not apply to psychological and emotional disorders. Unlike physical pathology, the object of clinical psychology treatment is the human psyche – a person’s heart and mind. The presentation of an individual’s psychological pathology changes depending on the context of treatment and who is treating it. Additionally, the curative factors in psychological intervention are extremely sensitive to where and who is providing treatment.

- **The competency-based model of supervision: required for attainment of complex clinical skills**

Decades ago, the U.S. largely abandoned the apprenticeship model for training of clinical psychologists. Milne (2009) suggested that the apprenticeship model originated from the ancient Greek approach to teaching and re-emerged in psychiatry in the early 19th century when Freud adopted the medical training model to provide clinical supervision in psychoanalysis to groups of physicians. However, it became evident that clinical skills for psychotherapy are not as easily transferrable as the apprenticeship model claims, and Freud quickly moved away from the apprenticeship model. Psychotherapy skills are acquired better through direct practice than through observation of a mentor. For the mastery of such complex and nuanced intervention skills, observational learning is insufficient for students to develop their clinical style and skills and to grow in insight and judgment as independent psychologists.

- **The competency model protects the therapeutic relationship.**

The most important single factor in efficacious psychotherapy is the quality of the therapeutic relationship between the psychologist and the patient (Norcross, 2011). Critical

elements for establishing that successful therapeutic relationship are privacy and a therapeutic alliance with one consistent individual, namely the treating clinical psychologist. Since the curative element in psychological treatment is the therapeutic alliance, much of the structure around clinical psychology treatment is aimed at building and protecting the integrity of the psychotherapeutic relationship. Thus, clinical psychology training and supervision is structured in a manner that assures the privacy and integrity of the therapist-client relationship.

To assure and protect the privacy and integrity of the therapeutic relationship between the treating psychologist and the patient, it is extremely rare in the U.S. and elsewhere in the world that a supervisor would be physically present in the same room with the patient and the therapist. Instead, direct observation is done post hoc through review and evaluation of video/audio recordings and process notes, which is the *modus operandi* in U.K., U.S., and elsewhere in the world where licensing for clinical psychologists is well-established.

- **The competency-based model protects against imminent harm**

In psychotherapy there are only two conditions of imminent danger in which immediate intervention is demanded. These two conditions are harm to self, as in suicide, and harm to other, as in assault/homicide or abuse of a dependent person such as a child or an elderly person. CSPP-HK's curriculum insures that clinical psychology trainees have achieved a level of judgment and skill such that they can safely be in a treatment room with a patient without posing imminent risk and the competency-based supervision model allows for deliver efficacious psychotherapeutic treatment by the trainee.

Appropriate prior training and ongoing supervision are almost always sufficient to assist trainees in the proper assessment and management of imminent harm. The patient can thus be protected from imminent harm while also protecting the psychotherapeutic

relationship, with the supervisor's presence not intruding into the physical space of the therapy room. First, protection is secured through a strong training curriculum in detection and management of risk. This ensures that the intern is well-versed in assessment for imminent danger and is able to immediately enact necessary interventions for threat of harm to self or other or abuse.

Critical situations of imminent danger are typically preceded by warning signs that are discussed by supervisor and trainee well in advance of necessary intervention. An example would be a patient's self-report of severe hopelessness, negative life events associated with self-harm, a history of impulsivity and substance use. An ongoing supervisory relationship and review of audio/video materials and process notes permits a supervisor first, to assess signs of increased risk over time, and second, to assess the trainee's appropriate judgment and intervention.

In the CSPP-HK PsyD program, supervisors are available 24 hours a day, 7 days a week in case of emergency; emergency protocols are in place and thorough risk assessments are performed by students and supervisors on an ongoing weekly basis. Finally, formal evaluation of a trainee's ability to assess imminent risk is submitted to the program as part of each end-of-semester evaluation provided by all three of a trainee's supervisors.

Furthermore, in the CSPP-HK PsyD program, courses in psychopathology, observation and interviewing, and ethics and legal issues occur during the first year of training, prior to the initiation of clinical training, and training in psychotherapeutic technique is provided prior to or concurrent with clinical training. Combined with regular supervisory experience, this insures that clinical psychology trainees have achieved a level of judgment and skill such that they can safely be in a treatment room with a patient without posing imminent risk.

- **The competency model provides training from the perspective of multiple therapeutic orientations**

In addition to the primary imperative to protect the patient from imminent harm and to protect the therapeutic relationship (Norcross, 2011), it is also important for trainees to understand psychological theory. The CSPP-HK PsyD program asks the student to accurately conceptualize the patient and his/her problems based on psychological theory, and then the student is taught how theory guides choice of various techniques for treatment. Because efficacious psychotherapeutic intervention is nuanced and guided by clear conceptualization, the U.S. competency-based model places strong emphasis on teaching a variety of theoretical orientations. The Commission on Accreditation (CoA) of the Educational Directorate of the American Psychological Association (APA) holds a philosophical stance that the goal of doctoral training is to provide “the broad theoretical and scientific foundations of the discipline and field of psychology” (CoA-APA, 2015, p.1) and directs programs to assure students are competent in delivery of “interventions ... from a variety of theoretical orientations” (CoA-APA, 2017, p. 19, Section C-8, D-VII). Therefore, to provide appropriate foundations in health service psychology, the U.S. competency-based model trains students to think about people’s psychological problems through the lenses of different psychological theoretical orientations.

The CSPP-HK PsyD program provides didactics and applied supervision in the three major theoretical orientations – psychodynamic, cognitive behavioral, and family systems. Furthermore, in order to provide such training, the curriculum is designed so that students have the opportunity to learn from supervisors who are experts in different therapeutic orientation across semesters and from year to year. This insures that students learn about the application of each psychological theoretical orientation to treatment. By use of video/audio

recording or process notes, supervisors are able to observe the therapy session without physically being in the treatment room at the same time. This means that students are able to change supervisors without jeopardizing and protecting the therapeutic relationship because there would not be a variety of supervisors visible to the patient.

- **Training from the competency-based model permits provision of services in the least restrictive environment**

A basic human right for mentally ill individuals, as articulated in Principle 7 of the *Principles for the protection of persons with mental illness and the improvement of mental health care* Adopted by General Assembly resolution 46/119 of 17 December 1991 of the Office of the United Nations High Commissioner for Human Rights (OHCHR), is for individual experiencing mental illness “to be treated and cared for ...in the community in which he or she lives.” This is the principle commonly referred to as ‘least restrictive environment’. This principle is enacted into law by many nations around the world. One example is the Mental Health Act 2007 of New South Wales (NSW), Australia. The NSW Mental Health Act 2007 - section 68 Principles for care and treatment states: “with respect to the care and treatment of people with a mental illness or mental disorder: (a) people with a mental illness or mental disorder should receive the best possible care and treatment in the least restrictive environment enabling the care and treatment to be effectively given.” In the U.S. State of California landmark case EMILY Q., ET AL.V. BELSHE, ET AL.; U.S. District Court for the Central District of California Case No. CV98-4181 AHM (AIJx). Filed May 27, 1998, it was ruled that least restrictive environments would be provided to the client when rendering necessary services. To this date, that case has shaped treatment planning, risk assessment practices, and government-funded health care in the U.S.

To maintain the highest level of functioning and to prevent costly interruptions to patient's lives, best practice is for psychotherapeutic interventions to be provided in the community where patients live. In the U.S. this usually means that treatment is provided in various community settings, with hospitalization as the last resort.

Provision of psychotherapeutic treatment in the least restrictive environment in Hong Kong means providing care at community-based out-patient clinics, halfway houses, care homes, etc. – mostly sponsored through Non-governmental organizations (NGOs) that provide services in the community. To train our students to provide psychotherapeutic treatment in least restrictive environments, the CSPP-HK PsyD Program followed the example of their U.S.-based APA accredited sister programs to train students to work in the community, in settings such as outpatient clinics, post-hospitalization residential settings, nursing homes, special needs schools, and community mental health centers.

By Hong Kong tradition, psychotherapeutic interventions in such community settings are primarily provided by social workers, not by clinical psychologists. To enable equitable training for our Hong Kong clinical psychology students, tailored to the local Hong Kong setting, the CSPP-HK PsyD Program follows the best practice for expansion of psychological services permitted under the provision of Delegated Supervision CCR 1387 (c) (1) (State of California Department of Consumer Affairs, 2016) by the California Board of Psychology. This means the PsyD Program collaborates with community agency supervisors, who are Hong Kong credentialed mental health professionals but not clinical psychologists, to team up with U.S. licensed psychologists to train student clinical psychologist. Having a delegated supervisor who is at the physical location where the trainee and patients meet is usually what is understood in the U.S. as on-site supervision. Collaboration between the individual psychology supervisor and agency on-site delegated supervisor makes it possible to train

students who can serve individuals with mental illness in the community, providing them with skills that they will ultimately be able to use to meet local mental health needs.

Conclusion

The Hong Kong supervision model described by Drs. Leung and Lee as the standard for training in Hong Kong is equivalent to the apprenticeship model described in clinical psychology literature on training and supervision. This model emerged from medical training of the 19th century and is of limited value for the training of clinical psychologists in the 21st century.

First, the apprenticeship model is an obsolete practice which has been abandoned in the field of clinical psychology in Western countries for several decades because its observational learning model does not inculcate the skills needed by trained independent psychologists.

Second, the placement of supervisors in the therapy room with the trainee and the patient impedes the establishment of therapeutic relationship between the trainee and their patients, a relationship that is a key determinant of successful treatment. Interrupting the establishment of the psychotherapeutic alliance harms the patient by hindering the largest single factor in the efficacy of psychotherapy.

Third, the apprenticeship model encourages supervisors to take control during crisis situations, which impedes the learning opportunities for clinical psychology trainees to develop their competencies as future independent psychologists. This is unnecessary if trainees have had consistent supervision and have taken preparatory coursework in psychopathology, crisis assessment, and crisis intervention and have 24/7 availability of supervisory assistance.

Fourth, the apprenticeship model limits the teaching modality to techniques; it does not sufficiently train students to conceptualize cases and their treatment using a variety of theoretical perspectives.

Fifth, by training students only in settings in which clinical psychologists are already employed rather than where clinical psychology services are needed in the community, the apprenticeship model misses the opportunity to serve underserved individuals and fails to serve clients in a least restrictive environment, thereby restricting many patients from receiving appropriate treatments.

In conclusion, the apprenticeship model currently practiced in Hong Kong is ineffective and insufficient in preparing clinical psychologists to a minimum competency. To address the immediate and critical mental health problems in Hong Kong, it is necessary to modify the apprenticeship model or adopt a more effective training model, thereby effectively serving all individuals in need in our community. This is what CSPP-HK PsyD Program has done.

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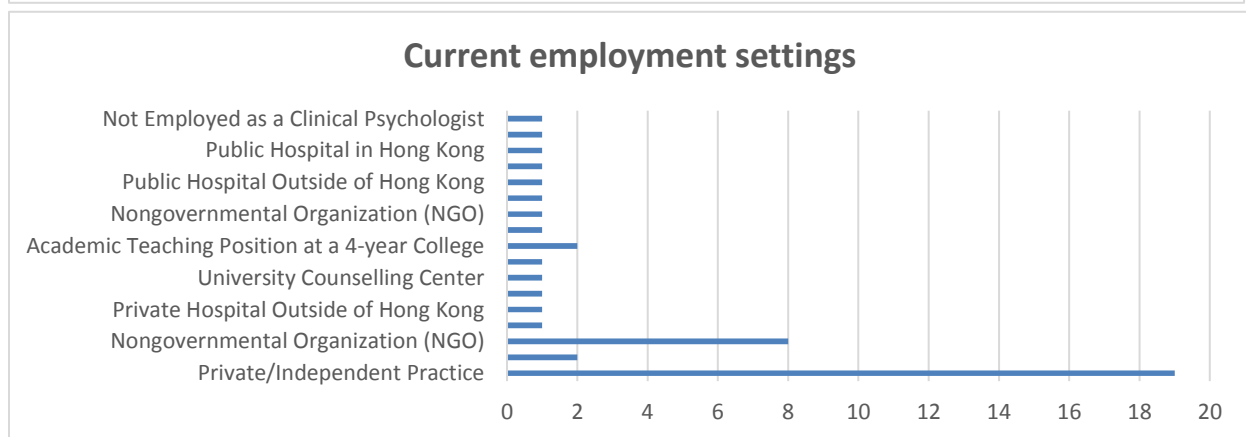
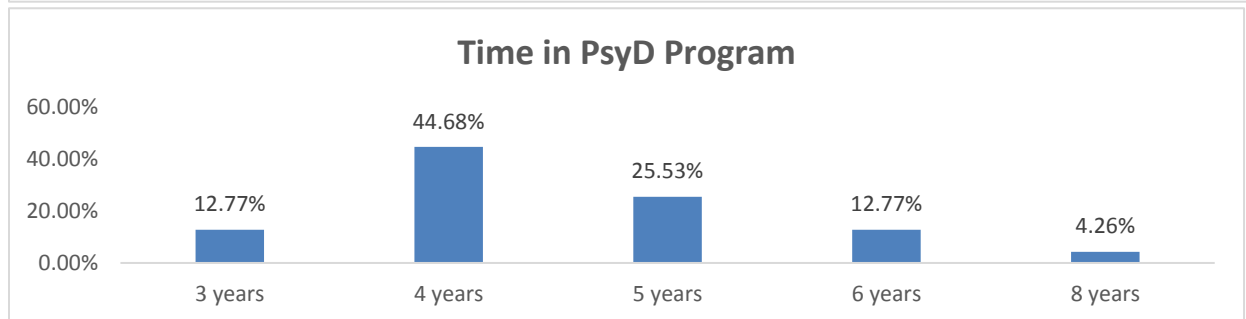
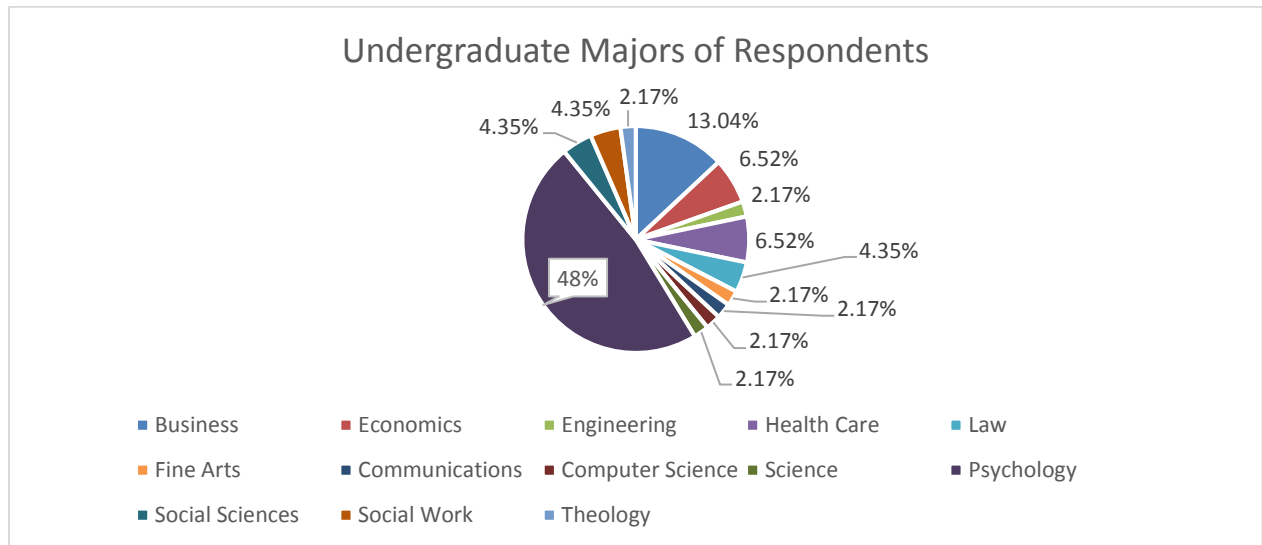
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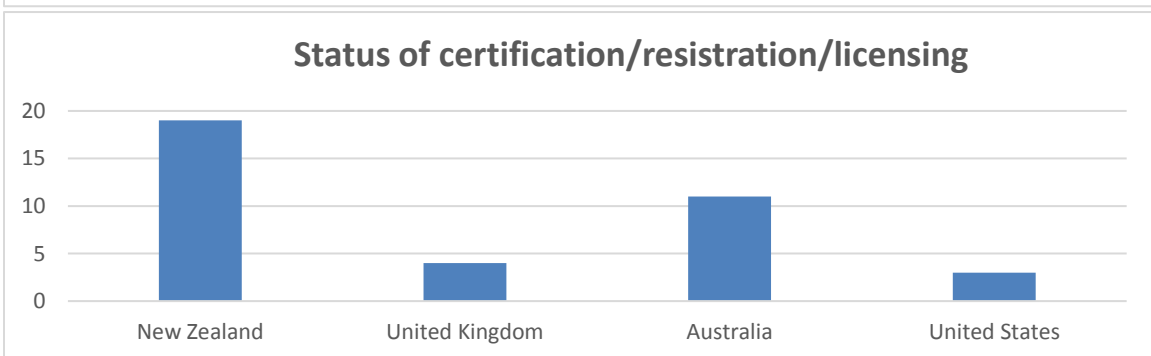
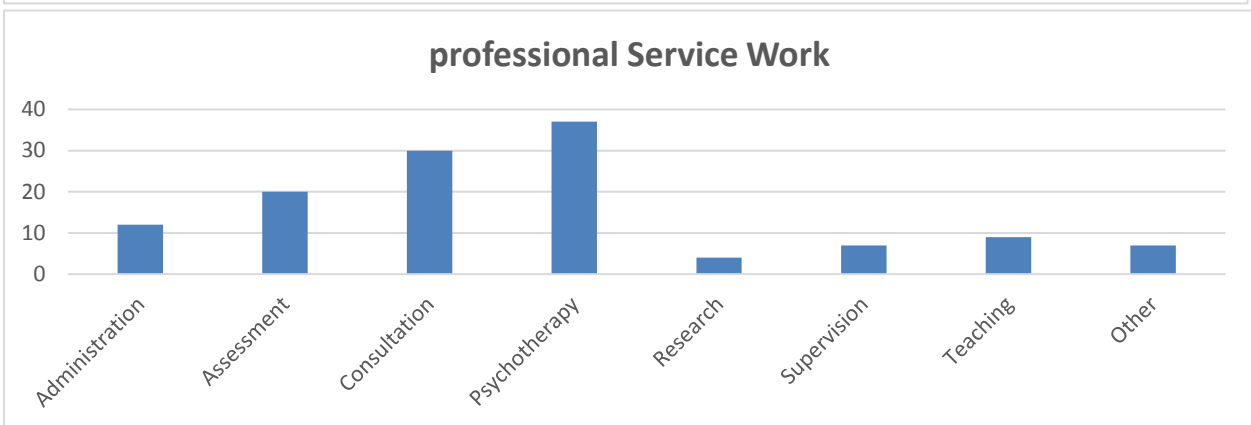
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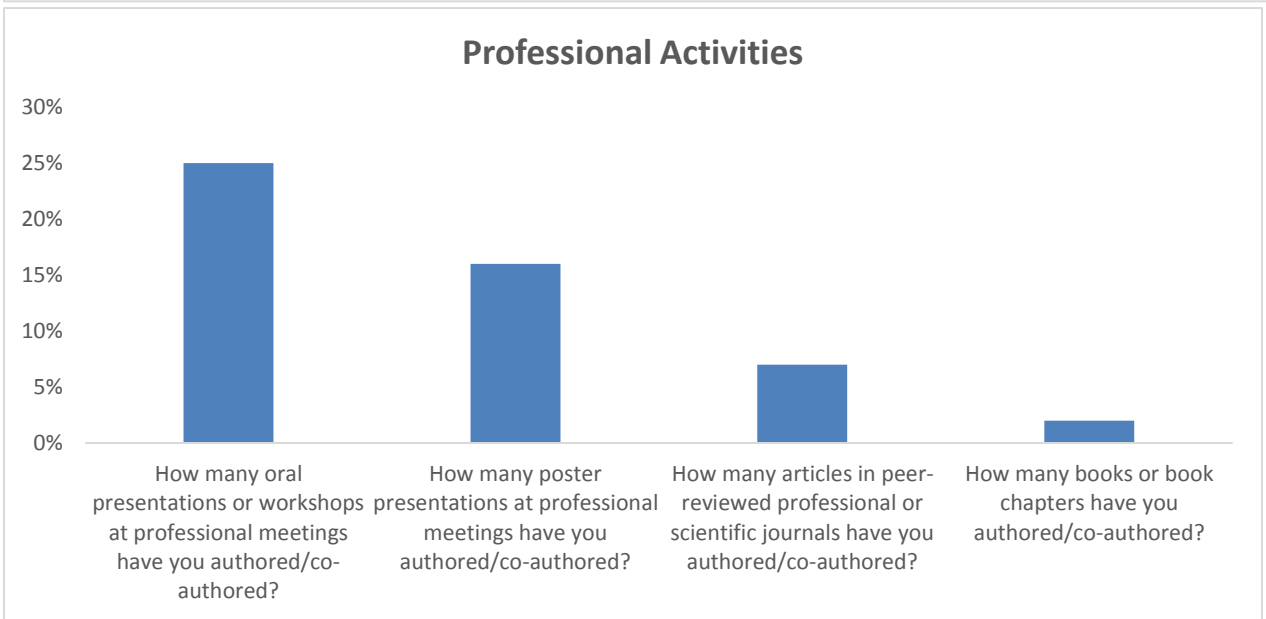
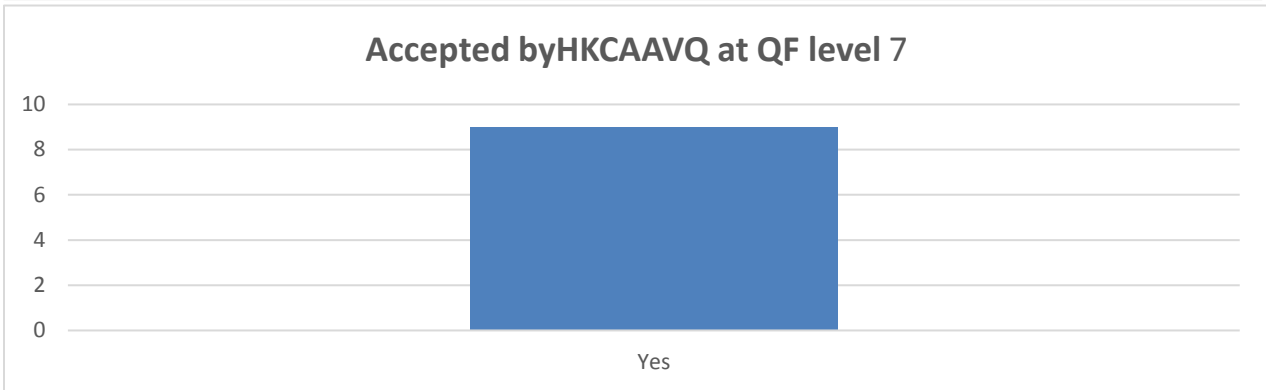
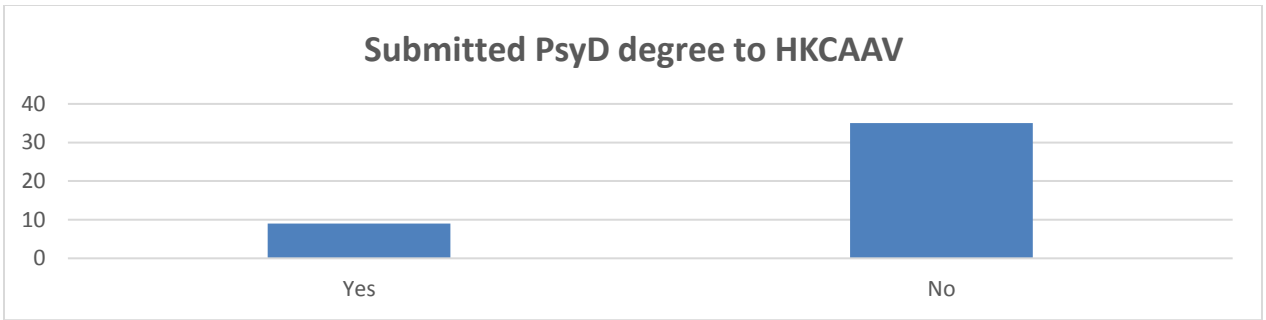


