



1625 North Market Blvd.
Suite S-200
Sacramento, CA 95834
(916) 574-7830
TDD (916) 332-1700
Fax (916) 574-8625
www.bbs.ca.gov

MEETING NOTICE

Examination Program Review Committee February 2, 2009

Department of General Services
The Ziggurat, Executive Dining Room
707 Third St., West Sacramento, CA 95605
916-376-5326

9:00 a.m. - 3:00 p.m.

- I. Introductions
- II. Purpose of the Committee
- III. Review and Approval of the December 9, 2008 Meeting Minutes
- IV. Presentation of the Occupational Analysis by Dr. Tracy Montez
- V. Group Assignment
- VI. Discussion of Concerns Relating to all Standard Written and Clinical Vignettes Examinations
 - a. Use of Therapist Jargon in the Exam
 - b. Out of State Licensee's Exam Challenges
- VII. Future Meeting Dates
- VIII. Suggestions for Future Agenda Items
- IX. Public Comment for Items Not on the Agenda

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT www.bbs.ca.gov

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions, please contact the Board at (916) 574-7830.



Arnold Schwarzenegger
Governor
State of California
State and Consumer
Services Agency
Department of
Consumer Affairs

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Examination Program Review Committee

The Examination Program Review Committee was appointed in February 2008. The Committee will conduct a holistic review of the Board's exam programs and evaluate the issues regarding the exams. The Board has retained Tracy Montez, PhD, of Applied Measurement Services, LLC, who will work with the committee and will be an integral part of the process.

Initially, the Committee's work will focus on listening to stakeholders concerns and obtaining an educational foundation as to the exam development process. During this phase, the Committee will receive hands on training on the entire examination development process, which includes the following:

- Item Writing
- Item Review
- Passing Score
- Exam Construction

Following the initial phase, the Committee will assess the exam content to ensure that the exam appropriately addresses the tasks, knowledge, and skills such as recovery oriented behavioral health care, required for practice. The Committee's work will also include an assessment of the examination process to determine if the timing and intervals of the exams are appropriate. The Committee will consider the use of the national exam.

The Committee recognizes that during this process issues unique to each profession will arise. To address these issues, the Committee will structure time within the meetings to separately address these issues for each profession.

The Committee will function similar to previous committees such as the LCSW Education Committee and the MFT Education Committee. The Committee will conduct an open ended inquiry gathering information and data. Stakeholders and interested parties will be given an opportunity to provide input, feedback, and express their concerns regarding the exams.

It is anticipated that this process will take approximately 18 months to complete, with the committee's recommendations presented to the Board in the summer of 2010.

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MEETING MINUTES - *DRAFT*

Examination Program Review Committee December 8, 2008

Holiday Inn San Diego Downtown
1617 First Avenue
San Diego, CA 92101

Committee Members Present:

Elise Froistad, MFT Member, Chair

Staff Present:

Paul Riches, Executive Officer

Kim Madsen, Assistant Executive Officer

Committee Members Absent:

Joan Walmsley, LCSW Member

Guest List:

Tracy Montez

Guest list on file

Elise Froistad, Committee Chair, called the meeting to order at 1:43 p.m.

I. Introductions

The Committee introduced themselves in place of roll. A quorum was established. Staff and audience members also introduced themselves.

II. Purpose of the Committee

Ms. Froistad provided a history of the Examination Program Review Committee (Committee) from its initial appointment in February 2008. The Committee will be conducting a holistic review of the Board's examination programs and evaluate the issues regarding the exams. Ms. Froistad reported that the Board had obtained the services of Dr. Tracy Montez and Applied Measurement Services, LLC, who will work with the committee as an integral part of the evaluation process. To begin, the Committee will focus on listening to stakeholders and others who wish to attend Committee meetings or otherwise provide thoughts and opinions regarding the process. The Committee anticipates receiving "hands on" training regarding the entire exam development process, including item writing, item review, passing score and exam construction. During the next phase, the Committee will assess the content of the examination to ensure it appropriately addresses the tasks, knowledge and skills required for safe and competent practice.

Ms. Froistad indicated that the Committee's work will include an assessment of the examination process to determine if the required training and intervals of the examination

are appropriate. The Committee will also discuss the appropriateness of using the national licensure examination.

The Committee recognizes that during the initial process, problems unique to each profession (MFT, LCSW, LEP) will arise. Ms. Froistad indicated that time within each Committee meeting will be set aside to address those exclusive issues.

It is anticipated the process taken on by the committee will require approximately 18 months for completion. At that time the committee will make recommendations to the full Board, which is expected to occur by summer 2010.

Ms. Froistad then introduced Dr. Tracy Montez, and explained that Dr. Montez had been asked to provide an overview of the examination development and validation.

III. Overview of Examination Development and Validation by Dr. Tracy Montez

Dr. Montez indicated that her goal for that day was to provide the Committee with a broad overview of the examination validation process. She further stated that in future meetings she anticipated taking each of the components or phases that she introduced during the December 8, 2008 meeting, and go into greater detail about how those are accomplished.

Dr. Montez restated that examination validation contains several components. She began by discussing the professional guidelines and technical standards that are followed in the development of the examinations. She noted that two of said standards, the Standards for Educational and Psychological Testing and the Federal Uniform Guidelines for Employee Selection Procedures, apply to examinations on a national level. Dr. Montez provided a brief description of the standards and the guidelines. She indicated that the standards referred to as the general guidelines that were put together that describe the development of educational tests, certification tests, and licensure tests. The guidelines are more technical kinds of standards that have been in place for many years and go into specific details about how to establish evidence of content validity. Both guidelines are applied to all tests at a national level. She stated that courts will look to them when making decisions about the validity and defensibility of an examination.

The next two items referenced by Dr. Montez were the California Business and Professions (B&P) Code and the California Government Code, both of which are California specific. Section 139 of the B&P Code is based upon a mandate by the legislature that recognizes the first two reference materials. Simply stated, the legislature told the Department of Consumer Affairs (DCA) that they wanted boards, bureaus and programs to adhere to those standards. They mandated DCA 1) to follow those guidelines and standards; 2) establish a schedule of how examination validation would be conducted; 3) ensure there is a budget to support that; and 4) report to the legislature on an annual basis.

The first phase of examination validation is an Occupational Analysis (OA). This is an empirical study that looks at those important tasks or behaviors that are performed in a profession. It is a large project where a technical expert conducts interviews with licensees to establish what is being done currently in the field, what is critical for licensure. Subject Matter Experts (SME) participate in workshops to identify and lay out the tasks and knowledge statements, trying to identify what is done in the scope of the specific practice being reviewed. SMEs are made up of licensees.

The goal of an occupational analysis is to update the scope of practice for the profession, and then determine which tasks and knowledge within that profession are most critical to examine on.

Dr. Montez indicated that the occupational analysis is the foundation for most work associated with the profession – should be used for education, training, policy review, legislation – it is a very important step in the examination validation process as well as to the profession itself.

Dr. Montez stated that the Federal Uniform Guidelines indicate that an occupational analysis should be conducted every 3 – 7 years, with 5 being the preferable number. DCA generally uses 5 years as the amount of time between OAs. Dr. Montez reported that the last LCSW occupational analysis was conducted in 2004; the last MFT occupational analysis was completed in 2007; and the occupational analysis of the LEP profession is beginning this year (2008). She indicated that the BBS is on target for adhering to the Federal Uniform Guidelines.

Dr. Montez stated she will provide committee participants with questionnaires used in previous OAs, and other documents related to the OA process, and would describe how SMEs are used to perform the OA and the analysis of the data obtained. She also touched on the Exam Plan and indicated that this was a document that described the most critical knowledge and skills of a profession to be measured by an examination. The information contained in the Exam Plan is used in the next phase – Exam Development.

Examination Development consists of two pieces – Item Writing and Item Review. During this phase, a technical expert will work with SMEs to write test questions and review those questions. A series of guidelines is followed through that process. The SMEs receive training on those guidelines, to make sure the test questions reflect the scope of practice, are tied to a particular reference used in the profession, reflect entry level practice, are clearly worded, etc. Dr. Montez emphasized that it is a series of workshops involved in the writing of the test questions. She indicated that the BBS examination development workshops are conducted throughout the fiscal year. She encouraged any parties interested in assisting in this process to contact the Board.

Paul Riches clarified that the workshops occur almost weekly through the year, across the three programs (LEP, LCSW, MFT).

Examination Construction is the next phase. A technical expert works with the SMEs to make decisions about which items will actually make up the form/version of the test being developed. Dr. Montez clarified the difference between scoreable and non-scoreable questions. Before a question becomes scoreable – meaning that it counts toward the candidate's score – it must be pretested. Pretest questions developed in Item Review workshops are put in a separate pool of “nonscoreable” items, meaning there is no data yet available on the items.

During an Exam Construction workshop, items that are used in a test as scoreable are those that have been used over time and have statistics that show that they are “good” questions/items. The technical expert will facilitate a discussion – essentially give the SMEs pools of questions from each of the content areas covered in the exam plan. In a process she described as fairly straightforward, an SME chooses questions he/she feels should be on the exam and then those items are discussed and voted on. The goal is 175 scoreable items in the standard written exam that represent the Exam Plan and reflect entry level work. Usually the test experts will then add the trial or pretest items that are

intermixed with the scoreable items. The BBS develops and initiates a new form or version of the exam every six months.

Janlee Wong, National Association of Social Workers (NASW), asked how the distinction was made as to what is entry level when it is clinicians with a good deal of experience making that determination.

Dr. Montez responded to the question in her discussion on the next phase of examination development – Passing Score. During this phase, the clinicians and test specialists talk about minimally acceptable or entry level competence. Dr. Montez explained that training occurs at all of the examination related workshops. Such training includes discussion about the guidelines for exam development, construction, etc., as well as entry level standards. Often, worksheets are used that delineate expectations for entry-level or minimally acceptable competent practice for each of the content areas, especially in passing score because that is the most challenging workshop. There are exercises and discussions, and in these workshops newly licensed practitioners are used so there is more of a balance between those who have recently completed the exam and those who have more years of experience.

Mr. Riches added that the Board actively encourages new licensees to participate in the process. The more newly licensed people the Board can get to participate, the easier it is to get that entry-level assessment completed in a more realistic manner. Although it is sometimes difficult to be able to get entry level practitioners to be able to make the time commitment required of SMEs, the Board nonetheless considers new practitioners to be incredibly valuable to the process.

Mr. Riches indicated that the Board regularly discusses the need for SMEs, whether at professional conferences, local society meetings, etc., and encourages licensees to let the Board know if they are interested in serving in this capacity. The Board is constantly seeking to refresh its pool of SMEs. He indicated that one of the projects for the coming year is to put together a more cohesive recruitment program for SMEs.

Ben Caldwell, Alliant International University, asked Dr. Montez for additional information regarding the source of the worksheets that help to define entry level competence which she had referenced as used during the Passing Score phase of examination development.

Dr. Montez clarified that the worksheets were not a formal publication, but rather reflected discussion among the SMEs at the various workshop meetings and use of the data obtained from the occupational analysis. She explained that the goal is to have 6 – 9 participants at each workshop, and indicated that the Board constantly seeks to infuse the process with clinicians who have various specialties and levels of experience so there is discussion that is balanced and productive. Dr. Montez indicated that another step that is taken to help ensure entry level is to have SMEs taking part in the Passing Score workshop to take the exam. She summarized by saying that all of the steps that are taken – training, use of different groups of experts with different backgrounds, discussion, use of different tools – help to ensure a strong passing score that reflects the minimally acceptable competence for the profession.

Mr. Wong asked about the minimally acceptable competence standard, and if those who were developing the examination recognized that those standards might vary based on geographical regions or racial/ethnic lines. Dr. Montez responded that the examination is intended to be general enough to cross all lines; the standard that is set is the standard that must be met in order to be licensed in California, not one part of the state or another.

An audience member asked if the minimal standard translated into a test score, or are there certain items that are seen as more important, and therefore, more highly rated; and people must get those right in order to pass. Dr. Montez responded that the passing score is an overall score. Items are rated individually based upon their difficulty but it is an overall score. One score must be achieved in order to pass.

Dr. Montez recapped that there is a new passing score established for each form of the exam when it is administered.

Dr. Montez then briefly discussed Test Administration. She reported that the Department of Consumer Affairs uses Psychological Services to do computer-based testing. That allows BBS to not only improve the integrity of the process by increasing security etc., but also to provide convenience to candidates who, once qualified, may take the exam when and where they want. It also benefits the test experts by allowing them to quickly obtain data about the performance of the exam.

Dr. Montez spoke about Exam Performance. She stated that part of examination validation is about obtaining data about the test and using that data in those phases she discussed earlier. She explained that when a new form of the exam has gone into place and between 50-75 candidates have taken the test, the test specialist at the Office of Examination Resources (OER) reviews the data from those examinations and conducts an analysis to ascertain the “quality” of the exam. There are certain expectations with the exam. The items have been administered previously so there is a general sense of how they will perform; however, the test expert wants to make sure the exam is fair and does not in any way penalize candidates by an inconsistency or abnormality. Items that may be flagged will be researched. Such a review will be repeated throughout the life of a form/version of the exam, and at the end of the exam cycle another analysis or evaluation will be conducted. The information obtained from these reviews is posted into the item bank and used in future workshops, at which time the test expert may discuss item statistics or performance of items. This is an ongoing process with the goal of constantly trying to improve test questions.

Mr. Caldwell asked about steps that might be taken if something unusual comes up during the exam cycle. Is anything done to the existing test?

Dr. Montez responded that it depends on what comes up. She indicated that if an item is performing below the standard considered to be acceptable, immediately it will be researched to determine the source of the problem – is it mis-keyed? (Error made by testing company when entering the correct answer for an item.) If it is determined the item was not mis-keyed, then the specialist will look at the history of the item, how it has performed previously – the item will be monitored. If it continues to be low then usually the Board is contacted. An SME is asked about the item - what is going on with the item that was not caught previously in the workshops? A decision will then be made about the item. It is extremely rare for this to happen, because during one of the many workshops involved in the development of a form/version of the exam, errors or problems are usually caught. Additionally, the Board reviews the exam before it goes on line. Bottom line – if there is any problem, an item is not operating properly, etc., the problem will be addressed.

Dr. Montez spoke briefly about her experience with licensing boards and bureaus other than the BBS where an exam item was miss-keyed, and noted the steps that were taken to correct the problem once it was identified. Again, she indicated that the goal is to have an examination that is fair to the candidates and adequately tests knowledge and skills to

ensure the candidate who passes the exam is safe and competent. She reinforced that the exam is constantly under review; the performance is continuously monitored.

Mr. Riches interjected that when incidents arise where there is a problem with the exam, the Board wants to make sure the incident is addressed and ensure the candidates are not being treated unfairly. If there is a question, when at all possible, the preference is to resolve the question in favor of the candidate. Bottom line – just as important as making a valid assessment of competency is ensuring the exam being administered is a fair instrument. He stated that when making decisions pertaining to the exam, the Board will go the extra mile to ensure nothing is done to systematically disadvantage the candidate.

Dr. Montez reported receiving calls directly from candidates who had a concern about a test item. The test specialist would take the information provided by the candidate and research the item to determine if there was anything incorrect or otherwise problematic with the item. Candidates also have the opportunity to provide feedback via a survey; from time to time they will comment about items and again, based on those concerns or comments, the test specialist will look at the item to make sure it is not problematic.

An audience member reported that students who had completed the exam talked about a comments key on the keyboard that allowed test takers to make comments about specific items. The audience member asked if information was gathered from that source by the test specialists. Dr. Montez and Mr. Riches both indicated that feedback is received from candidates in a variety of forms, from the survey to letters to telephone calls.

Dr. Montez concluded her presentation by speaking about the importance of making sure the examination was not perceived to be secret. As much information about the exam that can be shared without impacting the integrity of the test should be shared. Candidates should know the guidelines; the steps that are taken to develop the exam; that clinicians are involved in the development of the exam; and that the tasks and knowledge statements are available and should be reviewed. Such information should be made available to stakeholders, candidates, and anyone involved in the testing process.

She emphasized the importance of having three different groups of individuals involved in the development of a defensible examination – SMEs; stakeholders or those involved in the regulation of the profession; and technical experts (test specialists). It is a team approach; a collaboration. It is important to develop a process that does not present artificial barriers to meeting client/consumer needs and getting people licensed who need to be licensed.

IV. Review of Information Sources and Key Stakeholders

Committee meeting participants at this time asked questions and exchanged ideas and perspectives about examination-related issues.

Mr. Wong asked about research or work performed, or policy or standards developed, regarding comparing exams across exam cycles. Was any kind of study or analysis conducted about the disparity between pass rates from version to version?

Dr. Montez responded that it happens occasionally, but she was not aware of DCA doing any specific research because of the infrequency of such occurrence. When it does happen, the exam itself is reviewed and analyzed and then other related factors are reviewed and analyzed. She noted that in the previous evaluations of the exam versions that she discussed earlier, it is noticed if a pass rate is not increasing as the version is

used. If such discrepancy is noted, the test specialist immediately begins taking steps to determine the source of the problem.

Questions were raised about similarities in the development of the two exams – standard written and clinical vignette. Per Dr. Montez, the same process is followed in the development of both tests.

An audience member stated that the clinical vignette exam measure reading comprehension and logic as opposed to skills as a therapist.

Mary Reimersma, California Association of Marriage and Family Therapists, asked how interested parties could be assured a multiple choice exam was best for what is a “talking” profession. Dr. Montez stated that one reason for the Committee’s work is review the process to see if it can be improved. The current examination process is working, but due to several variables it is time to look at perhaps a better way.

Dr. Montez encouraged participants to bring various information to the discussion. If a participant was aware of another type or manner of testing, bring it up. She reiterated that the purpose of the Committee’s work was to study the examination and make improvements in the process as deemed warranted. Dr. Montez encouraged feedback. That will allow the Committee to compile information and ultimately make recommendations to the Board.

An audience member asked about the need for two exams. Was the decision to have a standard written and a clinical vignette based on the fact that the Board previously had two exams, multiple choice exam and oral exam? Has any thought been given to having one exam?

Dr. Montez stated that the clinical vignette exam is intended to address the higher order cognitive processing skills to try to efficiently create a scenario that would more objectively evaluate the candidate’s skill than the alternative. It is defensible. The Committee will be studying if there is a better way.

Ms. Reimersma expressed concern that the current exam might be written in a manner was that would allow someone without the knowledge or background of a clinician to pass the test, and stated that she may be able to pass the exam as a non-clinician based on the sample questions.

Mr. Riches responded that he shared those concerns, which is part of the reason the Committee was conducting the review at hand. Still, he emphasized that the items presented to the meeting participants were retired and not a comprehensive representation of the exam outline.

Dr. Montez stated that if an item is retired, it is because it’s not performing well or is not a good item. She also noted that the questions used were so the meeting participants could get a feel for the items, see the format of the question, how long the stem is, and get a sense of what those questions would look like.

Mr. Riches continued by discussing the advantage/benefit to Committee members and other participants at the meeting of going through a capsulated training in the examination development process from start to finish. After hearing several overviews of the process, it is still difficult to related to until you’ve seen the workshops. This will enable everyone at

the successive meetings to have a clearer knowledge of the process and be able to connect with what Dr. Montez is presenting.

Mr. Wong asked if other exam groups, such as the Association of Social Work Boards (ASWB), followed those similar standards, procedures, practices, criteria that were outlined.

Dr. Montez responded that her overall conclusion was that it is a valid and legally defensible examination. They were just measuring some things a little differently, and there were a few areas the Board needed to address; but it could stand alone and be defended.

An audience member asked if there was any thought to looking at the MFT national exam. Mr. Riches responded that such a decision would be up to the Board to make. The Board was specifically approached by ASWB about using the exam and taking a look at it. That was the genesis of going through that audit and review process.

Mr. Caldwell stated that AMFTRB is interested in at least having some discussion regarding the national exam including the degree of influence that California could have on the national exam. If the occupational analyses are close enough as to be bendable, there is the option of having the national exam and a state exam that included the jurisprudence issues and anything that is unique to California.

Mr. Wong asked about the time frame for exam development, from the first step until it is implemented for use by candidates. Dr. Montez provided basic timelines, reporting that essentially it is a continuous process. A new form is constructed every six months, so every six months candidates have that opportunity to take that test. Only 25 questions go in non-scoreable. So once they get data, there are some that will fall out and some that will go in the item bank. So they just keep getting added to that bank.

Mr. Riches added that examination development workshops are conducted on an almost weekly basis throughout the year. Exam development is non-stop. Forms are being written about a year in advance.

Dr. Montez stated that forms are not written too far in advance because sometimes things change. That is one of the reasons why California's exams are so rigorous. They have the ongoing exam development, always looking and always working.

The question was raised about how long it takes for shifts in the profession to appear on the licensure examination. Dr. Montez explained that once the occupational analysis was completed, the results of that study are presented to the Board in a validation report, and the Board votes to adopt it. Mr. Riches indicated that the report is generally accepted as a matter of routine.

Dr. Montez continued that at that point then the technical expert assigned to their program takes that exam plan and starts to utilize it, and they conduct what are called reclassification workshops where all the items in that item bank get reviewed to ensure they are defensible. Then they will start writing new test questions. The SMEs in those item writing workshops and review will generate questions based upon the ideas that are outlined in that exam plan. They are typically written broad enough that as things change they can be incorporated without having to wait 5 years.

A meeting participant asked about the inclusion of questions regarding public mental health, the recovery model, and the new educational requirements in the exam plan, and when those would be reflected in the exam.

Mr. Riches responded that it would depend. When the new MFT required curriculum is passed and signed, the Board will have to sit with OER and have a specialist go through the new requirements and determine what fits within the construct of the exam we have now that could be adapted. There is also a timing issue. People are not taking the exam until about 4-5 years post graduation. The first classes that are going to be taking this exam most likely are not going to be in the test process until 2014 or 2015. We do not want to test people on information that was not part of their curriculum. There needs to be a transition.

Mr. Wong stated that there is a separable link between education and practice and the occupational survey. People filling out or completing the occupational survey will not have had the recovery model in their Master's program, but will have work experience. These people completing the survey will be using that experience they have in the field and influencing the survey. It will show up in the exam through that route rather than through the required courses in the Master's Degree program.

Dr. Montez stated that is why we have to be sensitive when doing survey work – about constructing the questionnaire, doing interviews, making sure that those important mandates are covered, and analyzing the data in light of those mandates because people may not be doing the work but it may be very important. Typically, if it's not frequently done and important, it falls out. It's going to be tricky when the LCSW occupational analysis comes up to make sure that there is a balance of data analysis.

Kathy Wexler stated that sampling the people who area completing the survey seems so critical. If you get a skewed sample it impacts everything.

Ms. Riemersma responded that if you get only people in private practice, then you have a skewed occupational analysis. That is why it is so important to make sure that you have an ample amount of people taking the survey.

Discussion ensued about the time involved in the development of the exam, and the need to remain fair to candidates by not testing those individuals on issues that were not part of their curriculum. The discussion also involved the use of questions that pertained to knowledge gained through supervised experience.

Ms. Froistad noted the comments provided by meeting participants. She summarized the discussion up until that point: 1) Is the multiple choice computer exam the best way to do it? 2) Is it the best timing to test candidates two years after supervision or immediately after graduation.

V. Future Meeting Dates

The next Committee meeting is scheduled for February 2, 2009 in Sacramento. No further meeting dates were announced.

VI. Suggestions for Future Agenda Items

The following issues were raised for discussion at future committee meetings:

1. The use of "therapist jargon" in the exam.

2. The current Clinical Vignette exam – appears to test logical thinking as opposed to clinical skills.
3. The current Clinical Vignette exam – appears to measure reading and comprehension skills rather than cognitive skills. Does not seem to validate/measure the skills set utilized in the profession.
4. Responses to legal questions could vary depending upon what is assumed. Candidates would like more information or background pertaining to the question.
5. Some questions appear to cross-over between categories (e.g. Law and Ethics). Many candidates are not sure how to answer.
6. Individuals licensed in another state for many years struggle with the California exam.
7. How do we honor those licensees coming into California for work done in another state?
8. How are we assured the multiple choice examination is the best way to test the profession?
9. Consider using the national licensing examinations for all Board licensing programs (MFT, LCSW, LEP).
10. How is new science integrated into the exam?
11. Are two tests (multiple-choice and clinical vignette) required?
12. Administer a first test upon graduation to test knowledge gained during the education process (e.g., Law and Ethics). Such an exam should not prevent an individual from gaining hours of experience, but would distinguish those suited for the profession and those who are not.
13. Use of an interactive exam, simulation of practice in a video game format.

The meeting was adjourned at 3:38 p.m.

**BOARD OF
BEHAVIORAL SCIENCES**

Examination Program Review Committee

Meeting #2
February 2, 2009
Sacramento, California

1 Applied Measurement Services

INTRODUCTION AND REVIEW

Applied Measurement Services, LLC

Topics from Meeting #1
December 8, 2008
San Diego, California

2 Applied Measurement Services

TOPICS FROM MEETING #1

- Professional Guidelines & Technical Standards
- Occupational Analysis
- Examination Development & Construction
- Passing Score
- Test Administration & Information Available to Candidates
- Examination Performance
- Examination Program Review Committee Objectives

3 Applied Measurement Services

OCCUPATIONAL ANALYSIS

- Definition:
An empirical method or study for identifying the tasks performed in an occupation; and, the knowledge, skills, and abilities required to perform those tasks

4 Applied Measurement Services

PROFESSIONAL GUIDELINES AND TECHNICAL STANDARDS

- *Standards for Educational and Psychological Testing*
- *Federal Uniform Guidelines for Employee Selection Procedures*
- *California Business and Professions Code, Section 139*

5 Applied Measurement Services

PURPOSE

- Define occupation / practice in terms of actual activities performed
- Form basis of a fair, job-related, and legally defensible description of practice
- Form basis of legislation and policies

6 Applied Measurement Services

ASSUMPTIONS

- Identify persons who can perform the job safely and competently
- Focus on entry-level*, minimum competencies

* *Entry-level refers to readiness for independent practice*

7 Applied Measurement Services

STEPS

1. Research occupation and conduct SME interviews
2. Facilitate workshops with SMEs to develop task and knowledge statements
3. Create questionnaire and pilot to SMEs
4. Finalize questionnaire and mail to a stratified random sample of licensees
5. Enter and analyze data
6. Conduct workshop with SMEs to evaluate data and to create a new examination plan

8 Applied Measurement Services

WHAT IS A TASK?