Hong Kong Psy.D. Program Alumni Survey 2018 -19
Executive Summary

The results of the 2018-19 CSPP-HK PsyD Program alumni survey, sent November 2018, yielded 53 responses, representing 47% of our alumni. The key results include (please note not all respondents responded to all question):







Alliant International University Hong Kong PsyD Alumni Survey November 2018

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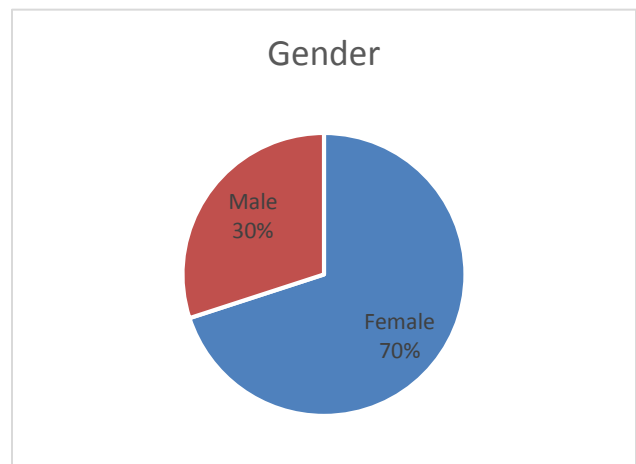
1. Demographic Information

The survey included a series of optional questions about gender, ethnicity, and language capabilities.

1.1 Gender *n=53*

69.81% of the respondents were female.

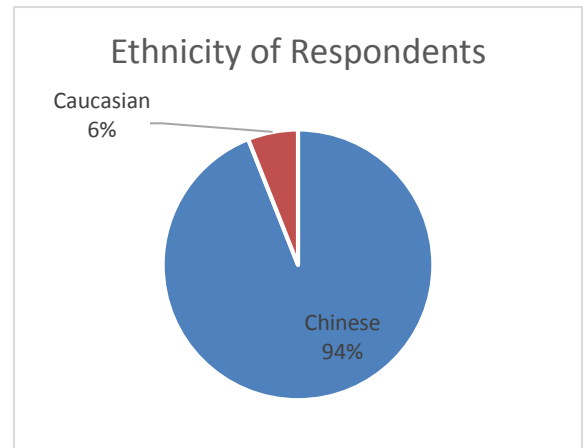
| | Frequency of Response | Percent of Respondents |
|--------|-----------------------|------------------------|
| Female | 37 | 69.81 |
| Male | 16 | 30.19 |



1.2 Ethnicity *n=53*

94.34% of the respondents identified themselves as ethnically Chinese.

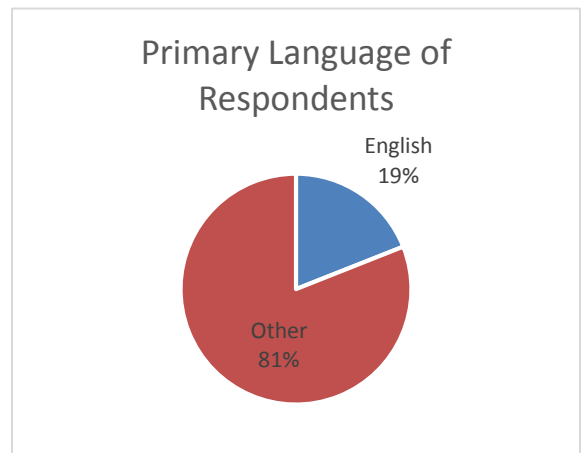
| | Frequency of Response | Percent of Respondents |
|-----------|-----------------------|------------------------|
| Chinese | 50 | 94.34% |
| Caucasian | 3 | 5.66% |



1.3 Is English your primary language? *n=53*

81.13% of the respondents did not consider English their primary language.

| | Frequency of Response | Percent of Respondents |
|-----|-----------------------|------------------------|
| Yes | 10 | 18.87% |
| No | 43 | 81.13% |



1.4 What other languages do you speak fluently? *n=51*

84.31% of the respondents reported fluency in a language other than English. Cantonese was the principal language, spoken by 92.61% of respondents reporting fluency in another language.

| | Frequency of Response | Percent of Respondents fluent in non-English language |
|----------------------------|-----------------------|---|
| Cantonese | 47 | 92.16% |
| Mandarin | 25 | 49.02% |
| Other Chinese dialect | 3 | 5.88% |
| Other non-English language | 3 | 5.88% |
| <i>French</i> | 2 | 3.92% |
| <i>Thai</i> | 1 | 1.96% |

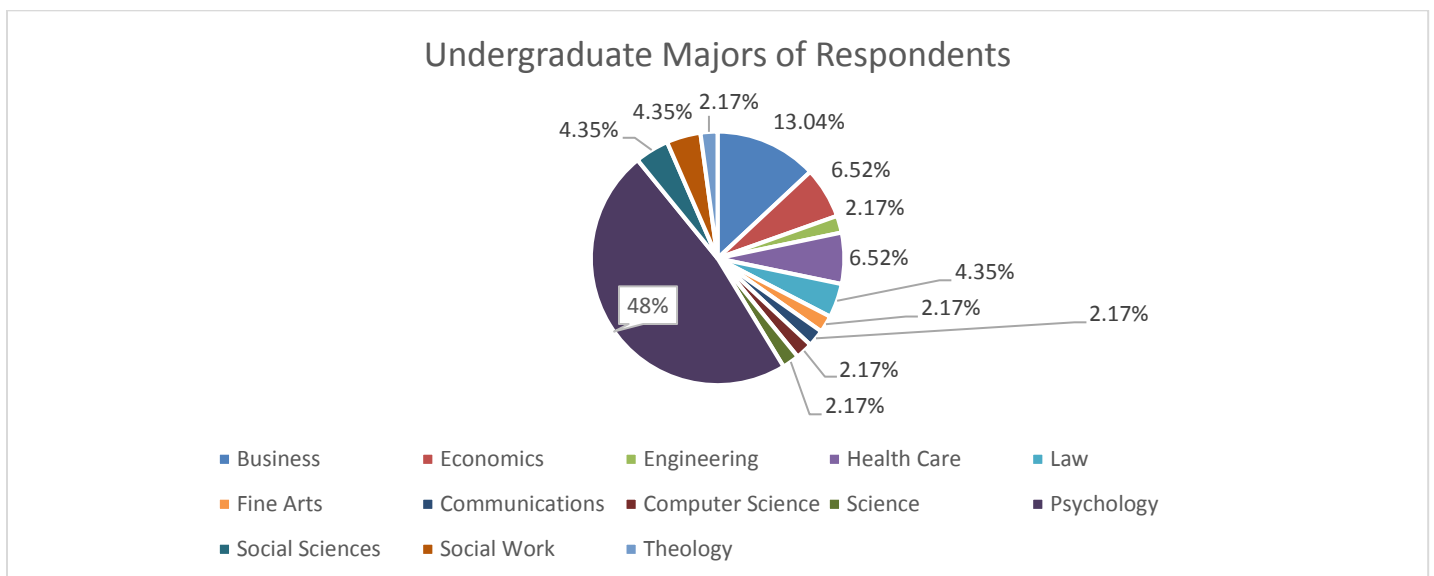
2. Educational History

Respondents were asked a series of questions about their academic training prior to and following their admittance to the PsyD program.

2.1 Please list your undergraduate degree(s), major(s), and the awarding institution(s). n=44

Respondents entered the PsyD program from a variety of backgrounds. While 47.83% had earned a bachelor’s degree in psychology, and the fields of business (13.04%), Economics (6.52%), and Health Care (6.52%) were also strongly represented. Two alumni reported having two bachelor’s degrees which are counted in the table below.

| Major | Frequency of Response | Percent of Response |
|------------------|-----------------------|---------------------|
| Business | 6 | 13.04% |
| Economics | 3 | 6.52% |
| Engineering | 1 | 2.17% |
| Health Care | 3 | 6.52% |
| Law | 2 | 4.35% |
| Fine Arts | 1 | 2.17% |
| Communications | 1 | 2.17% |
| Computer Science | 1 | 2.17% |
| Science | 1 | 2.17% |
| Psychology | 22 | 47.83% |
| Social Sciences | 2 | 4.35% |
| Social Work | 2 | 4.35% |
| Theology | 1 | 2.17% |



Of the 44 respondents, 44.44% had earned an undergraduate degree from a Chinese university and 26.67% from one based in the US. 11.11% of respondents had received a degree from a UK university, 6.67% from a Canadian, and 6.67% from an Australian.

| County of Undergraduate University | Frequency of Response | Percent of Response |
|------------------------------------|-----------------------|---------------------|
| Australia | 3 | 6.67% |
| Canada | 3 | 6.67% |
| Hong Kong Based | 20 | 44.44% |
| Mainland China | 0 | 0.00% |
| France | 1 | 2.22% |
| Singapore | 1 | 2.22% |
| UK | 5 | 11.11% |
| USA | 12 | 26.67% |

2.2 Please list any graduate degree(s), the area(s) of study, and the awarding institution(s) that you completed before you entered the Alliant PsyD program. *n=39*

Most respondents had obtained a graduate degree in a subject closely related to clinical psychology prior to entering the PsyD program, though some respondents had earned an advanced degree in a seemingly dissimilar discipline (i.e. business administration or religious studies). The majority of respondents reported earning at least a master’s degree prior to entering the PsyD program, and 12 (30.78%) reported multiple postgraduate qualifications. Of the 12, 3 (7.69%) reported having three advanced degrees prior to this program.

| Major | Frequency of Response | Percent of Response |
|--|-----------------------|---------------------|
| Art Therapy | 1 | 1.85% |
| Business | 5 | 9.26% |
| Communications | 1 | 1.85% |
| Computer Science | 1 | 1.85% |
| Counseling/Marriage and Family Therapy | 18 | 33.33% |
| Economics | 1 | 1.85% |
| Education | 1 | 1.85% |
| Educational Psychology | 3 | 5.56% |
| Emergency Medicine | 1 | 1.85% |
| Psychology | 10 | 18.52% |
| Religious Studies | 5 | 9.26% |
| Social Work | 5 | 9.26% |
| Sociology | 1 | 1.85% |
| Theater | 1 | 1.85% |

| Type of Graduate Degree | Frequency of Response | Percent of Response |
|--------------------------|-----------------------|---------------------|
| Graduate Diploma | 2 | 3.70% |
| Master | 48 | 88.89% |
| Postgraduate Certificate | 3 | 5.56% |
| Postgraduate Degree | 1 | 1.85% |

Of the 39 respondents, 50.94% had earned a graduate degree from a Chinese university and 18.87% from a United States one. 16.98% had received a graduate degree from Australia, and 9.43% from the United Kingdom.

| County of Graduate University | Frequency of Response | Percent of Response |
|-------------------------------|-----------------------|---------------------|
| Australia | 9 | 16.98% |
| Hong Kong Based | 27 | 50.94% |
| Mainland China | 0 | 0.00% |
| Paris | 1 | 1.89% |
| Scotland | 1 | 1.89% |
| UK | 5 | 9.43% |
| USA | 10 | 18.87% |

2.3 Please list any academic degree(s) that you have obtained from other accredited education programs since graduating from the Alliant PsyD program, as well as the area(s) of study and awarding institution(s). n=2

Two respondents had obtained additional academic degrees after graduating the PsyD program.

| Degree #1 | Area of Study #1 | Awarding Institution #1 | Degree #2 | Area of Study #2 | Awarding Institution #2 |
|---|-----------------------|--|---|------------------|---|
| Diploma Analyst International (Diploma Candidate) | Analytical Psychology | C. G. Jung Institute, Zurich (in progress since 2014 & expected to complete in 2020) | Psychodynamic Psychotherapy (Basic & Advanced + Supervision & Infant Observation) | Psychoanalysis | China American Psychodynamic Alliance (total 5 years completed in 2016) |
| Certified play therapist | | Play therapy international | Certified mindfulness instructor | | Mindfulness matters |

3. Time in the PsyD Program

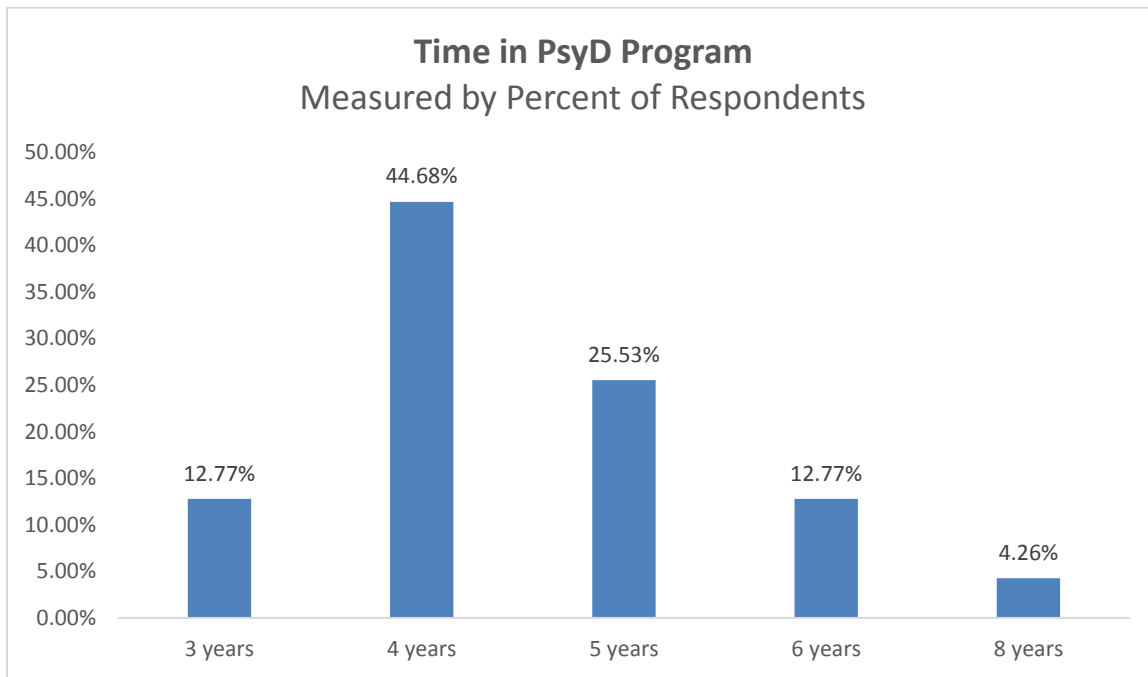
Respondents were asked to identify the years of their entry to and graduation from the PsyD program. This information was used later used to assess post-PsyD accomplishments.

3.1 In what year did you enter the Alliant PsyD program? In what year did you graduate? *n=47*

The cohorts with the majority of respondents were part of the 2009, 2010, 2011, and 2013 cohorts. The majority of respondents (57.45%) reported completing the program in 4 years or less, the published time to completion.

| Start Year | End Year | Frequency of Response | Percent of Respondents |
|--------------------|----------|-----------------------|------------------------|
| 2007 | 2011 | 4 | 8.51% |
| | 2013 | 1 | 2.13% |
| 2007 Total | | 5 | 10.64% |
| 2008 | 2012 | 3 | 6.38% |
| | 2013 | 1 | 2.13% |
| 2008 Total | | 4 | 8.51% |
| 2009 | 2013 | 2 | 4.26% |
| | 2014 | 4 | 8.51% |
| | 2015 | 1 | 2.13% |
| | 2017 | 1 | 2.13% |
| 2009 Total | | 8 | 17.02% |
| 2010 | 2014 | 1 | 2.13% |
| | 2015 | 4 | 8.51% |
| | 2016 | 2 | 4.26% |
| | 2018 | 1 | 2.13% |
| 2010 Total | | 8 | 17.02% |
| 2011 | 2014 | 2 | 4.26% |
| | 2015 | 2 | 4.26% |
| | 2016 | 1 | 2.13% |
| | 2017 | 1 | 2.13% |
| 2011 Total | | 6 | 12.77% |
| 2012 | 2016 | 2 | 4.26% |
| | 2018 | 1 | 2.13% |
| 2012 Total | | 3 | 6.38% |
| 2013 | 2017 | 4 | 8.51% |
| | 2018 | 2 | 4.26% |
| 2013 Total | | 6 | 12.77% |
| 2014 | 2017 | 1 | 2.13% |
| | 2018 | 3 | 6.38% |
| 2014 Total | | 4 | 8.51% |
| 2015 | 2018 | 3 | 6.38% |
| 2015 Total | | 3 | 6.38% |
| Grand Total | | 47 | 100.00% |

| Years in Program | Frequency of Response | Percentage of Respondents |
|--------------------|-----------------------|---------------------------|
| 3 | 6 | 12.77% |
| 4 | 21 | 44.68% |
| 5 | 12 | 25.53% |
| 6 | 6 | 12.77% |
| 8 | 2 | 4.26% |
| Grand Total | 47 | 100.00% |



4. Professional Memberships

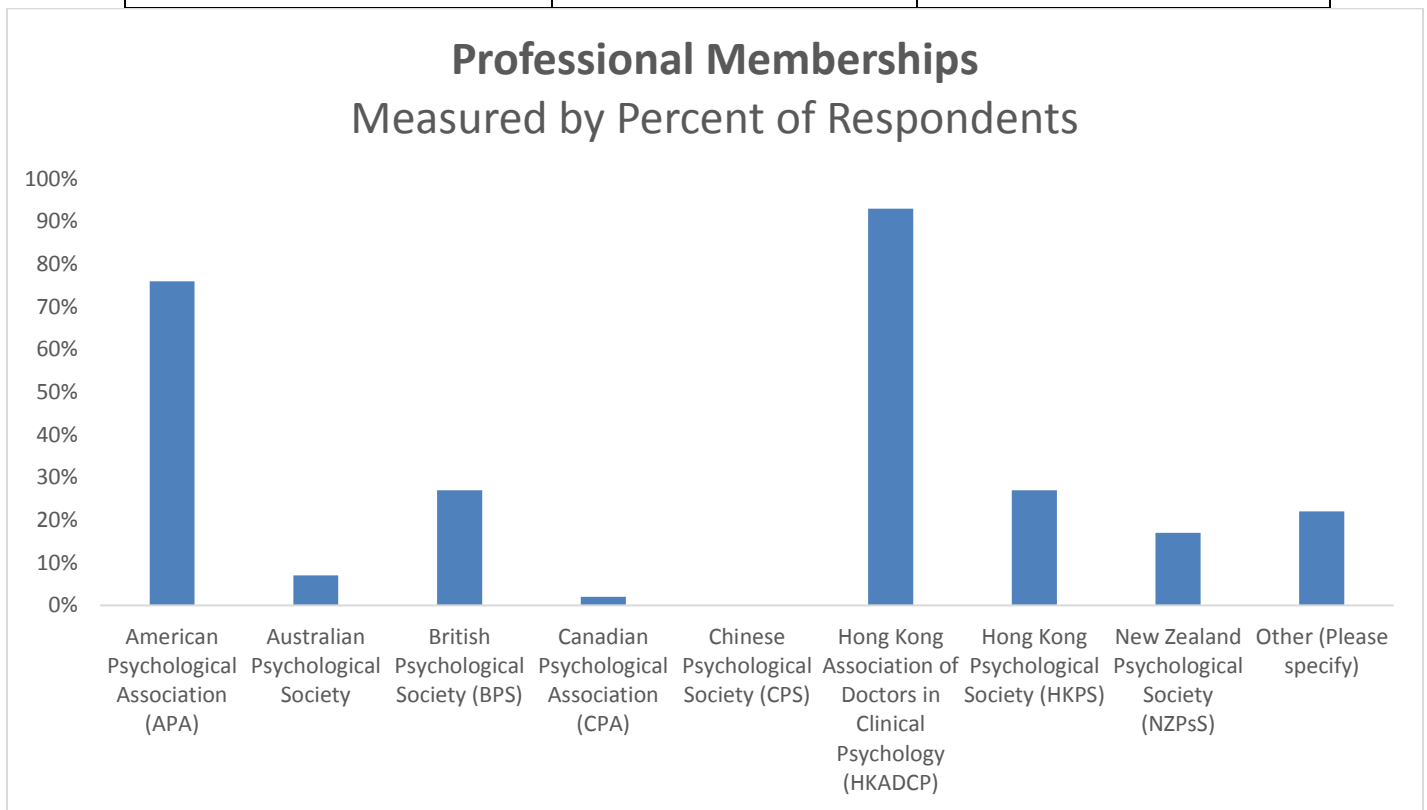
Respondents were asked to report on any professional affiliations.

4.1 Are you a member of a professional association or society? *n=49*

95.92% of respondents reported membership in a professional society.

| | Frequency of Response | Percent of Respondents |
|--|------------------------------|-------------------------------|
| Yes | 47 | 95.92% |
| No | 2 | 4.08% |
| Professional Membership | Frequency of Response | Percent of Respondents |
| American Psychological Association (APA) | 31 | 76% |

| | | |
|--|----|-----|
| Australian Psychological Society | 3 | 7% |
| British Psychological Society (BPS) | 11 | 27% |
| Canadian Psychological Association (CPA) | 1 | 2% |
| Chinese Psychological Society (CPS) | 0 | 0% |
| Hong Kong Association of Doctors in Clinical Psychology (HKADCP) | 38 | 93% |
| Hong Kong Psychological Society (HKPS) | 11 | 27% |
| New Zealand Psychological Society (NZPsS) | 7 | 17% |
| Other | 9 | 22% |



5. Employment

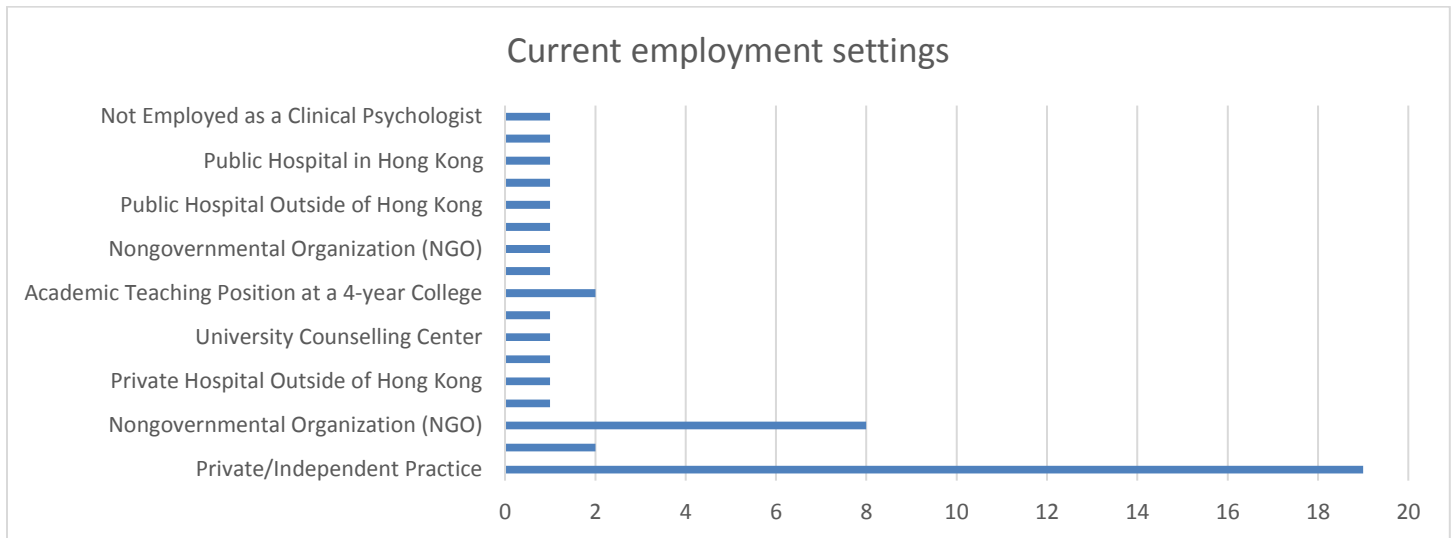
Participants were asked a series of questions about their employment situations, including job titles, settings, and responsibilities.

5.1 Please indicate what best describes your current employment setting. If you hold more than one position concurrently, describe your primary setting. *n=44*

The majority of respondents reported that they were self-employed or free-lance clinical psychologists (43.18%), and a quarter (25.00%) reported that they were employed full-time as a clinical psychologist. Only one respondent was unemployed.

| Employment Status | Frequency of Response | Percent of Respondents |
|---|-----------------------|------------------------|
| I am employed a full-time clinical psychologist employee | 11 | 25.00% |
| I am employed as a half time clinical psychologist employee | 6 | 13.64% |
| I am not currently employed as a clinical psychologist | 7 | 15.91% |
| I am self-employed/free-lance as a clinical psychologist | 19 | 43.18% |
| I am unemployed | 1 | 2.27% |

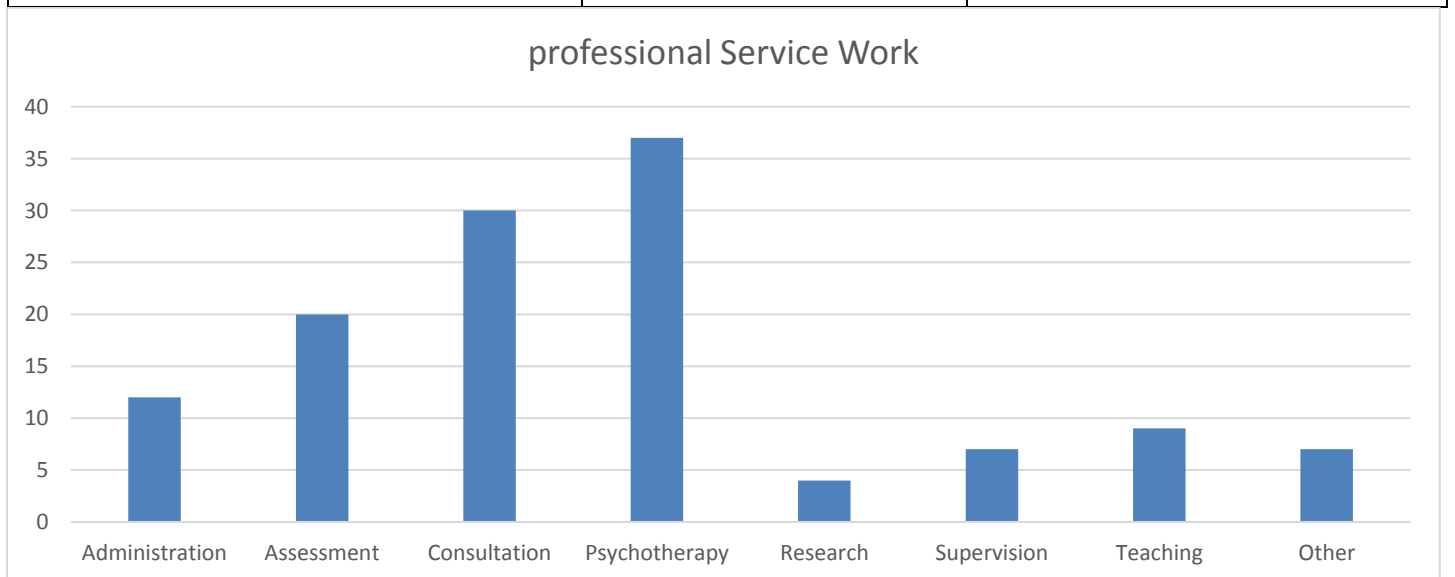
| Job Title | Job Setting | Frequency of Response | % of Respondents |
|---|--|-----------------------|------------------|
| Clinical Psychologist | Private/Independent Practice | 19 | 43.18% |
| Clinical Psychologist | School District/System | 2 | 4.55% |
| Clinical Psychologist | Nongovernmental Organization (NGO) | 8 | 18.18% |
| Clinical Psychologist | Public Hospital Outside of Hong Kong | 1 | 2.27% |
| Clinical Psychologist | Private Hospital Outside of Hong Kong | 1 | 2.27% |
| Clinical Psychologist | Private Medical Clinic | 1 | 2.27% |
| Counsellor | University Counselling Center | 1 | 2.27% |
| Director of Bethel Pastoral Counseling Center | Nongovernmental Organization (NGO) | 1 | 2.27% |
| Lecturer | Academic Teaching Position at a 4-year College | 2 | 4.55% |
| Lecturer | Academic Teaching Position at a Technical College | 1 | 2.27% |
| Mental Health Counselor | Nongovernmental Organization (NGO) | 1 | 2.27% |
| Part time lecturer | Nongovernmental Organization (NGO) | 1 | 2.27% |
| Psychotherapist | Public Hospital Outside of Hong Kong | 1 | 2.27% |
| Registered Nurse | Outpatient Services in the Department of Health of Hong Kong | 1 | 2.27% |
| Senior Occupational Therapist | Public Hospital in Hong Kong | 1 | 2.27% |
| | Unemployed | 1 | 2.27% |
| | Not Employed as a Clinical Psychologist | 1 | 2.27% |



5.2 Please check the following professional activities that best describe your employment tasks in your primary position. *n=42*

88.10% of respondents reported psychotherapy as a component of this primary occupation. In contrast, only 9.52% worked in a position that involved research activities.

| Activity | Frequency of Response | Percent of Respondents |
|----------------|-----------------------|------------------------|
| Administration | 12 | 28.57% |
| Assessment | 20 | 47.62% |
| Consultation | 30 | 71.43% |
| Psychotherapy | 37 | 88.10% |
| Research | 4 | 9.52% |
| Supervision | 7 | 16.67% |
| Teaching | 9 | 21.43% |
| Other | 7 | 16.67% |



5.3 Did you look for a job after graduating from the PsyD program, and if so, how difficult was it to find one? *n=44*

75.00% of respondents sought a job after graduation. Of this group, 24.24% found it “moderately easy” to secure work. 42.42% found it “moderately difficult” to find work.

| | Frequency of Response | Percent of Respondents | Percent of Respondents who sought job after graduation |
|--|-----------------------|------------------------|--|
| I did not look for a job after graduation. | 11 | 25.00 | |
| Very easy | 5 | 11.36% | 15.15% |
| Moderately easy | 8 | 18.18% | 24.24% |
| Moderately difficult | 14 | 31.82% | 42.42% |
| Very difficult | 6 | 13.64% | 18.18% |

If you did look for a job after you graduated, how quickly did you find employment (employment includes employment in post-doctoral/post-graduate internship/fellowship/assistantships)? *N=29*

| | Answer | % | Count |
|--|--|--------|-------|
| | I was already working in the field during my program | 13.79% | 4 |
| | I had accepted an internship/fellow/assistant prior to completing my program | 6.90% | 2 |
| | I had accepted a job offer prior to completing my program | 27.59% | 8 |
| | Within 1 month | 20.69% | 6 |
| | Within 2-3 months | 6.90% | 2 |
| | Within 4-6 months | 13.79% | 4 |
| | More than 6 months after graduation | 10.34% | 3 |
| | I did not look for a job after graduation | 0.00% | 0 |

5.4 From your experiences, how well are CSPP-HK graduates recognized as qualified clinical psychologists in Hong Kong? *n=44*

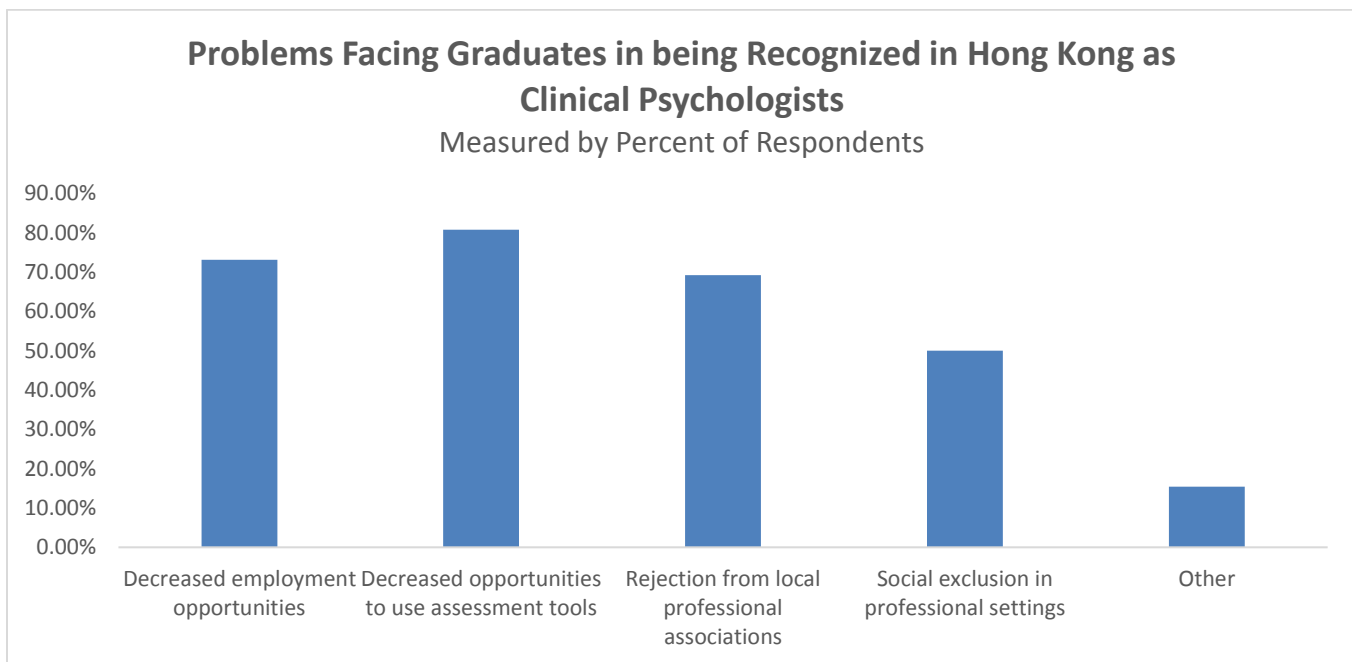
| | Frequency of Response | Percent of Respondents |
|-----------------|-----------------------|------------------------|
| Very well | 6 | 13.64% |
| Somewhat well | 14 | 31.82% |
| Not too well | 18 | 40.91% |
| Not well at all | 6 | 13.64% |

5.5 From your experiences, how well are CSPP-HK graduates recognized as qualified clinical psychologists in Hong Kong? *n=43*

| | Frequency of Response | Percent of Respondents |
|-----|-----------------------|------------------------|
| Yes | 26 | 60.47% |
| No | 17 | 39.53% |

5.6 If you answer is yes, what kind of exclusion have you experienced (you may choose multiple answers) *n= 26*

| | Frequency of Response | Percent of Respondents |
|---|-----------------------|------------------------|
| Decreased employment opportunities | 19 | 73.08% |
| Decreased opportunities to use assessment tools | 21 | 80.77% |
| Rejection from local professional associations | 18 | 69.23% |
| Social exclusion in professional settings | 13 | 50.00% |
| Other | 4 | 15.38% |



5.7 Please describe your experience *n=14*

HKPS downgrade my title as Ms. even I submitted my doctoral degree certificate

HKPS-DCP is using every mean exclude CSPP-HK graduates from directly entry into the AR scheme for the CP profession. They provide information guides to NGOs and public organizations, with untrue and unfounded information to exclude CPs other than member of DCP from NGOs and public organizations in HK. The most commonly used locally validated intelligence assessment tools are controlled by HKPS and excluded CPs not a member of HKPS-DCP from using them. This seriously limits the employment opportunities for CSPP-HK graduates.

Almost no reply on sending job application to NGO

I got only one interview after sending in multiple applications since graduation. When applying for hospital jobs, I was asked to provide lots of supplementary documents and information via email. I was asked to give my dissertation, and details about my internship experiences. After giving a whole log of information, I did not even offered a chance of interview.

Not being able to be a member in dcp

I remember looking at job opportunities and most of them would not even offer an interview because they required us to be a part of DCP which does not recognize us.

I tried to attend a case conference run by the agency in which I had an internship. The center in charge wanted to introduce the clinical psychologist from DCP to me. However, when she asked which institution I was attending for CP training, she told me not to talk to her once I revealed that I graduated from AIU. That behavior is totally rude and in respectful. As a CP trained to provide service to people, this is a totally unaccepted manner.

Letter was sent from a professional body to my Chief Executive at work and cc. to all service units to bad mouth about graduates from our program.

When I search the employment advertisement before, some agencies say that they employ graduates from the members of DCP, HKPS only. From my best knowledge, there is no CSPP PsyD graduate who can successfully work in government settings (such as social welfare department, police force and department of health) and the government hospital (Except).

I've applied for a teaching post in a local educational agency, however, my application was rejected when they knew I was from AIU-CSPP HK program, which could not apply for the membership in HKPS.

I had refused to join training course about local developed assessment tools for preschooler. I was rejected to register as user for local developed assessment tool for dyslexia.

Staff from NGO told me about this letter from HKPS-DCP that makes them feel hesitant to engage my services to avoid trouble from their superior. Besides, they want to avoid being stigmatized by people seeking services who read from news that HKADCP and CSPP-HK psychologists are sub-standard. To engage me professionally will only bring them trouble even though they know me and have seen me in action, and know from their clients of my quality service when I helped them on a pro-bono basis.

Was unable to register for workshop that introduce certain local assessment. Was Not allowed to purchase certain local assessment.

Whenever I came across job advertisements for CP positions, most of them listed HKPS DCP membership as a qualification requirement.

6. Licensure/Certification

Survey participants were asked to identify their licensure status.

6.1 Are you registered/chartered/licensed as a psychologist? *n=44*

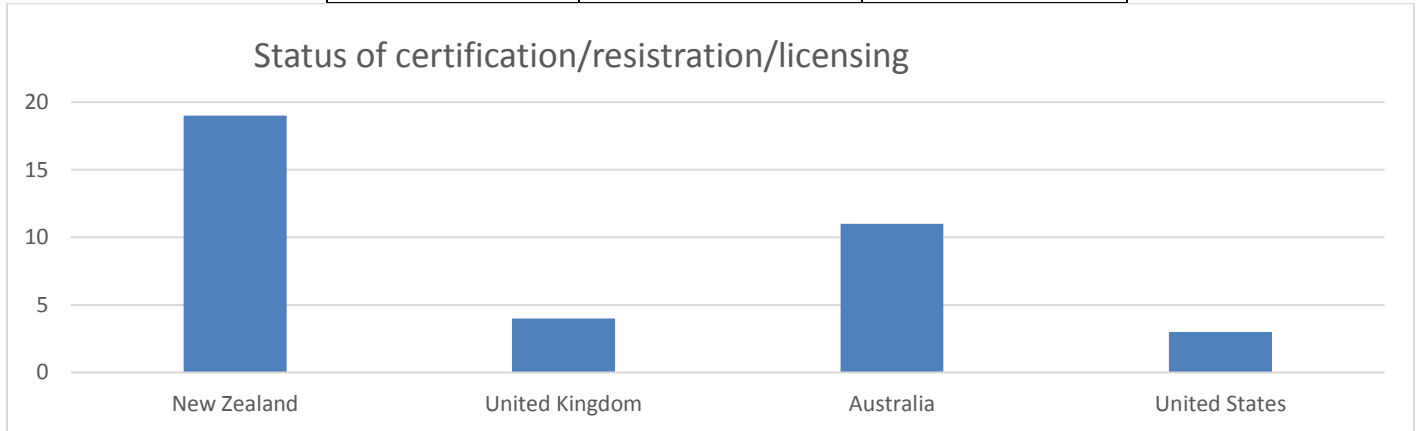
More than half of respondents were licensed psychologists.

| | Frequency of Response | Percent of Respondents |
|-----|-----------------------|------------------------|
| Yes | 24 | 54.55% |
| No | 20 | 45.45% |

6.2 In what countries are you a registered/chartered/licensed psychologist? *n=24*

Of those licensed as psychologists, 79.17% were registered in New Zealand and 45.83% were registered in Australia.

| | Frequency of Response | Percent of Respondents |
|----------------|-----------------------|------------------------|
| New Zealand | 19 | 79.17% |
| United Kingdom | 4 | 16.67% |
| Australia | 11 | 45.83% |
| United States | 3 | 12.50% |



6.3 If not currently registered/chartered/licensed as a clinical psychologist, do you plan to do this at some future time? *n=20*

The majority of respondents who were not licensed as psychologists intended to obtain licensure.

| | Frequency of Response | Percent of Respondents |
|-----|-----------------------|------------------------|
| Yes | 17 | 85.00% |
| No | 3 | 15.00% |

6.4 In what country or countries will you pursue licensure? *n=17*

17.65% of unlicensed respondents intended to register in Hong Kong.

| | Frequency of Response | Percent of Respondents |
|----------------|-----------------------|------------------------|
| Australia | 5 | 29.41% |
| Hong Kong | 3 | 17.65% |
| Macau | 1 | 5.88% |
| New Zealand | 8 | 47.06% |
| United Kingdom | 5 | 29.41% |
| USA | 1 | 5.88% |

6.5 Do you hold any other professional credentials, licenses, or certificates? *n=43*

32.56% of respondents held professional credentials in a field other than clinical psychology.