- Depends upon the purpose of the occupational analysis (e.g., regulatory)
- Observable, measurable actions performed to achieve the objectives of the job
- Similar in "size" (e.g., detail and complexity)
- Describes a main action rather than a general duty, element, or sequence of steps

9 Applied Measurement Services

GENERAL FORMAT FOR A TASK

- **WHAT:** Begins with a descriptive and a precise action verb, no qualifying words
- **HOW:** Describes how the action is being performed
- **WHY:** Describes the purpose or goal of the action
- **OBJECT:** Describes the recipient of the action, oftentimes implied

10 Applied Measurement Services

CHARACTERISTICS OF TASK STATEMENTS

- Present tense grammar
- Consistent use of terms
- Terse, direct style with one connotation
- One action, one object
- Carefully chosen action verb that defines the essential function
- Same level of specificity, depth, and breadth

11 Applied Measurement Services

ERROR # 1 DESCRIPTION OF DUTIES

WEAK
"Evaluate for abuse."

BETTER
"Evaluate client's self report for indications of past or ongoing abuse to determine treatment strategies."

12 Applied Measurement Services

ERROR # 2 TOO GENERAL

WEAK
"Investigate all sources of information describing client's presenting problem."

BETTER
"Gather information from other qualified professionals to assist in formulating a diagnostic impression."

13 Applied Measurement Services

ERROR # 3 TOO SPECIFIC

WEAK
"Identify client's crisis in order to send to a shelter for battered spouses."

BETTER
"Identify nature of crisis to determine what action is needed."

14 Applied Measurement Services

ERROR # 4 USE OF JARGON

WEAK
"Allow client to present for therapy."

BETTER
"Evaluate client's previous therapy experience to assist in developing a mode of therapeutic intervention."

15 Applied Measurement Services

EVALUATING TASKS

- ACCURACY
Use correct technical and conceptual terms
- COMPREHENSIVENESS
Represent all aspects of practice
- LEVEL OF SPECIFICITY
Provide consistent amount of detail
- FIT
Provide logical relationship to other tasks in a content domain

16 Applied Measurement Services

WHAT IS KNOWLEDGE?

- Underlies performance of a task
- Usually subsumes skills and abilities in context of a licensing examination
- Candidate must apply knowledge to perform a task

17 Applied Measurement Services

GENERAL FORMAT

Knowledge of ...

- types of components, elements
- methods, procedures, systems, techniques
- relationships between concepts
- components, elements of a whole
- effects of conditions on processes or functions
- pertinent codes, laws, regulations, or standards

18 Applied Measurement Services

OA QUESTIONNAIRE

Components:

- Instructions
- Demographics
- Task statements
- Knowledge statements

19 Applied Measurement Services

NEXT STEPS

- Pilot and revise, if needed
- Mail to a stratified random sample
- Enter and analyze data
- Conduct workshop to evaluate data by establishing cutoff points, then
- Create a new examination plan

20 Applied Measurement Services

IDENTIFYING CRITICAL TASKS AND KNOWLEDGES

- Critical index = mean (Freq X Imp) or (Imp)
- Consider maximum rating 5 X 5
- Evaluate the ratings for each task and knowledge
- Set a "cutoff" point
- Evaluate outcome
- Refine the "cutoff" point
- Evaluate the outcome
- Done independently (i.e., tasks first, then knowledges)

21 Applied Measurement Services

EXAMPLE OF LINKAGE

Tasks	Associated Knowledge
T33. Identify nature of client's crises to determine what immediate intervention is needed.	K52. Knowledge of techniques to identify crisis situations.
T34. Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.	K53. Knowledge of risk factors that indicate potential for suicide with age, gender, and cultural groups. K54. Knowledge of physical and psychological indicators of suicidality.

22 Applied Measurement Services

PARTICIPANT ASSIGNMENT

- Review examination plan
- Draft a task statement
- Draft a corresponding knowledge statement
- Review with group

23 Applied Measurement Services

Examination Program Review Committee Objectives

- Develop valid and legally defensible examinations based on current occupational analysis data, including stakeholder/subject matter expert feedback and participation
- Ensure a fair and objective examination process that addresses client/consumer needs and does not create artificial barriers to licensure

Next Meeting: March 23, 2009 – Orange County

24 Applied Measurement Services

EXECUTIVE SUMMARY

The Board of Behavioral Sciences (BBS) requested that the Department of Consumer Affairs, Office of Examination Resources (OER), conduct a validation study to identify critical job activities performed by marriage and family therapists licensed in California. This occupational analysis is part of the BBS's comprehensive review of the practice of marriage and family therapy. The purpose of the occupational analysis is to define practice for marriage and family therapists in terms of actual job tasks that new licensees must be able to perform safely and competently. The results of this occupational analysis serve as the basis for the examination program for marriage and family therapists in California.

To develop a legally defensible examination plan for marriage and family therapists in California, the OER conducted interviews with sixteen California licensed marriage and family therapists, researched the profession, and facilitated a total of five focus group workshops with California licensed marriage and family therapists between August 2006 and May 2007.

Working with an OER test specialist, the first three focus groups of licensees established a description of practice, thus using a content validation strategy. Of these three focus groups the first group of licensed marriage and family therapists reviewed task and knowledge statements developed by the OER based on the sixteen interviews. Then licensees were asked to review, refine, and develop additional task and knowledge statements to assist in defining the practice of marriage and family therapists in California. The second and third focus groups were asked to review and revise the lists of task and knowledge statements evaluated by the first group to ensure that the task and knowledge statements were accurately defined.

Following the review performed by these three focus groups, the OER developed a questionnaire to be sent to marriage and family therapists statewide that was composed of three parts. Part One consisted of demographic questions about the marriage and family therapists themselves, their work setting, and practice. In Part Two, the marriage and family therapists were asked to rate specific job tasks in terms of how often they performed the task and how important the task was to performance of their current job. Finally in Part Three, marriage and family therapists were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current job.

The BBS distributed the questionnaire to a total of 1,950 licensees. The sample consisted of active California marriage and family therapists in good standing with the BBS. The responding sample size included in the data analysis was 417 or 21% of the mailed questionnaires. This response rate reflects four adjustments as follows: One adjustment was made as a result of 74 questionnaires not being included in the analysis because the respondents indicated they are not actively working. The second adjustment was due to 14 questionnaires not being included in the analysis because respondents returned incomplete questionnaires. The third adjustment was due to 34 questionnaires being returned to the BBS because of incorrect addresses. The final adjustment was due to 10 questionnaires being

returned after the return deadline. The respondents represented 48 of the 58 counties in California.

Once the data from the questionnaires was entered, the OER used a multiplicative model to arrive at a critical index for each task statement. The importance rating was used as the critical index for each knowledge statement. These critical indices were then reviewed by a fourth focus group who determined that all tasks and knowledge statements would be retained in the examination outline.

The last step was to have the fourth and fifth group of licensed marriage and family therapists identify the task and knowledge statements that should be included in the examination. The licensed marriage and family therapists were then asked to establish the linkage between job tasks and knowledge statements for the examination outline.

The examination outline is structured into six content areas. Each content area in the examination outline is weighted proportionately relative to other content areas. The examination outline specifies the job tasks that a California marriage and family therapist is expected to master at the time of licensure.

AN OVERVIEW OF THE MARRIAGE AND FAMILY THERAPIST PROFESSION

EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
Clinical Evaluation	This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.	22
Crisis	This area assesses the candidate's ability to identify, evaluate, and manage crisis situations within the client's interpersonal and cultural context.	14
Treatment Planning	This area assesses the candidate's ability to develop a comprehensive, measurable treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model within the client's interpersonal and cultural context.	14
Treatment	This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation including outcome-based models and diversity factors.	17
Ethics	This area assesses the candidate's ability to identify, apply, and manage ethical standards and principles in clinical practice.	16
Law	This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice.	17
Total		100

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Behavioral Sciences (BBS) requested that the Department of Consumer Affairs, Office of Examination Resources (OER), conduct a validation study to identify critical job activities performed by marriage and family therapists (MFTs). This occupational analysis is part of the BBS's comprehensive review of the practice of marriage and family therapy in California. The purpose of the occupational analysis is to define practice for MFTs in terms of the actual tasks that new licensees must be able to perform safely and competently. The results of this occupational analysis serve as the basis for the examination program for the MFT.

CONTENT VALIDATION STRATEGY

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

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Several statutes, guidelines, and case law serve as standards for the basis of licensure, certification, and registration programs in California. These include the Section 139 of the Business and Professions Code, Government Code, Section 12944, Federal Uniform Guidelines for Employee Selection, and the Civil Rights Act of 1991. For a licensure program to meet these standards, it must be based upon the job activities that MFTs perform on the job. This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.

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CHAPTER 2. QUESTIONNAIRE

UTILIZATION OF EXPERTS

The BBS identified California licensed MFTs who would provide the OER with technical expertise in all phases of the occupational analysis. Some MFTs participated in the interviews, and other MFTs developed and refined job tasks and knowledge statements in the focus group workshops. A number of recently licensed MFTs were included in the focus group workshops to ensure that the results of the occupational analysis reflect current practice for the entry-level candidate.

LIST OF JOB TASKS AND KNOWLEDGE STATEMENTS

The OER conducted telephone interviews with sixteen California licensed MFTs. During these interviews, the OER asked licensees to identify the tasks specific to MFTs that are performed on the job and the knowledge needed to perform these tasks.

Following the telephone interviews, the OER conducted three focus groups. During the first of these three focus groups licensed MFTs were asked to review and refine the information obtained from the interviews. The licensees were asked to identify major content areas of practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently. The second and third focus groups reviewed and refined the list of job tasks and knowledge statements evaluated by the first focus group to make sure that it accurately captured job tasks and knowledge statements performed by MFTs. The second and third focus groups also evaluated the technical and conceptual accuracy and comprehensiveness of the content areas. The panelists determined whether the scope of the task and knowledge statements was independent and nonoverlapping.

Following the review performed by these three focus groups, the OER developed a pilot questionnaire based on the demographic information and the list of job tasks and knowledge statements developed in the two focus groups. The pilot questionnaire was sent to twenty-seven MFTs who participated in the interviews and also the focus group workshops. Licensees were asked to evaluate the pilot questionnaire and provide feedback about the questionnaire before the BBS mailed the final questionnaire out to all licensees. A total of twenty-five licensees returned the pilot questionnaire.

Next, the OER developed a final questionnaire based on the demographic information, the list of job tasks and knowledge statements developed by the three focus groups, and the information provided by licenses from the pilot questionnaire. Appendices A and B display the cover letter and questionnaire that the BBS mailed to the California licensed MFTs selected to receive this survey.

DISTRIBUTION OF QUESTIONNAIRE

The questionnaire was distributed to a sample of MFTs who are actively licensed in California. The identified recipients of the questionnaire were MFTs practicing in California who are in good standing with the BBS. A total of 1,950 licensed MFTs were selected as the target sample to receive the questionnaire in March 2007.

CHAPTER 3. SURVEY RESULTS

OVERVIEW SURVEY RESULTS

The California licensed MFTs were asked to complete the three part questionnaire. In Part One the respondents answered general background questions about themselves, their work setting, and practice. In Part Two, the MFTs were asked to rate specific job tasks in terms of: (1) how often they perform the task (FREQUENCY) and (2) how important the task is to performance of their current job (IMPORTANCE). Similarly in Part Three, MFTs were asked to rate specific knowledge statements in terms of: (1) how important a knowledge (IMPORTANCE) is to performance of their current job.

RESPONSE RATE

A total of five hundred and forty-nine questionnaires (28.15%) were returned. The responding sample size included in the data analysis is 417 (21%). This response rate reflects four adjustments. One adjustment was made as a result of 74 questionnaires not being included in the analysis because the respondents are not currently practicing as MFTs in California. The second adjustment was due to 14 questionnaires not being included in the analysis because respondents returned incomplete questionnaires. The third adjustment was due to 34 questionnaires being returned to the BBS because of incorrect addresses. The final adjustment was due to 10 questionnaires being returned after the return deadline. Respondents represented 48 of the 58 counties in California. Appendix C presents the respondents by county and region.

RELIABILITY OF RATINGS

All ratings from the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α). Coefficient alpha is an estimate of internal-consistency reliability of the respondents' ratings of job tasks and knowledge statements in the questionnaire. Coefficients were calculated for all respondent ratings and knowledge statements.

Table 1 displays the reliability coefficients for the task rating scales in each content area. The "frequency" for all content areas was highly reliable. The overall high reliability indicates that the responding MFTs rated the task statements consistently throughout the questionnaire.

Table 2 displays the reliability coefficients for the knowledge statements rating scale in each content area. The importance for each content area was highly reliable. The high reliability indicates that the responding MFTs rated the knowledge statements consistently throughout the questionnaire.

TABLE 1 –TASK SCALE RELIABILITY

Content Area	Number of Tasks	Frequency	Importance
Clinical Evaluation	22	.92	.90
Crisis Management	15	.96	.92
Treatment Planning	18	.86	.87
Treatment	21	.86	.86
Ethics	16	.88	.87
Law	17	.85	.87
TOTAL	109	.97	.97

TABLE 2 – KSA SCALE RELIABILITY

Content Area	Number of KSAs	Importance
Clinical Evaluation	50	.97
Crisis Management	36	.98
Treatment Planning	24	.91
Treatment	36	.93
Ethics	22	.95
Law	21	.94
TOTAL	189	.99

DEMOGRAPHIC RESULTS

Most of the responding California MFTs can be described in terms of the following demographic data (see Figures 1 – 9 and Tables 3 – 27, starting on page 9):

- Have a private practice
- Have been licensed 0-5 years
- Work 11-20 hours a week