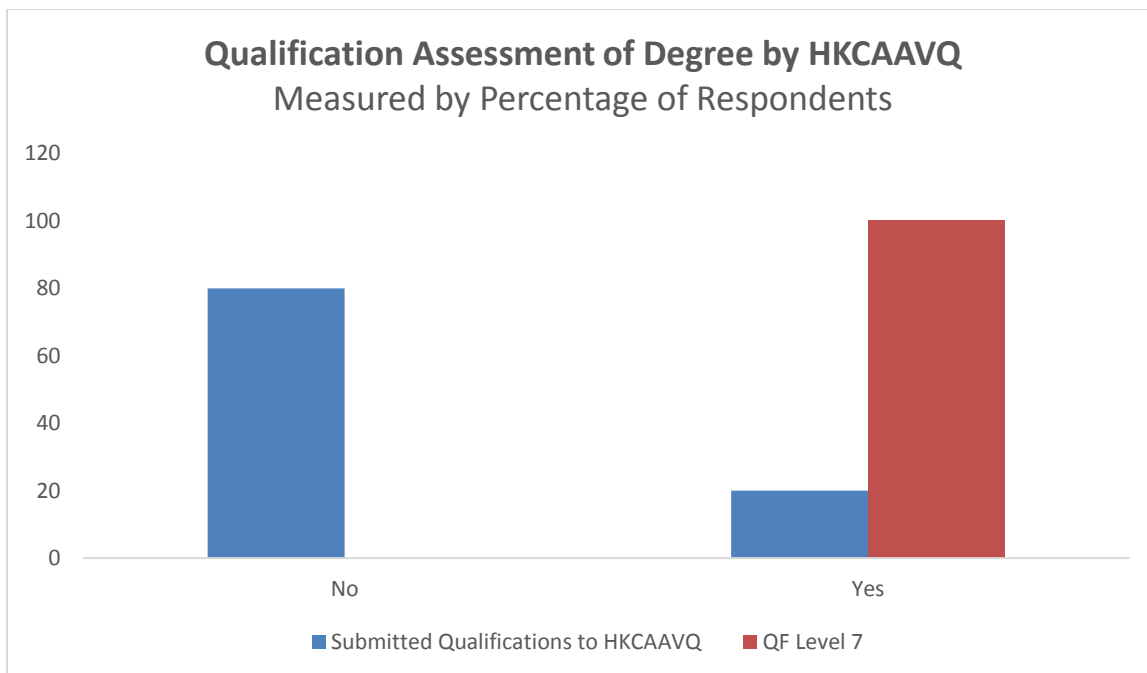
| | Frequency of Response | Percent of Respondents |
|-----|-----------------------|------------------------|
| Yes | 14 | 32.56% |
| No | 29 | 67.44% |

6.6 If so, in what area(s)? *n=14*

| | Frequency of Response | Percent of Respondents |
|-------------|-----------------------|------------------------|
| Nursing | 1 | 7.14% |
| Social Work | 4 | 28.57% |
| Teaching | 1 | 7.14% |
| Accounting | 2 | 14.29% |
| Other | 6 | 42.86% |

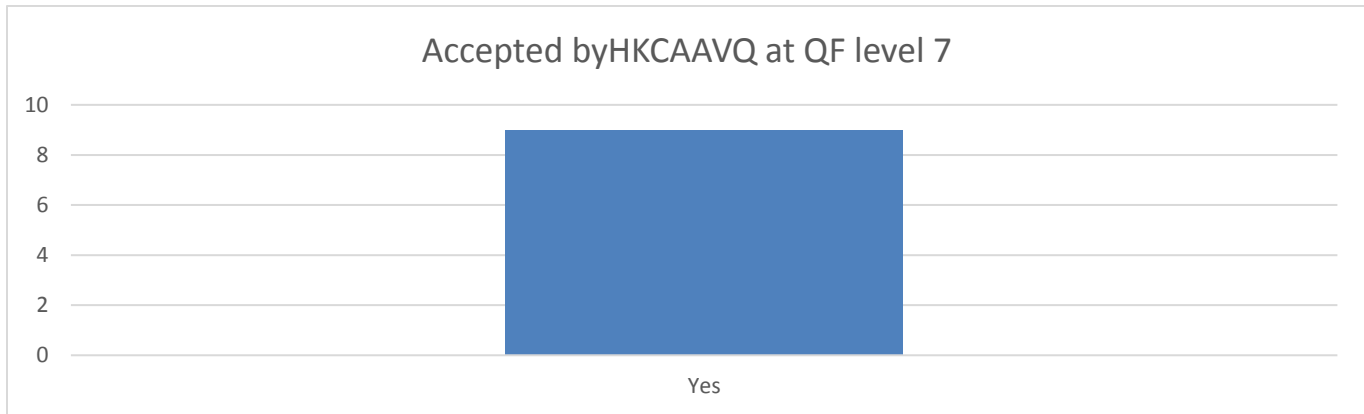
6.7 Did you submit your PsyD degree to the Hong Kong Council for Accreditation of Academic and Vocational Qualification (HKCAAVQ) for personal qualification assessment? *n=44*

| Submitted PsyD degree to HKCAAVQ | Frequency of Response | Percent of Respondents |
|----------------------------------|-----------------------|------------------------|
| Yes | 9 | 20.45% |
| No | 35 | 79.55% |



6.8 If yes, was your PsyD degree assessed to be at a QF level 7 (equivalent to a local doctoral degree) by the Hong Kong Council for Accreditation of Academic and Vocational Qualification (HKCAAVQ)? *n=9*

| | Frequency of Response | Percent of Respondents |
|-----|-----------------------|------------------------|
| Yes | 9 | 100% |

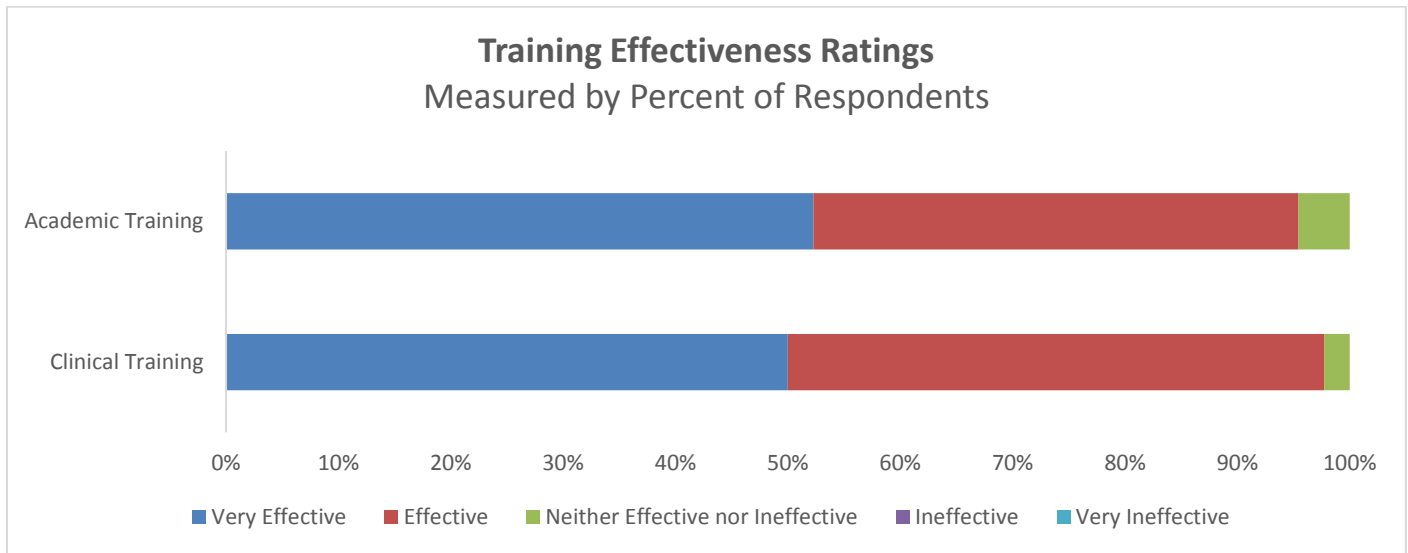


7. Program Evaluation

Respondents were asked to rate the effectiveness of different aspects of the PsyD program and to supply additional comments on the program’s strengths and weaknesses.

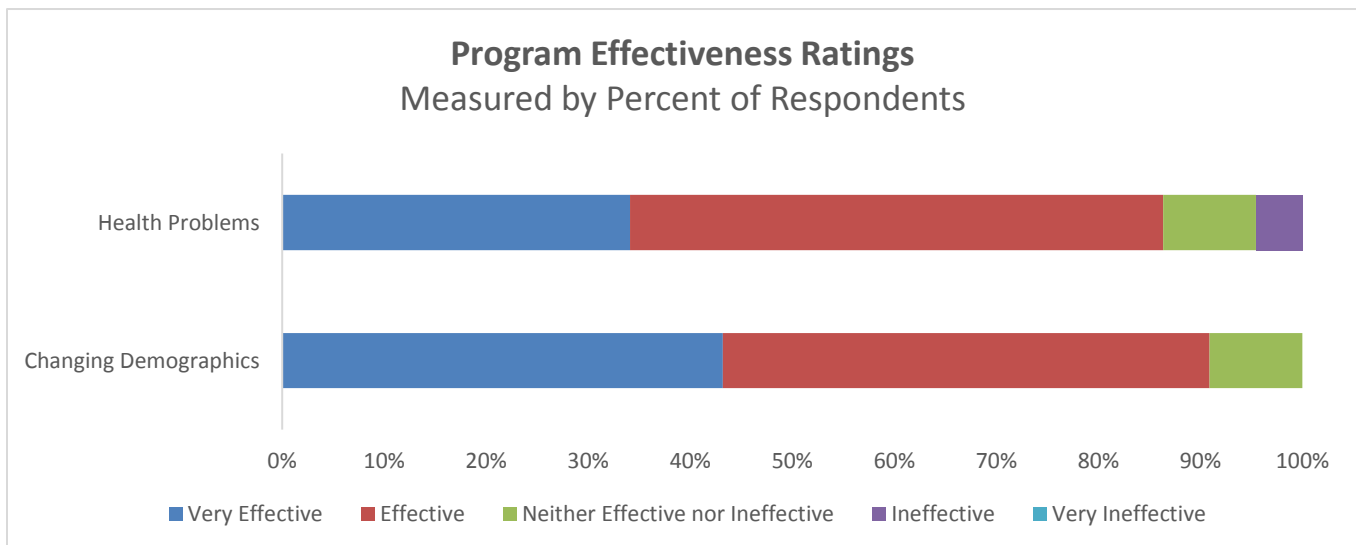
7.1 How effective do you believe the clinical and academic training portions of Alliant PsyD program were in preparing you for a career in clinical psychology? *n=44*

| | Clinical Training | | Academic Training | |
|-------------------------|-------------------|--------|-------------------|--------|
| | N | % | N | % |
| Very Effective | 22 | 50.00% | 23 | 52.27% |
| Effective | 21 | 47.73% | 19 | 43.18% |
| Neither Eff. Nor Ineff. | 1 | 2.27% | 2 | 4.55% |
| Ineffective | 0 | 0.00% | 0 | 0.00% |
| Very Ineffective | 0 | 0.00% | 0 | 0.00% |



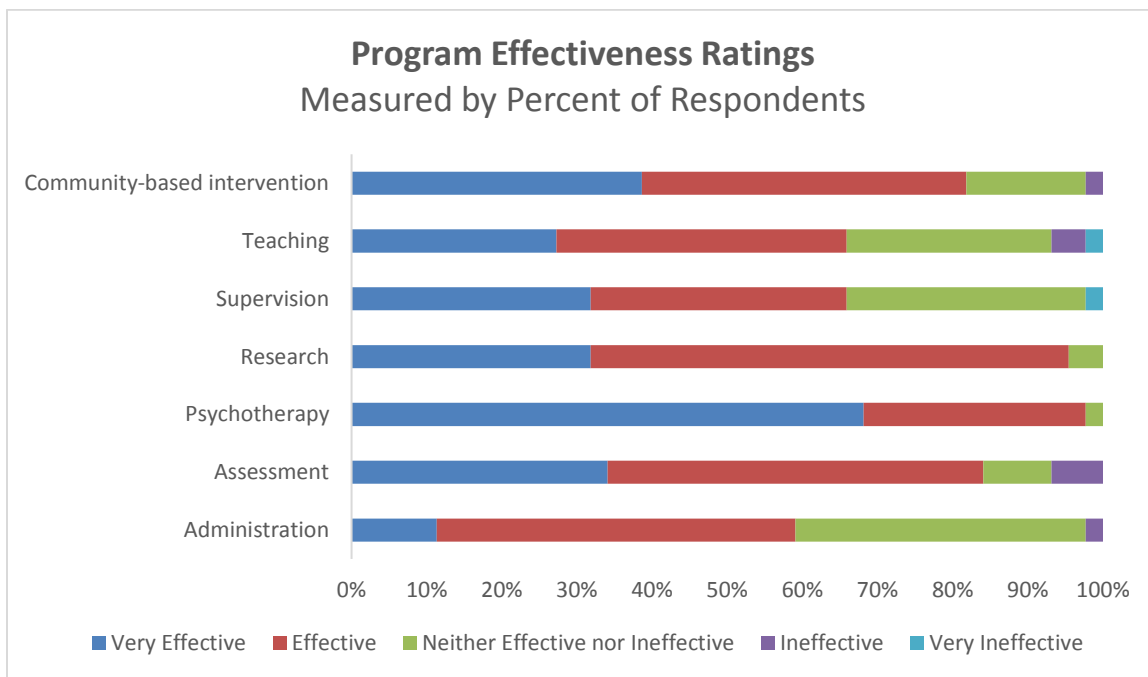
7.2 How effective was the program in preparing you to be adaptive to the following? n=44

| | Changing Demographics | | Health Problems | |
|-------------------------|-----------------------|--------|-----------------|--------|
| | N | % | N | % |
| Very Effective | 19 | 43.18% | 15 | 34.09% |
| Effective | 21 | 47.73% | 23 | 52.27% |
| Neither Eff. Nor Ineff. | 4 | 9.09% | 4 | 9.09% |
| Ineffective | 0 | 0.00% | 2 | 4.55% |
| Very Ineffective | 0 | 0.00% | 0 | 0.00% |



7.3 How effective was the program in preparing you for the following roles as a clinical psychologist? Please respond regardless of whether or not you are currently employed as a clinical psychologist. *n=44*

| Question | Very Effective | | Effective | | Neither Effective Nor Ineffective | | Ineffective | | Very Ineffective | |
|------------------------------|----------------|----|-----------|----|-----------------------------------|----|-------------|---|------------------|---|
| | % | n | % | n | % | n | % | n | % | n |
| Administration | 11.36% | 5 | 47.73% | 21 | 38.64% | 17 | 2.27% | 1 | 0.00% | 0 |
| Assessment | 34.09% | 15 | 50.00% | 22 | 9.09% | 4 | 6.82% | 3 | 0.00% | 0 |
| Consultation | 43.18% | 19 | 45.45% | 20 | 9.09% | 4 | 2.27% | 1 | 0.00% | 0 |
| Psychotherapy | 68.18% | 30 | 29.55% | 13 | 2.27% | 1 | 0.00% | 0 | 0.00% | 0 |
| Research | 31.82% | 14 | 63.64% | 28 | 4.55% | 2 | 0.00% | 0 | 0.00% | 0 |
| Supervision | 31.82% | 14 | 34.09% | 15 | 31.82% | 14 | 0.00% | 0 | 2.27% | 1 |
| Teaching | 27.27% | 12 | 38.64% | 17 | 27.27% | 12 | 4.55% | 2 | 2.27% | 1 |
| Community-based intervention | 38.64% | 17 | 43.18% | 19 | 15.91% | 7 | 2.27% | 1 | 0.00% | 0 |

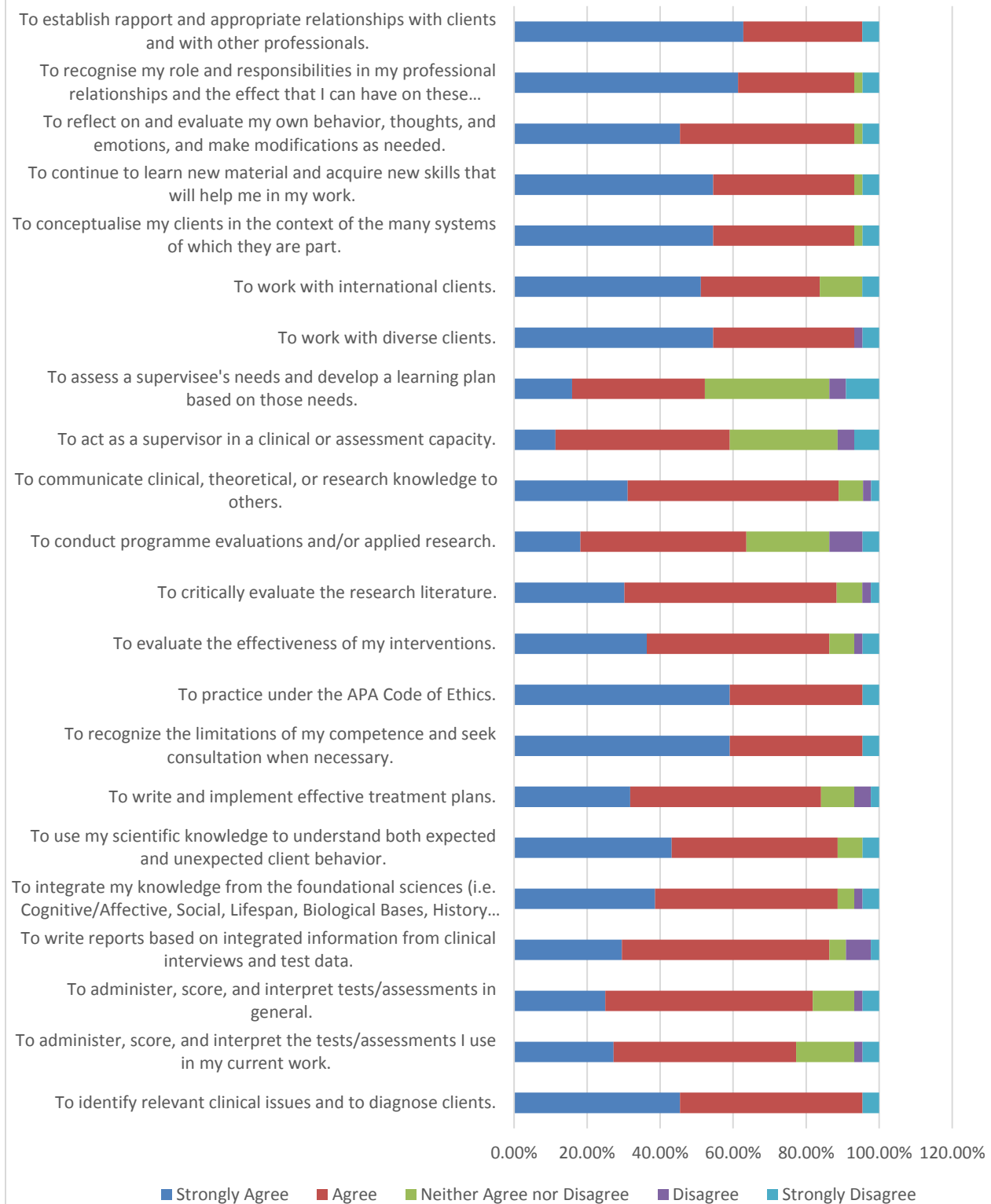


7.4 The following statements ask about your impression of the Alliant PsyD program. Next to each statement, please indicate the answer that best reflects your impression of the training you received. n=43-45

| Question | Strongly Disagree | | Disagree | | Neither Agree nor Disagree | | Agree | | Strongly Agree | |
|---|-------------------|---|----------|---|----------------------------|----|--------|----|----------------|----|
| | % | n | % | n | % | n | % | n | % | n |
| To identify relevant clinical issues and to diagnose clients. | 4.55% | 2 | 0.00% | 0 | 0.00% | 0 | 50.00% | 22 | 45.45% | 20 |
| To administer, score, and interpret the tests/assessments I use in my current work. | 4.55% | 2 | 2.27% | 1 | 15.91% | 7 | 50.00% | 22 | 27.27% | 12 |
| To administer, score, and interpret tests/assessments in general. | 4.55% | 2 | 2.27% | 1 | 11.36% | 5 | 56.82% | 25 | 25.00% | 11 |
| To write reports based on integrated information from clinical interviews and test data. | 2.27% | 1 | 6.82% | 3 | 4.55% | 2 | 56.82% | 25 | 29.55% | 13 |
| To integrate my knowledge from the foundational sciences (i.e. Cognitive/Affective, Social, Lifespan, Biological Bases, History Systems) into my clinical work. | 4.55% | 2 | 2.27% | 1 | 4.55% | 2 | 50.00% | 22 | 38.64% | 17 |
| To use my scientific knowledge to understand both expected and unexpected client behavior. | 4.55% | 2 | 0.00% | 0 | 6.82% | 3 | 45.45% | 20 | 43.18% | 19 |
| To write and implement effective treatment plans. | 2.27% | 1 | 4.55% | 2 | 9.09% | 4 | 52.27% | 23 | 31.82% | 14 |
| To recognize the limitations of my competence and seek consultation when necessary. | 4.55% | 2 | 0.00% | 0 | 0.00% | 0 | 36.36% | 16 | 59.09% | 26 |
| To practice under the APA Code of Ethics. | 4.55% | 2 | 0.00% | 0 | 0.00% | 0 | 36.36% | 16 | 59.09% | 26 |
| To evaluate the effectiveness of my interventions. | 4.55% | 2 | 2.27% | 1 | 6.82% | 3 | 50.00% | 22 | 36.36% | 16 |
| To critically evaluate the research literature. | 2.33% | 1 | 2.33% | 1 | 6.98% | 3 | 58.14% | 25 | 30.23% | 13 |
| To conduct programme evaluations and/or applied research. | 4.55% | 2 | 9.09% | 4 | 22.73% | 10 | 45.45% | 20 | 18.18% | 8 |
| To communicate clinical, theoretical, or research knowledge to others. | 2.22% | 1 | 2.22% | 1 | 6.67% | 3 | 57.78% | 26 | 31.11% | 14 |
| To act as a supervisor in a clinical or assessment capacity. | 6.82% | 3 | 4.55% | 2 | 29.55% | 13 | 47.73% | 21 | 11.36% | 5 |
| To assess a supervisee's needs and develop a learning plan based on those needs. | 9.09% | 4 | 4.55% | 2 | 34.09% | 15 | 36.36% | 16 | 15.91% | 7 |
| To work with diverse clients. | 4.55% | 2 | 2.27% | 1 | 0.00% | 0 | 38.64% | 17 | 54.55% | 24 |
| To work with international clients. | 4.65% | 2 | 0.00% | 0 | 11.63% | 5 | 32.56% | 14 | 51.16% | 22 |
| To conceptualize my clients in the context of the many systems of which they are part. | 4.55% | 2 | 0.00% | 0 | 2.27% | 1 | 38.64% | 17 | 54.55% | 24 |

| | | | | | | | | | | |
|---|-------|---|-------|---|-------|---|--------|----|--------|----|
| To continue to learn new material and acquire new skills that will help me in my work. | 4.55% | 2 | 0.00% | 0 | 2.27% | 1 | 38.64% | 17 | 54.55% | 24 |
| To reflect on and evaluate my own behavior, thoughts, and emotions, and make modifications as needed. | 4.55% | 2 | 0.00% | 0 | 2.27% | 1 | 47.73% | 21 | 45.45% | 20 |
| To recognize my role and responsibilities in my professional relationships and the effect that I can have on these relationships. | 4.55% | 2 | 0.00% | 0 | 2.27% | 1 | 31.82% | 14 | 61.36% | 27 |
| To establish rapport and appropriate relationships with clients and with other professionals. | 4.65% | 2 | 0.00% | 0 | 0.00% | 0 | 32.56% | 14 | 62.79% | 27 |

Programme Effectiveness Ratings Measured by Percent of Respondents



7.5 Additional Comments

If you have any additional comments, please write them here:

The Alliant PsyD program supported the students & supervisors to participate in disaster relief work in Sichuan between 2008-2009. The program also gave me the opportunities to attend & present in APA annual convention twice during my period of study as a student about our work in disaster relief by caring for the caretakers.

This program offered me an valuable opportunity to be trained under an APA accredited internship program offered by Hamilton Madison House in New York. Through the program, I learned the operation of collaborative care in US medical system, techniques for providing group supervision, consultation and conducting program evaluation. I was also trained on professional writing for clinical purpose such as treatment plan, assessment report, biopsychosocial assessment report etc. With the experience in this internship program, I obtained a job as a clinical psychologist under a limited permit for Research Foundation of the City University of New York. I was thrill and thankful for the opportunity of working with a diverse population out of Hong Kong. There is no other program in Hong Kong can offer such precious clinical training opportunity.

Due to the unfair monopoly of local assessment tools by HKPS, ongoing competence development in assessment is hampered. Supervision is a special skill that requires special training that those aiming to be supervisor should learn in a structured course.

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8. Professional Activities

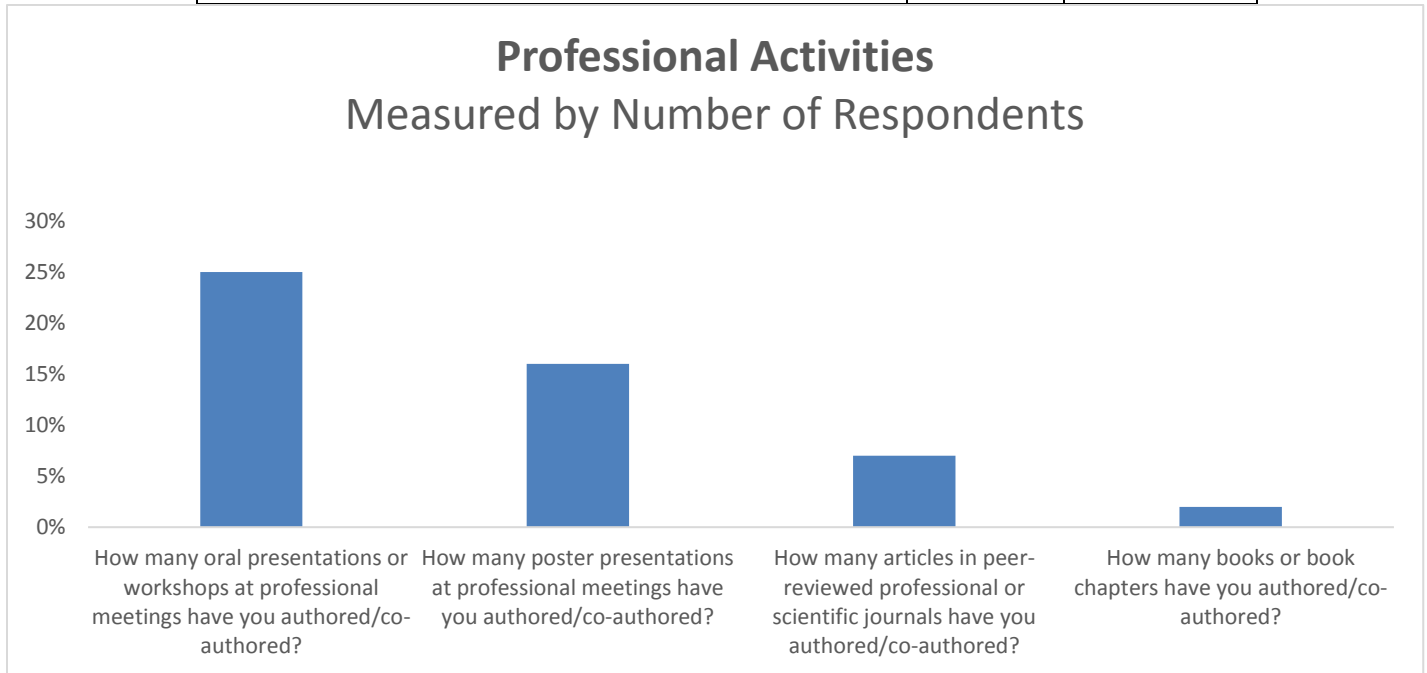
Participants were asked to describe their careers since graduation from the PsyD program.

8.1 Please indicate the number of each of the following achievements. *n=44*

Respondents reported highly variable numbers of oral presentations, poster presentations, articles, and books.

| | Total (all alumni) | Mean |
|---|--------------------|-------|
| How many oral presentations or workshops at professional meetings have you authored/co-authored? | 114 | 10.36 |
| How many poster presentations at professional meetings have you authored/co-authored? | 10 | 1.43 |
| How many articles in peer-reviewed professional or scientific journals have you authored/co-authored? | 4 | 1.33 |

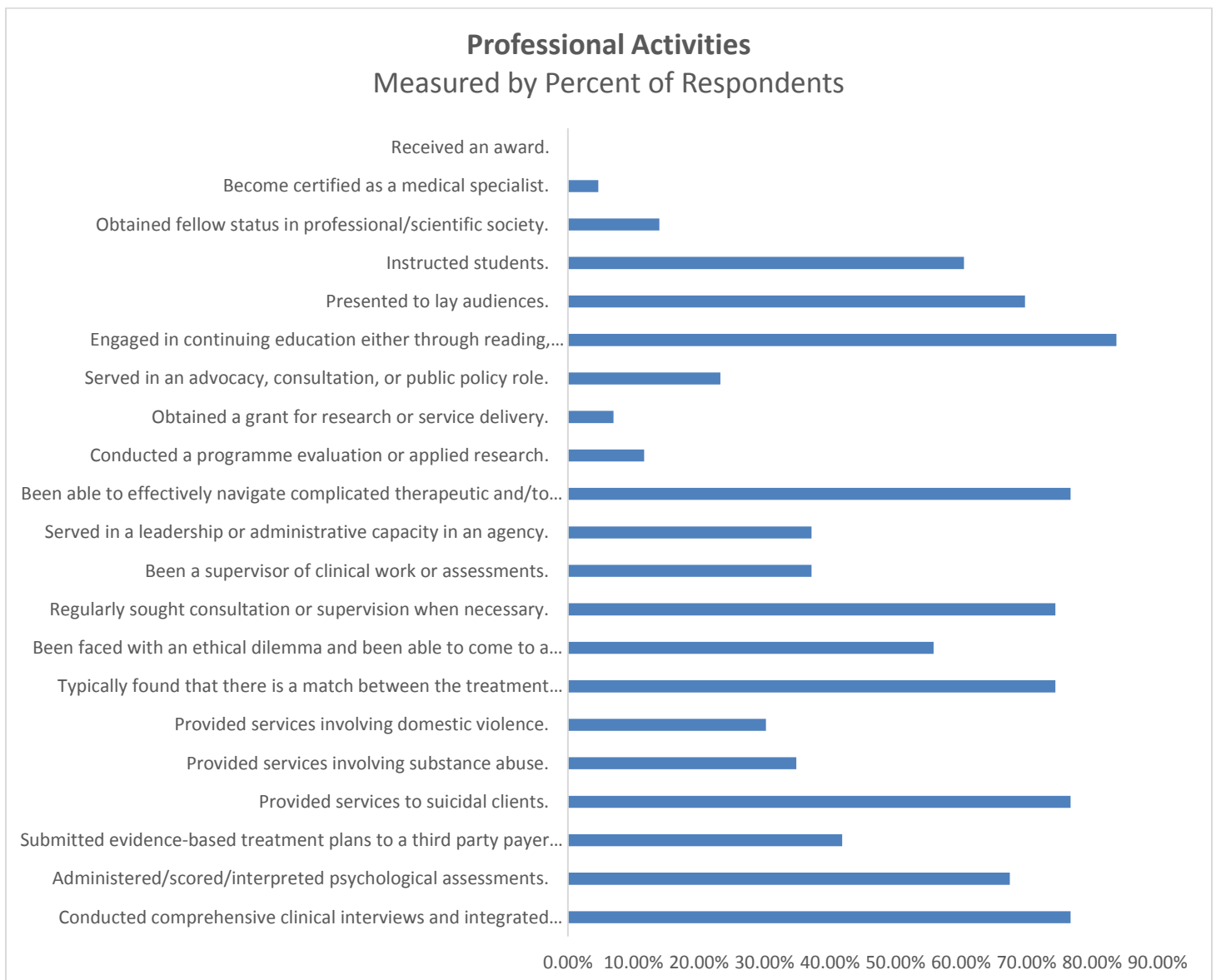
| | | |
|--|---|------|
| How many books or book chapters have you authored/co-authored? | 1 | 1.00 |
|--|---|------|



8.2 Please indicate which of the following you have done since graduation. n=43

| | Answer | % | Count |
|---|--------|--------|-------|
| Conducted comprehensive clinical interviews and integrated interview data into diagnoses and/or treatment. | | 76.74% | 33 |
| Administered/scored/interpreted psychological assessments. | | 67.44% | 29 |
| Submitted evidence-based treatment plans to a third party payer or to the agency for which I work. | | 41.86% | 18 |
| Provided services to suicidal clients. | | 76.74% | 33 |
| Provided services involving substance abuse. | | 34.88% | 15 |
| Provided services involving domestic violence. | | 30.23% | 13 |
| Typically found that there is a match between the treatment plan/goals I set and the progress of treatment. | | 74.42% | 32 |
| Been faced with an ethical dilemma and been able to come to a resolution based on APA guidelines. | | 55.81% | 24 |
| Regularly sought consultation or supervision when necessary. | | 74.42% | 32 |
| Been a supervisor of clinical work or assessments. | | 37.21% | 16 |
| Served in a leadership or administrative capacity in an agency. | | 37.21% | 16 |
| Been able to effectively navigate complicated therapeutic and/to professional relationships. | | 76.74% | 33 |
| Conducted a programme evaluation or applied research. | | 11.63% | 5 |

| | | |
|--|--------|----|
| Obtained a grant for research or service delivery. | 6.98% | 3 |
| Served in an advocacy, consultation, or public policy role. | 23.26% | 10 |
| Engaged in continuing education either through reading, workshops, or other trainings. | 83.72% | 36 |
| Presented to lay audiences. | 69.77% | 30 |
| Instructed students. | 60.47% | 26 |
| Obtained fellow status in professional/scientific society. | 13.95% | 6 |
| Become certified as a medical specialist. | 4.65% | 2 |
| Received an award. | 0.00% | 0 |



8.3 Participants were asked to provide additional comments on their recent activities, projects, and accomplishments.

Please feel free to tell us more about your recent activities, projects, and accomplishments:

I found myself more suitable and highly passionate in practicing & developing treatments from the perspectives of depth psychology approaches in HK for the long term benefits of clients who suffer from mental illness. I'm currently one of the directors and the treasurer of The Hong Kong Institute of Analytical Psychology. At the moment, there are only 3 Jungian analysts graduated from the C. G. Jung Institute Zurich in Hong Kong and I hope to be the next one.

I am doing a project funded by the the Drugs Funf related to trauma and substance Abuse Disorder

I am being recognized as a senior addiction counselor from the APCCAP

I am now working on setting up my private practice.

Volunteering (community work organized by hkadcp) and free staff training to one of previous placement sites



CSPP CALIFORNIA SCHOOL OF
PROFESSIONAL PSYCHOLOGY
ALLIANT INTERNATIONAL UNIVERSITY

Training Clinical Psychologists: United States Supervision Model
(as used in the CSPP-HK PsyD Program)

Alliant International University
California School of Professional Psychology
Hong Kong
Doctor of Psychology

in collaboration with

City University of Hong Kong
School of Continuing and Professional Education

Submitted by

TIEN Liang, PsyD, ABPP
Professor and Program Director
CSPP-HK PsyD Program
Spring 2018

Clinical Training and Supervision

The California School of Professional Psychology – Hong Kong (CSPP-HK) PsyD Program's clinical training and supervision models align with those of our American Psychological Association (APA)-accredited programs in the United States of America (US). This means that the CSPP-HK PsyD program follows the same training structure with regard to model of clinical supervision, types of placement settings, requirements for clinical hours, qualifications of clinical supervisors, and means of evaluation of trainees. We strive to meet regulatory standards regarding clinical training and supervision as stipulated by the American Psychological Association/Commission on Accreditation (APA/CoA), the California Code of Regulations (CCR) from the Board of Psychology (California Code of Regulations, Title 16, sections 1387 and 1387.1), and the Association of State and Provincial Psychology Boards (ASPPB) in order to provide our graduates with the qualifications to apply for psychology licensure in the United States. It is important to note that APA and ASPPB are two distinct entities with different professional recognition in the US. ASPPB members are composed of the US State and Canadian Provincial Boards of Licensure for psychologists. As such, ASPPB represents government regulators of US and Canada for psychology while APA is one of many voluntary societies/associations. In other words, all clinical psychology practitioners must follow ASPPB regulations to legitimately practice while the APA

regulations apply only to their registered members. In general, APA can serve as advisory to ASPPB.

Although there are many minor differences between the US model and those followed in Hong Kong, there are two significant structural differences in regards to payment for placement and clinical supervision. One is that, in the US model, to prevent conflict of interest, neither the student nor the training program pays the training agency for a student's supervision. In regards to the supervisor, both APA, ASPPB, and California law regarding psychology training prohibit students from retaining and paying directly for clinical supervision. It is either the training agency or the school that pay for a student's supervisor; the student does not pay the supervisor. Specifically: "9. Supervisees should not pay for supervision at the practicum or doctoral internship level." (ASPPB, 2015, page 15).

Another difference is that supervisors are to "personally observe a videotaped (includes audio), or live client session at least once during each period of supervision" (ASPPB, 2015, p. 11). APA echoes this stipulation regarding the method of observation with: "A major supervisory responsibility is monitoring and providing feedback on supervisee performance. Live observation or review of recorded sessions is the preferred procedure. Supervisors should use live observation or audio or video review techniques whenever possible, as these are associated with enhanced supervisee and client/patient outcomes" (APA, 2014, page 20). The usual practice for observing "live client session" is behind one-way mirror; the

supervisor is not physically in the same room as the intern and the patient. The currently preferred, and commonly used method is video or audio recording of treatment sessions. The reason for this practice is further explicated below in another section.

Model of clinical supervision.

The CSPP-HK PsyD Program follows the guidelines delineated in the *Guidelines for Clinical Supervision in Health Service Psychology* (APA, 2014) and the *Supervision Guidelines for Education and Training Leading to Licensure as a Health Service Provider* (ASPPB, 2015). Both of these professional associations employ the competency-based model as the guiding principle for clinical supervision (Falender & Shafranske, 2004; Farber & Kaslow, 2010; Hunsley & Barker, 2011).

The competency-based model is defined as an approach that explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency and develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidence-based practices and the requirements of the local clinical setting. (Falender & Shafranske, 2007, p. 233)

The competency-based model emphasizes a few key components. First, specific goals are established. The supervisees take a proactive role in discussing their clinical training goals with their supervisors, they learn about the needs and resources of their clinical settings from their site supervisors, and they collaboratively decide on the details of their training in clinical placement. For this reason, some students in the CSPP-HK PsyD Program may be primarily providing psychological testing while another student in the same placement are

conducting long-term psychotherapy. The goals identified in the beginning of the clinical training year are reviewed by the primary supervisors during each evaluation period and students' progress towards the goals are tracked by the supervisors' evaluations as well as the students' self-reflections.

Second, the competency-based model is a meta-theoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies in six areas: Interviewing and Assessment, Diagnostic Evaluation, Psychotherapy, Use of Supervision, Professional Behaviours, and Sensitivity to Diversity. Instead of in-room supervision, the primary supervisors view audio or video recording of actual therapy sessions weekly to assess the development of competency among their supervisees. Audio or video tapes have been proven to be an effective supervision tool and associated with positive student competence outcome (Breunlin, et al., 1988; Huhra, Yamokoski-Maynhart, & Prieto, 2008). Should there be agencies that prohibit recording, the primary supervisors review process notes as an alternative. Based on actual performance as seen on the audio/videotapes, our primary supervisors provide specific comments to each of our students and track the students' incorporation of the feedback in subsequent sessions, as well as evaluate our students on the above listed six dimensions at the end of each semester

The supervisors' competency is another major focus in the competency-based model. Based on a review of the literature,

“the following are aspects of effective clinical supervision: formation of a strong supervisory alliance; development of a supervision contract; supporting the supervisee in self-assessment of competencies and construction of goals and tasks for supervision; ongoing monitoring of supervisee progress, development, and both constructive and positive feedback linked to goals and competencies; formative and summative evaluation with transparency so the supervisee knows the supervisors’ appraisal and there are no surprises; identification and repair of strains and ruptures to the alliance; infusion of multicultural and diversity through consideration of the worldview of client, supervisee/therapist, and supervisor; managing reactivity or countertransference; managing supervisees who do not meet performance criteria; and assessing client and supervision outcomes, legal and ethical aspects of supervision, and self-care.” (Falender, 2014).

In the CSPP-HK PsyD program, all the primary supervisors are doctoral level practitioners with advanced training in both supervision and in one of the theoretical orientations. Additionally, the primary supervisors participate in a weekly consultation group, which is an important component to ensure the practice of competency-based approach in supervision. To monitor the supervisors’ competency, students complete anonymous evaluations of supervisors at the end of their internships. Without identifying personal information, students provide quantitative feedback to rate the supervisors’ competency along the dimensions as defined above for effective supervision. The Director of Clinical Training summarizes the results and provides feedback to the primary supervisors as an opportunity for professional growth.

Finally, each primary supervisor adapts the competency-based model according to their own theoretical orientation to promote student competency in a particular theoretical

orientation of either Cognitive Behavioral Therapy, Psychodynamic, or Couple Family Systems. Each supervisor has unique clinical background and qualifications, and student can maximize their learning experiences by receiving the variety of constructive feedback from different perspectives of each supervisors; specifically from the agency designated supervisor on the student's ability to collaboratively work in the community, the individual clinical supervisor on the student's clinical competence, and the group supervisor on the student's ability to engage in peer consultation.

Thus, in accordance with the competence-based model, we expect our primary supervisors to be: (1) professional psychologists trained in providing supervision; (2) competent in training students in assessment, treatment, and other psychological services; (3) the gatekeeper for the profession and the public; (4) objective in evaluating students' work and providing specific feedback; and (5) able to employ effective supervision approaches according to the most current literature.

Supervision arrangement.

ASPPB and California licensing law allow clinical psychologists to expand their practice into areas in which psychologists are not already established by requiring a designated site supervisor. In the CSPP-HK PsyD program, students work with three different supervisors concurrently: a weekly meeting for individual supervision; a weekly meeting for

group supervision; and a regular meeting with their designated site supervisor. The roles and

duties of the three supervisors are described in table 1:

Table 1: Descriptions of Clinical Supervisors of CSPP-HK PsyD Program

| Role | Duties and Responsibilities | Background Qualifications |
|--------------------|--|---|
| Primary Supervisor | <p>Assume the primary responsibility for clients and quality of client care.</p> <p>Maintain close communications with site supervisors through site visits and phone contacts throughout the year.</p> <p>Review and provide feedback to students' video recording, audio recording, and/or process notes if recording is prohibited in the clinical setting.</p> <p>Complete a formal evaluation of each supervisee each semester (3 times a year).</p> <p>Provide at least 1 hour per week of supervision and be available 24/7 for crisis.</p> | <p>Clinical supervisors must be:</p> <ol style="list-style-type: none"> 1) at doctoral level, 2) Licensed or official registered with a governmental department and/or demonstrate advanced level of training and clinical experiences in at least one specialized area. 3) Complete a minimum of six (6) hours of supervision coursework every two years, and/or demonstrate advanced experiences and competencies in clinical supervision. |
| Site Supervisor | <p>Function as the Delegated Supervisors according to the California Board of Psychology.</p> <p>Provide at least 1 hour every 2 weeks of supervision.</p> <p>Co-ordinate with primary supervisor on clinical duties.</p> <p>Facilitate students' learning of a multidisciplinary team approach.</p> <p>Complete formal evaluation of each supervisee each semester (3 times a year).</p> | <p>Licensed, registered, or certified mental health professionals such as clinical psychologist, psychiatrist, social workers, and other health professionals.</p> |
| Group Supervisor | <p>Lead group supervision to enhance competence for case conceptualization, professional presentation, giving and receiving feedback, and alternative case formulations in different theoretical orientations.</p> <p>Provide 1.5 hours per week of group supervision.</p> <p>Complete formal evaluation of each supervisee each semester (3 times a year).</p> | <p>Same as Primary Supervisor</p> |

In this model, supervisees receive at least 2.5 and up to 4 hours of supervision per week, which includes 1 hour of face-to-face individual supervision, 1.5 hours of group supervision, and variable hours of on-site supervision, depending on the site. This training model provides breadth of experience by the variety of settings and expertise of supervisors, and depth of experience through the hours with each supervisor and clinical hours in each placement. Students log their clinical hours regularly and obtain signatures from their primary supervisors as a proof of the psychological services they provide.