FIGURE 1 – NUMBER OF YEARS AS A LICENSED MARRIAGE AND FAMILY THERAPIST

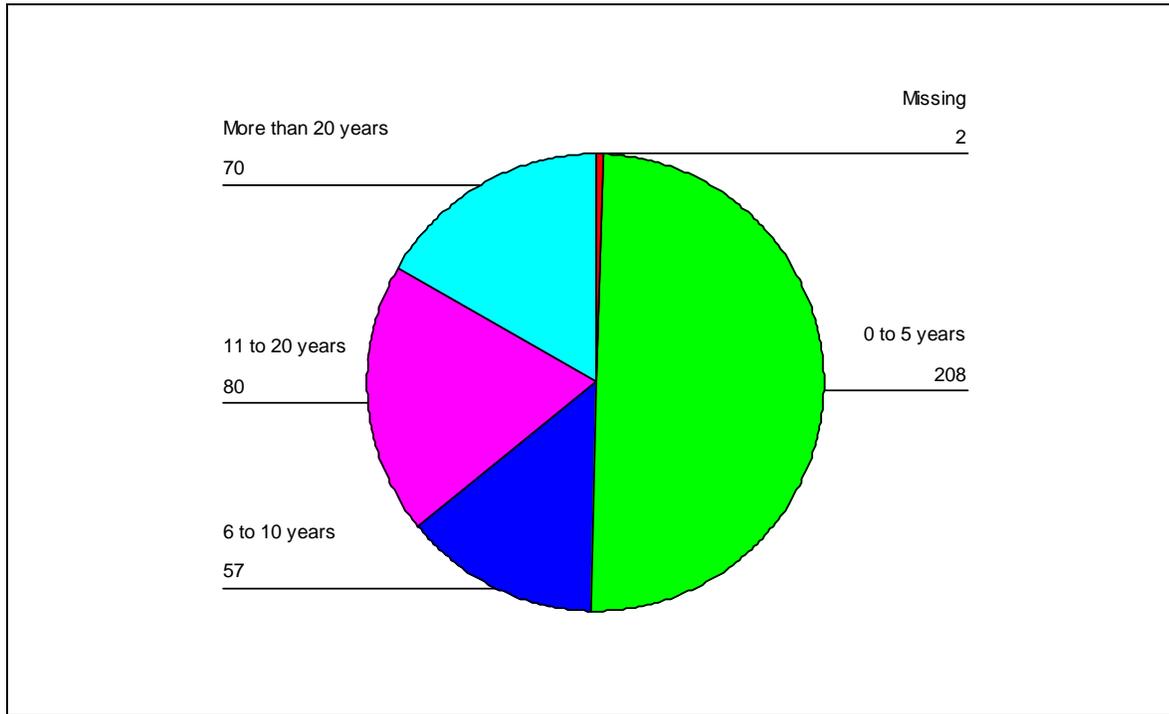


FIGURE 2 – HIGHEST LEVEL OF EDUCATION ACHIEVED

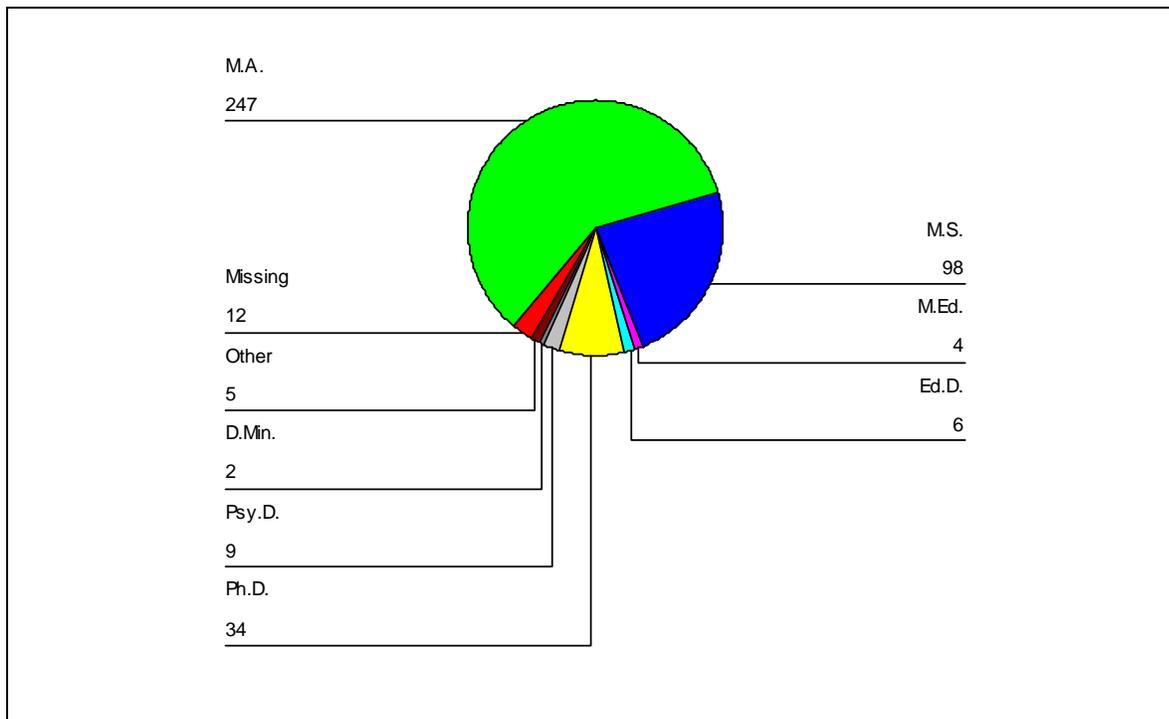


FIGURE 3 – CONCENTRATION OF HIGHEST DEGREE

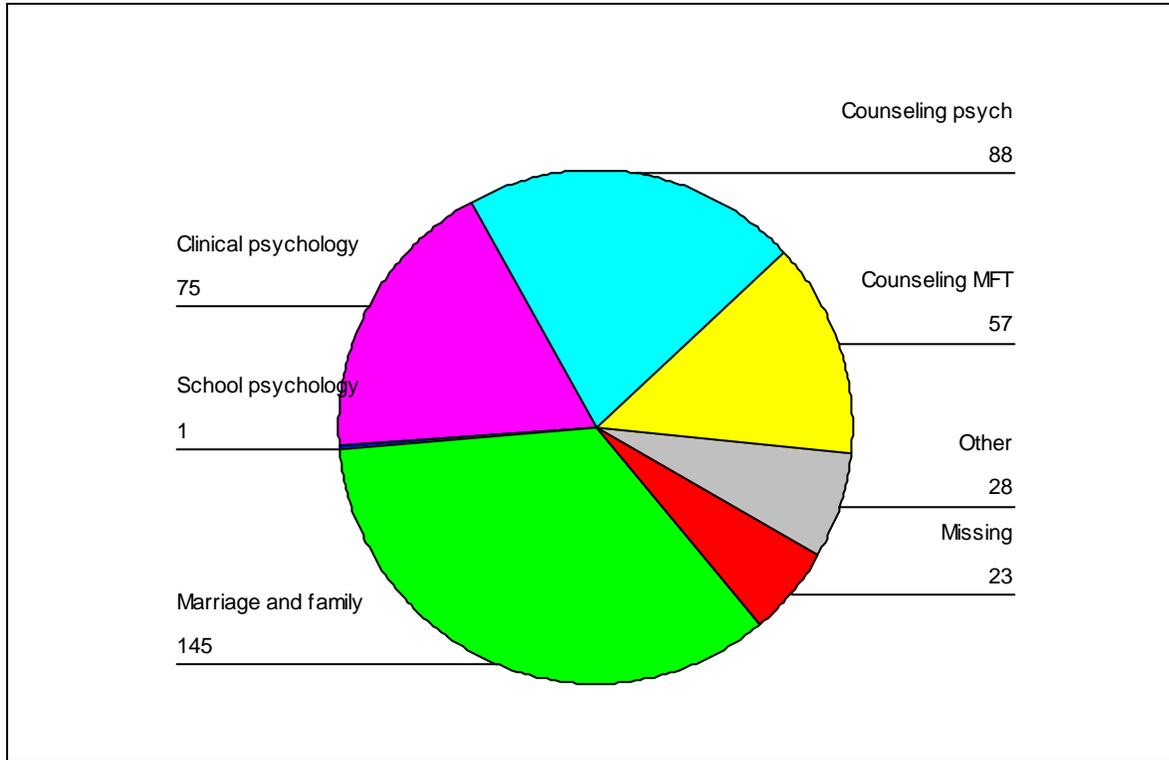


FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

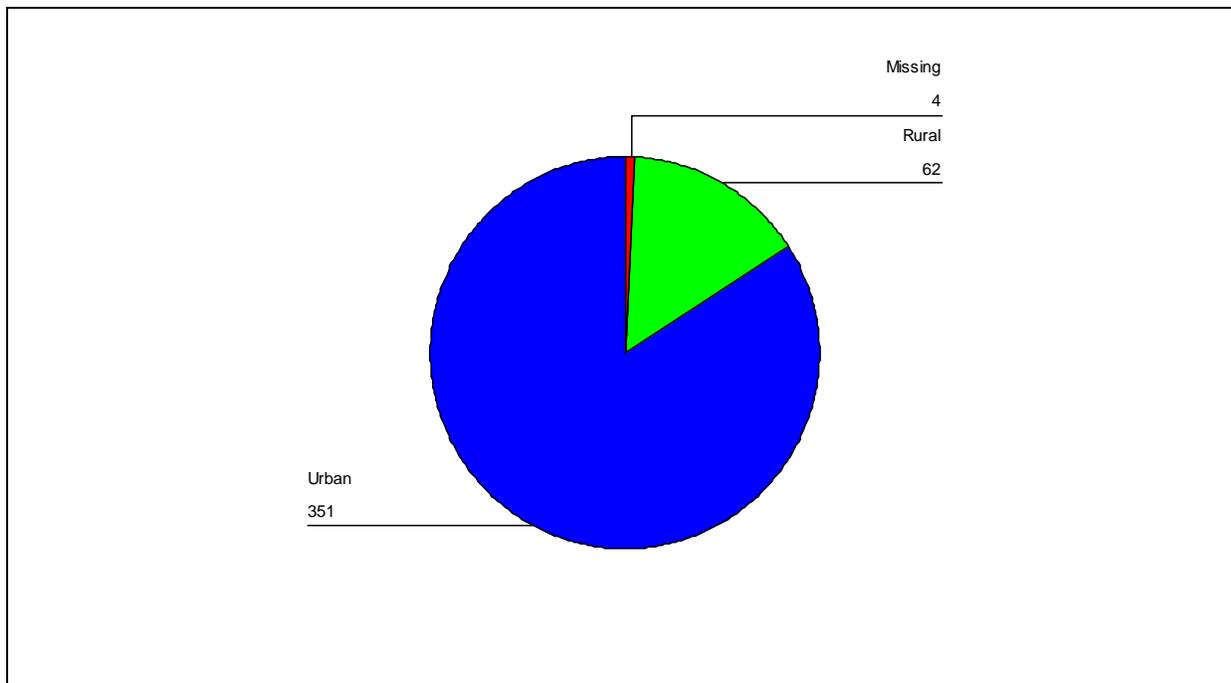


FIGURE 5 – PRIMARY PRACTICE SETTING

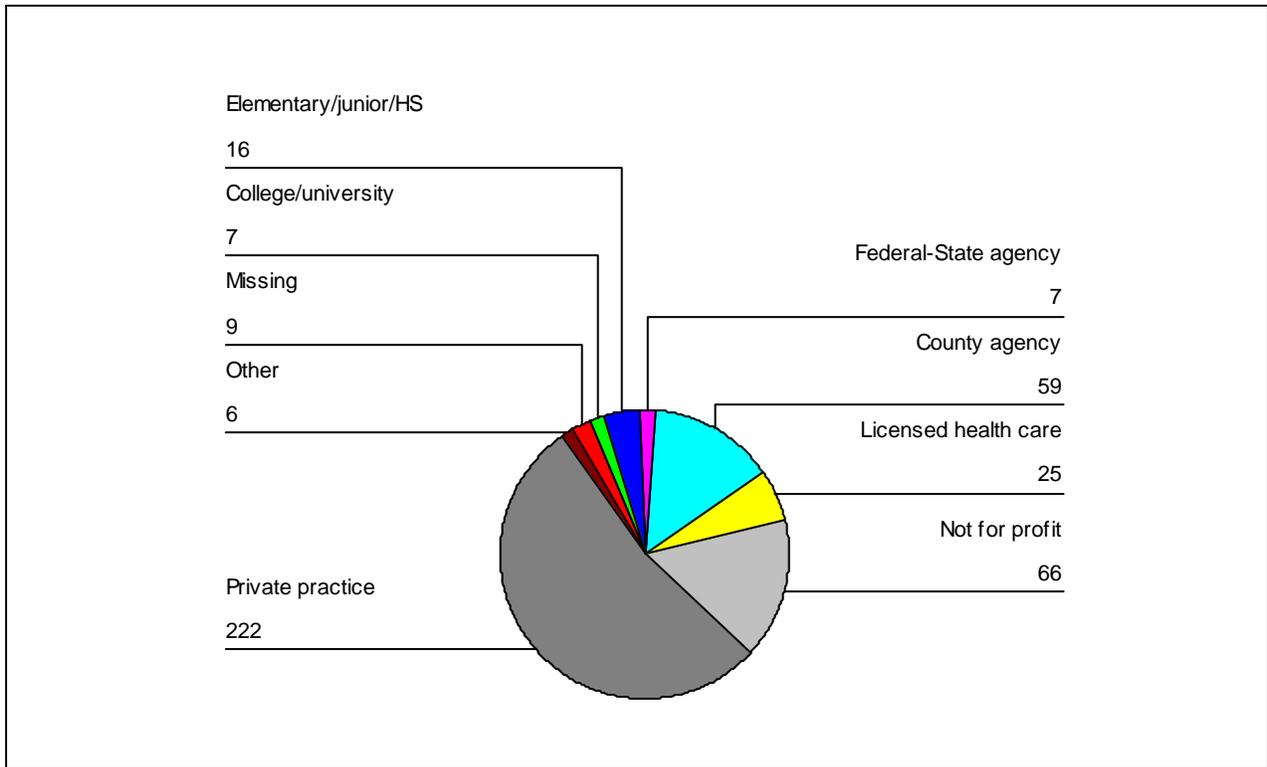


FIGURE 6 – SECONDARY PRACTICE SETTING

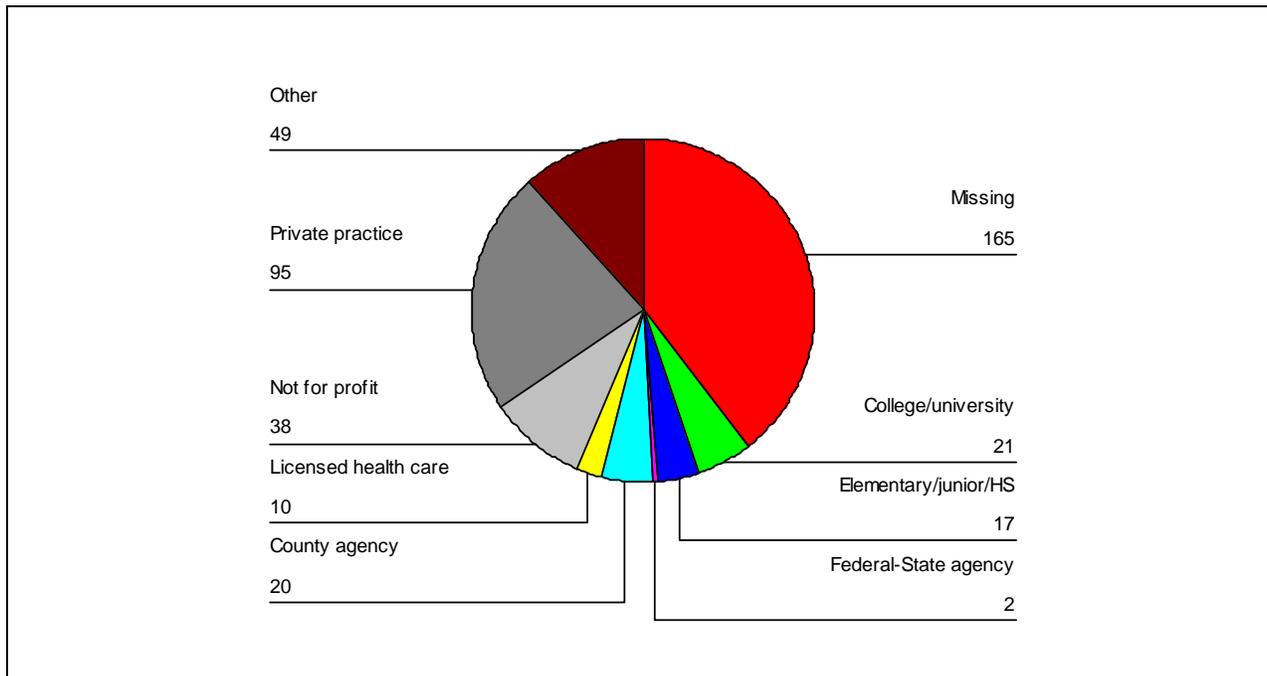


FIGURE 7 – NUMBER OF HOURS CONDUCTING THERAPY PER WEEK

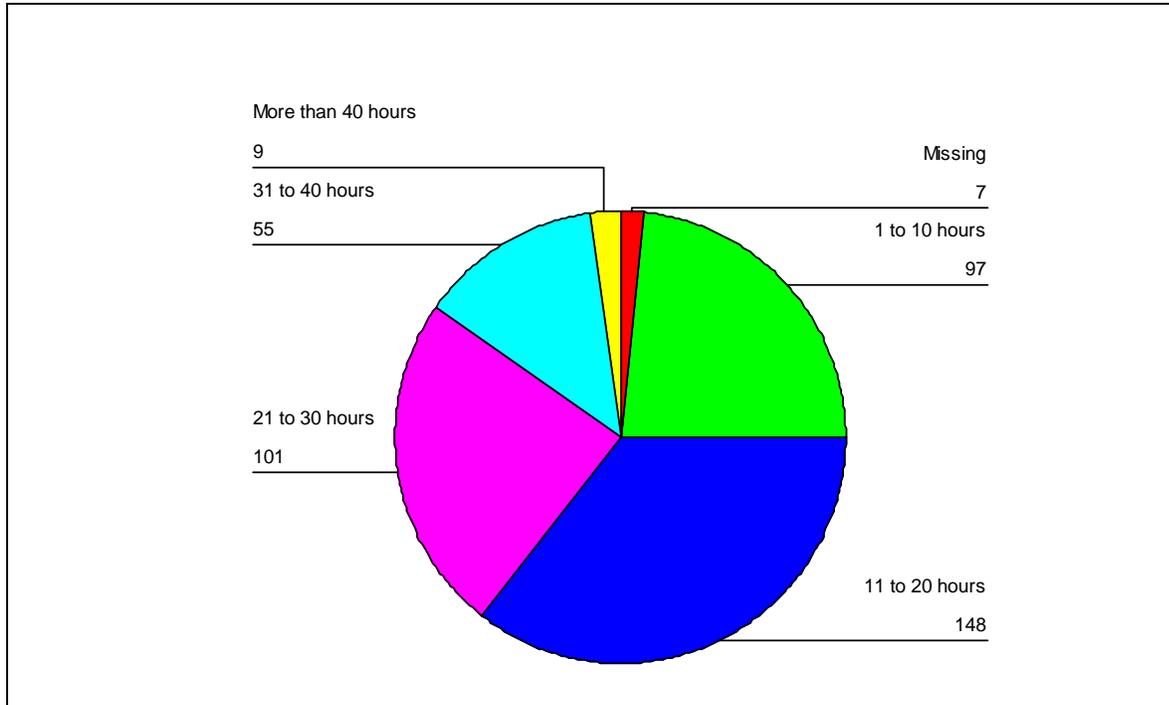


FIGURE 8 – REGION OF PRACTICE

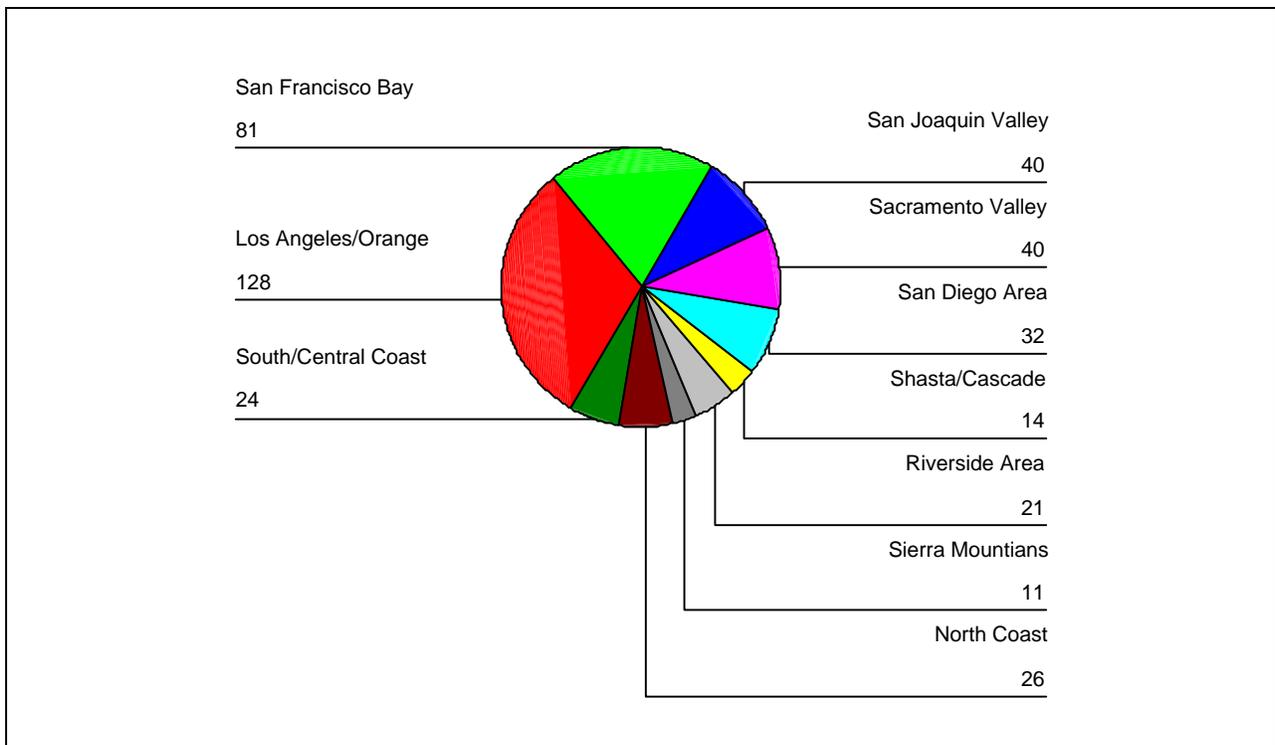


TABLE 3 – NUMBER OF YEARS AS A LICENSED MARRIAGE AND FAMILY THERAPIST

Years	Number of Respondents	Percent
0 to 5 years	208	49.9
6 to 10 years	57	13.7
11 to 20 years	80	19.2
More than 20 years	70	16.8
Missing	2	0.5
Total	417	100

*Note: Percentages may not add to 100 due to rounding.

TABLE 4 – HIGHEST LEVEL OF EDUCATION ACHIEVED

Level of Education	Number of Respondents	Percent
M.A.	247	59.2
M.S.	98	23.5
M.Ed.	4	1.0
Ed.D.	6	1.4
Ph.D.	34	8.2
Psy.D.	9	2.2
D.Min.	2	0.5
Other	5	1.2
Missing	12	2.9
Total	417	100

*Note: Percentages may not add to 100 due to rounding.

TABLE 5 – CONCENTRATION OF HIGHEST DEGREE

Concentration	Number of Respondents	Percent
Marriage and Family Therapy	145	34.8
School Psychology	1	0.2
Clinical Psychology	75	18.0
Counseling Psychology	88	21.1
Counseling with an emphasis in Marriage and Family Therapy	57	13.7
Other	28	6.7
Missing	23	5.5
Total	417	100

TABLE 6 – LOCATION OF PRIMARY WORK

Location	Number of Respondents	Percent
Rural	62	14.87
Urban	351	84.17
Missing	4	.96
Total	417	100

TABLE 7 – PRIMARY PRACTICE SETTING

Setting	Number of Respondents	Percent
College or University	7	1.7
Elementary, Junior High, or High School	16	3.8
Federal-State Agency	7	1.7
County Agency	59	14.1
Licensed Health Care Facility	25	6.0
Not for Profit Organization	66	15.8
Private Practice	222	53.2
Other	6	1.4
Missing	9	2.2
Total	417	100

*Note: Percentages may not add to 100 due to rounding.

TABLE 8 – SECONDARY PRACTICE SETTING

Setting	Number of Respondents	Percent
College or University	21	5.0
Elementary, Junior High, or High School	17	4.1
Federal-State Agency	2	.5
County Agency	20	4.8
Licensed Health Care Facility	10	2.4
Not for Profit Organization	38	9.1
Private Practice	95	22.8
Other	49	11.8
Missing	165	39.6
Total	417	100

*Note: Percentages may not add to 100 due to rounding.

TABLE 9 – NUMBER OF HOURS CONDUCTING THERAPY PER WEEK

Hours	Number of Respondents	Percent
1 to 10 hours	97	23.3
11 to 20 hours	148	35.5
21 to 30 hours	101	24.2
31 to 40 hours	55	13.2
More than 40 hours	9	2.2
Missing	7	1.7
Total	417	100

*Note: Percentages may not add to 100 due to rounding.

TABLE 10 – ACTIVITIES PERFORMED IN PRACTICE

Activity	Number of Respondents	Percent
Group therapy	151	36.2
Therapy with families	294	70.5
Therapy with couples	312	74.8
Individual therapy with adults	363	87.1
Individual therapy with children or adolescents	286	68.6
Education/training as a teacher, professor, or facilitator	117	28.1
Supervision of MFT interns and trainees	89	21.3
Supervision of non-MFT interns and trainees	47	11.3
Other	26	6.2

TABLE 11 – OTHER CALIFORNIA STATE-ISSUED LICENSES HELD

Activity	Number of Respondents	Percent
None	317	76
Licensed clinical social worker	0	0
Licensed educational psychologist	2	0.5
Psychologist	6	1.4
Other	68	16.3

TABLE 12 – REGION OF PRACTICE

Region	Number of Respondents	Percent
Los Angeles/Orange	128	30.7
San Francisco Bay Area	81	19.42
San Joaquin Valley	40	9.59
Sacramento Valley	40	9.59
San Diego and Vicinity	32	7.67
Shasta/Cascade	14	3.36
Riverside and Vicinity	21	5.04
Sierra Mountain Valley	11	2.64
North/Central Coast	26	6.24
South Coast	24	5.76
Total	417	100

*Note: Percentages may not add to 100 due to rounding.

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CHAPTER 4. DEVELOPMENT OF EXAMINATION OUTLINE

USE OF CRITICAL INDICES

The critical indices for job tasks and knowledge statements were used as guidelines by the third focus group of licensed MFTs to establish the criticality of individual items and evaluate the consequences of selecting a particular “cutoff” value. No task statements were dropped (See Appendix D).

CRITICAL TASK INDEX

To obtain a critical task index for each job task, the mean frequency (F_i) and mean importance (I_i), ratings were multiplied for each task_{*i*}.

$$\text{Critical task index}_i = \text{mean } (F_i) * \text{mean } (I_i)$$

The fourth and fifth focus groups of licensed MFTs evaluated the tasks. Appendix D displays each task and the mean for each rating scale (i.e., “frequency” and “importance”) as well as the critical task index for each task. No task statements were dropped from further analysis.

CRITICAL KNOWLEDGE INDEX

To obtain a critical knowledge index for each knowledge statement, the mean importance (I_i) ratings for each knowledge statement was calculated.

$$\text{Critical knowledge index}_i = \text{mean } (I_i)$$

The fourth and fifth focus groups of MFTs who evaluated the task indices also evaluated the knowledge indices. It was determined that all knowledge statements would remain in the examination outline. Appendix E displays each knowledge statement and the mean for each rating scale (i.e., “importance”).

LINKAGE OF KNOWLEDGE STATEMENTS TO JOB TASKS

The last step in the development of the examination outline was to determine which task and knowledge statements should be included in the outline. The fourth and fifth groups of licensed MFTs then established a linkage between job tasks and knowledge statements for the examination outline. The focus groups achieved the linkage by assigning specific knowledge statements to specific job tasks so that every task had a set of knowledge statements associated with it, and every knowledge statement was associated with a task. During the process of linking job tasks and knowledge statements, the licensed MFTs moved knowledge statement K114 from content area “Treatment” to content area “Ethics” for continuity.

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CHAPTER 5. EXAMINATION OUTLINE

OVERVIEW OF EXAMINATION OUTLINE

The examination outline is structured into six content areas (See Table 15). Each content area is weighted proportionately relative to other content areas. The examination outline specifies the job tasks that a MFT is expected to master at the time of licensure. Examinations should be based directly on the examination outline.

CONTENT AREA WEIGHTS FOR THE EXAMINATION

The relative weight of the content area in the examination outline represents the sum of the critical task indices for a content area divided by the overall sum of the critical task indices for all tasks. For example, if the sum of the critical task indices for “Clinical Evaluation” in the examination outline is 372.46, the weight of that content area (22%) is calculated by dividing the sum of the critical task indices (372.46) by the overall sum of the critical task indices (1725.6). The relative weight of the subarea in the examination outline represents the sum of the critical task indices for a subarea divided by the overall sum of the critical task indices for all tasks. For example, if the sum of the critical task indices for “Initial Assessment” in the examination outline is 118.01, the weight of that subarea (7%) is calculated by dividing the sum of the critical task indices (118.01) by the overall sum of the critical task indices, a total of (1725.6).

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TABLE 13 – SUMMARY OF CONTENT AREAS

Content area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Number of Tasks in Content Sub-section	Task Indices in Content Area	Task Indices in Content Subarea	Task Indices in Content Sub-section	Area Weight (%)	Subarea Weight (%)	Sub-section Weight (%)
I. Clinical Evaluation	22			372.46			22		
A. Initial Assessment		6			118.01			7	
B. Additional Assessment		7			116.41			7	
C. Referrals		3			45.16			3	
D. Diagnosis		6			92.88			5	
II. Crisis Management	15			249.14			14		
A. Assessment		3			56.36			3	
B. Evaluation		5			81.43			5	
C. Management		7			111.35			6	
III. Treatment Planning	18			234.37			14		
A. Goals		3			53.16			3	
B. Clinical Factors		7			103.08			6	
C. Theoretical Orientation		8			78.13			5	
IV. Treatment	21			298.11			17		
A. Therapeutic Relationships		5			89.29			5	
B. Interventions		16			208.75			12	
1. Theory			8			82.29			5
2. Clinical Factors			4			67.60			4
3. Termination			4			58.86			3
V. Ethics	16			276.59			16		
A. Informed Consent		5			95.86			5	
B. Therapeutic Boundaries		4			79.03			5	
C. Management of Ethical Issues		7			101.70			6	
VI. Law	17			294.96			17		
A. Confidentiality and Privilege		7			123.56			7	
B. Exception		3			38.46			2	
C. Professional Conduct		7			132.94			8	
TOTAL	109			1725.6			100		

NARRATIVE DESCRIPTION OF CONTENT AREAS

Narrative descriptions were developed for each content area to provide a broad perspective of each area in terms of a defining theme. The examination outline presented in Table 14 includes these narrative descriptions.

TABLE 14 – OVERVIEW OF THE EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
Clinical Evaluation	This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client’s interpersonal and cultural context.	22
Crisis	This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations within the client’s interpersonal and cultural context.	14
Treatment Planning	This area assesses the candidate’s ability to develop a comprehensive, measurable treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model within the client’s interpersonal and cultural context.	14
Treatment	This area assesses the candidate’s ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation including outcome-based models and diversity factors.	17
Ethics	This area assesses the candidate’s ability to identify, apply, and manage ethical standards and principles in clinical practice.	16
Law	This area assesses the candidate’s ability to apply and manage legal standards and mandates in clinical practice.	17
Total		100

TABLE 15 - EXAMINATION OUTLINE FOR MARRIAGE AND FAMILY THERAPIST

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I. Clinical Evaluation 22% - This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Initial Assessment (7%)	T1. Identify presenting problems by exploring client's initial concerns to determine purpose for seeking therapy.	K1. Knowledge of clinical interviewing techniques. K2. Knowledge of active listening techniques. K3. Knowledge of procedures used to gather initial intake information. K4. Knowledge of methods used to evaluate verbal and nonverbal cues. K16. Knowledge of the developmental processes of individual growth and change.
	T2. Identify precipitating events related to client's presenting problems to determine impact on current level of functioning.	K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K3. Knowledge of procedures used to gather initial intake information.
	T3. Identify unit of treatment (e.g., individual, couple, family) to determine strategy for therapy.	K5. Knowledge of factors influencing the choice of unit of treatment (e.g., individual, couple, family).
	T4. Assess client's motivation for therapy by discussing client's expectations of therapeutic outcome.	K6. Knowledge of the role of client motivation in therapeutic outcome. K7. Knowledge of interventions used to facilitate engagement of involuntary clients in the therapeutic process. K26. Knowledge of methods used to gather information about client's values and beliefs.
	T5. Explore client's previous therapy experience(s) to determine impact on current therapeutic process.	K8. Knowledge of the effects of previous therapy on current therapeutic process.
	T6. Assess for past/present substance use, abuse, and dependency to determine how to proceed with treatment.	K15. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships. K13. Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning.

I. Clinical Evaluation 22% - This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Additional Assessment (7%)	T7. Assess the impact of client's past/present substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.	<p>K13. Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning.</p> <p>K15. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.</p> <p>K14. Knowledge of criteria used for differentiating substance use, abuse, and dependency.</p> <p>K37. Knowledge of methods used to identify levels of influence of significant others on client's treatment.</p> <p>K38. Knowledge of methods used to identify support systems within social network.</p>
	T8. Gather information from client about physical/psychosocial history to formulate a diagnostic impression.	<p>K18. Knowledge of the stages of family life-cycle development.</p> <p>K19. Knowledge of the stages of child/adolescent development.</p> <p>K20. Knowledge of the stages of adult development.</p> <p>K21. Knowledge of the effects of physical condition on psychosocial functioning.</p> <p>K33. Knowledge of the impact of dynamics between the client and the work environment on presenting problem.</p> <p>K34. Knowledge of the impact of dynamics between the client and educational settings on presenting problem.</p> <p>K22. Knowledge of the relationship between medical conditions and psychosocial functioning.</p> <p>K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.</p>

I. Clinical Evaluation 22% - This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Additional Assessment (7%) (cont)	T15. Explore impact of human diversity factors on client's presenting problems and treatment.	K10. Knowledge of the effects of human diversity factors on the client's functioning. K12. Knowledge of cultural beliefs about therapy and mental health. K32. Knowledge of the impact of cultural context on family structure and values. K28. Knowledge of the implications of human diversity factors on client relationships. K26. Knowledge of methods used to gather information about client's values and beliefs.
	T16. Explore impact of acculturation factors on client's presenting problems and treatment.	K11. Knowledge of the effects of level of acculturation on the client's functioning. K39. Knowledge of the effects of acculturation on family structure and values. K40. Knowledge of the transitional stages of acculturation.
	T17. Assess primary caregiver's willingness and ability to support dependent/minor client's treatment.	K36. Knowledge of methods used to identify the primary caregiver's level of involvement in therapy. K37. Knowledge of methods used to identify levels of influence of significant others on client's treatment. K38. Knowledge of methods used to identify support systems within social network.
	T18. Assess influence of significant others on client's treatment.	K31. Knowledge of the effects of family structure and dynamics on the development of identity. K37. Knowledge of methods used to identify levels of influence of significant others on client's treatment. K29. Knowledge of methods of collecting family history. K38. Knowledge of methods used to identify support systems within social network. K30. Knowledge of methods used to assess the impact of family history on family relationships.

I. Clinical Evaluation 22% - This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Additional Assessment (7%) (cont)	T19. Explore impact of the economic, political, social, and spiritual environment on client's presenting problems and treatment.	K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K41. Knowledge of the impact of economic stressors on presenting problems and treatment. K42. Knowledge of the impact of sociopolitical climate on the therapeutic process. K30. Knowledge of methods used to assess the impact of family history on family relationships. K38. Knowledge of methods used to identify support systems within social network.
C. Referrals (3%)	T10. Evaluate client's medical history and current complaints to determine need for medical referral.	K23. Knowledge of factors or symptoms that indicate need for a medical evaluation. K22. Knowledge of the relationship between medical conditions and psychosocial functioning.
	T13. Evaluate client's affective, behavioral, and cognitive functioning that indicate a need for referral for testing.	K27. Knowledge of affective, behavioral, and cognitive factors that indicate need for additional testing. K24. Knowledge of administration and application of mental status examinations. K17. Knowledge of behavioral and psychological indicators of developmental disorders.
	T14. Explore client's socioeconomic status to determine the need for community resource referral.	K9. Knowledge of the effects of socioeconomic status on client's functioning.