It is important to note that our training model meets the "on site supervision" requirement according to the guidelines of California Board of Psychology. To supervise professional experiences of trainees, the California Code of Regulations of the California Board of Psychology delineated that primary supervisors need to be employed or on contract at the same agency with the trainees (CCR, Title 16, sections 1387(b)(6)). CCR does not further define the meaning of being "employed," but the California Psychology Internship Council (CAPIC) explicated the employment requirements in their criteria and clarifications. CAPIC is a professional association of doctoral internship and postdoctoral programs recognized by the California Board of Psychology as a pathway to licensure and a professional accrediting body for internships. In their criteria and clarifications, CAPIC (2016) stated that:

Being employed” and “on staff” refers broadly to individuals permitted to work, and may include consultants and/or volunteers. Regardless, the primary supervisor must be significantly involved in the operation of the training program. (p.2)

In our current CSPP-HK PsyD Program’s model of supervision, the primary supervisors are significantly involved in clinical training for each supervisee through designing students' training experiences with agency supervisors, consistently evaluating and monitoring students' progress, assuming the liability for client's care, and ensuring the validity of students’ clinical hours. Moreover, the primary supervisors work closely with agency designated supervisors through site visits and regular communications in order to ensure the quality of training and services to clients. Therefore, our clinical supervision model ensures the primary supervisors to be the main vehicles for students’ clinical training program and such practice directly fulfils the requirements of CCR and CAPIC.

Method of evaluation.

In clinical practicum and clinical internships, the primary supervisor, site supervisor, and group supervisor complete three sets of standardized evaluation forms to assess students’ progress in each semester. As each clinical training year covers three semesters (fall, spring, and summer), students must pass all three evaluations to earn credit for their clinical training course. Studies have pointed out that if supervisors provide feedback to supervisees infrequently and irregularly, it will hinder supervisees’ competency development, increase the risk for ethical violation, and fail to fulfil the supervisors’ role as a gatekeeper for the

community (Ellis et al., 2014; Thomas, 2010). Our model of evaluation helps to prevent such problems by providing regular and timely feedback on students' performance in the program and specific feedback for students to incorporate into their professional development.

Types of placement settings.

We do not believe clinical psychologists should be bound to a traditional office setting in which they only provide individual psychotherapy. Instead of working primarily in hospitals and prisons, our students complete their training in variety of community settings such as community mental health centres, outpatient clinics, university counselling centres, child therapy and psychological testing clinics, palliative care services in hospitals, drug and alcohol treatment programs, and residential or day treatment programs. In these settings, students are supervised to provide a variety of services:

- Individual and group psychotherapy with various populations
- Psychodiagnostic evaluation and report writing
- Design and implementation of community outreach programs
- Seminars and workshops for service users and professionals
- Consultation of a psychological nature with multidisciplinary teams
- Child treatment/counselling
- Crisis intervention
- Community psychology

- Organizational development activities.

Our model trains clinical psychologists to work with the community using an interdisciplinary approach to collaborate with other frontline health and mental health professionals. Our goal is to train independent and professional clinical psychologists with ethical, cultural, and clinical competencies to practice in real-world situations. With this goal in mind, in addition to the provision of psychotherapy and assessment, our students have conducted various presentations and workshops, carried out program evaluation research, provided peer supervision to other mental health professionals, assisted with administration, and participated in other agency activities within the community.

We have placements in 36 different settings spread throughout HK, China, Macau, and the UK. In addition to our primary supervisors, we have an estimated total of 70 registered social workers, three HKPCA Certified Counsellors, ten psychiatrists, and nine registered and/or licensed clinical psychologists who offer a diverse and multifaceted training experience for our students in the sites outside of U.S. Inside the US, our students have access to more than 100 clinical placement sites through the California Psychology Internship Council (CAPIC).

To fulfil our mission to serve a broad range of clients including marginalized populations and to foster respect for human diversity, most of our students work in

community settings such as non-governmental organization (NGOs), schools, halfway houses, and other non-profit organizations.

Our graduates are uniquely trained to fulfil the goals of the Hospital Authority and Social Welfare Department's *Service Framework for Community Mental Health Services* (2016) that aims to “set up professional support for ex-mentally ill persons suspected to suffer from mental health problems through the provision of individual or group psychological treatment, and to strengthen the capabilities of frontline professionals in these centres through clinical supervision.”

Reasons for not adopting the apprenticeship model for clinical training

According to our understanding, the apprenticeship model or master-apprentice mentoring approach is the prominent supervisory training model for clinical psychologists in HK. The assumption of this mentor/apprenticeship model is that learning occurs through observing and assisting a “master” at work. This model uses in-room live supervision in which the clinical supervisor supervises the trainee in actual treatment and provides feedback to the trainee in the presence of the client.

The CSPP-HK PsyD program does not adopt this model for several reasons. The apprenticeship model and in-room supervision for training clinical psychologists is no longer a common model in the US for supervision of clinical psychology trainees. In his book, *Evidence-Based Clinical Supervision: Principles and Practice*, Milne (2009) suggested that

the apprenticeship model originated from the ancient Greek approach to teaching and emerged in early 19th century when Freud adopted the medical training model to provide clinical supervision in psychoanalysis to a group of physicians. The current practice of clinical supervision has moved away from the apprenticeship model and now focuses on models that are supported by research evidence. In *Strength-based clinical supervision: A positive psychology approach to clinical training*, Wade and Jones (2015) described the nine common approaches to supervision in the field such as the Therapy-based models, Developmental Supervision Model, and Outcome-oriented Supervision Model. The apprenticeship model was mentioned as one of the historical roots of supervision and was described as only one component in one of the nine models, suggesting that it is not a prominent model for clinical psychology training nowadays.

Dr. Carol Falender, a well-recognized expert in clinical supervision, author of several textbooks and guidebook on clinical supervision for psychologists, member of the Supervision Guidelines Group of the Association of State and Provincial Psychology Boards (ASPPB) in the US, and Chair of the Supervision Guidelines Task Force of the Board of Educational Affairs of American Psychological Association recently discussed the apprenticeship model in her book, *Clinical Supervision: A Competency-Based Approach* (Falender & Shafranske, 2004). The authors described that implicit in the master-apprentice model is the idea that clinical knowledge and skills can be transferred through apprentices'

observations of the masters' clinical work. They critique this fallacy, showing that clinical skills are not as easily transferrable as the apprenticeship model claims, and noting that observation is insufficient for students to develop their clinical skills and grow as an independent psychologist. During the 2017 American Psychology Association annual convention in Washington D.C., several faculty members of the CSPP-HK PsyD program spoke with Dr. Falender regarding her perspective on in-room supervision and she responded, "I have heard about it but it is not a prominent model. It would undermine the clinical competency of the supervisee. So I would say no." (C. Falender, personal communication, August 3, 2017).

In addition to Dr. Falender's perspective on the in-room live supervision model, several experts in clinical supervision also share similar concerns. First, the supervisor's direct feedback in the session may become an intrusive and disruptive experience for the client. Beyond intrusiveness, Goodman (1985) pointed out several other potential problems in the supervisor's involvement: (1) some supervisors may intervene excessively and monopolize the treatment process; (2) the supervisor may attempt to provide dramatic interventions as a demonstration for the trainee while the interventions may not be the most relevant to the client's needs; (3) the supervisor's feedback and guidance may become dominating and in turn diminish the freedom of choice and creativity of the trainee; (4) the evaluative component of the session may interfere with the collaboration between the

supervisor and trainee during treatment; and (5) the issues of power, dependency, control, and competency may emerge and impede treatment progress. Furthermore, several researchers have pointed out the increased level of anxiety in trainees during in room supervision (Bowman, 1980; Costa, 1994) while this additional layer of stress does not facilitate the treatment process. Third, the supervisor's involvement becomes a confounding variable in the treatment process and the supervisor cannot really observe the trainee's clinical competency when the trainee is providing treatment alone.

To avoid the problems with in-room supervision and ensure the evaluative component of supervision, US education had moved on to using one-way mirrors to substitute for in-room supervision about 40 years ago. With the advent of unobtrusive video/audio devices, US education now uses video and/or audio recordings.

The apprenticeship model also seems to be obsolete according to the contemporary research studies in clinical supervision. We conducted a literature review on research studies on the structure, components, and effectiveness of clinical supervision practiced by HK clinical psychologists. Using international research databases including PsychInfo, Proquest, PsycARTICLES, Academic Search Premier, SocINDEX, and other common databases, we input "Hong Kong" as a main category and other keywords related to supervision such as clinical supervision, professional supervision, and clinical training. The result yielded more than 30 studies and articles on clinical supervision of psychiatrists and social workers in HK,

and only four articles discussed supervision of clinical psychologists in HK. The four articles include a discussion of a report from supervisors of clinical psychology trainees (Cheng, 1993), a discussion of supervision of clinical psychology trainees in HK in terms of their training and experiences (Lam, 1987), an argument regarding the nature of supervision to be a multidimensional activity (Tsoi, 1987), and a position paper to redefine the role of the supervisor–supervisee relationship (Ho, 1987). Our literature search showed that there have been no studies on the efficacy of clinical supervision for psychologists in HK, best practices for clinical supervision models in HK, outcomes of the supervisees, or competency of the clinical supervisors. Moreover, all of the writings on supervision research in clinical psychology were more than 20 years old, and little is known about clinical supervision in contemporary HK.

Due to the drawbacks of the apprenticeship model, the fact that it is seldom used in contemporary US training in clinical psychology, and the lack of research evidence to support its effectiveness, the CSPP-HK PsyD program has not adopted this model as the standard for supervision. Having the practitioner-scholar model as the guiding principle for clinical training, the CSPP-HK PsyD program employs supervision models supported by empirical evidence that are aligned with standards of internationally recognized professional associations.

Conclusion

In conclusion, there are at least two different models of training clinical psychologists in HK. The CSPP-HK PsyD Program follows the competency-based model as the guiding principle for clinical supervision. Based on the research-based appropriateness of the competency-based model for supervision of clinical psychology trainees, we contend that graduates from the CSPP-HK PsyD program is, at a minimum, equivalent to that of those trained through the local HK master's level clinical psychology programs.

An additional benefit to Hong Kong is that CSPP-HK PsyD program students have contributed more than two hundred sixty thousand (260,000) hours of services to the citizens of HK in the course of their training. We are confident that graduates will continue to provide high quality competent psychological services in a variety of settings throughout Hong Kong for years to come.

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CSPP CALIFORNIA SCHOOL OF
PROFESSIONAL PSYCHOLOGY
ALLIANT INTERNATIONAL UNIVERSITY

October 16, 2018

We write to acknowledge and thank you for your many years of work with our students and take this opportunity to describe, in this document, the type of clinical training that we have jointly provided and the competencies you have helped us assure in graduates of the CSPP-HK PsyD Program.

Additionally, we include a checklist of competencies developed by the International Declaration on Core Competencies in Professional Psychology and adopted by many of the professional associations in Hong Kong. We provide this to serve as a guide to help you sort out the many competing claims on who is a legitimate clinical psychologist in Hong Kong. We hope you can use the Core Competencies Rating Form for Psychologists as an aid for hiring future clinical psychologists in your organizations.

It has been a privilege for CSPP-HK PsyD Program to have partnered with you over the years to provide clinical training for our students. As the school leaves Hong Kong, we know that the relationships between our graduates and NGOs will continue. We salute you in your tireless efforts to serve members of the community with mental health needs in the least restrictive environment. Thank you for your partnership.

Sincerely,

A handwritten signature in black ink that reads "Tien Liang, PsyD, ABPP". The signature is written in a cursive style.

TIEN Liang, PsyD, ABPP
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Clinical Psychologist Training: rational and competencies

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Clinical Psychologist Training: rational and competencies

Executive Summary

Integrating the ‘List of NGO Organizations’ in Hong Kong, the HKPS-DCP list of members working in Hong Kong NGOs and a CSPP-HK PsyD Program alumni survey, there are 61 clinical psychologists working in 415 NGOs (15%) in Hong Kong. Hong Kong has a great need for more clinical psychologists at the community level.

Providing psychological treatment at the community level enacts a basic human right for individuals suffering with mentally illness. The Office of the United Nations High Commissioner for Human Rights (OHCHR) states a basic human right for those with mental illness is to receive psychotherapeutic “treated in the community in which he or she lives.” This is the principle commonly referred to as ‘least restrictive environment.’ Treatment in the least restrictive environment maintains the highest level of functioning as well as prevents costly interruptions to patients who are hospitalized. In Hong Kong the ‘least restrictive environment’ means treatment through organizations such as community-based out-patient clinics, halfway houses, and care homes – mostly sponsored through non-governmental organizations (NGOs). Since 2007, the CSPP-HK PsyD Program has joined 126 programs in 85 NGO health service agencies in providing mental health services by having our clinical psychology interns train, under supervision, in your agencies.

These graduates are trained to work in multi-disciplinary teams and collaborate with other frontline professionals across diverse settings. You informed us, through the CSPP-HK PsyD Program’s March 2018 agency satisfaction survey, that our students are deemed to be “effective” to “very effective” in clinical interviewing and diagnosis, psychological testing and assessment, provision of psychotherapy, intervention and management of crisis as well as providing consultation to peer professionals.

In the absence of government-regulated credential for clinical psychologists, various professional societies in Hong Kong have made claims that membership in their society demarcates legitimacy. To sort out what a clinical psychologist should know, we provide you with a set of competencies that are based on the *International Declaration on Core Competencies in Professional Psychology* (International Congress on Licensure, Certification and Credentialing, 2013). We hope you can use it as a tool to hire clinical psychologists to work in your agency.

Core Competencies Rating Form

| | | | | | | | | | |
|---|------------------------|---------------------------|--------------------|-------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Interviewer: | | Date of Interview: | | | | | | | |
| Candidate Name: | | Position: | | | | | | | |
| <p>This form is designed based on the 12 Areas of Core Competencies according to the International Declaration on Core Competencies in Professional Psychology to help interviewer rank the candidate's overall qualifications as a clinical psychologist. Under each heading, the interviewer can give the candidate a numerical rating (1-5) and write specific job-related comments in the space provided. In using this form, interviews can pick and choose core competencies relevant to their workplace.</p> | | | | | | | | | |
| Scale: | 5 – Exceptional | 4 – Above Average | 3 – Average | 2 – Satisfactory | 1 – Unsatisfactory | | | | |
| Areas of Core Competencies | | | | | Rating | | | | |
| | | | | | 5 | 4 | 3 | 2 | 1 |
| 1. Knowledge – Can the candidate speak about biological and sociological basis of human behavior and pathology? Can the candidate explain patient's behavior from within a particular psychological theoretical orientation? Comments: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Skills – According to past work experiences, could the candidate conduct effective therapy? Could the candidate sustain therapeutic relationship, as evidence by clients returning for minimum of 6 consecutive sessions? Comments: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ethical Practices – Does the candidate refer to Hong Kong ordinances, APA ethics codes, or other professional codes of ethics in their clinical judgment? Comments: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Professional Behaviors – Does the candidate interact with respect with all other professionals? Did the candidate follow through with tasks in a timely manner? Can the candidate coordinate patient care with others in a multi-disciplinary team? Comments: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Relates appropriately to clients and others – Did the candidate keep professional boundaries? Did not end treatment unless physically threatened? Did the candidate answers clients' contact within 24 hours? Did the candidate assure clients are informed of their own treatment? Comments: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Works with diversity and demonstrates cultural competence – Did the candidate apply different theoretical orientations depending on specifics of the client? Can the candidate establish connections with different minority groups (e.g. new immigrants, ethnic immigrants, students with special educational needs, LGBTIQ, etc.) effectively? Comments: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|---|------------------------------|--------------------------|--------------------------|
| <p>7. Operates as an evidence-based practitioner – Can the candidate refer to research findings for reason for action? Did the candidate use empirical studies to inform their treatment with clients? Comments:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>8. Reflect on own work – Did the candidate participate in consultation with others? Did the candidate seek support and guidance when needed? Comments:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>9. Set relevant goals – Can the candidate set treatment goals for clients based on presenting problems? Comments:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>10. Conduct psychological assessments and evaluations – Can the candidate tailor psychological testing to answer referral questions? Can the candidate make recommendations to solve referral questions? Comments:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>11. Conduct psychological interventions – Can the candidate explain in plain language what they do for clients? Can the candidate explain how techniques used solve presenting problems of clients? Comments:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>12. Communicates effectively and appropriately – Can the candidate found as a psychologist who can make himself or herself understood by anyone? Comments:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Total Score: _____</p> | | | | | |
| <p>Overall Impression and Recommendation – Summary of your perceptions of the candidate’s strengths/weaknesses. Final comments and recommendations for proceeding with the candidate. Comments:</p> | <p>Advance</p> | <p>Advance with reservations</p> | <p>Do not advance</p> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Training Clinical Psychologist In The Community

Treatment In The Least Restrictive Environment

(Clinical) psychology is the study of people, not solely the study of mental disorders. Therefore, the practice of clinical psychology must not neglect the human within when it addresses the suffering of individuals with mental disorders. Neither should psychotherapeutic treatment services be provided out of the community in which people live. The CSPP-HK PsyD Program has followed the practices of CSPP's U.S.-based programs, which are accredited by the American Psychological Association Committee on Accreditation (APA-CoA), in training our students to provide psychotherapeutic treatment in community settings. Our clinical psychology student interns have conducted their supervised professional clinical experience in settings such as outpatient clinics, post-hospitalization residential settings, nursing homes, special needs schools, university counseling centers, palliative care services in hospitals, drug and alcohol treatment programs, residential or day treatment programs and community mental health centers. In short, CSPP-HK PsyD Program trains clinical psychologists to work in multi-disciplinary community settings.

Training to work in community settings enables clinical psychologists to enact a basic human right for individuals suffering from mentally ill. As articulated in Principle 7 of the *Principles for the protection of persons with mental illness and the improvement of mental health care* adopted by General Assembly resolution 46/119 of 17 December 1991 of the Office of the United Nations High Commissioner for Human Rights (OHCHR), individuals experiencing mental illness should "be treated and cared for ... in the community in which he or she lives." This is the principle commonly referred to as 'least restrictive environment'. This principle has been enacted into law by many nations. One example is the Mental Health Act 2007 of New South Wales (NSW), Australia. The NSW Mental Health Act 2007 - Section 68, Principles for care and treatment states: "with respect to the care and treatment of people with a mental illness or mental disorder: (a) people with a mental illness or mental disorder should receive the best possible care and treatment in the least restrictive environment enabling the care and treatment to be effectively given." In the U.S. State of California landmark case *EMILY Q., ET AL. V. BELSHE, ET AL.*; U.S. District Court for the Central District of California Case No. CV98-4181 AHM (AIJx) filed May 27, 1998, it was ruled that least restrictive environments would be provided to the client when rendering necessary services. To date, that case has shaped treatment planning, risk assessment practices, and government-funded health care in the U.S.

As it became increasingly recognized that there was a need to protect the human rights of individuals suffering from mental illness, many economically developed countries began to shift, in their delivery of mental health care, from hospitals to community-based organizations, a process otherwise known as deinstitutionalization (World Health Organization [WHO], 2003).

To maintain the highest level of functioning and to prevent costly interruptions to patients' lives, best practice is for psychotherapeutic interventions to be provided in the community where patients live. This means that treatment is provided in various community settings, with hospitalization as the last resort (Thornicroft & Tansella, 2003).

There is much research support for community mental health care. As articulated by Dr. Benedetto Saraceno, Director of WHO Mental Health and Substance Abuse, "Not only are community mental health services more accessible to people living with severe mental disabilities, these are also more effective in taking care of their needs compared to mental hospitals." (WHO, 2007, para. 2). Community mental health teams have been found to be associated with fewer deaths by suicide, fewer drop-outs, shorter duration of in-patient psychiatric treatment, and lower cost of care relative to standard care in the management of severe mental illness (Simmonds, Coid, Joseph, Marriott, and Tyrer, 2001). Additionally, patients or their relatives were more satisfied with and preferred community-based mental health services relative to hospital-based psychiatric care (Dean, Phillips, Gadd, Joseph, & England, 1993; Marlone, Marriott, Newton-Howes, Simmonds, & Tyrer, 2007; Merson et al., 1992).

Provision of psychotherapeutic treatment in the 'least restrictive environment' in Hong Kong means providing services at organizations such as community-based out-patient clinics, halfway houses, and care homes – mostly sponsored through NGOs. The CSPP-HK PsyD Program has joined you in providing mental health services in the least restrictive environment since 2007 by having our clinical psychology interns train, under supervision, in your agencies. In the last 10 years, our students have interned at 126 Programs in 85 different NGO health service agencies.

Partnership To Train CPs To Provide Services In The Least Restrictive Environment

CSPP do not believe that clinical psychologists should be bound to a traditional office setting in which they only provide individual psychotherapy for clients who pay privately for their care, nor should clinical psychologists be confined to working in hospital settings in which their clients have been removed from their families and communities. The CSPP-HK PsyD Program follows the US model of practitioner-scholar training that educates students both to become broadly trained practitioners and to be able to conduct research that can contribute to the body of psychological literature. At that time that CSPP was founded in 1969, university programs in the US were training Ph.D. level psychologists focused on conducting research, and psychological service were limited to hospitals, counseling centers at universities, and some high-cost private practice offices. Seeing the extent to which marginalized populations in the community encounter barriers to receiving clinical psychology services, the founders of CSPP started this first free-standing school of professional psychology in the U.S. Its mission was, and remains, to serve a broad range of clients including those from marginalized

communities and to foster respect for human diversity by combating discrimination in all its forms. To serve this mission, CSPP was instrumental in establishing a new degree, the Doctor in Psychology, or Psy.D. The goal of CSPP's clinical psychology PsyD programs is to train *doctoral-level* psychologists in the practitioner/scholar model. CSPP graduates from Psy.D. programs commonly work at community-based settings such as non-governmental organization (NGOs).