I. Clinical Evaluation 22% - This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
D. Diagnosis (5%)	T9. Gather information from collateral sources about client to formulate a diagnostic impression.	K35. Knowledge of methods used to gather information from professionals and other involved parties.
	T11. Administer standardized assessment instruments (e.g., Beck Depression Inventory) within scope of practice and competence to obtain diagnostic information.	K47. Knowledge of methods and administration of standardized assessment instruments. K24. Knowledge of administration and application of mental status examinations.
	T12. Evaluate client's thought processes and behaviors that indicate a need for psychiatric referral.	K24. Knowledge of administration and application of mental status examinations. K25. Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.
	T20. Formulate a diagnosis based on assessment information to use as a basis for treatment planning.	K43. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses. K44. Knowledge of procedures used to integrate assessment information with diagnostic categories. K46. Knowledge of the influence of onset, intensity, and duration of symptoms to formulate a diagnosis. K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K49. Knowledge of procedures used to identify differential diagnoses.
	T21. Assess impact of substance use, abuse, and dependency on client to develop a diagnostic impression.	K14. Knowledge of criteria used for differentiating substance use, abuse, and dependency. K50. Knowledge of assessment methods used to diagnose substance use, abuse, and dependence.
	T22. Assess impact of medication or physical condition on client to develop a diagnostic impression.	K48. Knowledge of the impact of medication on physical and psychological functioning. K22. Knowledge of the relationship between medical conditions and psychosocial functioning.

II. Crisis (14%) - This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations within the client’s interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Assessment (3%)	T23. Assess severity of client’s crisis to determine what immediate interventions are needed.	K51. Knowledge of methods used to identify crisis situations. K67. Knowledge of risk factors that indicate client’s potential for causing harm to others. K58. Knowledge of methods used to evaluate severity of client’s symptoms. K72. Knowledge of the effects of current trauma on client functioning. K68. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.
	T25. Assess for suicide potential by evaluating client’s lethality to determine need for and level of intervention.	K54. Knowledge of the effects of precipitating events on suicide potential. K52. Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups. K53. Knowledge of physical and psychological indicators of suicidality. K68. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior. K69. Knowledge of risk factors that indicate potential for self-destructive behavior.
	T28. Assess for domestic violence to determine need for and level of intervention.	K66. Knowledge of indicators of domestic violence. K80. Knowledge of strategies used to address safety in situations of abuse.
B. Evaluation (5%)	T24. Evaluate client’s potential for self-destructive and self-injurious behavior to determine level of intervention.	K57. Knowledge of methods used to assess client’s strengths and coping skills. K51. Knowledge of methods used to identify crisis situations. K68. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.
B. Evaluation (5%) (cont)	T26. Evaluate severity of crisis situation by assessing the level of impairment to client’s life.	K75. Knowledge of the principles of crisis management. K74. Knowledge of methods used to determine whether a client is gravely disabled.

II. Crisis (14%) - This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations within the client’s interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
		K51. Knowledge of methods used to identify crisis situations.
	T30. Explore client’s trauma history to determine impact on current crisis.	K70. Knowledge of the impact of trauma on current functioning. K71. Knowledge of the impact of psychosocial stressors on client’s functioning. K72. Knowledge of the effects of current trauma on client functioning.
	T36. Explore the impact of human diversity factors on client’s current crisis.	K85. Knowledge of the effects of human diversity factors on crises.
	T37. Explore the impact of acculturation factors on client’s current crisis.	K86. Knowledge of the effects of acculturation factors on crises.
C. Management (6%)	T27. Identify indicators of abuse/neglect by exploring client’s situation to determine level of intervention.	K60. Knowledge of indicators of abuse. K61. Knowledge of indicators of child abuse. K62. Knowledge of indicators of elder/dependent adult abuse. K63. Knowledge of indicators of fiduciary elder/dependent adult abuse. K64. Knowledge of indicators of neglect. K65. Knowledge of indicators of endangerment. K59. Knowledge of criteria used to determine situations that constitute high risk for abuse.
C. Management (6%) (cont)	T29. Evaluate level of danger client presents to others to determine need for immediate intervention.	K67. Knowledge of risk factors that indicate client’s potential for causing harm to others. K75. Knowledge of the principles of crisis management. K82. Knowledge of support systems used to manage crises. K78. Knowledge of strategies used to deal with dangerous clients. K81. Knowledge of strategies used to manage situations dangerous to therapist.
	T31. Develop an intervention strategy with client who has indicated thoughts of causing	K77. Knowledge of methods used (e.g., contract) to manage suicidality.

II. Crisis (14%) - This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations within the client’s interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
	danger to self to reduce potential for harm.	K76. Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior. K55. Knowledge of procedures used to manage client’s suicidal ideation that do not require hospitalization. K56. Knowledge of strategies used to provide suicide intervention in emergency situations. K73. Knowledge of strategies used to manage psychosocial stressors.
	T32. Develop an intervention strategy for a client who has indicated thoughts of causing danger to others to reduce potential for harm.	K78. Knowledge of strategies used to deal with dangerous clients. K81. Knowledge of strategies used to manage situations dangerous to therapist. K79. Knowledge of strategies used for anger management. K67. Knowledge of risk factors that indicate client’s potential for causing harm to others.
	T33. Develop an intervention strategy with client in a potentially abusive situation to provide for safety of client and family members.	K80. Knowledge of strategies used to address safety in situations of abuse. K63. Knowledge of indicators of fiduciary elder/dependent adult abuse.
C. Management (6%) (cont)	T34. Provide referrals of viable resources to augment management of client’s crisis.	K83. Knowledge of referral sources used to manage crises. K84. Knowledge of methods used to coordinate collateral services to manage crisis. K82. Knowledge of support systems used to manage crises.
	T35. Collaborate with involved parties to augment management of client’s crisis.	K77. Knowledge of methods used (e.g., contract) to manage suicidality. K84. Knowledge of methods used to coordinate collateral services to manage crisis. K82. Knowledge of support systems used to manage crises.

III. Treatment Planning (14%) - This area assesses the candidate’s ability to develop a comprehensive, measurable treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model within the client’s interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Goals (3%)	T38. Establish congruent treatment goals by integrating therapist and client perspectives about the presenting problems.	K87. Knowledge of strategies used to integrate client’s and therapist’s understanding of the goals into treatment planning.
	T39. Prioritize treatment goals to develop course of treatment.	K89. Knowledge of strategies used to prioritize treatment goals. K88. Knowledge of factors that influence the frequency of therapy sessions. K90. Knowledge of methods used to formulate short- and long-term treatment goals.
	T40. Identify methods to monitor client’s progress toward treatment goals and outcomes.	K92. Knowledge of procedures used to measure qualitative and quantitative therapeutic outcomes. K91. Knowledge of criteria used to monitor therapeutic effectiveness.
B. Clinical Factors (6%)	T41. Formulate a treatment plan with an awareness and sensitivity to client’s culture to provide therapy consistent with client’s values and beliefs.	K93. Knowledge of methods used to formulate a treatment plan within diverse populations. K98. Knowledge of methods used to integrate available community/cultural resources into treatment planning. K97. Knowledge of adjunctive services within community/culture used to augment therapy.
	T42. Formulate a treatment plan incorporating client’s diversity to provide therapy sensitive to client’s values, beliefs, and social environment.	K94. Knowledge of theoretical modalities used to formulate a treatment plan. K93. Knowledge of methods used to formulate a treatment plan within diverse populations. K97. Knowledge of adjunctive services within community/culture used to augment therapy.
	T51. Determine need for referral for adjunctive services to augment client’s treatment.	K97. Knowledge of adjunctive services within community/culture used to augment therapy. K96. Knowledge of methods used to identify need for adjunctive services.

III. Treatment Planning (14%) - This area assesses the candidate’s ability to develop a comprehensive, measurable treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model within the client’s interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Clinical Factors (6%) (cont)	T52. Integrate community resources into treatment plan to support client’s therapeutic goals.	<p>K97. Knowledge of adjunctive services within community/culture used to augment therapy.</p> <p>K98. Knowledge of methods used to integrate available community/cultural resources into treatment planning.</p> <p>K110. Knowledge of the assumptions, concepts, and methodology associated with treatment of substance use, abuse, and dependence.</p>
	T53. Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.	<p>K99. Knowledge of methods used to integrate information obtained from physician/psychiatrist into treatment planning.</p> <p>K101. Knowledge of factors associated with use of a multidisciplinary team approach to treatment.</p>
	T54. Integrate information obtained from involved parties to formulate a treatment plan.	<p>K100. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning.</p> <p>K98. Knowledge of methods used to integrate available community/cultural resources into treatment planning.</p>
	T55. Collaborate with the multidisciplinary team to coordinate a treatment plan.	<p>K99. Knowledge of methods used to integrate information obtained from physician/psychiatrist into treatment planning.</p> <p>K100. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning.</p> <p>K101. Knowledge of factors associated with use of a multidisciplinary team approach to treatment.</p> <p>K102. Knowledge of the impact of combining treatment modalities in treating problems or disorders.</p>
C. Theoretical Orientation (5%)	T43. Formulate a treatment plan within a cognitive-behavioral orientation to provide a framework for client’s therapy.	K103. Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.

III. Treatment Planning (14%) - This area assesses the candidate’s ability to develop a comprehensive, measurable treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model within the client’s interpersonal and cultural context.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
	T44. Formulate a treatment plan within a humanistic-existential orientation to provide a framework for client’s therapy.	K104. Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.
	T45. Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client’s therapy.	K105. Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused).
	T46. Formulate a treatment plan within a psychodynamic orientation to provide a framework for client’s therapy.	K106. Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.
	T47. Formulate a treatment plan within a systems orientation to provide a framework for client’s therapy.	K107. Knowledge of the assumptions, concepts, and methodology associated with a systems approach.
	T48. Formulate a treatment plan within a group therapy setting to provide a framework for client’s therapy.	K108. Knowledge of the assumptions, concepts, and methodology associated with group therapy.
	T49. Formulate a treatment plan within a child therapy context to provide a framework for client’s therapy.	K109. Knowledge of the assumptions, concepts, and methodology associated with child therapy.
	T50. Formulate a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP, MHSA) to meet client needs.	K95. Knowledge of third party specifications (e.g., managed care, court-mandated, EAP, MHSA) that impact treatment planning.

IV. Treatment (17%) - This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation including outcome-based models and diversity factors.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Therapeutic Relationship (5%)	T56. Maintain a therapeutic relationship with client to facilitate treatment.	K111. Knowledge of the components needed to maintain the therapeutic relationship. K112. Knowledge of strategies used to maintain a therapeutic relationship. K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process.
	T57. Manage therapeutic effectiveness by monitoring client's progress to determine need for treatment plan revision.	K115. Knowledge of strategies used to monitor treatment progress.
	T65. Implement interventions consistent with client issues regarding lifestyle to improve treatment outcome.	K138. Knowledge of approaches used to address issues associated with variations in lifestyles. K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K144. Knowledge of methods used to maintain therapeutic gains.
	T66. Implement interventions sensitive to client's diversity to improve treatment outcome.	K135. Knowledge of methods used to address blended family issues. K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K138. Knowledge of approaches used to address issues associated with variations in lifestyles.
	T67. Implement interventions consistent with client's level of acculturation to improve treatment outcome.	K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K138. Knowledge of approaches used to address issues associated with variations in lifestyles.

IV. Treatment (17%) - This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation including outcome-based models and diversity factors.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
B. Interventions (12%)	1. Theory(5%)	
	T58. Implement interventions consistent with cognitive-behavioral theories to facilitate client's treatment.	K116. Knowledge of the role of therapist from a cognitive-behavioral approach. K117. Knowledge of the use of interventions associated with cognitive-behavioral theories.
	T59. Implement interventions consistent with humanistic-existential theories to facilitate client's treatment.	K119. Knowledge of the use of interventions associated with humanistic-existential theories. K118. Knowledge of the role of therapist from a humanistic-existential approach.
	T60. Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	K121. Knowledge of the use of interventions associated with postmodern theories. K120. Knowledge of the role of therapist from a postmodern approach.
	T61. Implement interventions consistent with child therapy theories to facilitate client's treatment.	K127. Knowledge of the use of interventions associated with child therapy.
	T62. Implement interventions consistent with psychodynamic theories to facilitate client's treatment.	K122. Knowledge of the role of therapist from a psychodynamic approach. K123. Knowledge of the use of interventions associated with psychodynamic theories.
	T63. Implement interventions consistent with systems theories to facilitate client's treatment.	K125. Knowledge of the use of interventions associated with systems theories. K124. Knowledge of the role of therapist from a systems approach.
	T74. Implement interventions consistent with group therapy theories to facilitate client's treatment.	K126. Knowledge of the use of interventions associated with group therapy.
T75. Implement interventions consistent with research-based outcomes to measure therapeutic effectiveness.	K146. Knowledge of methods used to measure therapeutic outcomes.	

IV. Treatment (17%) - This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation including outcome-based models and diversity factors.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>	
B. Interventions (12%) (cont)	2. Clinical Factors (4%)	T64. Implement interventions consistent with developmental stages to facilitate client's treatment.	<p>K133. Knowledge of methods used to assist client to adjust to cognitive, emotional, physical, and spiritual changes associated with the life cycle.</p> <p>K137. Knowledge of methods used to address elder issues.</p> <p>K132. Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, spiritual, psychosocial).</p> <p>K136. Knowledge of methods used to address end of life issues.</p> <p>K134. Knowledge of methods used to address variations in the life cycle processes.</p>
		T68. Implement interventions consistent with substance use, abuse, or dependency treatment models to facilitate client's treatment.	<p>K128. Knowledge of intervention methods used for treating substance use, abuse, and dependence.</p> <p>K129. Knowledge of intervention methods used for treating abuse within families.</p>
		T73. Provide psychoeducation as it relates to client's treatment needs.	K145. Knowledge of use of psychoeducation as it relates to client's treatment needs.
		T76. Develop strategies to address the impact of crisis issues/psychosocial stressors on client's treatment.	<p>K130. Knowledge of intervention methods used for treating the impact of violence (e.g., rape, terrorism).</p> <p>K131. Knowledge of interventions used for treating psychosocial stressors (e.g., loss of job, natural disasters, poverty).</p> <p>K129. Knowledge of intervention methods used for treating abuse within families.</p>
B. Interventions (12%) (cont)	3. Termination (3%)	T69. Determine client's readiness for termination by evaluating whether treatment goals have been met.	<p>K139. Knowledge of changes in functioning that indicate readiness to terminate therapy.</p> <p>K140. Knowledge of issues related to the process of termination.</p> <p>K142. Knowledge of interventions used to initiate termination.</p> <p>K141. Knowledge of methods used to assess when to initiate termination.</p>

IV. Treatment (17%) - This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation including outcome-based models and diversity factors.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
	T70. Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP, MHSA).	K143. Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP, MHSA) on termination.
	T71. Develop a termination plan with client to maintain therapeutic gains after treatment has ended.	K141. Knowledge of methods used to assess when to initiate termination. K142. Knowledge of interventions used to initiate termination.
	T72. Integrate community resources to provide ongoing support to client following termination of treatment.	K140. Knowledge of issues related to the process of termination. K144. Knowledge of methods used to maintain therapeutic gains.

V. Ethics (16%) - This area assesses the candidate's ability to identify, apply, and manage ethical standards and principles in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
A. Informed Consent (5%)	T77. Address client's expectations about therapy to promote understanding of the therapeutic process.	K147. Knowledge of approaches used to address expectations of the therapeutic process.
	T78. Evaluate client's ability to benefit from therapy to determine appropriateness of treatment.	K148. Knowledge of methods used to evaluate the client's ability to benefit from therapy. K157. Knowledge of criteria used to identify limits of therapist's scope of competence.
	T79. Discuss management of fees and office policies to promote client's understanding of treatment process.	K149. Knowledge of methods used to explain management of fees and office policies.
	T80. Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	K150. Knowledge of methods used to explain parameters of confidentiality. K153. Knowledge of confidentiality issues in therapy. K151. Knowledge of methods used to explain mandated reporting.
	T81. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	K152. Knowledge of minor client's right to confidentiality and associated limitations. K153. Knowledge of confidentiality issues in therapy.
B. Therapeutic Boundaries (5%)	T83. Manage countertransference reaction to maintain integrity of the therapeutic relationship.	K114. Knowledge of the impact of transference and countertransference dynamics. K162. Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process. K166. Knowledge of strategies necessary to maintain therapeutic boundaries. K154. Knowledge of strategies used to manage therapeutic relationship.
	T88. Determine competency to provide professional services to client by assessing therapist's own cognitive, emotional, or physical impairments.	K162. Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process.
B. Therapeutic Boundaries (5%) (cont)	T89. Manage potential dual relationships to avoid loss of therapist objectivity or	K163. Knowledge of business, personal, professional, and social relationships that create a conflict of interest

V. Ethics (16%) - This area assesses the candidate's ability to identify, apply, and manage ethical standards and principles in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
	exploitation of client.	within the therapeutic relationship. K166. Knowledge of strategies necessary to maintain therapeutic boundaries.
	T90. Manage overt/covert sexual feelings within the therapeutic relationship to maintain integrity of treatment.	K164. Knowledge of the implications of sexual feelings/contact within the context of therapy. K165. Knowledge of the impact of physical contact on the therapeutic process.
C. Management of Ethical Issues (6%)	T82. Manage confidentiality issues to maintain integrity of the therapeutic contract.	K153. Knowledge of confidentiality issues in therapy. K152. Knowledge of minor client's right to confidentiality and associated limitations. K154. Knowledge of strategies used to manage therapeutic relationship.
	T84. Assess for client's concurrent therapeutic relationships with other therapists to evaluate impact on treatment.	K155. Knowledge of effects of concurrent therapeutic relationships on treatment process.
	T85. Manage clinical issues outside the therapist's scope of competence to meet client needs.	K157. Knowledge of criteria used to identify limits of therapist's scope of competence. K158. Knowledge of areas of practice requiring specialized training. K159. Knowledge of ethical considerations for interrupting or terminating therapy.
	T86. Determine therapist's scope of competence regarding treatment factors in client diversity.	K157. Knowledge of criteria used to identify limits of therapist's scope of competence. K156. Knowledge of cultural differences that may affect the therapeutic relationship. K158. Knowledge of areas of practice requiring specialized training.
C. Management of Ethical Issues (6%) (cont)	T87. Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.	K160. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship. K159. Knowledge of ethical considerations for interrupting

V. Ethics (16%) - This area assesses the candidate's ability to identify, apply, and manage ethical standards and principles in clinical practice.

<i>Section</i>	<i>Job Task</i>	<i>Associated Knowledge</i>
		<p>or terminating therapy. K161. Knowledge of methods used to facilitate transfer of client for continuity of treatment.</p>
	T91. Manage the impact of ethical responsibilities on the therapeutic relationship.	K167. Knowledge of the impact of ethical responsibilities on the therapeutic relationship. K154. Knowledge of strategies used to manage therapeutic relationship.
	T92. Document treatment in client records according to standard of practice to facilitate continuity of care.	K168. Knowledge of standards of practice about content of client records.

VI. Law (17%) – This area assesses the candidate’s ability to apply and manage legal standards and mandates in clinical practice.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
A. Confidentiality and Privilege (7%)	T95. Maintain limits of client confidentiality as defined by mandated reporting requirements.	K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder). K172. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements. K177. Knowledge of laws pertaining to mandated reporting of client’s intent to harm others. K169. Knowledge of conditions and requirements for disclosing or obtaining confidential information.
	T98. Obtain client’s written authorization to exchange confidential information.	K189. Knowledge of therapeutic techniques used to manage impact of mandated reporting (e.g., limits of confidentiality, request records, responding to subpoenas, 5150). K169. Knowledge of conditions and requirements for disclosing or obtaining confidential information.
	T99. Respond to client’s requests for records as mandated by law.	K182. Knowledge of laws about client’s requests for records.
	T100. Maintain security of client’s records as mandated by law.	K173. Knowledge of laws about security of client records.
	T103. Comply with legal standards about consent to treat a minor.	K184. Knowledge of methods used to ascertain who can consent to treat a minor when parental custody is in question. K179. Knowledge of laws about consent to treat a minor.
	T105. Assert client privilege about requests for confidential information as mandated by law.	K183. Knowledge of laws about therapist response to subpoenas. K176. Knowledge of laws about privileged communication. K178. Knowledge of laws about holder of privilege.
	T107. Comply with Health Information Portability and Accountability Act (HIPAA) regulations as mandated by law.	K187. Knowledge of laws about HIPAA requirements.

VI. Law (17%) – This area assesses the candidate’s ability to apply and manage legal standards and mandates in clinical practice.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
B. Exceptions to Confidentiality (2%)	T94. Report client’s intent to harm others as defined by mandated reporting requirements.	K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder). K177. Knowledge of laws pertaining to mandated reporting of client’s intent to harm others. K181. Knowledge of legal criteria for determining involuntary hospitalization.
	T96. Initiate protocols (e.g., involuntary hospitalization) after determining that the client is a danger to self or others.	K181. Knowledge of legal criteria for determining involuntary hospitalization.
	T109. Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).	K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder). K177. Knowledge of laws pertaining to mandated reporting of client’s intent to harm others.
C. Professional Conduct (8%)	T93. Manage the impact of legal mandates on the therapeutic process.	K189. Knowledge of therapeutic techniques used to manage impact of mandated reporting (e.g., limits of confidentiality, request records, responding to subpoenas, 5150). K172. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements. K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).
	T97. Disclose fee structure for professional services to client as mandated by law.	K180. Knowledge of laws about disclosing fees for professional services.
	T102. Comply with legal standards about sexual contact, conduct, and relations with client.	K174. Knowledge of laws about sexual conduct between therapist and client. K186. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs’ pamphlet entitled “Professional Therapy Never Includes Sex.”

VI. Law (17%) – This area assesses the candidate’s ability to apply and manage legal standards and mandates in clinical practice.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
C. Professional Conduct (8%) (cont)	T101. Maintain documentation of clinical services as mandated by law.	K173. Knowledge of laws about security of client records. K171. Knowledge of laws regarding documentation of clinical services. K169. Knowledge of conditions and requirements for disclosing or obtaining confidential information.
	T104. Comply with legal standards about scope of practice to promote client safety.	K175. Knowledge of laws that define scope of practice.
	T106. Comply with legal standards about advertising when informing the public of therapist’s qualifications and services.	K185. Knowledge of laws about advertisement and dissemination of information pertaining to professional qualifications and services.
	T108. Comply with Mental Health Services Act (MHSA) as mandated by law.	K188. Knowledge of laws about MHSA requirements.

CHAPTER 6. CONCLUSIONS

The occupational analysis of the MFTs described in this report provides a comprehensive description of current practice in California. The procedures of the occupational analysis are based upon a content validation strategy to ensure that the results accurately represent the practice of marriage and family therapy in California.

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

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APPENDIX A – COVER LETTER TO THE MARRIAGE AND FAMILY
THERAPIST

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**BOARD OF BEHAVIORAL SCIENCES**

1625 North Market Blvd., Suite S200
Sacramento, CA 95834
Telephone (916) 574-7830
TDD (916) 322-1700
Website Address: <http://www.bbs.ca.gov>

**March 2, 2007**

Dear Licensee:

Thank you for participating in the **Marriage and Family Therapist (MFT) Occupational Analysis**. The purpose of the Occupational Analysis is to identify the job tasks currently performed by MFTs, and the associated knowledge required for performing those tasks. The results of the Occupational Analysis will be used to update the examination plan that serves as the basis for the MFT licensing program.

The Board is mandated to protect the public by developing examinations that determine competency for licensure. The examinations require candidates to demonstrate that they possess the knowledge, skills, and abilities the profession defines as necessary to perform safely and effectively in independent practice.

The occupational analysis questionnaire was developed by testing professionals in the Department of Consumer Affairs' Office of Examination Resources with the assistance of MFTs working in a variety of settings throughout California. The data from these questionnaires will assist the Board of Behavioral Sciences to answer questions such as:

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

Please complete the enclosed questionnaire according to the instructions provided.

It is critical to this project that you complete the questionnaire based on your practice as an MFT. Do not respond based on what you believe all MFTs should be expected to know or be able to do.

Additionally, it is important to complete the questionnaire based on MFT practice as opposed to practice in other professions, such as clinical psychology, school psychology, or clinical social work. Data inconsistent with these instructions will be omitted from analysis.

Individual responses will be kept completely anonymous and confidential.

If you wish to participate, we must have your completed questionnaire by **March 30, 2007**. Please contact Board staff Sandra Wright or Elina Taylor at (916) 574-7860 or (916) 574-7861, respectively, if you have questions about this process.

Sincerely,

PAUL RICHES
Executive Officer

**Please submit your completed questionnaire to the Board no later than
MARCH 30, 2007.**

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APPENDIX B – QUESTIONNAIRE

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OCCUPATIONAL ANALYSIS OF MARRIAGE AND FAMILY THERAPIST

The Board of Behavioral Sciences (BBS) is currently conducting an occupational analysis of the marriage and family therapist (MFT) profession. The purpose of the occupational analysis is to identify the important tasks that are currently performed by practicing marriage and family therapists and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the definition of MFT practice and to ensure that licensing examinations reflect important aspects of current practice.

The Board is requesting your assistance in this process. **By completing this questionnaire as it relates to your current practice, you will contribute valuable information regarding the MFT profession.** Your responses on this questionnaire will be combined with the responses of other MFT practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

Complete this questionnaire **only** if you are currently licensed **and** working as an MFT in California. **Respond to the statements based on your current MFT practice. Do NOT respond based on MFT practice in general.**

This questionnaire has three sections that address your experience:

PART I asks you for background information related to your practice. Information in this section will be used for demographic purposes only.

PART II asks you to rate tasks in terms of:

- (a) HOW FREQUENTLY you perform each task in your practice relative to the other tasks you perform; and,
- (b) HOW IMPORTANT the performance of each task is to your current practice relative to the other tasks you perform.

PART III asks you to rate knowledges in terms of:

- 0 HOW IMPORTANT each knowledge is to your current practice.

The Board recognizes that every MFT practitioner may not perform all of the tasks and use all of the knowledge identified in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective MFT practice in the state of California.

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

March 30, 2007.

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

PART I PERSONAL DATA

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

For items 1-8, check **ONLY ONE** of the choices.

1. Are you currently practicing as a Licensed Marriage and Family Therapist in California?
 Yes
 No (If no, please return this survey uncompleted in the enclosed postage paid envelope.)
2. How many years have you been licensed as a Marriage and Family Therapist in California?
 0-5 years
 6-10 years
 11-20 years
 More than 20 years
3. What is the **highest** related degree you hold?
 M.A.
 M.S.
 M.Ed.
 Ed.D.
 Ph.D.
 Psy.D.
 D. Min.
 Other (please specify)

4. In what concentration was your highest degree obtained?
 Marriage and family therapy
 School psychology
 Clinical psychology
 Counseling psychology
 Counseling with an emphasis in marriage and family therapy
 Social work with an emphasis in clinical social work
 Other (please specify)

5. What describes the location of your primary work setting?
 Rural (less than 50,000 people)
 Urban (greater than 50,000 people)
6. What is your **primary** practice setting?
 College or university
 Elementary, junior, or high school
 Federal/State agency
 County agency
 Licensed health care facility
 Not for profit organization
 Private practice
 Other (please specify)

7. What is your **secondary** practice setting?
 College or university
 Elementary, junior, or high school
 Federal/State agency
 County agency
 Licensed health care facility
 Not for profit organization
 Private practice
 Other (please specify)

8. How many hours of therapy do you conduct per week?
 1 to 10 hours
 11 to 20 hours
 21 to 30 hours
 31 to 40 hours
 More than 40 hours

For items 9-10, check **ALL** that apply.

9. Which of the following activities do you perform in your practice?
- Group therapy
 - Therapy with families
 - Therapy with couples
 - Individual therapy with adults
 - Individual therapy with children or adolescents
 - Education/training as a teacher, professor, or facilitator
 - Supervision of marriage and family therapist interns and trainees
 - Supervision of nonmarriage and family therapist interns or trainees
 - Other (please specify)
- _____

10. What other California State-issued licenses or certifications do you hold?
- None
 - Licensed Clinical Social Worker
 - Licensed Educational Psychologist
 - Psychologist
 - Other (please specify)
- _____

11. In what California county is your **primary** practice located? _____

Please select **only one** of the two-digit codes below. **Only one code will be accepted.**

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

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

PART II INSTRUCTIONS FOR RATING TASKS

In this part of the questionnaire, please rate each task as it relates to your current marriage and family therapist practice. **Your frequency and importance ratings should be separate and independent ratings.** Therefore, the ratings that you assign to one rating scale should not influence the ratings that you assign to another rating scale. For example, you may perform a task frequently, but the task may not be important.

If the task is **NOT** part of your practice, rate the task “0” (zero) Frequency and “0” (zero) Importance.

Circle the ONE rating that best fits each task.

Please note: The task statements use “the client” to refer to either an individual, couple, or family, depending upon the identified unit of treatment.

RATING SCALES FOR TASKS

FREQUENCY

HOW OFTEN do you perform this task in your current practice? Consider all of the tasks you have performed over the past two years and make your judgment relative to all other tasks you perform.

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

IMPORTANCE

HOW IMPORTANT is performance of this task in your current practice?

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

**PLEASE REFER TO THIS PAGE TO MAKE YOUR
FREQUENCY AND IMPORTANCE RATINGS.**

EXAMPLES OF TASK RATINGS

This example shows how each task has a frequency and an importance rating.

TASKS	FREQUENCY	IMPORTANCE
1. Gather information regarding social relationships to identify client's support systems.	0 1 2 3 4 5	0 1 2 3 4 5
2. Recommend medication for client based on current functioning.	0 1 2 3 4 5	0 1 2 3 4 5
3. Assess primary caregiver's willingness and ability to support dependent client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5

NOTE: In task number 2, the task is not performed (*FREQUENCY=0*); therefore, the task *IMPORTANCE* is rated zero (*IMPORTANCE= 0*).

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
-------	-----------	------------

I. CLINICAL EVALUATION

1. Identify presenting problems by exploring client's initial concerns to determine purpose for seeking therapy.	0 1 2 3 4 5	0 1 2 3 4 5
2. Identify precipitating events related to client's presenting problems to determine impact on current level of functioning.	0 1 2 3 4 5	0 1 2 3 4 5
3. Identify unit of treatment (e.g., individual, couple, family) to determine strategy for therapy.	0 1 2 3 4 5	0 1 2 3 4 5
4. Assess client's motivation for therapy by discussing client's expectations of therapeutic outcome.	0 1 2 3 4 5	0 1 2 3 4 5
5. Explore client's previous therapy experience(s) to determine impact on current therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
6. Assess for past/present substance use, abuse, and dependency to determine how to proceed with treatment.	0 1 2 3 4 5	0 1 2 3 4 5
7. Assess the impact of client's past/present substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.	0 1 2 3 4 5	0 1 2 3 4 5
8. Gather information from client about physical/psychosocial history to formulate a diagnostic impression.	0 1 2 3 4 5	0 1 2 3 4 5
9. Gather information from collateral sources about client to formulate a diagnostic impression.	0 1 2 3 4 5	0 1 2 3 4 5
10. Evaluate client's medical history and current complaints to determine need for medical referral.	0 1 2 3 4 5	0 1 2 3 4 5
11. Administer standardized assessment instruments (e.g., Beck Depression Inventory) within scope of practice and competence to obtain diagnostic information.	0 1 2 3 4 5	0 1 2 3 4 5
12. Evaluate client's thought processes and behaviors that indicate a need for psychiatric referral.	0 1 2 3 4 5	0 1 2 3 4 5
13. Evaluate client's affective, behavioral, and cognitive functioning that indicate a need for referral for testing.	0 1 2 3 4 5	0 1 2 3 4 5
14. Explore client's socioeconomic status to determine the need for community resource referral.	0 1 2 3 4 5	0 1 2 3 4 5
15. Explore impact of human diversity factors on client's presenting problems and treatment.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
16. Explore impact of acculturation factors on client's presenting problems and treatment.	0 1 2 3 4 5	0 1 2 3 4 5
17. Assess primary caregiver's willingness and ability to support dependent/minor client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
18. Assess influence of significant others on client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
19. Explore impact of the economic, political, social, and spiritual environment on client's presenting problems and treatment.	0 1 2 3 4 5	0 1 2 3 4 5
20. Formulate a diagnosis based on assessment information to use as a basis for treatment planning.	0 1 2 3 4 5	0 1 2 3 4 5
21. Assess impact of substance use, abuse, and dependency on client to develop a diagnostic impression.	0 1 2 3 4 5	0 1 2 3 4 5
22. Assess impact of medication or physical condition on client to develop a diagnostic impression.	0 1 2 3 4 5	0 1 2 3 4 5

II. CRISIS MANAGEMENT

23. Assess severity of client's crisis to determine what immediate interventions are needed.	0 1 2 3 4 5	0 1 2 3 4 5
24. Evaluate client's potential for self-destructive and self-injurious behavior to determine level of intervention.	0 1 2 3 4 5	0 1 2 3 4 5
25. Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.	0 1 2 3 4 5	0 1 2 3 4 5
26. Evaluate severity of crisis situation by assessing the level of impairment to client's life.	0 1 2 3 4 5	0 1 2 3 4 5
27. Identify indicators of abuse/neglect by exploring client's situation to determine level of intervention.	0 1 2 3 4 5	0 1 2 3 4 5
28. Assess for domestic violence to determine need for and level of intervention.	0 1 2 3 4 5	0 1 2 3 4 5
29. Evaluate level of danger client presents to others to determine need for immediate intervention.	0 1 2 3 4 5	0 1 2 3 4 5
30. Explore client's trauma history to determine impact on current crisis.	0 1 2 3 4 5	0 1 2 3 4 5
31. Develop an intervention strategy with client who has indicated thoughts of causing danger to self to reduce potential for harm.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
32. Develop an intervention strategy for a client who has indicated thoughts of causing danger to others to reduce potential for harm.	0 1 2 3 4 5	0 1 2 3 4 5
33. Develop an intervention strategy with client in a potentially abusive situation to provide for safety of client and family members.	0 1 2 3 4 5	0 1 2 3 4 5
34. Provide referrals of viable resources to augment management of client's crisis.	0 1 2 3 4 5	0 1 2 3 4 5
35. Collaborate with involved parties to augment management of client's crisis.	0 1 2 3 4 5	0 1 2 3 4 5
36. Explore the impact of human diversity factors on client's current crisis.	0 1 2 3 4 5	0 1 2 3 4 5
37. Explore the impact of acculturation factors on client's current crisis.	0 1 2 3 4 5	0 1 2 3 4 5

III. TREATMENT PLANNING

38. Establish congruent treatment goals by integrating therapist and client perspectives about the presenting problems.	0 1 2 3 4 5	0 1 2 3 4 5
39. Prioritize treatment goals to develop course of treatment.	0 1 2 3 4 5	0 1 2 3 4 5
40. Identify methods to monitor client's progress toward treatment goals and outcomes.	0 1 2 3 4 5	0 1 2 3 4 5
41. Formulate a treatment plan with an awareness and sensitivity to client's culture to provide therapy consistent with client's values and beliefs.	0 1 2 3 4 5	0 1 2 3 4 5
42. Formulate a treatment plan incorporating client's diversity to provide therapy sensitive to client's values, beliefs, and social environment.	0 1 2 3 4 5	0 1 2 3 4 5
43. Formulate a treatment plan within a cognitive-behavioral orientation to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5
44. Formulate a treatment plan within a humanistic-existential orientation to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5
45. Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5
46. Formulate a treatment plan within a psychodynamic orientation to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
47. Formulate a treatment plan within a systems orientation to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5
48. Formulate a treatment plan within a group therapy setting to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5
49. Formulate a treatment plan within a child therapy context to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5
50. Formulate a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP, MHSA) to meet client needs.	0 1 2 3 4 5	0 1 2 3 4 5
51. Determine need for referral for adjunctive services to augment client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
52. Integrate community resources into treatment plan to support client's therapeutic goals.	0 1 2 3 4 5	0 1 2 3 4 5
53. Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5
54. Integrate information obtained from involved parties to formulate a treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5
55. Collaborate with the multidisciplinary team to coordinate a treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5

IV. TREATMENT

56. Maintain a therapeutic relationship with client to facilitate treatment.	0 1 2 3 4 5	0 1 2 3 4 5
57. Manage therapeutic effectiveness by monitoring client's progress to determine need for treatment plan revision.	0 1 2 3 4 5	0 1 2 3 4 5
58. Implement interventions consistent with cognitive-behavioral theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
59. Implement interventions consistent with humanistic-existential theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
60. Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
61. Implement interventions consistent with child therapy theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
62. Implement interventions consistent with psychodynamic theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
63. Implement interventions consistent with systems theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
64. Implement interventions consistent with developmental stages to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
65. Implement interventions consistent with client issues regarding lifestyle to improve treatment outcome.	0 1 2 3 4 5	0 1 2 3 4 5
66. Implement interventions sensitive to client's diversity to improve treatment outcome.	0 1 2 3 4 5	0 1 2 3 4 5
67. Implement interventions consistent with client's level of acculturation to improve treatment outcome.	0 1 2 3 4 5	0 1 2 3 4 5
68. Implement interventions consistent with substance use, abuse, or dependency treatment models to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
69. Determine client's readiness for termination by evaluating whether treatment goals have been met.	0 1 2 3 4 5	0 1 2 3 4 5
70. Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP, MHSA).	0 1 2 3 4 5	0 1 2 3 4 5
71. Develop a termination plan with client to maintain therapeutic gains after treatment has ended.	0 1 2 3 4 5	0 1 2 3 4 5
72. Integrate community resources to provide ongoing support to client following termination of treatment.	0 1 2 3 4 5	0 1 2 3 4 5
73. Provide psychoeducation as it relates to client's treatment needs.	0 1 2 3 4 5	0 1 2 3 4 5
74. Implement interventions consistent with group therapy theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
75. Implement interventions consistent with research-based outcomes to measure therapeutic effectiveness.	0 1 2 3 4 5	0 1 2 3 4 5
76. Develop strategies to address the impact of crisis issues/psychosocial stressors on client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
V. ETHICS		
77. Address client's expectations about therapy to promote understanding of the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
78. Evaluate client's ability to benefit from therapy to determine appropriateness of treatment.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
79. Discuss management of fees and office policies to promote client's understanding of treatment process.	0 1 2 3 4 5	0 1 2 3 4 5
80. Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	0 1 2 3 4 5	0 1 2 3 4 5
81. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	0 1 2 3 4 5	0 1 2 3 4 5
82. Manage confidentiality issues to maintain integrity of the therapeutic contract.	0 1 2 3 4 5	0 1 2 3 4 5
83. Manage countertransference reaction to maintain integrity of the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5
84. Assess for client's concurrent therapeutic relationships with other therapists to evaluate impact on treatment.	0 1 2 3 4 5	0 1 2 3 4 5
85. Manage clinical issues outside the therapist's scope of competence to meet client needs.	0 1 2 3 4 5	0 1 2 3 4 5
86. Determine therapist's scope of competence regarding treatment factors in client diversity.	0 1 2 3 4 5	0 1 2 3 4 5
87. Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5
88. Determine competency to provide professional services to client by assessing therapist's own cognitive, emotional, or physical impairments.	0 1 2 3 4 5	0 1 2 3 4 5
89. Manage potential dual relationships to avoid loss of therapist objectivity or exploitation of client.	0 1 2 3 4 5	0 1 2 3 4 5
90. Manage overt/covert sexual feelings within the therapeutic relationship to maintain integrity of treatment.	0 1 2 3 4 5	0 1 2 3 4 5
91. Manage the impact of ethical responsibilities on the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5
92. Document treatment in client records according to standard of practice to facilitate continuity of care.	0 1 2 3 4 5	0 1 2 3 4 5

VI. LAW

93. Manage the impact of legal mandates on the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
94. Report client's intent to harm others as defined by mandated reporting requirements.	0 1 2 3 4 5	0 1 2 3 4 5
95. Maintain limits of client confidentiality as defined by mandated reporting requirements.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
96. Initiate protocols (e.g., involuntary hospitalization) after determining that the client is a danger to self or others.	0 1 2 3 4 5	0 1 2 3 4 5
97. Disclose fee structure for professional services to client as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
98. Obtain client's written authorization to exchange confidential information.	0 1 2 3 4 5	0 1 2 3 4 5
99. Respond to client's requests for records as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
100. Maintain security of client's records as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
101. Maintain documentation of clinical services as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
102. Comply with legal standards about sexual contact, conduct, and relations with client.	0 1 2 3 4 5	0 1 2 3 4 5
103. Comply with legal standards about consent to treat a minor.	0 1 2 3 4 5	0 1 2 3 4 5
104. Comply with legal standards about scope of practice to promote client safety.	0 1 2 3 4 5	0 1 2 3 4 5
105. Assert client privilege about requests for confidential information as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
106. Comply with legal standards about advertising when informing the public of therapist's qualifications and services.	0 1 2 3 4 5	0 1 2 3 4 5
107. Comply with Health Information Portability and Accountability Act (HIPAA) regulations as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
108. Comply with Mental Health Services Act (MHSA) as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
109. Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).	0 1 2 3 4 5	0 1 2 3 4 5

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

PART III INSTRUCTIONS FOR RATING KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important you believe a knowledge is to the performance of your tasks. If a knowledge statement is NOT part of your practice, then rate the statement "0" (zero) and go on to the next item. Circle the ONE rating that best fits each knowledge statement.

Please note: The knowledge statements use "the client" to refer to either an individual, couple, or family, depending upon the identified unit of treatment.

RATING SCALES FOR KNOWLEDGE

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED. This knowledge does not apply to my practice; it is not required for performance.
- 1 OF MINOR IMPORTANCE. This knowledge is of minor or incidental importance for performance; it is useful for some minor part of my practice.
- 2 FAIRLY IMPORTANT. This knowledge is fairly important relative to other tasks; however, it does not have the priority of most other knowledge of my practice.
- 3 MODERATELY IMPORTANT. This knowledge is moderately important for performance in some relatively major part of my practice.
- 4 VERY IMPORTANT. This rating indicates that this knowledge is very important for performance in a significant part of my practice.
- 5 CRITICALLY IMPORTANT. This rating indicates that this knowledge is critically important for performance.

EXAMPLE OF KNOWLEDGE RATINGS

	KNOWLEDGE	IMPORTANCE
1.	Knowledge of therapeutic questioning methods.	0 1 2 3 4 5
2.	Knowledge of behavioral, cognitive, and physical indicators associated with substance use, abuse, and dependency.	0 1 2 3 4 5
3.	Knowledge of administration and application of psychological examinations.	0 1 2 3 4 5

NOTE: In knowledge number 3, the knowledge is rated zero because it is not part of your practice.

PLEASE REFER TO THIS PAGE TO MAKE YOUR
IMPORTANCE RATINGS.

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

KNOWLEDGE

IMPORTANCE

I. CLINICAL EVALUATION

1.	Knowledge of clinical interviewing techniques.	0	1	2	3	4	5
2.	Knowledge of active listening techniques.	0	1	2	3	4	5
3.	Knowledge of procedures used to gather initial intake information.	0	1	2	3	4	5
4.	Knowledge of methods used to evaluate verbal and nonverbal cues.	0	1	2	3	4	5
5.	Knowledge of factors influencing the choice of unit of treatment (e.g., individual, couple, family).	0	1	2	3	4	5
6.	Knowledge of the role of client motivation in therapeutic outcome.	0	1	2	3	4	5
7.	Knowledge of interventions used to facilitate engagement of involuntary clients in the therapeutic process.	0	1	2	3	4	5
8.	Knowledge of the effects of previous therapy on current therapeutic process.	0	1	2	3	4	5
9.	Knowledge of the effects of socioeconomic status on client's functioning.	0	1	2	3	4	5
10.	Knowledge of the effects of human diversity factors on the client's functioning.	0	1	2	3	4	5
11.	Knowledge of the effects of level of acculturation on the client's functioning.	0	1	2	3	4	5
12.	Knowledge of cultural beliefs about therapy and mental health.	0	1	2	3	4	5
13.	Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning.	0	1	2	3	4	5
14.	Knowledge of criteria used for differentiating substance use, abuse, and dependency.	0	1	2	3	4	5
15.	Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.	0	1	2	3	4	5
16.	Knowledge of the developmental processes of individual growth and change.	0	1	2	3	4	5
17.	Knowledge of behavioral and psychological indicators of developmental disorders.	0	1	2	3	4	5
18.	Knowledge of the stages of family life-cycle development.	0	1	2	3	4	5
19.	Knowledge of the stages of child/adolescent development.	0	1	2	3	4	5
20.	Knowledge of the stages of adult development.	0	1	2	3	4	5
21.	Knowledge of the effects of physical condition on psychosocial functioning.	0	1	2	3	4	5
22.	Knowledge of the relationship between medical conditions and psychosocial functioning.	0	1	2	3	4	5
23.	Knowledge of factors or symptoms that indicate need for a medical evaluation.	0	1	2	3	4	5
24.	Knowledge of administration and application of mental status examinations.	0	1	2	3	4	5
25.	Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.	0	1	2	3	4	5
26.	Knowledge of methods used to gather information about client's values and beliefs.	0	1	2	3	4	5

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

	KNOWLEDGE	IMPORTANCE
27.	Knowledge of affective, behavioral, and cognitive factors that indicate need for additional testing.	0 1 2 3 4 5
28.	Knowledge of the implications of human diversity factors on client relationships.	0 1 2 3 4 5
29.	Knowledge of methods of collecting family history.	0 1 2 3 4 5
30.	Knowledge of methods used to assess the impact of family history on family relationships.	0 1 2 3 4 5
31.	Knowledge of the effects of family structure and dynamics on the development of identity.	0 1 2 3 4 5
32.	Knowledge of the impact of cultural context on family structure and values.	0 1 2 3 4 5
33.	Knowledge of the impact of dynamics between the client and the work environment on presenting problem.	0 1 2 3 4 5
34.	Knowledge of the impact of dynamics between the client and educational settings on presenting problem.	0 1 2 3 4 5
35.	Knowledge of methods used to gather information from professionals and other involved parties.	0 1 2 3 4 5
36.	Knowledge of methods used to identify the primary caregiver's level of involvement in therapy.	0 1 2 3 4 5
37.	Knowledge of methods used to identify levels of influence of significant others on client's treatment.	0 1 2 3 4 5
38.	Knowledge of methods used to identify support systems within social network.	0 1 2 3 4 5
39.	Knowledge of the effects of acculturation on family structure and values.	0 1 2 3 4 5
40.	Knowledge of the transitional stages of acculturation.	0 1 2 3 4 5
41.	Knowledge of the impact of economic stressors on presenting problems and treatment.	0 1 2 3 4 5
42.	Knowledge of the impact of sociopolitical climate on the therapeutic process.	0 1 2 3 4 5
43.	Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses.	0 1 2 3 4 5
44.	Knowledge of procedures used to integrate assessment information with diagnostic categories.	0 1 2 3 4 5
45.	Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	0 1 2 3 4 5
46.	Knowledge of the influence of onset, intensity, and duration of symptoms to formulate a diagnosis.	0 1 2 3 4 5
47.	Knowledge of methods and administration of standardized assessment instruments.	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

KNOWLEDGE

IMPORTANCE

- | KNOWLEDGE | IMPORTANCE |
|--|-------------|
| 48. Knowledge of the impact of medication on physical and psychological functioning. | 0 1 2 3 4 5 |
| 49. Knowledge of procedures used to identify differential diagnoses. | 0 1 2 3 4 5 |
| 50. Knowledge of assessment methods used to diagnose substance use, abuse, and dependence. | 0 1 2 3 4 5 |

II. CRISIS MANAGEMENT

- | | |
|--|-------------|
| 51. Knowledge of methods used to identify crisis situations. | 0 1 2 3 4 5 |
| 52. Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups. | 0 1 2 3 4 5 |
| 53. Knowledge of physical and psychological indicators of suicidality. | 0 1 2 3 4 5 |
| 54. Knowledge of the effects of precipitating events on suicide potential. | 0 1 2 3 4 5 |
| 55. Knowledge of procedures used to manage client's suicidal ideation that do not require hospitalization. | 0 1 2 3 4 5 |
| 56. Knowledge of strategies used to provide suicide intervention in emergency situations. | 0 1 2 3 4 5 |
| 57. Knowledge of methods used to assess client's strengths and coping skills. | 0 1 2 3 4 5 |
| 58. Knowledge of methods used to evaluate severity of client's symptoms. | 0 1 2 3 4 5 |
| 59. Knowledge of criteria used to determine situations that constitute high risk for abuse. | 0 1 2 3 4 5 |
| 60. Knowledge of indicators of abuse. | 0 1 2 3 4 5 |
| 61. Knowledge of indicators of child abuse. | 0 1 2 3 4 5 |
| 62. Knowledge of indicators of elder/dependent adult abuse. | 0 1 2 3 4 5 |
| 63. Knowledge of indicators of fiduciary elder/dependent adult abuse. | 0 1 2 3 4 5 |
| 64. Knowledge of indicators of neglect. | 0 1 2 3 4 5 |
| 65. Knowledge of indicators of endangerment. | 0 1 2 3 4 5 |
| 66. Knowledge of indicators of domestic violence. | 0 1 2 3 4 5 |
| 67. Knowledge of risk factors that indicate client's potential for causing harm to others. | 0 1 2 3 4 5 |
| 68. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior. | 0 1 2 3 4 5 |
| 69. Knowledge of risk factors that indicate potential for self-destructive behavior. | 0 1 2 3 4 5 |
| 70. Knowledge of the impact of trauma on current functioning. | 0 1 2 3 4 5 |
| 71. Knowledge of the impact of psychosocial stressors on client's functioning. | 0 1 2 3 4 5 |
| 72. Knowledge of the effects of current trauma on client functioning. | 0 1 2 3 4 5 |
| 73. Knowledge of strategies used to manage psychosocial stressors. | 0 1 2 3 4 5 |
| 74. Knowledge of methods used to determine whether a client is gravely disabled. | 0 1 2 3 4 5 |