In Hong Kong, the CSPP-HK PsyD program, in partnership with NGOs like you, train students to work in multiple settings. We expect students to provide psychotherapy and assessment, conduct presentations and workshops, design and implement community outreach programs, conduct program evaluation research, provide peer supervision and consultation to other mental health professionals and organizations, do crisis intervention, assist with administration, and participate in other agency activities within the community.

By Hong Kong tradition, psychotherapeutic interventions in such community settings are not primarily provided by clinical psychologists. Therefore, it was necessary for the CSPP-HK PsyD Program to tailor our training to the local Hong Kong setting in order to enable our Hong Kong clinical psychology student interns to receive community-based training equivalent to that of our U.S. CSPP interns. The CSPP-HK PsyD Program follows the best practice for expansion of psychological services permitted under the provision of Delegated Supervision CCR 1387 (c) (1) (State of California Department of Consumer Affairs, 2016) by the California Board of Psychology. In recognition of the Hong Kong custom to primarily engaging social workers for community-based intervention services, the PsyD Program collaborates with supervisors in community agencies who are Hong Kong credentialed mental health professionals but not necessarily clinical psychologists, to team up with U.S.-licensed psychologists to train clinical psychology student interns. This makes it possible to train students who will then be able to provide the array of services commensurate with those clinical psychologists trained in the US. Thus, clinical psychologists can acquire necessary skills to provide clinical psychology services in the least restrictive environment.

Working In A Multidisciplinary Team

Working in community settings to provide services in the least restrictive environment necessitates working in multidisciplinary teams with social workers, at a minimum, as well as others such as psychiatrists, speech pathologists, occupational therapists, teachers. An interdisciplinary clinical team can be defined as "a consistent grouping of people from relevant clinical disciplines, ideally inclusive of the patient, whose interactions are guided by specific team functions and processes to achieve team-defined favorable patient outcomes" (Wiecha & Pollard, 2004, Abstract section). Interdisciplinary and multidisciplinary practices are commonplace across mental health settings and have been adopted by government policy

internationally such as in Australia and UK (A.U. Government Department of Health, 2013; U.K. Department of Health, 1997)

The widespread international support for multidisciplinary practices is not surprising given that individuals often present with complex and varied needs that may include psychological, social, financial and physiological in nature. It has been suggested that by combining knowledge, skills, and expertise of health and mental health professionals, multidisciplinary teams enable a holistic view of clients' needs, provide a wider range of services and resources (Campell, Hotchkiss, Bradshaw, & Porteous, 1998), enhance continuity of care, and deliver comprehensive treatment (I.R.L. Mental Health Commission, 2006).

Research support for multidisciplinary practices in mental health settings is well documented, especially for those with severe and long-term mental health issues (Merson et al., 1992; Tyrer et al., 1998). In various consultations conducted by the Ireland Department of Health and Children, Expert Group on Mental Health Policy (2004) and the Ireland Mental Health Commission (2005), different stakeholders considered the provision of comprehensive, seamless care by multidisciplinary teams with access to professionals such as doctors, nurses, psychologists, social workers, occupational therapists to be a key feature of high quality mental health services.

It is for all the aforementioned reasons that CSPP-HK PsyD Program trains our students to work within multidisciplinary teams and to collaborate with other frontline professionals such as social workers, psychiatrists, psychiatric nurses, and occupational therapists. The spirit of interdisciplinary practice extends to supervision of our students. In addition to being supervised by doctoral-level psychologist who registered / licensed in different countries, our students are concurrently supervised by a designated site supervisor, who is often a credentialed mental health professional in Hong Kong and not a psychologist. As suggested by the Ireland Mental Health Commission (2006), multidisciplinary practices provide opportunities for mutual support and learning amongst service providers; it is believed that each supervisor has unique clinical background and qualifications and students can maximize their learning experiences by the variety of constructive feedback received from different supervisors.

Need For Hong Kong CPs To Provide Services In The Least Restrictive Environment

The United Nation's World Health Organization (WHO) reports that approximately 25% of individuals will "develop one or more mental or behavioral disorders at some stage in life" (WHO, 2011). According to the projection of the Hong Kong Hospital Authority (HKHA), presuming the rate of mental illness is consistent with worldwide rates and the WHO estimates, and based on a population of approximately 6.9 million Hong Kong (HK) residents, 1 - 1.7 million individuals in Hong Kong will suffer from some form of mental illness, and 70,000 – 200,000 will suffer from severe mental illness (HKHA, 2011). Based on the combined

membership of the Hong Kong Association of Doctors in Clinical Psychology (HKADCP) and Hong Kong Psychological Society's Division of Clinical Psychology (HKPS-DCP), as of 2017, HK has one (1) clinical psychologist for every 18,000 HK residents, or a ratio of 1:18,000. This contrasts with a much lower ratio in the United Kingdom (UK, 1:5000) and the United States of America (USA, 1:3000). The HK Social Welfare Department (SWD) Clinical Psychological Service Branch reported that the average waiting time for a first appointment with a clinical psychologist was 46.3 days (HK Legislative Council, 2017), with very infrequent follow-up appointments.

According to the 'List of NGO Organizations' in Hong Kong (retrieved 4/06/2018 https://www.ctgoodjobs.hk/ngo/ngo_list.asp?cp=2) there are 415 NGOs in Hong Kong. The HKPS-DCP reports that there are 41 listed members working in Hong Kong NGOs (retrieved 4/06/2018 <https://hkps-dcp.org.hk/images/downloads/ENGO%20-%204.2018.pdf>). Based on a CSPP-HK PsyD Program alumni survey (conducted in December 2017) there are 20 listed graduates working in Hong Kong NGOs. Presuming that the HKPS-DCP and CSPP-HK PsyD Program alumni are each employed in a different NGO, this mean only 61 out of 415 NGOs have one clinical psychologist working to provide mental health services in the least restrictive environment. This is equivalent to only 15% of Hong Kong NGOs having clinical psychologists on staff. Over the years, CSPP have teamed with 126 Programs in 85 NGO health service agencies to train over 100 doctoral level clinical psychologists. However, Hong Kong has a great need to produce more clinical psychologists who are trained to work at the community level in multidisciplinary teams.

Serving The Community

CSPP-HK PsyD Program graduates, having had their supervised internship training in Hong Kong NGOs, are uniquely qualified to fulfill the goal of the Social Welfare Department to "create new clinical psychologist posts at Integrated Community Centres for Mental Wellness to step up professional support for ex-mentally ill persons and persons suspected to suffer from mental health problems through the provision of individual or group psychological treatment, and to strengthen the capabilities of frontline professionals in these centres through clinical supervision" (HASWF, 2016).

How effective is the CSPP-PsyD Program's community-based collaborative training model?

You informed us, in the CSPP-HK PsyD Program's March 2018 agency satisfaction survey completed by clinical placement sites, that 92% of the agencies involved in the CSPP-HK PsyD Program were either "satisfied" or "very satisfied" with our students' performance. Furthermore, another 84% of agencies stated that our students have either made "a good amount of unique contribution" or "a significant amount of unique contribution" to the agency's practice. Overall, our students are deemed to be "effective" to "very effective" in clinical interviewing and diagnosis, psychological testing and assessment, provision of psychotherapy, intervention and management of crisis as well as providing consultation to peer professionals. The executive summary of the survey is attached. To protect the privacy of our respondents, we are not attaching the full results of the survey. You are welcome to contact us individually for a copy of the full survey results.

Training Clinical Psychologists To Meet International Competencies

Minimum competencies expected in a clinical psychologist. Core competencies are the unique and essential abilities set forth by a profession to guide successful practice. The use of core competencies in clinical psychology is a common practice across developed countries to inform the development of clinical psychology programs, licensing and registration criteria, and evaluation of clinical psychologists. Taking the common core competency of ethical practice as an example, psychologists are required to make ethical decisions based on the designated codes of ethics in the jurisdiction of their place of practice and their professional association. Because ethical behavior is listed as a core competency, all academic training programs teach ethics. Subsequently, agencies evaluate a job candidates' ability to practice ethically as an important reference for hiring. In countries with government-regulated system for psychology, the legitimacy of clinical psychologists is not measured by membership in professional associations; instead, legitimacy is indicated through behavioral markers, or the actual performance of a clinical psychologist.

Although core competencies are an essential foundation for a profession, the Hong Kong government does not have a common set of criteria for minimum competency as a clinical psychologist. This has defaulted to the profession itself. Hong Kong abounds with various associations of psychologists who each promulgate their own set of minimum requirements for clinical psychologists, with each association making self-referenced claims to authority. However, core competencies of clinical psychologists are not explicated by these associations. In other words, there is not any clear rationale for particular curriculum in training programs, adequate benchmarks to evaluate competency for clinical psychologists, or standards to screen out incompetent psychologists.

Within such a confusing environment, we provide you with a set of competencies that are based on the International Declaration on Core Competencies in Professional Psychology developed by the International Congress on Licensure, Certification and Credentialing in 2013. For your convenience, especially on definition of terms, we attach a copy of the declaration (Retrieved 07-06-2018 from <http://www.iupsys.net/dotAsset/1fd6486e-b3d5-4185-97d0-71f512c42c8f.pdf>). Additionally, we have adopted and translated these competencies into a format that hiring committees or agency HR departments can easily use to interview clinical psychologists.

Obviously, since this is a CSPP-HK PsyD Program document, we provide a comparison between international competencies and the training our clinical psychology student interns receive. The below stated goals of the CSPP-HK PsyD Program clearly reflect the competencies adopted by the International Congress on Licensure, Certification and Credentialing.

- Goal 1:** To produce graduates who have mastered the scientific foundations of clinical psychology and who apply this knowledge to their work.
- Goal 2:** To develop graduates who understand research methods and skillfully apply them to significant human problems.
- Goal 3:** To produce graduates who identify as clinical practitioners and who use ethical and legal principles to guide professional practice, self-evaluation, and professional growth.
- Goal 4:** To train students to understand clinical phenomena within social and cultural contexts in order to apply this understanding in evaluation/assessment, consultation/education, and supervision/management.
- Goal 5:** To develop graduates who are able to intervene using multiple methods, with diverse populations, across many settings and in changing and evolving contexts.
- Goal 6:** To graduate students with the attitudes, knowledge, and skills to work professionally in a global context.
- Goal 7:** To train students who engage in lifelong learning and professional development.

Competencies Expected In A Clinical Psychologist

| Competencies | Examples of competent behavior | CSPP-HK PsyD Program training |
|---|--|--|
| Knowledge | Speak about biological and sociological basis of human behavior. Able to explain patient's behavior within a theoretical orientations | PSY6140 - Advanced Developmental Psychology PSY6105 - Biological Foundations of Behavior PSY6101 - Cognitive Bases of Behavior PSY112 – Social Bases of Behavior PSY8554 – Psychopharmacology PSY8555 – Neuropsychology PSY7504 -Theories and Technique of Clinical Practice: Family Systems PSY7504 -Theories and Technique of Clinical Practice: Cognitive and Behavioral Therapy PSY7504 -Theories and Technique of Clinical Practice: Psychodynamic PSY7504: Theories and Technique of Clinical Practice: Course on power, privilege and oppression |
| Skills | Able to conduct task, i.e. for individual therapy – can sustain therapeutic relationship with clients returning for minimum of 6 sessions | PSY7504 Observation and Interviewing PSY8531 Advanced Clinical Seminars I & II PSY6545/6/7 Practicum I & II & III PSY 9561/2/3 Half-time Internship (3 semesters) Clinical Proficiency Progress Review (CPPR) written report and oral examination of a treatment case with minimum of 6 consecutive treatment sessions |
| Ethical Practice | Refers to Hong Kong ordinances and APA ethics codes | PSY6220 Professional Ethics and the Law Comprehensive examination on Ethics and Law |
| Professional Behavior | Interact with respect with all other professionals; follow through with tasks in a timely manner; coordinate patient care with others in multi-disciplinary team | Evaluations from practicum and internship placements – 3 per semester, 3 semesters a year for 3 years, total of 27 evaluations, all with passing marks |
| Relates appropriately to clients and others | Keep professional boundaries Does not end treatment unless physically threatened Answers clients' contact within 24 hours | Evaluation from site and clinical supervisors. Supervision – weekly with agency, individual and group supervisors Supervisors review video tapes and verbatim transcripts of sessions |

| | | |
|---|---|---|
| | Assures clients are informed of their own treatment | |
| Works with diversity and demonstrates cultural competence | Apply different theoretical orientation depending on specifics of the client | <p>CPPR written report and oral examination of a treatment case with minimum of 6 consecutive treatment sessions</p> <p>Supervision – individual and group</p> <p>PSY7504: Theories and Technique of Clinical Practice: Course on power, privilege and oppression</p> |
| Operates as an evidence-based practitioner | Refer to research findings for reason for action | <p>Require students to cite research in their professional actions</p> <p>PSY 6062 – Research Methods and Principles of Research Design</p> <p>PSY6043 Statistics</p> <p>PSY 6030 Advance Statistics</p> <p>PSY7003/4 Research Proposal Design I & II</p> <p>PSY 8901/2 Dissertation Project I & II</p> |
| Reflects on own work | Participate in consultation with others | <p>Group supervision</p> <p>Individual supervision</p> <p>PSY8531 Advanced Clinical Seminars I & II</p> <p>CPPR written report and oral examination of a treatment case with minimum of 6 consecutive treatment sessions</p> |
| Sets relevant goals | Treatment goals are based on presenting problems | Present clinical work in multiple courses |
| Conducts psychological assessments and evaluations | <p>Tailor testing to answer referral questions</p> <p>Make recommendations to solve referral questions</p> | <p>PSY6030 - Psychometrics</p> <p>PSY7515/6 Psychodiagnostic Assessment I & II</p> <p>Students conducting one full battery of assessment strongly encouraged where placement allow</p> |
| Conducts psychological interventions | <p>Explain how techniques used solve presenting problems</p> <p>Explains in plain language what they do for clients</p> | <p>Provide treatment in all three years of clinical placements</p> <p>One-year placements allow students to carry clients pass initial assessment and rapport-building phase through to treatment</p> |
| Communicates effectively and appropriately | Psychologists can make themselves understood by anyone | <p>Provide workshops</p> <p>Require students to talk to agency staff</p> |

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CSPP CALIFORNIA SCHOOL OF
PROFESSIONAL PSYCHOLOGY
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October 16, 2018

我誠懇地感謝貴機構多年來讓我們學生與你們的同工一起工作。在加州專業心理學院 (CSPP) 正要離開香港的時候，我會在這份文件內描述貴機構和本院共同提供的臨床訓練，及在你們協助下，確保加州專業心理學院—香港心理學博士課程 (CSPP-HK PsyD Program) 畢業生具備的能力。

另外，我亦附上國際專業心理學核心能力公告所制定的一份能力表，這份列表目前得到香港很多專業學會採用。這樣做是想提供指引，幫助你在眾多自稱為香港的正統臨床心理學家中辨別真假。我希望你可以使用心理學家核心能力評估表來作為貴機構將來聘請臨床心理學家的輔助工具。

CSPP-HK PsyD 課程很榮幸多年來一直與貴機構合作，為我們的學生提供臨床心理實習的訓練。我們知道在本院離開香港後，我們的畢業學生和各非政府組織的關係將延續下去。貴機構在最少限制環境下為服務有精神健康需要的社群付出的不懈努力，我們謹此表示敬意。感謝你們與我們建立的合作關係。

謹啟

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臨床心理學家培訓：理論說明和能力

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臨床心理學家培訓：理論說明和能力

摘要

香港社區迫切需要更多的臨床心理學家。綜合香港非牟利機構的名單、香港心理學會臨床心理學組會員於非牟利機構任職的資料，及 CSPP 畢業生的調查，全部 415 間非牟利機構中，共聘用 61 名臨床心理學家工作（工作機構比率為 15%）。

在社區層面提供心理治療服務，是給患上精神疾病的人實現最基本的人權。聯合國人權事務高級專員辦事處稱：精神病者的一項基本人權是在「患者居住的社區內」，接受心理治療。這就是我們通常稱之為最少限制環境的原則。在最少限制環境接受治療，病者可盡量維持他們的日常生活，亦可避免因入院給他們帶來的困擾。在香港，最少限制的環境是指透過社區門診、中途宿舍、護理院提供的治療，大多數是由非牟利機構資助。從 2007 年起，CSPP-HK PsyD 課程參與了 85 個非牟利服務機構的 126 個心理健康服務計劃，讓我們的臨床心理學實習生在這些機構的指導下得到培訓。

這些畢業生在與跨專業團隊工作中接受培訓，在不同環境與其他前線專業人員協作中，結果發現他們表現出色。在 CSPP-HK PsyD 課程今年三月所做的培訓機構滿意度問卷調查中，你告訴我們，他們在臨床面談及診斷、心理測試和評估、心理治療和干預、危機處理，及對其他專業同工提供諮詢等，都對我們的學生表示「滿意」至「非常滿意」。

由於臨床心理學家未有政府監管其資歷，香港多個專業協會都自稱能夠成為它們會員，確定其臨床心理學家的合法資格。為了辨別臨床心理學家必須具有的知識，我們根據國際專業心理學核心能力公告（2013 年國際執照、證明、資格認證代表大會），提供一組（臨床心理學家）能力指標。我們希望貴機構可以使用這組能力指標作為工具，聘用臨床心理學家。

核心能力評級表

| | | | | | | | | | |
|---|----------|----------|--------|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 面試人： | 點擊此處輸入文字 | | | 面試日期： | 點擊此處輸入文字 | | | | |
| 候選人名字： | 點擊此處輸入文字 | | | 職位： | 點擊此處輸入文字 | | | | |
| 本表格是根據國際專業心理學核心能力公告提出的 12 種核心能力設計的，旨在幫助面試人評估應徵者作為臨床心理學家的整體資歷。在每個標題下，面試人可以給應徵者一個數字評級（1-5），並在所提供的空白處寫下與工作相關的具體評語。在使用此表格時，面試可以挑選與其工作場所有關的核心能力。 | | | | | | | | | |
| 評分： | 5 - 卓越 | 4 - 高於一般 | 3 - 一般 | 2 - 符合要求 | 1 - 不符合要求 | | | | |
| 核心能力領域 | | | | | 評分 | | | | |
| | | | | | 5 | 4 | 3 | 2 | 1 |
| 1. 知識 - 應徵者能否解釋人類行為和疾病的生物學和社會學基礎？應徵者能否以某個心理學理論來說明患者的行為？ 評語: 點擊此處輸入文字 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 技巧 - 根據其過去的工作經驗，應徵者能否提供有效的治療呢？應徵者是否可以維持治療關係，以致受助者至少連續 6 次回來接受療程？ 評語: 點擊此處輸入文字 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 道德操守 - 應徵者做臨床判斷時是否有參考香港法例、美國心理學會的道德準則或其他的專業道德準則？ 評語: 點擊此處輸入文字 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 專業操守 - 應徵者是否以尊重的態度與所有其他專業人士互動？應徵者是否及時完成任務？應徵者是否可以在跨專業團隊中與其他人協調受助者的治療？ 評語: 點擊此處輸入文字 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 適當地與受助者和其他人建立關係 - 應徵者是否保持專業界線？除非受到身體威脅，否則沒有中止治療？應徵者是否在受助人接觸後 24 小時內回覆？應徵者是否向受助者保證給他們解釋所接受的治療？ 評語: 點擊此處輸入文字 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 治療各類的受助者，並顯示理解不同文化的能力 - 應徵者是否根據受助者的具體情況，採用不同理論取向的治療方法？應徵者能否有效地與不同的少數群體（例如新移民、少數族裔、有特殊教育需要的學生、性少數等）建立聯繫？ 評語: 點擊此處輸入文字 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 以實證為本的原則進行治療工作 - 應徵者是否可以參考研究結果來決定採取何種介入行動？應徵者是否參考實證研究來尋求治療受助者的方法？ 評語: 點擊此處輸入文字 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. 反思自己的工作 - 應徵者是否願意向別人諮詢？應徵者是否在需要時請求支援和指導？ 評語: 點擊此處輸入文字 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 設定切實目標 - 應徵者能否根據提出的問題為受助者設定治療目標？ 評語: 點擊此處輸入文字 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 心理評估 - 應徵者是否可以做心理評估來回答轉介問題？應徵者是否可以提出解決轉介問題的建議？ 評語: 點擊此處輸入文字 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 心理治療 - 應徵者能否用淺白的語言解釋他們為受助者做了什麼？應徵者能否解釋怎樣使用技巧解決提出的問題？ 評語: 點擊此處輸入文字 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 有效和恰當地溝通 - 作為心理學家，應徵者是否可以表達想法，讓任何人都能理解自己？ 評語: 點擊此處輸入文字 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 總分: _____ | | | | | |
| 整體印象和建議 - 總結你對應徵者的長處/弱點的看法。聘用應徵者與否的最終意見和建議。 評語: | 過關 | 過關但有保留 | 不過關 | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

在社區培訓臨床心理學家

在最少限制環境下的治療

(臨床)心理學不僅是對精神疾病的研究，更是對人類的研究。因此，在處理精神病患者所受的痛苦時，臨床心理學的應用既不應忽視人性的一面，也不當在人們居住社區以外的地方提供心理治療服務。CSPP-HK PsyD 課程一直沿用 CSPP 美國課程（此課程由美國心理學會認可委員會（APA-CoA）認可）的做法，培訓學生在社區環境中提供心理治療。我們的臨床心理學實習學生在門診、住院後宿舍、療養院、特殊學校、大學輔導中心、醫院的紓緩治療服務、藥物和酒精治療項目、住宿或日間治療計劃和社區精神健康中心，在指導下展開他們的專業臨床服務實習。簡而言之，CSPP-HK PsyD 課程培訓臨床心理學家在跨專業社區環境中工作。