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

	KNOWLEDGE	IMPORTANCE
75.	Knowledge of the principles of crisis management.	0 1 2 3 4 5
76.	Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior.	0 1 2 3 4 5
77.	Knowledge of methods used (e.g., contract) to manage suicidality.	0 1 2 3 4 5
78.	Knowledge of strategies used to deal with dangerous clients.	0 1 2 3 4 5
79.	Knowledge of strategies used for anger management.	0 1 2 3 4 5
80.	Knowledge of strategies used to address safety in situations of abuse.	0 1 2 3 4 5
81.	Knowledge of strategies used to manage situations dangerous to therapist.	0 1 2 3 4 5
82.	Knowledge of support systems used to manage crises.	0 1 2 3 4 5
83.	Knowledge of referral sources used to manage crises.	0 1 2 3 4 5
84.	Knowledge of methods used to coordinate collateral services to manage crisis.	0 1 2 3 4 5
85.	Knowledge of the effects of human diversity factors on crises.	0 1 2 3 4 5
86.	Knowledge of the effects of acculturation factors on crises.	0 1 2 3 4 5
III. TREATMENT PLANNING		
87.	Knowledge of strategies used to integrate client's and therapist's understanding of the goals into treatment planning.	0 1 2 3 4 5
88.	Knowledge of factors that influence the frequency of therapy sessions.	0 1 2 3 4 5
89.	Knowledge of strategies used to prioritize treatment goals.	0 1 2 3 4 5
90.	Knowledge of methods used to formulate short- and long-term treatment goals.	0 1 2 3 4 5
91.	Knowledge of criteria used to monitor therapeutic effectiveness.	0 1 2 3 4 5
92.	Knowledge of procedures used to measure qualitative and quantitative therapeutic outcomes.	0 1 2 3 4 5
93.	Knowledge of methods used to formulate a treatment plan within diverse populations.	0 1 2 3 4 5
94.	Knowledge of theoretical modalities used to formulate a treatment plan.	0 1 2 3 4 5
95.	Knowledge of third party specifications (e.g., managed care, court-mandated, EAP, MHSA) that impact treatment planning.	0 1 2 3 4 5
96.	Knowledge of methods used to identify need for adjunctive services.	0 1 2 3 4 5
97.	Knowledge of adjunctive services within community/culture used to augment therapy.	0 1 2 3 4 5
98.	Knowledge of methods used to integrate available community/cultural resources into treatment planning.	0 1 2 3 4 5
99.	Knowledge of methods used to integrate information obtained from physician/psychiatrist into treatment planning.	0 1 2 3 4 5
100.	Knowledge of methods used to integrate information obtained from collateral sources into treatment planning.	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

	KNOWLEDGE	IMPORTANCE
101.	Knowledge of factors associated with use of a multidisciplinary team approach to treatment.	0 1 2 3 4 5
102.	Knowledge of the impact of combining treatment modalities in treating problems or disorders.	0 1 2 3 4 5
103.	Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.	0 1 2 3 4 5
104.	Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.	0 1 2 3 4 5
105.	Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused).	0 1 2 3 4 5
106.	Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.	0 1 2 3 4 5
107.	Knowledge of the assumptions, concepts, and methodology associated with a systems approach.	0 1 2 3 4 5
108.	Knowledge of the assumptions, concepts, and methodology associated with group therapy.	0 1 2 3 4 5
109.	Knowledge of the assumptions, concepts, and methodology associated with child therapy.	0 1 2 3 4 5
110.	Knowledge of the assumptions, concepts, and methodology associated with treatment of substance use, abuse, and dependence.	0 1 2 3 4 5
IV. TREATMENT		
111.	Knowledge of the components needed to maintain the therapeutic relationship.	0 1 2 3 4 5
112.	Knowledge of strategies used to maintain a therapeutic relationship.	0 1 2 3 4 5
113.	Knowledge of the impact of value differences between therapist and client on the therapeutic process.	0 1 2 3 4 5
114.	Knowledge of the impact of transference and countertransference dynamics.	0 1 2 3 4 5
115.	Knowledge of strategies used to monitor treatment progress.	0 1 2 3 4 5
116.	Knowledge of the role of therapist from a cognitive-behavioral approach.	0 1 2 3 4 5
117.	Knowledge of the use of interventions associated with cognitive-behavioral theories.	0 1 2 3 4 5
118.	Knowledge of the role of therapist from a humanistic-existential approach.	0 1 2 3 4 5
119.	Knowledge of the use of interventions associated with humanistic-existential theories.	0 1 2 3 4 5
120.	Knowledge of the role of therapist from a postmodern approach.	0 1 2 3 4 5
121.	Knowledge of the use of interventions associated with postmodern theories.	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

KNOWLEDGE		IMPORTANCE					
122.	Knowledge of the role of therapist from a psychodynamic approach.	0	1	2	3	4	5
123.	Knowledge of the use of interventions associated with psychodynamic theories.	0	1	2	3	4	5
124.	Knowledge of the role of therapist from a systems approach.	0	1	2	3	4	5
125.	Knowledge of the use of interventions associated with systems theories.	0	1	2	3	4	5
126.	Knowledge of the use of interventions associated with group therapy.	0	1	2	3	4	5
127.	Knowledge of the use of interventions associated with child therapy.	0	1	2	3	4	5
128.	Knowledge of intervention methods used for treating substance use, abuse, and dependence.	0	1	2	3	4	5
129.	Knowledge of intervention methods used for treating abuse within families.	0	1	2	3	4	5
130.	Knowledge of intervention methods used for treating the impact of violence (e.g., rape, terrorism).	0	1	2	3	4	5
131.	Knowledge of interventions used for treating psychosocial stressors (e.g., loss of job, natural disasters, poverty).	0	1	2	3	4	5
132.	Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, spiritual, psychosocial).	0	1	2	3	4	5
133.	Knowledge of methods used to assist client to adjust to cognitive, emotional, physical, and spiritual changes associated with the life cycle.	0	1	2	3	4	5
134.	Knowledge of methods used to address variations in the life cycle processes.	0	1	2	3	4	5
135.	Knowledge of methods used to address blended family issues.	0	1	2	3	4	5
136.	Knowledge of methods used to address end of life issues.	0	1	2	3	4	5
137.	Knowledge of methods used to address elder issues.	0	1	2	3	4	5
138.	Knowledge of approaches used to address issues associated with variations in lifestyles.	0	1	2	3	4	5
139.	Knowledge of changes in functioning that indicate readiness to terminate therapy.	0	1	2	3	4	5
140.	Knowledge of issues related to the process of termination.	0	1	2	3	4	5
141.	Knowledge of methods used to assess when to initiate termination.	0	1	2	3	4	5
142.	Knowledge of interventions used to initiate termination.	0	1	2	3	4	5
143.	Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP, MHSA) on termination.	0	1	2	3	4	5
144.	Knowledge of methods used to maintain therapeutic gains.	0	1	2	3	4	5
145.	Knowledge of use of psychoeducation as it relates to client's treatment needs.	0	1	2	3	4	5
146.	Knowledge of methods used to measure therapeutic outcomes.	0	1	2	3	4	5
V. ETHICS							
147.	Knowledge of approaches used to address expectations of the therapeutic process.	0	1	2	3	4	5

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

	KNOWLEDGE	IMPORTANCE
148.	Knowledge of methods used to evaluate the client's ability to benefit from therapy.	0 1 2 3 4 5
149.	Knowledge of methods used to explain management of fees and office policies.	0 1 2 3 4 5
150.	Knowledge of methods used to explain parameters of confidentiality.	0 1 2 3 4 5
151.	Knowledge of methods used to explain mandated reporting.	0 1 2 3 4 5
152.	Knowledge of minor client's right to confidentiality and associated limitations.	0 1 2 3 4 5
153.	Knowledge of confidentiality issues in therapy.	0 1 2 3 4 5
154.	Knowledge of strategies used to manage therapeutic relationship.	0 1 2 3 4 5
155.	Knowledge of effects of concurrent therapeutic relationships on treatment process.	0 1 2 3 4 5
156.	Knowledge of cultural differences that may affect the therapeutic relationship.	0 1 2 3 4 5
157.	Knowledge of criteria used to identify limits of therapist's scope of competence.	0 1 2 3 4 5
158.	Knowledge of areas of practice requiring specialized training.	0 1 2 3 4 5
159.	Knowledge of ethical considerations for interrupting or terminating therapy.	0 1 2 3 4 5
160.	Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship.	0 1 2 3 4 5
161.	Knowledge of methods used to facilitate transfer of client for continuity of treatment.	0 1 2 3 4 5
162.	Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process.	0 1 2 3 4 5
163.	Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	0 1 2 3 4 5
164.	Knowledge of the implications of sexual feelings/contact within the context of therapy.	0 1 2 3 4 5
165.	Knowledge of the impact of physical contact on the therapeutic process.	0 1 2 3 4 5
166.	Knowledge of strategies necessary to maintain therapeutic boundaries.	0 1 2 3 4 5
167.	Knowledge of the impact of ethical responsibilities on the therapeutic relationship.	0 1 2 3 4 5
168.	Knowledge of standards of practice about content of client records.	0 1 2 3 4 5
VI. LAW		
169.	Knowledge of conditions and requirements for disclosing or obtaining confidential information.	0 1 2 3 4 5
170.	Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 - Does not apply to my practice; not required for performance
- 1 - Of minor importance or incidental performance
- 2 - Fairly important for some minor part of my practice
- 3 - Moderately important for a relatively major part of my practice
- 4 - Very important for a significant part of my practice
- 5 - Critically important to performance

KNOWLEDGE	IMPORTANCE
171. Knowledge of laws regarding documentation of clinical services.	0 1 2 3 4 5
172. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements.	0 1 2 3 4 5
173. Knowledge of laws about security of client records.	0 1 2 3 4 5
174. Knowledge of laws about sexual conduct between therapist and client.	0 1 2 3 4 5
175. Knowledge of laws that define scope of practice.	0 1 2 3 4 5
176. Knowledge of laws about privileged communication.	0 1 2 3 4 5
177. Knowledge of laws pertaining to mandated reporting of client's intent to harm others.	0 1 2 3 4 5
178. Knowledge of laws about holder of privilege.	0 1 2 3 4 5
179. Knowledge of laws about consent to treat a minor.	0 1 2 3 4 5
180. Knowledge of laws about disclosing fees for professional services.	0 1 2 3 4 5
181. Knowledge of legal criteria for determining involuntary hospitalization.	0 1 2 3 4 5
182. Knowledge of laws about client's requests for records.	0 1 2 3 4 5
183. Knowledge of laws about therapist response to subpoenas.	0 1 2 3 4 5
184. Knowledge of methods used to ascertain who can consent to treat a minor when parental custody is in question.	0 1 2 3 4 5
185. Knowledge of laws about advertisement and dissemination of information pertaining to professional qualifications and services.	0 1 2 3 4 5
186. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled "Professional Therapy Never Includes Sex."	0 1 2 3 4 5
187. Knowledge of laws about HIPAA requirements.	0 1 2 3 4 5
188. Knowledge of laws about MHSA requirements.	0 1 2 3 4 5
189. Knowledge of therapeutic techniques used to manage impact of mandated reporting (e.g., limits of confidentiality, request records, responding to subpoenas, 5150).	0 1 2 3 4 5

**YOU HAVE COMPLETED PART III OF THE SURVEY QUESTIONNAIRE.
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.**

Please check to see that you have responded to every item and return the questionnaire in the prepaid envelope provided.

APPENDIX C – RESPONDENTS BY REGION

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1 – LOS ANGELES AND VICINITY

Los Angeles	97
Orange	31

TOTAL LOS ANGELES: 128

2 – SAN FRANCISCO BAY AREA

Alameda	17
Contra Costa	9
Marin	10
Napa	4
San Francisco	14
San Mateo	6
Santa Clara	15
Solono	6

TOTAL BAY AREA: 81

3 – SAN JOAQUIN VALLEY

Fresno	8
Kern	3
Kings	3
Madera	2
Merced	2
San Benito	4
San Joaquin	3
Stanislaus	2
Tulare	12
Tuolumne	1

TOTAL SAN JOAQUIN: 40

4 – SACRAMENTO VALLEY

Butte	2
Colusa	3
Glenn	3
Sacramento	29
Sutter	1
Yolo	2

TOTAL SACRAMENTO: 40

5 – SAN DIEGO AND VICINITY

San Diego	32
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TOTAL SAN DIEGO: 32

6 – SHASTA/CASCADE

Lake	3
Lassen	1
Shasta	4
Siskiyou	4
Trinity	2

TOTAL SHASTA/CASCADE: 14

7 – RIVERSIDE AND VICINITY

Riverside	8
San Bernardino	13

TOTAL RIVERSIDE: 21

8 - SIERRA MOUNTAIN VALLEY

Amador	3
Calaveras	2
Nevada	1
Placer	1
Sierra	1
Tehama	3

TOTAL SIERRA MOUNTAIN VALLEY: 11

9 - NORTH/CENTRAL COAST

De Norte	2
Humboldt	3
Monterey	6
Santa Cruz	4
Sonoma	11

TOTAL NORTH/CENTRAL COAST: 26

10 – SOUTH COAST

San Luis Obispo	7
Santa Barbara	7
Ventura	10

TOTAL SOUTH COAST: 24

TOTAL RESPONDENTS: 417

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APPENDIX D – SCALE MEANS AND CRITICAL INDICES FOR ALL
TASKS

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10. Clinical Evaluation

ITEM	JOB TASK	MEAN TASK		MEAN CRITICAL TASK INDEX
		FREQ (F)	IMP (I)	
1	Identify presenting problems by exploring client's initial concerns to determine purpose for seeking therapy.	4.66	4.71	22.46
2	Identify precipitating events related to client's presenting problems to determine impact on current level of functioning.	4.63	4.65	21.91
8	Gather information from client about physical/psychosocial history to formulate a diagnostic impression.	4.46	4.52	20.70
6	Assess for past/present substance use, abuse, and dependency to determine how to proceed with treatment.	4.38	4.49	20.30
12	Evaluate client's thought processes and behaviors that indicate a need for psychiatric referral.	4.27	4.49	19.79
20	Formulate a diagnosis based on assessment information to use as a basis for treatment planning.	4.28	4.26	19.22
3	Identify unit of treatment (e.g., individual, couple, family) to determine strategy for therapy.	4.20	4.22	19.06
21	Assess impact of substance use, abuse, and dependency on client to develop a diagnostic impression.	4.17	4.34	18.96
4	Assess client's motivation for therapy by discussing client's expectations of therapeutic outcome.	4.21	4.30	18.80
10	Evaluate client's medical history and current complaints to determine need for medical referral.	4.03	4.21	17.93
22	Assess impact of medication or physical condition on client to develop a diagnostic impression.	3.99	4.22	17.83
7	Assess the impact of client's past/present substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.	4.00	4.15	17.57
18	Assess influence of significant others on client's treatment.	3.90	4.01	16.68
19	Explore impact of the economic, political, social, and spiritual environment on client's presenting problems and treatment.	3.88	3.93	16.29

15	Explore impact of human diversity factors on client's presenting problems and treatment.	3.86	3.86	16.06
5	Explore client's previous therapy experience(s) to determine impact on current therapeutic process.	3.88	3.78	15.48
17	Assess primary caregiver's willingness and ability to support dependent/minor client's treatment.	3.40	3.83	15.45
16	Explore impact of acculturation factors on client's presenting problems and treatment.	3.36	3.69	13.66
13	Evaluate client's affective, behavioral, and cognitive functioning that indicate a need for referral for testing.	3.36	3.59	13.65
14	Explore client's socioeconomic status to determine the need for community resource referral.	3.40	3.49	13.58
9	Gather information from collateral sources about client to formulate a diagnostic impression.	2.89	3.19	10.54
11	Administer standardized assessment instruments (e.g., Beck Depression Inventory) within scope of practice and competence to obtain diagnostic information.	1.93	2.20	6.54

II. Crisis Management

ITEM	JOB TASK	MEAN TASK		MEAN CRITICAL TASK INDEX
		FREQ (F)	IMP (I)	
24	Evaluate client's potential for self-destructive and self-injurious behavior to determine level of intervention.	4.16	4.78	20.24
23	Assess severity of client's crisis to determine what immediate interventions are needed.	4.16	4.69	20.13
25	Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.	4.03	4.78	19.68
26	Evaluate severity of crisis situation by assessing the level of impairment to client's life.	3.93	4.50	18.38
30	Explore client's trauma history to determine impact on current crisis.	4.08	4.38	18.36
27	Identify indicators of abuse/neglect by exploring client's situation to determine level of intervention.	3.81	4.43	17.60
31	Develop an intervention strategy with client who has indicated thoughts of causing danger to self to reduce potential for harm.	3.61	4.60	17.40
29	Evaluate level of danger client presents to others to determine need for immediate intervention.	3.49	4.50	16.72
28	Assess for domestic violence to determine need for and level of intervention.	3.60	4.31	16.55
34	Provide referrals of viable resources to augment management of client's crisis.	3.57	4.28	16.34
33	Develop an intervention strategy with client in a potentially abusive situation to provide for safety of client and family members.	3.16	4.34	14.85
35	Collaborate with involved parties to augment management of client's crisis.	3.32	4.11	14.82
32	Develop an intervention strategy for a client who has indicated thoughts of causing danger to others to reduce potential for harm.	2.86	4.19	13.62
36	Explore the impact of human diversity factors on client's current crisis.	3.04	3.54	12.39
37	Explore the impact of acculturation factors on client's current crisis.	2.96	3.57	12.06

III. Treatment Planning

ITEM	JOB TASK	MEAN TASK		MEAN CRITICAL TASK INDEX
		FREQ (F)	IMP (I)	
38	Establish congruent treatment goals by integrating therapist and client perspectives about the presenting problems.	4.20	4.26	18.78
39	Prioritize treatment goals to develop course of treatment.	4.14	4.15	18.18
41	Formulate a treatment plan with an awareness and sensitivity to client's culture to provide therapy consistent with client's values and beliefs.	3.89	4.13	17.22
42	Formulate a treatment plan incorporating client's diversity to provide therapy sensitive to client's values, beliefs, and social environment.	3.82	4.09	16.90
51	Determine need for referral for adjunctive services to augment client's treatment.	3.81	4.01	16.28
40	Identify methods to monitor client's progress toward treatment goals and outcomes.	3.83	3.94	16.20
53	Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.	3.41	3.95	14.80
52	Integrate community resources into treatment plan to support client's therapeutic goals.	3.40	3.75	14.08
43	Formulate a treatment plan within a cognitive-behavioral orientation to provide a framework for client's therapy.	3.55	3.50	13.98
54	Integrate information obtained from involved parties to formulate a treatment plan.	3.19	3.59	12.94
47	Formulate a treatment plan within a systems orientation to provide a framework for client's therapy.	3.16	3.34	12.47
55	Collaborate with the multidisciplinary team to coordinate a treatment plan.	2.60	3.08	10.86
44	Formulate a treatment plan within a humanistic-existential orientation to provide a framework for client's therapy.	2.83	2.94	10.24
49	Formulate a treatment plan within a child therapy context to provide a framework for client's therapy.	2.26	2.73	9.68
46	Formulate a treatment plan within a psychodynamic orientation to provide a framework for client's therapy.	2.49	2.58	9.12

50	Formulate a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP, MHSA) to meet client needs.	2.33	2.56	8.90
45	Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client's therapy.	2.34	2.44	7.94
48	Formulate a treatment plan within a group therapy setting to provide a framework for client's therapy.	1.57	1.96	5.80

IV. Treatment

ITEM	JOB TASK	MEAN TASK		MEAN CRITICAL TASK INDEX
		FREQ (F)	IMP (I)	
56	Maintain a therapeutic relationship with client to facilitate treatment.	4.83	4.86	23.74
57	Manage therapeutic effectiveness by monitoring client's progress to determine need for treatment plan revision.	4.43	4.50	20.49
69	Determine client's readiness for termination by evaluating whether treatment goals have been met.	4.08	4.27	18.38
73	Provide psychoeducation as it relates to client's treatment needs.	4.15	4.17	18.35
76	Develop strategies to address the impact of crisis issues/psychosocial stressors on client's treatment.	3.96	4.17	17.55
71	Develop a termination plan with client to maintain therapeutic gains after treatment has ended.	3.73	4.08	16.59
65	Implement interventions consistent with client issues regarding lifestyle to improve treatment outcome.	3.83	3.92	16.18
68	Implement interventions consistent with substance use, abuse, or dependency treatment models to facilitate client's treatment.	3.55	4.08	15.90
64	Implement interventions consistent with developmental stages to facilitate client's treatment.	3.69	3.88	15.80
66	Implement interventions sensitive to client's diversity to improve treatment outcome.	3.66	3.89	15.38
58	Implement interventions consistent with cognitive-behavioral theories to facilitate client's treatment.	3.73	3.71	15.25
72	Integrate community resources to provide ongoing support to client following termination of treatment.	3.42	3.86	14.64
67	Implement interventions consistent with client's level of acculturation to improve treatment outcome.	3.27	3.76	13.57
63	Implement interventions consistent with systems theories to facilitate client's treatment.	3.25	3.43	13.12
59	Implement interventions consistent with humanistic-existential theories to facilitate client's treatment.	2.91	2.94	10.70

61	Implement interventions consistent with child therapy theories to facilitate client's treatment.	2.36	2.63	9.99
62	Implement interventions consistent with psychodynamic theories to facilitate client's treatment.	2.55	2.62	9.60
70	Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP, MHSA).	2.33	2.60	9.25
75	Implement interventions consistent with research-based outcomes to measure therapeutic effectiveness.	2.40	2.60	8.97
60	Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	2.31	2.45	8.08
74	Implement interventions consistent with group therapy theories to facilitate client's treatment.	1.72	2.07	6.58

V. Ethics

ITEM	JOB TASK	MEAN TASK		MEAN CRITICAL TASK INDEX
		FREQ (F)	IMP (I)	
82	Manage confidentiality issues to maintain integrity of the therapeutic contract.	4.70	4.80	22.91
80	Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	4.67	4.75	22.52
92	Document treatment in client records according to standard of practice to facilitate continuity of care.	4.65	4.55	21.65
83	Manage countertransference reaction to maintain integrity of the therapeutic relationship.	4.22	4.62	20.08
78	Evaluate client's ability to benefit from therapy to determine appropriateness of treatment.	4.24	4.42	19.56
91	Manage the impact of ethical responsibilities on the therapeutic relationship.	4.09	4.59	19.53
77	Address client's expectations about therapy to promote understanding of the therapeutic process.	4.29	4.38	19.48
79	Discuss management of fees and office policies to promote client's understanding of treatment process.	3.81	3.93	17.48
81	Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	3.54	3.85	16.82
88	Determine competency to provide professional services to client by assessing therapist's own cognitive, emotional, or physical impairments.	3.48	4.18	16.01
89	Manage potential dual relationships to avoid loss of therapist objectivity or exploitation of client.	3.41	4.30	16.00
86	Determine therapist's scope of competence regarding treatment factors in client diversity.	3.36	3.88	14.52
87	Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.	3.12	4.13	14.46
84	Assess for client's concurrent therapeutic relationships with other therapists to evaluate impact on treatment.	3.15	3.83	13.83
90	Manage overt/covert sexual feelings within the therapeutic relationship to maintain integrity of treatment.	2.64	4.16	12.48
85	Manage clinical issues outside the therapist's scope of competence to meet client needs.	2.15	2.71	9.26

VI. Law

ITEM	JOB TASK	MEAN TASK		MEAN CRITICAL TASK INDEX
		FREQ (F)	IMP (I)	
100	Maintain security of client's records as mandated by law.	4.76	4.77	23.15
101	Maintain documentation of clinical services as mandated by law.	4.78	4.69	22.70
102	Comply with legal standards about sexual contact, conduct, and relations with client.	4.59	4.80	22.56
95	Maintain limits of client confidentiality as defined by mandated reporting requirements.	4.45	4.76	21.72
104	Comply with legal standards about scope of practice to promote client safety.	4.53	4.66	21.68
98	Obtain client's written authorization to exchange confidential information.	4.31	4.71	20.86
93	Manage the impact of legal mandates on the therapeutic process.	3.90	4.51	18.45
107	Comply with Health Information Portability and Accountability Act (HIPAA) regulations as mandated by law.	3.93	4.12	18.22
97	Disclose fee structure for professional services to client as mandated by law.	3.79	3.96	17.88
103	Comply with legal standards about consent to treat a minor.	3.42	3.91	16.58
108	Comply with Mental Health Services Act (MHSA) as mandated by law.	3.47	3.83	16.28
109	Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).	3.25	4.62	15.81
106	Comply with legal standards about advertising when informing the public of therapist's qualifications and services.	2.89	3.56	13.39
94	Report client's intent to harm others as defined by mandated reporting requirements.	2.52	4.28	12.31
105	Assert client privilege about requests for confidential information as mandated by law.	2.56	4.06	12.22
99	Respond to client's requests for records as mandated by law.	2.35	3.77	10.81
96	Initiate protocols (e.g., involuntary hospitalization) after determining that the client is a danger to self or others.	2.19	4.10	10.34

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

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I. Clinical Evaluation

ITEM	KNOWLEDGE STATEMENT	IMP (I)
2	Knowledge of active listening techniques.	4.74
1	Knowledge of clinical interviewing techniques.	4.47
4	Knowledge of methods used to evaluate verbal and nonverbal cues.	4.44
3	Knowledge of procedures used to gather initial intake information.	4.38
45	Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	4.34
13	Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning.	4.27
46	Knowledge of the influence of onset, intensity, and duration of symptoms to formulate a diagnosis.	4.20
43	Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses.	4.17
25	Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.	4.14
6	Knowledge of the role of client motivation in therapeutic outcome.	4.10
15	Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.	4.09
16	Knowledge of the developmental processes of individual growth and change.	4.09
23	Knowledge of factors or symptoms that indicate need for a medical evaluation.	4.07
31	Knowledge of the effects of family structure and dynamics on the development of identity.	4.03
30	Knowledge of methods used to assess the impact of family history on family relationships.	3.96
44	Knowledge of procedures used to integrate assessment information with diagnostic categories.	3.90
5	Knowledge of factors influencing the choice of unit of treatment (e.g., individual, couple, family).	3.89
26	Knowledge of methods used to gather information about client's values and beliefs.	3.87
29	Knowledge of methods of collecting family history.	3.87
38	Knowledge of methods used to identify support systems within social network.	3.85
49	Knowledge of procedures used to identify differential diagnoses.	3.84
14	Knowledge of criteria used for differentiating substance use, abuse, and dependency.	3.80
20	Knowledge of the stages of adult development.	3.80
48	Knowledge of the impact of medication on physical and psychological functioning.	3.80
22	Knowledge of the relationship between medical conditions and psychosocial functioning.	3.74
12	Knowledge of cultural beliefs about therapy and mental health.	3.73
41	Knowledge of the impact of economic stressors on presenting problems and treatment.	3.73

21	Knowledge of the effects of physical condition on psychosocial functioning.	3.69
32	Knowledge of the impact of cultural context on family structure and values.	3.69
50	Knowledge of assessment methods used to diagnose substance use, abuse, and dependence.	3.69
19	Knowledge of the stages of child/adolescent development.	3.67
37	Knowledge of methods used to identify levels of influence of significant others on client's treatment.	3.66
10	Knowledge of the effects of human diversity factors on the client's functioning.	3.63
18	Knowledge of the stages of family life-cycle development.	3.63
9	Knowledge of the effects of socioeconomic status on client's functioning.	3.59
17	Knowledge of behavioral and psychological indicators of developmental disorders.	3.50
28	Knowledge of the implications of human diversity factors on client relationships.	3.45
11	Knowledge of the effects of level of acculturation on the client's functioning.	3.41
35	Knowledge of methods used to gather information from professionals and other involved parties.	3.41
8	Knowledge of the effects of previous therapy on current therapeutic process.	3.37
24	Knowledge of administration and application of mental status examinations.	3.30
39	Knowledge of the effects of acculturation on family structure and values.	3.28
33	Knowledge of the impact of dynamics between the client and the work environment on presenting problem.	3.27
34	Knowledge of the impact of dynamics between the client and educational settings on presenting problem.	3.14
36	Knowledge of methods used to identify the primary caregiver's level of involvement in therapy.	3.11
27	Knowledge of affective, behavioral, and cognitive factors that indicate need for additional testing.	3.04
40	Knowledge of the transitional stages of acculturation.	3.02
7	Knowledge of interventions used to facilitate engagement of involuntary clients in the therapeutic process.	2.89
42	Knowledge of the impact of sociopolitical climate on the therapeutic process.	2.55
47	Knowledge of methods and administration of standardized assessment instruments.	2.04

II. Crisis Management

ITEM	KNOWLEDGE STATEMENT	IMP (I)
57	Knowledge of methods used to assess client's strengths and coping skills.	4.35
58	Knowledge of methods used to evaluate severity of client's symptoms.	4.34
73	Knowledge of strategies used to manage psychosocial stressors.	4.31
51	Knowledge of methods used to identify crisis situations.	4.29
53	Knowledge of physical and psychological indicators of suicidality.	4.27
70	Knowledge of the impact of trauma on current functioning.	4.24
71	Knowledge of the impact of psychosocial stressors on client's functioning.	4.24
52	Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups.	4.23
72	Knowledge of the effects of current trauma on client functioning.	4.21
54	Knowledge of the effects of precipitating events on suicide potential.	4.19
55	Knowledge of procedures used to manage client's suicidal ideation that do not require hospitalization.	4.18
60	Knowledge of indicators of abuse.	4.17
75	Knowledge of the principles of crisis management.	4.15
68	Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.	4.08
69	Knowledge of risk factors that indicate potential for self-destructive behavior.	4.07
59	Knowledge of criteria used to determine situations that constitute high risk for abuse.	4.04
56	Knowledge of strategies used to provide suicide intervention in emergency situations.	4.03
61	Knowledge of indicators of child abuse.	3.96
79	Knowledge of strategies used for anger management.	3.93
77	Knowledge of methods used (e.g., contract) to manage suicidality.	3.92
82	Knowledge of support systems used to manage crises.	3.83
83	Knowledge of referral sources used to manage crises.	3.83
66	Knowledge of indicators of domestic violence.	3.82
76	Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior.	3.80
80	Knowledge of strategies used to address safety in situations of abuse.	3.76
67	Knowledge of risk factors that indicate client's potential for causing harm to others.	3.70
64	Knowledge of indicators of neglect.	3.66
65	Knowledge of indicators of endangerment.	3.66
84	Knowledge of methods used to coordinate collateral services to manage crisis.	3.56
78	Knowledge of strategies used to deal with dangerous clients.	3.27
62	Knowledge of indicators of elder/dependent adult abuse.	3.18
81	Knowledge of strategies used to manage situations dangerous to therapist.	3.17

85	Knowledge of the effects of human diversity factors on crises.	3.16
86	Knowledge of the effects of acculturation factors on crises.	3.04
74	Knowledge of methods used to determine whether a client is gravely disabled.	3.03
63	Knowledge of indicators of fiduciary elder/dependent adult abuse.	2.92

III. Treatment Planning

ITEM	KNOWLEDGE STATEMENT	IMP (I)
87	Knowledge of strategies used to integrate client's and therapist's understanding of the goals into treatment planning.	4.05
89	Knowledge of strategies used to prioritize treatment goals.	3.94
90	Knowledge of methods used to formulate short- and long-term treatment goals.	3.91
91	Knowledge of criteria used to monitor therapeutic effectiveness.	3.84
88	Knowledge of factors that influence the frequency of therapy sessions.	3.71
103	Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.	3.68
99	Knowledge of methods used to integrate information obtained from physician/psychiatrist into treatment planning.	3.60
94	Knowledge of theoretical modalities used to formulate a treatment plan.	3.53
107	Knowledge of the assumptions, concepts, and methodology associated with a systems approach.	3.47
110	Knowledge of the assumptions, concepts, and methodology associated with treatment of substance use, abuse, and dependence.	3.44
97	Knowledge of adjunctive services within community/culture used to augment therapy.	3.42
96	Knowledge of methods used to identify need for adjunctive services.	3.38
102	Knowledge of the impact of combining treatment modalities in treating problems or disorders.	3.32
100	Knowledge of methods used to integrate information obtained from collateral sources into treatment planning.	3.27
98	Knowledge of methods used to integrate available community/cultural resources into treatment planning.	3.25
93	Knowledge of methods used to formulate a treatment plan within diverse populations.	3.18
92	Knowledge of procedures used to measure qualitative and quantitative therapeutic outcomes.	3.07
104	Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.	3.06
101	Knowledge of factors associated with use of a multidisciplinary team approach to treatment.	2.80
106	Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.	2.78
95	Knowledge of third party specifications (e.g., managed care, court-mandated, EAP, MHSA) that impact treatment planning.	2.74
109	Knowledge of the assumptions, concepts, and methodology associated with child therapy.	2.66
105	Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused).	2.58
108	Knowledge of the assumptions, concepts, and methodology associated with group therapy.	2.21

IV. Treatment

ITEM	KNOWLEDGE STATEMENT	IMP (I)
112	Knowledge of strategies used to maintain a therapeutic relationship.	4.63
111	Knowledge of the components needed to maintain the therapeutic relationship.	4.62
114	Knowledge of the impact of transference and countertransference dynamics.	4.33
113	Knowledge of the impact of value differences between therapist and client on the therapeutic process.	4.27
115	Knowledge of strategies used to monitor treatment progress.	4.02
140	Knowledge of issues related to the process of termination.	4.00
145	Knowledge of use of psychoeducation as it relates to client's treatment needs.	4.00
144	Knowledge of methods used to maintain therapeutic gains.	3.90
139	Knowledge of changes in functioning that indicate readiness to terminate therapy.	3.87
141	Knowledge of methods used to assess when to initiate termination.	3.85
133	Knowledge of methods used to assist client to adjust to cognitive, emotional, physical, and spiritual changes associated with the life cycle.	3.83
132	Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, spiritual, psychosocial).	3.79
117	Knowledge of the use of interventions associated with cognitive-behavioral theories.	3.78
142	Knowledge of interventions used to initiate termination.	3.78
131	Knowledge of interventions used for treating psychosocial stressors (e.g., loss of job, natural disasters, poverty).	3.77
116	Knowledge of the role of therapist from a cognitive-behavioral approach.	3.73
134	Knowledge of methods used to address variations in the life cycle processes.	3.56
129	Knowledge of intervention methods used for treating abuse within families.	3.54
124	Knowledge of the role of therapist from a systems approach.	3.49
125	Knowledge of the use of interventions associated with systems theories.	3.48
128	Knowledge of intervention methods used for treating substance use, abuse, and dependence.	3.44
135	Knowledge of methods used to address blended family issues.	3.39
130	Knowledge of intervention methods used for treating the impact of violence (e.g., rape, terrorism).	3.38
146	Knowledge of methods used to measure therapeutic outcomes.	3.20
138	Knowledge of approaches used to address issues associated with variations in lifestyles.	3.13
118	Knowledge of the role of therapist from a humanistic-existential approach.	3.04

119	Knowledge of the use of interventions associated with humanistic-existential theories.	3.02
122	Knowledge of the role of therapist from a psychodynamic approach.	2.80
123	Knowledge of the use of interventions associated with psychodynamic theories.	2.78
127	Knowledge of the use of interventions associated with child therapy.	2.66
143	Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP, MHSA) on termination.	2.56
136	Knowledge of methods used to address end of life issues.	2.44
120	Knowledge of the role of therapist from a postmodern approach.	2.38
121	Knowledge of the use of interventions associated with postmodern theories.	2.37
137	Knowledge of methods used to address elder issues.	2.27
126	Knowledge of the use of interventions associated with group therapy.	2.18

V. Ethics

ITEM	KNOWLEDGE STATEMENT	IMP (I)
153	Knowledge of confidentiality issues in therapy.	4.67
167	Knowledge of the impact of ethical responsibilities on the therapeutic relationship.	4.51
150	Knowledge of methods used to explain parameters of confidentiality.	4.50
154	Knowledge of strategies used to manage therapeutic relationship.	4.46
166	Knowledge of strategies necessary to maintain therapeutic boundaries.	4.42
151	Knowledge of methods used to explain mandated reporting.	4.41
168	Knowledge of standards of practice about content of client records.	4.29
162	Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process.	4.13
157	Knowledge of criteria used to identify limits of therapist's scope of competence.	4.08
163	Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	4.01
152	Knowledge of minor client's right to confidentiality and associated limitations.	3.95
165	Knowledge of the impact of physical contact on the therapeutic process.	3.89
147	Knowledge of approaches used to address expectations of the therapeutic process.	3.88
148	Knowledge of methods used to evaluate the client's ability to benefit from therapy.	3.86
158	Knowledge of areas of practice requiring specialized training.	3.86
159	Knowledge of ethical considerations for interrupting or terminating therapy.	3.84
164	Knowledge of the implications of sexual feelings/contact within the context of therapy.	3.71
155	Knowledge of effects of concurrent therapeutic relationships on treatment process.	3.69
156	Knowledge of cultural differences that may affect the therapeutic relationship.	3.69
160	Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship.	3.62
149	Knowledge of methods used to explain management of fees and office policies.	3.60
161	Knowledge of methods used to facilitate transfer of client for continuity of treatment.	3.47

VI. Law

ITEM	KNOWLEDGE STATEMENT	IMP (I)
169	Knowledge of conditions and requirements for disclosing or obtaining confidential information.	4.53
172	Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements.	4.45
173	Knowledge of laws about security of client records.	4.43
170	Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).	4.41
171	Knowledge of laws regarding documentation of clinical services.	4.38
175	Knowledge of laws that define scope of practice.	4.33
174	Knowledge of laws about sexual conduct between therapist and client.	4.26
176	Knowledge of laws about privileged communication.	4.24
177	Knowledge of laws pertaining to mandated reporting of client's intent to harm others.	4.13
189	Knowledge of therapeutic techniques used to manage impact of mandated reporting (e.g., limits of confidentiality, request records, responding to subpoenas, 5150).	4.05
178	Knowledge of laws about holder of privilege.	3.90
180	Knowledge of laws about disclosing fees for professional services.	3.77
187	Knowledge of laws about HIPAA requirements.	3.74
179	Knowledge of laws about consent to treat a minor.	3.71
181	Knowledge of legal criteria for determining involuntary hospitalization.	3.60
182	Knowledge of laws about client's requests for records.	3.54
183	Knowledge of laws about therapist response to subpoenas.	3.42
184	Knowledge of methods used to ascertain who can consent to treat a minor when parental custody is in question.	3.39
186	Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled "Professional Therapy Never Includes Sex."	3.32
188	Knowledge of laws about MHSA requirements.	3.21
185	Knowledge of laws about advertisement and dissemination of information pertaining to professional qualifications and services.	3.03

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Behavioral Sciences (BBS) requested that the Department of Consumer Affairs, Office of Examination Resources (OER), conduct a validation study to identify critical job activities performed by LCSWs. This occupational analysis is part of the Board's comprehensive review of the practice of LCSWs in California. The purpose of the occupational analysis is to define practice for a LCSW in terms of the actual tasks that new licensees must be able to perform safely and competently. The results of this occupational analysis serve as the basis for the examination program for LCSWs.

CONTENT VALIDATION STRATEGY

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

UTILIZATION OF EXPERTS

The BBS and OER identified LCSWs that represent diverse practice settings. These LCSWs provided technical expertise in all phases of the occupational analysis. Some of the LCSWs participated in individual interviews, and others participated in panel meetings to develop and review job task and knowledge statements. A number of recently LCSWs were included in interviews and panel meetings to ensure that the results of the occupational analysis reflect current practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Several statutes, guidelines, and case law serve as standards for the basis of licensure, certification, and registration programs in California. These include the Section 139 of the Business and Professions Code, Section 12944 of the California Fair Employment and Housing Act, Federal Uniform Guidelines on Employee Selection Procedures, and the Civil Rights Act of 1991. For a licensure, certification, or registration program to meet these standards, it must be based upon the job activities that LCSWs perform on the job.

CHAPTER 2. EXAMINATION OUTLINE

OVERVIEW

The content outline is structured into seven content areas (see Tables 1 through 3). Each content area is weighted proportionately relative to other content areas. The examination outline specifies the job tasks that a LCSW is expected to master at the time of licensure. Examinations should be based directly on the examination outline.

Table 1 – Summary of content areas

Content Area	Number of Tasks in Content Area	Task Indices in Content Area	Area Weight (%)
I. Biopsychosocial Assessment	55	614.0	23
II. Diagnostic Formulation	13	150.8	6
III. Treatment Plan Development	26	293	11
IV. Resource Coordination	22	241.7	9
V. Therapeutic Interventions	106	1084.9	40
VI. Legal Mandates and Obligations	11	146.6	5
VII. Ethical Standards	14	173.4	6
Total	247	2704.4	100

Table 2 – LCSW Examination Plan Showing Content and Sub-content areas

Content Area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Task Indices in Content Area	Task Indices in Content Subarea	Area Weight (%)	Subarea Weight (%)
I. Biopsychosocial Assessment	55		614		23	
A. Assessing for Risk		9		117.8		5
B. Assessment of Client Readiness and Appropriateness of Treatment		3		35.7		1
C. In-depth Assessment						
1. Comprehensive Exploration of Symptoms						
a. psychological factors		11		97.5		4
b. cultural/personal factors		5		54.7		2
2. Comprehensive Evaluation of Problem						
a. social-environmental history		7		83.9		3
b. medical and developmental history		7		75.1		3
c. history of substance abuse/abuse		3		31.8		1
3. Comprehensive Evaluation of Inter- and Intrapersonal Resources		10		117.5		4
II. Diagnostic Formulation	13		150.8		6	
III. Treatment Plan Development	26		293.0		11	
A. Identify/Prioritize Objectives, Goals and Methods of Treatment		12		136.6		5
B. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources		6		67.3		3
C. Monitoring, Evaluation and Revision		8		89.1		3
IV. Resource Coordination	22		241.7		9	
A. Service Identification and Coordination		10		110.9		4
B. Client Advocacy and Support		12		130.8		5
V. Therapeutic Interventions	106		1084.9		40	
A. Crisis Intervention		7		80.3		3
B. Short-term Therapy		9		96.1		4
C. Therapy for Children and Adolescents		22		229.6		8
D. Therapy for Adults (Individual and Group)		24		240.4		9
E. Therapy for Couples		17		151.1		5
F. Therapy for Families		16		156.2		6
G. Managing the Therapeutic Process		11		131.2		5
VI. Legal Mandates and Obligations	11		146.6		5	
A. Protective Issues/Mandated Reporting		5		64		2
B. Professional Conduct		6		82.6		3
VII. Ethical Standards	14		173.4		6	
Total	247	-	2704.4	-	100	-

NARRATIVE DESCRIPTION OF CONTENT AREAS

Narrative descriptions were developed for each content area to provide a broad perspective of each area in terms of a defining theme. The examination outline presented in Table 2 includes these narrative descriptions. The task and knowledge statements are in numerical order.

CONTENT AREAS AND SUBAREA WEIGHTS

The relative weight of the content area in the examination outline represents the sum of the critical task indices for a content area divided by the overall sum of the critical task indices for all tasks. For example, if the sum of the critical task indices for “I. Biopsychosocial Assessment” in the examination outline is 614.0, the weight of that content area (23%) is calculated by dividing the sum of the critical task indices (614.0) by the overall sum of the critical task indices (2704.4).

The relative weight of a subarea represents the sum of the critical task indices for a subarea divided by the overall sum of the critical task indices for all tasks. For example, if the sum of the critical task indices for “IA. Assessing for Risk” is 117.8, the weight of that subarea (5%) is calculated by dividing the sum of the critical task indices (117.8) by the overall sum of the critical job task indices (2704.4).

TABLE 3 – EXAMINATION OUTLINE FOR LICENSED CLINICAL SOCIAL WORKERS

I. Biopsychosocial Assessment (23%) – This area assesses the candidate’s ability to identify and assess the biopsychosocial aspects of the presenting problem.

1A Biopsychosocial Assessment: Assessing for Risk	
Tasks	Knowledge
<p>14. Evaluate client’s level of distress to assess the impact of the presenting problem on the person in the situation.</p> <p>27. Assess for suicide potential by evaluating client’s intent, means, and history to determine need for immediate intervention.</p> <p>40. Evaluate level of danger client presents to self and/or others to determine need for immediate intervention.</p> <p>53. Evaluate client for grave disability to determine need for immediate intervention.</p> <p>67. Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.</p> <p>79. Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.</p> <p>91. Evaluate degree of risk by identifying the client’s immediate support systems and the client’s ability to access them.</p> <p>103. Identify precipitating events to determine the need for crisis intervention.</p> <p>245. Identify presenting complaint to determine client’s understanding of the problem.</p>	<p>11. Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.</p> <p>22. Knowledge of socio-cultural factors that affect the assessment of client risk.</p> <p>44. Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.</p> <p>55. Knowledge of legal criteria for identifying clients who require involuntary treatment or detention.</p> <p>66. Knowledge of methods for assessing the risk of decompensation and hospitalization.</p> <p>88. Knowledge of criteria for evaluating the safety of a child’s environment.</p> <p>99. Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.</p> <p>131. Knowledge of criteria for determining whether client’s living situation constitutes high risk for abuse.</p> <p>142. Knowledge of methods and techniques for eliciting client’s perception of presenting complaint.</p> <p>148. Knowledge of risk factors that indicate a client’s potential for causing harm to others.</p> <p>166. Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.</p> <p>186. Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.</p>
1B Biopsychosocial Assessment: Assessment of Client Readiness and Appropriateness of Treatment	
<p>113. Assess for language barriers that will impede the therapeutic process to determine whether treatment can be provided or referral is indicated.</p> <p>125. Assess for cultural factors that will influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated.</p>	<p>33. Knowledge of the effect of language differences on the therapeutic process.</p> <p>77. Knowledge of the role of client motivation in therapeutic change.</p> <p>120. Knowledge of cultural beliefs regarding therapy and mental health.</p> <p>201. Knowledge of developmentally appropriate techniques for eliciting information about the client’s thoughts and feelings during the interview process.</p>

1B Assessment of Client Readiness and Appropriateness of Treatment continued

I. Biopsychosocial Assessment (23%) – This area assesses the candidate’s ability to identify and assess the biopsychosocial aspects of the presenting problem.

Tasks	Knowledge
137. Identify client's presenting problem and goals for therapy to determine whether treatment can be provided or referral is indicated.	208. Knowledge of methods and techniques for facilitating the client's ability to communicate thoughts and feelings during the interview process. 212. Knowledge of techniques for evaluating the congruence between the client's nonverbal and verbal communications. 237. Knowledge of how cultural factors impact the ways a client seeks assistance for psychosocial problems.
1C1A Biopsychosocial Assessment: In-depth assessment – Comprehensive Exploration of Symptoms (Psychological Factors)	
42. Gather information regarding the mental health history of the client and the client's family to assist in developing a comprehensive assessment. 54. Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning. 105. Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral. 138. Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments. 139. Evaluate effects of client and family's spiritual beliefs on presenting problem. 150. Gather collateral information pertaining to client and client's presenting problem to formulate a differential diagnosis. 162. Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing. 174. Gather information regarding perception and cognition to identify symptoms of psychopathology. 186. Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning. 198. Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing. 210. Identify perceptual and cognitive functions that require referral for psychological testing.	10. Knowledge of the effects of aging on client's independent functioning. 32. Knowledge of methods for assessing the client's degree of acculturation. 160. Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning. 172. Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation. 192. Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem. 197. Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues. 211. Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs. 223. Knowledge of types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information. 248. Knowledge of the effects of mood disturbance on psychosocial functioning. 258. Knowledge of strategies for gathering information from adjunctive resources. 262. Knowledge of psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing. 264. Knowledge of the effect of mental disorders on psychosocial functioning. 267. Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

1C1B In-depth Assessment – Comprehensive Exploration of Symptoms (Cultural/Personal Factors)	
Tasks	Knowledge

I. Biopsychosocial Assessment (23%) – This area assesses the candidate’s ability to identify and assess the biopsychosocial aspects of the presenting problem.

163. Assess client’s degree of acculturation to determine impact on presenting problem.	205. Knowledge of methods and techniques for assessing the impact of other peoples’ values, culture, and life experiences on the client’s presenting problem.
175. Identify impact of client’s experience of life stressors within context of client’s race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.	218. Knowledge of methods and techniques for assessing the client’s experience of social and cultural biases and discrimination and their impact on the presenting problem.
187. Assess nature of client’s familial relationships by evaluating the family structure within the client’s cultural identity.	231. Knowledge of methods and techniques for assessing how the client’s values, personal preferences, and cultural identity impact the presenting problem.
199. Gather information regarding role identification within context of client’s race, culture, and country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.	
212. Identify impact of client’s culture on client’s presentation of psychological or physical problems.	

1C2A Biopsychosocial Assessment: In-depth Assessment – Comprehensive Evaluation of Problem (Social-environmental History)

15. Gather information about client’s interpersonal relationships to identify patterns of behavior in different life settings.	43. Knowledge of methods for assessing the impact of family history on client functioning.
28. Assess history of trauma and abuse to determine impact on current functioning.	54. Knowledge of methods for assessing the effects of the client’s physical condition on past and current psychosocial functioning.
41. Evaluate impact of psychosocial and environmental stressors on client’s symptomatology.	65. Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma.
55. Identify events precipitating current problem through interviews with client and collateral sources.	87. Knowledge of how cultural influences affect the client’s perception of life events as traumatic.
68. Gather information regarding client’s family history to determine the impact of significant relationships and events on current problems.	98. Knowledge of the effects of family structure and dynamics on the client’s development of role identity and patterns of interpersonal interaction.
80. Assess impact of familial patterns of interaction on client’s current problem through interviews with client and collateral sources.	130. Knowledge of the interrelationship between client’s behavior in social and work environments and behavior in other areas of client’s life.
248. Assess client’s employment history to evaluate past and present impact of presenting problem in occupational settings.	141. Knowledge of how to assess the relationship between life events and the stressors the client experiences.
	253. Knowledge of the effects of socio-cultural factors on the client’s presenting problem.

1C2B In-depth Assessment – Comprehensive Evaluation of Problem (Medical and Developmental History)

Tasks	Knowledge
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I. Biopsychosocial Assessment (23%) – This area assesses the candidate’s ability to identify and assess the biopsychosocial aspects of the presenting problem.

<p>56. Gather information regarding the developmental history of the client and client’s family members to determine course of developmental progression.</p> <p>69. Identify possible deficits in client’s developmental level to determine need for further evaluation.</p> <p>92. Gather information regarding client’s use of complementary and alternative treatments to evaluate client’s approach to medical problems.</p> <p>104. Gather information regarding client’s personal and familial medical history to determine impact on the person in the situation.</p> <p>114. Assess client’s perception of the impact of physical limitations on adaptive functioning.</p> <p>126. Assess how client’s medical conditions affect past and current adaptive functioning.</p> <p>151. Assess impact of patterns of familial interaction and beliefs on client’s physical health and wellness.</p>	<p>9. Knowledge of theories of aging and development that explain biological and cognitive changes.</p> <p>21. Knowledge of the relationship between medical conditions and psychosocial functioning.</p> <p>42. Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span.</p> <p>76. Knowledge of symptoms of medical conditions that may impact client psychosocial functioning.</p> <p>118. Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.</p> <p>119. Knowledge of the effects of medications and their impact on the client’s adaptive functioning.</p> <p>149. Knowledge of developmental processes of individual growth and change.</p> <p>154. Knowledge of methods and techniques for assessing the impact of client’s family medical history on current problems and issues.</p> <p>181. Knowledge of the effects of social, cultural, and environmental influences on aging and health.</p> <p>191. Knowledge of the effect of biological and environmental influences on specific developmental and life phases.</p> <p>234. Knowledge of theories of stages of cognitive development.</p>
<p>1C2C Biopsychosocial Assessment: In-depth Assessment – Comprehensive Evaluation of Problem (History of Substance Use/Abuse)</p>	
<p>3. Assess impact of client’s substance abuse on family members and significant others to determine need for concurrent services.</p> <p>16. Assess social and familial factors associated with or contributing to the client’s substance use.</p> <p>93. Assess types and patterns of use to determine substance abuse and/or dependence.</p>	<p>64. Knowledge of the impact of substance use or abuse on family and social relationships and role functioning.</p> <p>86. Knowledge of the effect of substance use and abuse on psychosocial functioning.</p> <p>97. Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal.</p> <p>140. Knowledge of physical and behavioral indicators associated with substance abuse.</p> <p>256. Knowledge of the impact of social, cultural, and familial factors on substance use and abuse.</p> <p>271. Knowledge of physical and behavioral indicators associated with substance dependence.</p>

<p>1C3 Biopsychosocial Assessment: Comprehensive Evaluation of Inter- and intra-personal Resources</p>	
<p>Tasks</p>	<p>Knowledge</p>
<p>29. Evaluate effectiveness of client’s coping strategies and</p>	<p>20. Knowledge of methods for assessing adaptive and maladaptive coping</p>

I. Biopsychosocial Assessment (23%) – This area assesses the candidate’s ability to identify and assess the biopsychosocial aspects of the presenting problem.