在社區環境中開展的培訓，讓臨床心理學家為精神病患者實現基本人權。正如聯合國人權事務高級專員辦事處 1991 年 12 月 17 日所採用、聯合國大會通過的第 46/119 號決議的「保護精神病患者和改善精神健康服務的道德準則」，其中第 7 條說，患上精神疾病的人應該「在他或她所居住的社區中得到治療和照顧。」這就是通常稱之為的「最少限制環境原則」。這一原則已被許多國家制定為法律。一個例子是澳洲新南威爾士州的「2007 年精神衛生法」。澳洲新南威爾士州 2007 年精神衛生法案第 68 條「護理和治療道德準則」稱：「關於精神疾病或精神障礙患者的護理和治療: (a) 患有精神疾病或精神障礙的人應該在限制最少的環境中得到最好的護理和治療，讓護理和治療發揮作用。」美國加州著名案例 EMILY Q., ET AL. V. BELSHE, ET AL.（美國加州中區聯邦法院 1998 年 5 月 27 日存入的案件編號 CV98-4181 AHM (AIJx)）裁定：在提供必要服務時，要給受助者提供限制最少的環境。此案件在美國一直影響著治療計劃、風險評估和政府資助的醫療保健。

隨著人們越來越認識到需要保護患有精神疾病的個人人權，許多經濟發達國家開始從在醫院提供精神保健服務轉為社區組織，此過程就是所謂去機構化 (World Health Organization [WHO], 2003)。為了保持最高水平的運作並防止對患者生命造成代

價高昂的干擾，最佳做法是在患者居住的社區中提供心理治療服務。這意味著在各種社區環境中提供治療，在萬不得已時才住院 (Thornicroft & Tansella, 2003)。

社區精神衛生保健的做法有很多研究支持。正如世界衛生組織精神衛生和藥物濫用主任 Benedetto Saraceno 博士所闡述的那樣，「嚴重的精神病患者不僅可以更容易地獲得社區精神健康服務，與精神病院相比，這些服務也更有效地滿足他們的需要。」 (WHO, 2007, para. 2)。在嚴重精神疾病的管理方面，社區精神衛生小組運作的同時，發現自殺死亡人數減少、輟學率降低、住院精神病治療時間縮短，以及標準治療服務的費用下降 (Simmonds, Coid, Joseph, Marriott, and Tyrer, 2001)。此外，相對於醫院的精神病治療，患者或其親屬更滿意並更喜歡以社區為基礎所提供的心理健康服務 (Dean, Phillips, Gadd, Joseph, & England, 1993; Marlone, Marriott, Newton-Howes, Simmonds, & Tyrer, 2007; Merson et al., 1992)。

在香港最少限制的環境中提供心理治療，意味著主要是通過非政府組織贊助的社區門診診所、中途宿舍和護老院等組織提供服務。自 2007 年以來，CSPP-HK PsyD 課程與你合作，讓我們的臨床心理學實習生在貴機構的指導下接受培訓，在最最少限制的環境中提供心理健康服務。在過去的十年中，我們的學生在 85 個不同的非政府組織衛生服務機構的 126 個項目實習。

合作培訓臨床心理學家在限制最少的環境中提供服務

CSPP 並不認為臨床心理學家應該受到傳統的辦公環境所約束，在這種環境中，他們只為私人支付醫療費用的客戶提供個人心理治療，或者臨床心理學家應該僅限於在醫院環境中工作，其中受助者已給移離他們的家庭和社區。CSPP-HK PsyD 課程沿用美國從業者兼學者的培訓模式，模式既培養學生成為受過廣泛訓練的從業者，又指導他們做研究撰寫心理學的研究論文。在 CSPP 1969 年成立的時候，美國的大學在培養專注於研究的心理學哲學博士(Ph.D)課程，而心理服務的提供也僅限於醫院、大學輔導中心和一些昂貴租金的私人執業辦公室。眼見社區內弱小社群想接受臨床心理服務卻困難重重，CSPP 的創始人在美國開設了第一所獨立的專業心理學院。學院使命至今仍是服務廣大的受助者，包括來自弱小社群的人，通過打擊一切形式的歧視，促進對人類

多樣性的尊重。為了完成這項任務，CSPP 創立了心理學博士 (Psy.D.)的新學位。CSPP 開辦臨床心理學博士課程的目標是以從業者兼學者模式，培訓博士級的心理學家。CSPP 臨床心理學博士課程的學生畢業後通常在社區環境中工作，例如非政府組織。

CSPP-HK PsyD 課程與非政府組織合作，培訓學生在多種環境下工作。我們要求學生提供心理治療和評估，舉辦演講和研討會，設計和推動社區外展活動，做項目的評估研究，為其他精神健康專業人員和組織提供對等的指導和諮詢，危機干預，協助管理工作，參與社區內的其他機構活動。

根據香港的傳統做法，在這種社區環境下提供的心理治療服務主要並非由臨床心理學家做的。因此，CSPP-HK PsyD 課程有必要根據香港當地的情況改變我們的培訓，讓我們的香港臨床心理學實習學生能夠接受相當於我們美國 CSPP 實習學生的社區培訓。CSPP-HK PsyD 課程展開的心理服務，是跟隨了加州心理學委員會根據法例 CCR 1387 (c) (1) (加州消費者事務部，2016) 獲得授權委託監督下，所批准的最佳做法。香港 PsyD 課程接受香港傳統主要由社會工作者從事社區心理治療服務，制定了一個培訓學生的實習模式，形式包括與社福機構的主管合作，這些主管是香港認可的精神健康專業人員，但不一定是臨床心理學家，而且聯同擁有博士學位和發達國家註冊/執照的心理學家，一起培訓臨床心理學的實習學生。這樣便能訓練實習生提供一系列服務，既回應社區的需求，又與在美國臨床心理學家所受的培訓相稱。因此，臨床心理學家可以獲得必要的技能，以在最少限制的環境中提供臨床心理學服務。

在跨專業團隊裏工作

想在最少限制的環境下給社區提供服務，必須與社工、精神科醫生、語言治療師、職業治療師及教師，組成跨專業團隊展開工作。跨專業臨床團隊的定義，可以是「一組經常性的、來自有關臨床學科的組員，最理想是包括病人本身，他們根據團隊的特定功能及步驟互動，以達致團隊所定義、有利於病人的效果」(Wiecha & Pollard, 2004, 撮要部份)。在精神健康領域，跨學科及多學科的協作非常普遍，在國際上為政府所採用，例如澳洲和英國 (A.U. Government Department of Health, 2013; U.K. Department of Health, 1997)。

跨專業協作在國際上得到廣泛支持，是毫不奇怪的，因為個人往往有複雜而多樣的需要，可能是心理的、社會的、財政的和生理的。跨專業團隊結合衛生和精神健康專業人員的知識、技術和專長，得出患者整全的需要，從而提供廣泛的服務和資源於患者(Campell, Hotchkiss, Bradshaw, & Porteous, 1998)，加強延續護理和照顧，並給予全面的治療(I.R.L. Mental Health Commission, 2006)。

在精神健康領域，使用跨專業團隊的做法，已充份得到研究證據所支持，對一些有嚴重及長期精神健康問題的個案，尤其如此(Merson et al., 1992; Tyrer et al., 1998)。愛爾蘭衛生及兒童部、精神健康政策專家小組(2004)，和愛爾蘭精神健康委員會(2005)所做過的研究磋商顯示，不同的持分者都認為，優良的精神健康服務有一項重要特色：它是由跨專業團隊提供的全面、綜合的服務，患者有機會得到例如醫生、護士、心理學家、社工，及職業治療師等專業人員的治療。

據此種種原因，CSPP-HK PsyD 課程一直訓練我們的同學學習參加跨專業團隊成為隊中一員，與其他前線專業人員如社工、精神科醫生、精神科護士及職業治療師配合協作。這種跨學科的協作精神，延伸至對我們同學的督導。我們的學生除了由在不同國家註冊或取得執照的博士級心理學家督導外，同時亦得到在實習地點一位指定的主管人員監督，這位人員不一定是心理學家，他或她常常是在香港具備一定資歷的精神健康專業人員。正如愛爾蘭精神健康委員會(2006)所說，使用多學科模式，對服務提供者來說，可以有機會互相支援和學習。背後的信念是，每位督導員都有其特殊的臨床經驗背景和資歷，學生在不同的督導員處得到各種建設性回饋意見，他們的學習經驗可以由此變得更加豐富。

香港臨床心理學家需要在最少限制的環境下提供服務

聯合國世界衛生組織(WHO)的報告稱，大概四分之一的人會「在人生某個階段有一種或更多的精神或行為障礙」(WHO, 2011)。香港醫院管理局(HKHA)估計，假定本地精神病比率與世界比率相符，以香港有接近 6.9 百萬居民計算，香港有 1 – 1.7 百萬人患上某種精神病，70,000 至 20,000 人有嚴重精神病(HKHA, 2011)。根據香港臨床心理學博士協會(HKADCP)和香港心理學會臨床心理學組(HKPS-DCP)兩個組織加在一

起的會員總數，在 2017 年，香港每 18,000 人有一個臨床心理學家，比例是 1:18,000。相較於英國(1:5000)和美國(1:3000)，香港的比例低得多。香港社會福利署臨床心理服務部報告稱，首次預約臨床心理學家的平均輪候時間是 46.3 天(香港立法會，2017 年)，跟進預約也極為罕見。

香港非政府組織名單顯示，香港共有 415 個此類組織。香港心理學會臨床心理學組(HKPS-DCP)報告透露，該會共有 41 名會員在非政府組織工作。根據加州專業心理學學院-香港心理學博士課程所做的校友調查，有 20 名會員在非政府組織工作。假定香港心理學會臨床心理學組和加州專業心理學學院-香港心理學博士課程的校友每個人都在不同的非政府組織工作，等於說在 415 個非政府組織中，只有 61 個有一位臨床心理學家，在最少限制的環境下提供精神健康服務。亦即是說，香港非政府組織只有 15% 聘用臨床心理學家。過去多年來，加州專業心理學學院(CPSS)與 85 個非政府組織衛生服務機構合作，透過 126 個項目，培訓了過百名博士級臨床心理學家。但香港需要更多在社區層次、跨專團隊內得到培訓的臨床心理學家。

CSPP-HK PsyD 課程的畢業生，在社福機構接受過在督導下的實習培訓，正好具備適當資格去完成社會福利署的目標：「在精神健康綜合社區中心設立新的臨床心理學家職位，透過提供個人或小組心理治療，對曾患精神病和可能患上精神病的人，提供更多專業支援，並以臨床督導的形式，加強這些中心前線專業人員的能力」（HASWF, 2016）。

CSPP-HK PsyD 課程以社區為本的協作培訓模式的成效

CSPP-PsyD 課程於 2018 年三月完成的一份對臨床實習地點調查的結果顯示，92% 參加 CSPP-PsyD 課程的機構，對我們學生的表現感到「滿意」或「非常滿意」。另外 84% 的機構說我們的學生對它們做了「不少特殊貢獻」或「大量特殊貢獻」。整體來說，在臨床面談、診斷、心理測試及評估、心理輔導、危機處理、給專業同工提供諮詢等方面，我們學生都獲評為「有效果」至「效果顯著」。這項調查的摘要附上於此。為保障調查對象的私隱，我們沒有提供調查的全部結果，歡迎個別向我們查詢，瞭解詳情。

培訓符合國際能力標準的臨床心理學家

我們期望臨床心理學家具備的最低能力。所謂核心能力，就是由一個專業所制定，執業者賴以達致成功的一些獨特和必要的能力。臨床心理學列出若干核心能力，是所有發達國家一致奉行的做法，以作為臨床心理學課程設計、執業及註冊標準，和評估臨床心理學家的根據。以符合專業道德的常見核心能力為例，心理學家所做的道德決定，必須遵守他們執業的司法管轄區及所屬專業組織的特定道德標準。因道德行為給列為一種核心能力，所有有關學術培訓課程都要講授道德。接著機構會評估求職者能否按道德標準辦事，作為是否聘用的重要參考。在一些政府設有管理心理學家制度的國家，臨床心理學家是否合法，不是由專業團體的成員來評定。一位臨床心理學家合法與否，反而是從他或她的行為標記或具體表現，顯示出來。

雖然一個專業是以核心能力為必要基礎，香港政府沒有給臨床心理學家制定一套最低能力的通用標準。結果這件事在沒有明文規定的情況下，交由專業本身去做。香港心理學家的組織很多，每個組織都宣佈其一套臨床心理學家的最低能力，並自認為權威參考標準。然而，這些組織都沒有解釋臨床心理學家的核心能力。換句話說，培訓課程的內容固然缺乏清楚的解釋，能力的評估也沒有足夠的尺度，甚至欠缺標準去把能力不足的心理學家排拒於外。

在這種混亂的環境下，我們給大家提供一套來自 2013 年國際執照、證明、資格認證代表大會 制定的「國際專業心理學核心能力公告」核心能力評級表。為方便起見，特別是有關專有名詞的定義，我們在此附上一份宣言。此外，我們把這些能力翻譯和製成一定格式，方便讓招聘委員會或機關人事部門在面試臨床心理學家時使用。

在這份 CSPP-HK PsyD 課程的文件，我們提供了國際核心能力和我們實習學生所接受培訓的比較。CSPP-HK PsyD 課程在下面提出的目標，清楚反映了國際執照、證明、資格認證代表大會 通過的核心能力。

目標 1. 培養畢業生掌握臨床心理學的科學基礎知識，並把這知識應用於他們的工作。

目標 2. 培訓畢業生理解研究的方法，並技巧地把它們拿來研究重要的人類課題。

- 目標 3. 培養畢業生自視為臨床心理學家，以道德及法律原則為指導，提供專業服務、自我評估，和提高專業水平。
- 目標 4. 訓練學生從社會和文化背景去理解臨床現象，並把知識應用於評價/評估、咨詢/教育，和督導/處理。
- 目標 5. 培訓畢業生能使用不同方法、針對不同族羣、在不同環境下、在不斷變化和發展的處境中介入並提供心理服務。
- 目標 6. 訓練出來的畢業生，要具備專業的態度、知識、技術，去在全球性的背景下工作。
- 目標 7. 培養學生從事終身學習，不斷提高專業水平。

結論

我們相信大家抱著相同的目標，去給求助者提供最好的服務，去幫助社會上服務不足的社群。為了達致此目標，我們竭力培養我們的學生以求保證他們符合國際認可專業標準的能力水平。我們是根據國際準則和模式來設計我們的培訓課程，以完成任務。我們具有信心認為，我們的畢業生在臨床能力上已經滿足最低標準，足以與世界任何地方培訓出來的專業人員媲美。

香港對臨床心理學家期望的核心能力，一直模糊不清。為了方便你們一類機構選聘具備足夠能力的心理學家作為員工，我們建議你們使用一種評選表格，表格根據臨床能力的國際標準制訂，但又有足夠彈性供你們按照計劃的需要予以改動。代替一向依賴一間大學的名聲或與一個專業團體的關聯作為評定標準，我們希望你們可以有較為有效和客觀的工具，以清楚的期望基準來找到最佳人選去服務你們的求助者和機構。

Competencies expected in a clinical psychologist
臨床心理學家需具有的能力

| Competencies 能力 | Examples of competent behavior 勝任行為的範例 | CSPP-HK PsyD Program training 加州專業心理學學院-香港心理學博士課程的培訓 |
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| Knowledge 知識 | <p>Speak about biological and sociological basis of human behavior. Able to explain patient's behavior within a theoretical orientation. 說出人類行為的生物學和社會學基礎，能以理論解釋病人的行為。</p> | <p>PSY6140 - Advanced Developmental Psychology 進階發展心理學 PSY6105 - Biological Foundations of Behavior 行為的生物學基礎 PSY6101 - Cognitive Bases of Behavior 行為的認知基礎 PSY112 – Social Bases of Behavior 行為的社會基礎 PSY8554 – Psychopharmacology 精神藥理學 PSY8555 – Neuropsychology 神經心理學 PSY7504 -Theories and Technique of Clinical Practice: Family Systems 臨床應用的理論與技巧：家庭系統治療 PSY7504 -Theories and Technique of Clinical Practice: Cognitive and Behavioral Therapy 臨床應用的理論與技巧：認知行為治療 PSY7504 -Theories and Technique of Clinical Practice: Psychodynamic 臨床應用的理論與技巧：心理動力治療 PSY7504: Theories and Technique of Clinical Practice: Course on power, privilege and oppression 臨床應用的理論與技巧：有關權力、特權和壓迫的課程</p> |
| Skills 技能 | <p>Able to conduct task, i.e. for individual therapy – can sustain therapeutic relationship with clients returning for minimum of 6 sessions. 能夠展開工作，即做個人輔導—能夠與回來的求助者維持輔導關係做至少六次療程。</p> | <p>PSY7504 Observation and Interviewing 觀察與面談 PSY8531 Advanced Clinical Seminars I & II 進階臨床研討課（一）及（二） PSY6545/6/7 Practicum I & II & III 基礎實習 PSY 9561/2/3 Half-time Internship (3 semesters) 半職實習（三個學期） Clinical Proficiency Progress Review (CPPR) written report and oral examination of a treatment case with minimum of 6 consecutive treatment sessions 臨床能力進度審核 針對一宗至少完成連續六次療程的個案，提交書面報告及接受口試</p> |

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| <p>Ethical Practice 道德操守</p> | <p>Refers to Hong Kong ordinances and APA ethics codes 指的是香港法律條例及美國心理學協會的倫理守則</p> | <p>PSY6220 Professional Ethics and the Law 專業倫理及法律 Comprehensive examination on Ethics and Law 倫理及法律綜合考試</p> |
| <p>Professional Behavior 專業操守</p> | <p>Interact with respect with all other professionals; follow through with tasks in a timely manner; coordinate patient care with others in multi-disciplinary team 以尊重的態度與其他專業人士交往；及時完成工作；</p> | <p>Evaluations from practicum and internship placements – 3 per semester, 3 semesters a year for 3 years, total of 27 evaluations, all with passing marks 基礎實習和實習的評估：三年內每年三個學期、每學期三次評估，全部必須及格</p> |
| <p>Relates appropriately to clients and others 以合適的態度與求助人建立關係</p> | <p>Keep professional boundaries Does not end treatment unless physically threatened Answers clients' contact within 24 hours Assures clients are informed of their own treatment 維持專業界線 除非身體安全受威脅不會中止治療 在求助人接觸後的 24 小時內給予答覆 保證給求助人解釋他們接受的治療</p> | <p>Evaluation from site and clinical supervisors. Supervision – weekly with agency, individual and group supervisors Supervisors review video tapes and verbatim transcripts of sessions 實習現場導師及臨場導師的評估 指導：每周接受機關、個別、小組導師指導 導師審核錄影及每次療程逐字談話內容</p> |
| <p>Works with diversity and demonstrates cultural competence 治療各種類的求助人，並顯示理解不同文化的能力</p> | <p>Apply different theoretical orientation depending on specifics of the client 視乎求助人的具體情況，使用不同理論取向的治療方法</p> | <p>CPPR written report and oral examination of a treatment case with minimum of 6 consecutive treatment sessions 「臨床能力進度審核」的書面報告及口試，內容有關一宗至少做過連續六次療程的醫療個案 Supervision – individual and group 指導：個別及小組 PSY7504: Theories and Technique of Clinical Practice: Course on power, privilege and oppression 臨床應用的理論與技巧：有關權力、特權和壓迫的課程</p> |
| <p>Operates as an evidence-based practitioner 以實證為本的從業員方式提供服務</p> | <p>Refer to research findings for reason for action 參考研究結果來決定採用何種治療介入</p> | <p>Require students to cite research in their professional actions 要求學生引用研究來支持他們的專業舉措 PSY 6062 – Research Methods and Principles of Research Design 研究方法及研究設計的原理 PSY6043 Statistics</p> |

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| | | <p>統計學 PSY 6030 Advance Statistics 進階統計學 PSY7003/4 Research Proposal Design I & II 研究計劃的設計（一）及（二） PSY 8901/2 Dissertation Project I & II 論文項目（一）及（二）</p> |
| <p>Reflects on own work 對自己工作時刻反省</p> | <p>Participate in consultation with others 向別人求教和諮詢</p> | <p>Group supervision 小組指導 Individual supervision 個人指導 PSY8531 Advanced Clinical Seminars I & II 進階臨床研討課（一）及（二） CPPR written report and oral examination of a treatment case with minimum of 6 consecutive treatment sessions 「臨床能力進度審核」的書面報告及口試，內容有關一宗至少做過連續六次療程的醫療個案</p> |
| <p>Sets relevant goals 訂定切實的目標</p> | <p>Treatment goals are based on presenting problems 根據提出的問題訂定的治療目標</p> | <p>Present clinical work in multiple courses 在多個課程內做臨床工作報告</p> |
| <p>Conducts psychological assessments and evaluations 做心理測驗和評估</p> | <p>Tailor testing to answer referral questions Make recommendations to solve referral questions 調整測試以回答問題 針對問題，建議解決的方法</p> | <p>PSY6030 – Psychometrics 心理測驗 PSY7515/6 Psychodiagnostic Assessment I & II 心理診斷評估（一）及（二） Students conducting one full battery of assessment strongly encouraged where placement allow 在實習地點允許下，極力鼓勵學生做大量心理評估</p> |
| <p>Conducts psychological interventions 展開心理治療</p> | <p>Explain how techniques used solve presenting problems Explains in plain language what they do for clients 解釋使用的技巧如何解決表徵問題 以淺白的語言解釋他們對求助人做的心理介入</p> | <p>Provide treatment in all three years of clinical placements One-year placements allow students to carry clients pass initial assessment and rapport-building phase through to treatment 在三年的臨床實習期，提供治療服務</p> |
| <p>Communicates effectively and appropriately 以有效和適當的方式溝通</p> | <p>Psychologists can make themselves understood by anyone 心理學家能清楚表達想法，讓任何人瞭解</p> | <p>Provide workshops 主辦工作坊 Require students to talk to agency staff 學生必須與機關職員溝通</p> |