<p>strengths by identifying patterns of reactions and responses to life stressors.</p> <p>81. Identify information regarding client’s past and present coping strategies and strengths as they relate to the presenting problem.</p> <p>107. Assess client’s ability and willingness to access personal and community resources.</p> <p>115. Gather information regarding family members’ coping strategies and strengths to assist in treatment planning.</p> <p>127. Gather information regarding interpersonal relationships to evaluate and assess client’s ability to access and utilize support systems.</p> <p>152. Assess current living conditions to determine impact of the environment on the person in the situation.</p> <p>176. Collect information from collateral sources to assist in developing clinical assessment and intervention strategies.</p> <p>200. Assess impact of the client’s family and social network on the presenting problem.</p> <p>219. Assess socioeconomic factors to determine the impact of financial stressors on current problem.</p> <p>234. Assess ability and willingness of the client’s family and social network to support client’s treatment.</p>	<p>mechanisms in dealing with life stressors.</p> <p>31. Knowledge of how to obtain and integrate relevant clinical information from collateral sources to increase an understanding of the client in the environment.</p> <p>53. Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.</p> <p>75. Knowledge of the effect of economic factors and stressors on psychosocial functioning.</p> <p>108. Knowledge of theories of coping and adaptive responses to life events.</p> <p>129. Knowledge of the relationship between social supports and adaptive functioning.</p> <p>229. Knowledge of methods for assessing client’s ability to access personal and community resources.</p>
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II. Diagnostic Formulation (6%) – This area assesses the candidate’s ability use assessment information to formulate an accurate differential diagnosis for developing a treatment plan and interventions within the client’s socio-cultural context.

2 Diagnostic Formulation	
Tasks	Knowledge
17. Integrate information about the client's premorbid functioning in developing a differential diagnosis or problem formulation.	8. Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.
70. Compare assessment information with diagnostic criteria in formulating differential diagnoses.	41. Knowledge of the clinical process of developing a diagnosis or problem description to clarify therapeutic issues.
82. Incorporate information about the client's physiological status in formulating differential diagnoses.	52. Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.
94. Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis.	63. Knowledge of criteria for classifying complex levels of addiction (cross addiction).
106. Integrate results of mental status examination in developing a differential diagnosis or problem formulation.	85. Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.
128. Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.	96. Knowledge of the relationship between biochemistry and psychiatric disorders.
140. Identify persistence of symptoms to determine if problem is acute or chronic.	139. Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
164. Develop clinical diagnosis or problem formulation to provide basis for interventions.	155. Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.
188. Identify onset or initial presentation of symptoms to determine duration of the problem.	161. Knowledge of methods for integrating assessment information to identify areas and level of impairment in client's functioning.
217. Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.	167. Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.
228. Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.	173. Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.
239. Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.	185. Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms.
246. Identify psychological and environmental stressors to determine impact on symptomatology.	204. Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.
	219. Knowledge of the relationship between psychosocial and environmental factors and symptom development.
	233. Knowledge of the relationship between onset of signs and symptoms and duration of the problem.
	240. Knowledge of behavioral, physiological, and psychological indicators of developmental disorders.

II. Diagnostic Formulation (6%) – This area assesses the candidate’s ability use assessment information to formulate an accurate differential diagnosis for developing a treatment plan and interventions within the client’s socio-cultural context.

2 Diagnostic Formulation	
Tasks	Knowledge
	250. Knowledge of the relationship between persistence of symptoms and the course of the problem. 276. Knowledge of methods for differentiating between disorders that share common symptoms. 279. Knowledge of criteria for classifying substance use, abuse, and dependency. 283. Knowledge of the short and long-term side effects of medications and their effect on the client’s presenting symptoms.

III. Treatment Plan Development (11%) – This area assesses the candidate’s ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan includes a definition of the problem, measurable goals and objectives, and clinical interventions consistent with the client’s readiness for, and ability to engage in treatment, and relevant to the phases of therapy.

3A Treatment Plan Development: Identify/Prioritize Objectives, Goals and Methods of Treatment	
Tasks	Knowledge
30. Incorporate interventions into the treatment plan that address the needs associated with client’s clinical diagnosis.	7. Knowledge of methods and techniques for enhancing client motivation in treatment.
43. Identify level of intervention required to address the client’s areas and degree of impairment in developing the treatment plan.	19. Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.
57. Develop mutually agreed upon treatment goals based on assessment and diagnostic information.	30. Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.
108. Integrate aspects of client’s value and belief systems into the development of the treatment plan.	40. Knowledge of methods and techniques for educating client about the therapeutic process.
116. Develop measurable objectives to facilitate treatment goals.	74. Knowledge of the components of a treatment or service plan for each phase of the therapeutic process.
153. Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.	107. Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning.
165. Identify client and therapist values that impact the therapeutic process to direct the treatment approach.	117. Knowledge of methods for determining the timing of interventions according to phase of therapy.
177. Select treatment modalities based on client needs, diagnosis, and assessment.	128. Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning.
189. Develop preliminary termination plan to provide a structure for treatment.	150. Knowledge of techniques and procedures for engaging the client in the mutual development of treatment goals and objectives.
201. Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended.	180. Knowledge of culturally competent interventions to provide services to diverse populations.
223. Provide client education about the therapeutic process to promote client’s self-determination.	184. Knowledge of procedures for determining how to manage aspects of the therapist’s value system that potentially impacts therapy.
235. Prioritize interventions according to applicable phase of treatment and client’s preparedness to work with the therapeutic issues involved.	198. Knowledge of strategies for determining therapeutic goals to direct treatment.
	210. Knowledge of techniques for integrating client’s current experiences, values, and belief systems into the treatment plan.
	217. Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders.
	232. Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.
	245. Knowledge of methods for developing short- and long-term treatment objectives to address therapeutic problems.

3A Identify/Prioritize Objectives, Goals and Methods of Treatment continued

III. Treatment Plan Development (11%) – This area assesses the candidate’s ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan includes a definition of the problem, measurable goals and objectives, and clinical interventions consistent with the client’s readiness for, and ability to engage in treatment, and relevant to the phases of therapy.

Tasks	Knowledge
	255. Knowledge of methods for determining length of therapy based on diagnosis and client’s goals for treatment. 272. Knowledge of the components of individual treatment plans to provide for clients with special needs. 285. Knowledge of techniques and procedures for engaging client’s on-going participation in the therapeutic process.
3B Treatment Plan Development: Integrate / Coordinate Concurrent Treatment Modalities and Adjunctive Resources	
71. Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients. 83. Coordinate with other care providers in the development of an individual treatment plan. 95. Determine need for referral to adjunctive treatment resources to support the treatment plan. 117. Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning. 141. Evaluate efficacy of collateral support systems for inclusion in treatment plan. 190. Implement therapeutic techniques congruent with client’s racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.	62. Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment. 84. Knowledge of methods for accessing and coordinating multiple interventions across disciplines. 95. Knowledge of methods for incorporating collateral support systems in therapy. 127. Knowledge of techniques for combining treatment modalities in treating specific problems or disorders. 138. Knowledge of the effect of psychotropic medications on therapeutic interventions. 194. Knowledge of methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client’s cultural identity, beliefs, and values into treatment.
3C Treatment Plan Development: Monitoring, Evaluation and Revision of Treatment Plan	
5. Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives. 18. Prepare for termination with client by reviewing progress attained. 31. Develop termination plan with client to maintain therapeutic progress after treatment has ended. 44. Elicit information from collateral resources to assist in evaluating treatment efficacy. 58. Adjust treatment plan and interventions as indicated by client’s changing needs and goals.	18. Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment. 29. Knowledge of methods and procedures for formulating an after-care plan. 51. Knowledge of methods for assessing qualitative and quantitative therapeutic change. 73. Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client’s achievements outside therapy. 106. Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs. 116. Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change.
3C Monitoring, Evaluation and Revision of Treatment Plan continued	

III. Treatment Plan Development (11%) – This area assesses the candidate’s ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan includes a definition of the problem, measurable goals and objectives, and clinical interventions consistent with the client’s readiness for, and ability to engage in treatment, and relevant to the phases of therapy.

Tasks	Knowledge
<p>129. Establish collaborative alliance with agencies, caregivers, placement settings, and other community resources to develop support services commensurate with client needs.</p> <p>178. Conduct initial and on-going review of therapeutic alliance to assist client engagement in therapy.</p> <p>215. Determine evaluation criteria to monitor progress toward goals and objectives.</p>	<p>174. Knowledge of changes in client functioning that indicate readiness to terminate therapy.</p> <p>224. Knowledge of procedures for evaluating therapeutic change in preparation for termination.</p> <p>260. Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.</p>

IV. Resource Coordination (9%) – This area assesses the candidate’s ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.

4A Resource Coordination: Service Identification and Coordination	
Tasks	Knowledge
6. Coordinate with community sources to facilitate outreach to transient and homeless clients.	6. Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.
19. Evaluate suitability of community resources to provide supportive services commensurate with client needs.	39. Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client’s beliefs and values.
109. Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.	61. Knowledge of types of placements available for the short- and long-term care of clients of differing levels of care.
142. Coordinate with other professionals, service providers, and other community resources to establish linkages for outreach services.	94. Knowledge of methods for evaluating conditions in the home to determine need for additional services.
154. Gather information regarding cultural community networks to identify resources and sources of support.	156. Knowledge of methods and procedures for facilitating client’s transition to a less restrictive setting.
166. Coordinate access to therapeutic or community programs to facilitate client’s transition into the community.	162. Knowledge of methods for identifying community support services that meet client needs.
202. Evaluate client’s current needs and prognosis for change to assist in determining least restrictive placement environment.	168. Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client’s current or prospective needs.
216. Collaborate with other providers and community specialists to identify resources.	206. Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client’s culture, background, beliefs, and values.
221. Determine need for outreach and/or field visits in order to evaluate how health, safety, and welfare issues are affecting treatment.	244. Knowledge of the methods involved in establishing a liaison with community resource providers.
229. Coordinate linkages with support systems and services to facilitate access by client.	265. Knowledge of methods for evaluating client’s ability to access support services and treatment sources.
	274. Knowledge of federal, state, local, and public and private social services that provide assistance with meeting client’s basic needs.
	282. Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients.
	287. Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client’s needs.
	289. Knowledge of methods for incorporating a multidisciplinary team approach to treatment.

IV. Resource Coordination (9%) – This area assesses the candidate’s ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.

4B Resource Coordination: Client Advocacy and Support	
Tasks	Knowledge
32. Advocate within the community for the creation or enhancement of support services to meet client needs.	17. Knowledge of methods and procedures for enhancing or developing new services within the community.
45. Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client.	50. Knowledge of methods for increasing client's ability for self-advocacy.
59. Facilitate integration of client back into the community by providing psychoeducation to service providers and community members.	72. Knowledge of methods for evaluating the usage and efficacy of referral sources.
72. Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights.	83. Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client’s rights.
84. Educate client about how to access support services including access to legal advocacy to support client’s rights.	105. Knowledge of criteria for evaluating safety of client placement.
96. Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.	115. Knowledge of laws, statutes, and regulations relating to residential placement.
110. Consult with other professionals and referral sources to discuss the client’s progress and to evaluate the on-going effectiveness and accessibility of resources.	126. Knowledge of advocacy methods for increasing client’s access to needed resources.
118. Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.	136. Knowledge of methods for providing psychoeducational services to the client.
130. Engage client in the mutual exploration and identification of future resources as the client's needs change.	220. Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders.
155. Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.	252. Knowledge of methods for providing psychoeducational services to community service providers.
179. Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.	
191. Engage client in the mutual evaluation of the on-going effectiveness and accessibility of resources.	

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

5A Therapeutic Interventions: Crisis Intervention	
Tasks	Knowledge
<p>7. Implement techniques to assist client’s exploration of options to increase adaptive functioning.</p> <p>143. Assist client to modify environment to promote stabilization.</p> <p>167. Evaluate nature and severity of current crisis to determine intervention strategy.</p> <p>203. Implement techniques to assist client to verbalize source of crisis.</p> <p>225. Assist client to manage emotions associated with traumatic event to facilitate client’s resolution of crisis.</p> <p>241. Identify client’s level of functioning prior to crisis to establish goals for postcrisis functioning.</p> <p>243. Develop a stabilization plan with client in crisis to prevent further decompensation.</p>	<p>28. Knowledge of methods for implementing strategies and interventions with clients in emergency situations.</p> <p>190. Knowledge of the effect of crisis on emotional and psychological equilibrium.</p> <p>213. Knowledge of counseling techniques to assist client in crisis to regain emotional balance.</p> <p>230. Knowledge of transitional crises created by immigration and acculturation.</p> <p>238. Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.</p> <p>268. Knowledge of crisis intervention techniques to provide immediate assistance to client.</p> <p>284. Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.</p> <p>290. Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.</p>
5B Therapeutic Interventions: Short-term Therapy	
<p>20. Apply a problem-solving approach in therapy for treating the problem as it impacts the client’s current functioning.</p> <p>33. Instruct client in techniques for increasing rational thought processes to enhance client’s problem-solving and decision-making ability.</p> <p>46. Implement interventions for facilitating the client’s ability to identify the interrelationship between past events and current behaviors.</p> <p>60. Provide psychoeducation about loss and stages of grieving process to facilitate client’s normalization of feelings and experiences.</p> <p>73. Assist client with identifying and expressing feelings to move through the stages of grief and loss.</p> <p>85. Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.</p> <p>97. Facilitate client’s coping and planning strategies for addressing issues associated with major life events/potentially life-changing events.</p>	<p>5. Knowledge of methods and interventions for increasing client’s ability to manage stressors resulting from changes in life circumstances.</p> <p>38. Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use.</p> <p>82. Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model.</p> <p>163. Knowledge of the effect of client’s prior coping patterns and life experiences on adjustment to trauma.</p> <p>199. Knowledge of the stages of loss and grief.</p> <p>266. Knowledge of counseling techniques to assist survivor of trauma to work through feelings associated with the experience.</p> <p>270. Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships.</p>

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

5B Therapeutic Interventions: Short-term Therapy	
Tasks	Knowledge
119. Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.	
156. Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.	
5C Therapeutic Interventions: Therapy for Children and Adolescents	
1. Determine baseline levels of maladaptive behaviors to measure therapeutic change.	16. Knowledge of methods for preventing relapse with child/adolescent client in recovery.
4. Implement interview techniques consistent with child’s cognitive development.	27. Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.
8. Select age-appropriate interventions to facilitate child’s understanding of the presenting problem.	49. Knowledge of counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse.
21. Select interventions congruent with child’s cultural identity to facilitate child’s engaging in therapy.	60. Knowledge of methods and techniques to identify source of resistance to treatment
34. Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.	71. Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.
47. Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.	93. Knowledge of counseling techniques to facilitate client’s recognition of emotional and psychological sources of anger.
61. Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.	104. Knowledge of counseling techniques for children and adolescents to assist client’s psychological adjustment to sexuality issues.
74. Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.	114. Knowledge of behavior management interventions which reduce disruptive behavior in a variety of environments.
86. Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.	125. Knowledge of the principles of learning theory to explain the acquisition of behaviors.
98. Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.	137. Knowledge of intervention methods for treating substance dependency.
111. Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.	147. Knowledge of behavioral and emotional responses in children resulting from parental separation or divorce.
131. Provide social skills training to modify maladaptive interpersonal behavior in order to improve client’s ability to develop and maintain relationships with others.	151. Knowledge of developmental theories and their application to children and adolescents in a clinical setting.

5C Therapeutic Interventions: Therapy for Children and Adolescents

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

Tasks	Knowledge
<p>132. Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.</p> <p>144. Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.</p> <p>157. Address adolescent's body image distortions to develop a reality-based perception of the physical self.</p> <p>168. Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment.</p> <p>180. Provide assertiveness training to promote client's self-esteem and self-confidence.</p> <p>192. Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.</p> <p>204. Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.</p> <p>230. Provide parenting skills training to improve parents/caregivers' ability to care for children.</p> <p>231. Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.</p> <p>232. Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.</p>	<p>157. Knowledge of techniques for increasing attention span by modifying child's environment.</p> <p>169. Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.</p> <p>175. Knowledge of factors that affect client adjustment during emancipation process.</p> <p>189. Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents.</p> <p>203. Knowledge of therapeutic techniques to decrease violent or aggressive behavior.</p> <p>209. Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.</p> <p>216. Knowledge of the developmental stages of defining sexual identity and preference.</p> <p>225. Knowledge of the physical and psychosocial effects of substance use on children and adolescents.</p> <p>235. Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.</p> <p>246. Knowledge of types of learning disabilities that impede academic performance.</p> <p>277. Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.</p> <p>291. Knowledge of the effects of racism and discrimination on development of self-concept.</p>
<p>5D Therapeutic Interventions: Therapy for Adults (Individual and Group)</p>	
<p>2. Facilitate group process so clients can derive the maximum benefit from the experiences of peers.</p> <p>35. Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace.</p>	<p>4. Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.</p> <p>15. Knowledge of theories of group dynamics.</p>

5D Therapy for Adults (Individual and Group) continued

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

Tasks	Knowledge
<p>48. Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self.</p> <p>62. Provide psychotherapy to survivor of abuse to reduce the impact of the experience.</p> <p>75. Teach client anger management techniques to increase client’s ability to manage aggressive impulses.</p> <p>87. Provide psychotherapy to client with substance abuse problem to facilitate client’s ability to address the contributing factors and dynamics of substance abuse.</p> <p>99. Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).</p> <p>112. Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.</p> <p>120. Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.</p> <p>121. Provide psychoeducation for family members to facilitate treatment compliance of client.</p> <p>133. Teach client conflict management skills to increase client’s ability to reach suitable resolutions in disputes.</p> <p>145. Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.</p> <p>158. Provide psychoeducation regarding stages of the life cycle to normalize client’s experiences.</p> <p>169. Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.</p> <p>170. Implement techniques for motivating client to attend substance treatment programs.</p> <p>181. Assist client to identify cognitions that maintain maladaptive behavior.</p> <p>193. Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.</p>	<p>26. Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.</p> <p>37. Knowledge of the relationship between interpersonal interactions and social functioning.</p> <p>48. Knowledge of the effect of cognition on interpretation of behavioral responses.</p> <p>59. Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning.</p> <p>70. Knowledge of sexual dysfunctions that indicate need for specialized services.</p> <p>81. Knowledge of methods and techniques for conducting group psychotherapy.</p> <p>92. Knowledge of the biological, social, and psychological aspects of aggression.</p> <p>103. Knowledge of methods and techniques for providing psychoeducation to individual clients and groups.</p> <p>113. Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.</p> <p>124. Knowledge of stress management techniques to reduce anxiety or fearful reactions.</p> <p>135. Knowledge of interventions and techniques for assisting client with managing own anger and aggression.</p> <p>146. Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.</p> <p>179. Knowledge of psychodynamic techniques for resolving emotional conflict or trauma.</p> <p>183. Knowledge of methods for implementing desensitization techniques to reduce client symptoms.</p> <p>188. Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.</p> <p>195. Knowledge of the effects of unconscious processes on behavior.</p> <p>207. Knowledge of the protective function of defense mechanisms against anxiety.</p>
<p>5D Therapy for Adults (Individual and Group) continued</p>	

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

Tasks	Knowledge
<p>194. Conduct psychoeducational groups for medication education and compliance to facilitate symptom stabilization.</p> <p>205. Implement techniques to assist client to generalize successful behaviors to new situations.</p> <p>213. Implement techniques for increasing client’s awareness of how past experiences have influenced present life patterns.</p> <p>222. Apply systems approach in therapy to determine impact of interactions between the person and the environment.</p> <p>236. Confront client’s inappropriate and/or antisocial behavior to provide opportunities for change.</p> <p>247. Implement techniques for increasing client’s awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.</p> <p>249. Teach client relaxation skills to increase client’s ability to manage symptoms of anxiety.</p>	<p>221. Knowledge of the application of experiential techniques to assist client to achieve treatment goals.</p> <p>227. Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.</p> <p>241. Knowledge of the concept of insight in successful resolution of past trauma or conflict.</p> <p>254. Knowledge of the biological, social, and psychological aspects of substance use and addiction.</p> <p>273. Knowledge of therapeutic techniques for increasing client’s feelings of self-worth.</p> <p>278. Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.</p> <p>280. Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior.</p> <p>288. Knowledge of the effect of events in client’s past on current experiences.</p>
<p>5E Therapeutic Interventions: Therapy for Couples</p>	
<p>10. Implement communication techniques with couples to promote mutual disclosure and discussion.</p> <p>23. Identify strategies couples can implement to balance external responsibilities with personal relationship.</p> <p>36. Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.</p> <p>49. Provide counseling to couples considering separation or divorce to address issues of loss.</p> <p>63. Provide premarital counseling to assist couple’s transition to new family system.</p> <p>76. Educate clients about the stages of development of the couple relationship to normalize changes and transitions.</p> <p>88. Provide therapy and psychoeducation to couples to address issues of a blended family.</p> <p>100. Implement strategies to increase the safety the couple feels in the relationship.</p>	<p>3. Knowledge of the effect of incongruent goals of couples on therapeutic process.</p> <p>14. Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.</p> <p>25. Knowledge of techniques to increase intimacy within couple relationships.</p> <p>36. Knowledge of the aspects of relationships that result in problems or conflicts for couples.</p> <p>58. Knowledge of methods and techniques for facilitating a couple’s ability to address maladaptive relationship patterns.</p> <p>69. Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship.</p>
<p>5E Therapeutic Interventions: Therapy for Couples continued</p>	
Tasks	Knowledge

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

<p>122. Assist couple to identify the relationship strengths on which effective coping strategies may be based.</p> <p>146. Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship.</p> <p>171. Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.</p> <p>182. Determine goal of couple’s therapy by evaluating each individual’s motivation.</p> <p>195. Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.</p> <p>206. Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.</p> <p>224. Assist clients to restructure interactions by reframing the couple’s perception of power structure within the system.</p> <p>240. Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship.</p> <p>244. Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.</p>	<p>80. Knowledge of the impact of communication and interactional styles on couple relationships.</p> <p>91. Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.</p> <p>102. Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues.</p> <p>112. Knowledge of methods and techniques for facilitating a couples’ ability to minimize the effects of external pressures on intimacy needs.</p> <p>123. Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples.</p> <p>134. Knowledge of methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships.</p> <p>145. Knowledge of issues resulting from dissolution of couple relationships.</p> <p>164. Knowledge of therapeutic methods to establish individual and system boundaries.</p> <p>176. Knowledge of the effect of unrealistic role assignments on couple relationships.</p> <p>257. Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship.</p> <p>286. Knowledge of methods and techniques for teaching couples how to improve their communication.</p>
<p>5F Therapeutic Interventions: Therapy for Families</p>	
<p>11. Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.</p> <p>22. Implement strategies for changing disruptive interaction styles to strengthen family cohesion.</p>	<p>2. Knowledge of behaviors or reactions that indicate problematic separation or attachment issues.</p> <p>24. Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.</p>
<p>5F Therapeutic Interventions: Therapy for Families continued</p>	
<p>Tasks</p>	<p>Knowledge</p>

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

24. Identify separation issues in parent-child relationship to promote age-appropriate individuation.	35. Knowledge of the effect of conflicting or inconsistent parenting styles on child’s level of functioning.
37. Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.	47. Knowledge of methods for identifying interconnections and interdependence within social systems.
50. Mediate conflict regarding couple’s parenting styles to effect consistency in child’s environment.	57. Knowledge of the impact of the family’s communication and interactional styles on the family members interpersonal dynamics and relationships.
64. Provide information and resources to parents regarding growth and development of children to increase understanding of child’s needs and progress.	68. Knowledge of parenting skills necessary to provide for care of children.
77. Model adaptive methods for relating to peers and siblings to improve child’s social functioning.	79. Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.
89. Identify differences in multigenerational acculturation to determine source of value conflicts between family members.	90. Knowledge of the impact of cultural views regarding family structure and values.
101. Provide family therapy to achieve reunification goals.	111. Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups.
147. Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.	122. Knowledge of therapy techniques to strengthen or reestablish family roles.
159. Develop family reunification goals by identifying changes that must be made to improve family functioning.	133. Knowledge of behavioral and emotional responses of family members resulting from parental separation or divorce.
183. Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.	144. Knowledge of the effect of differences in multigenerational acculturation on family structure and values.
207. Provide psychosocial information to families regarding environmental and biological components that impact development.	152. Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.
214. Identify patterns of interaction among family members to determine sources of conflict.	158. Knowledge of techniques to educate children regarding the relationship between behavior and consequences.
226. Identify family of origin influences to understand impact on present family functioning.	170. Knowledge of the implications of family history for understanding its influence on current family functioning.
237. Identify family structure to clarify roles and boundaries of the family unit.	178. Knowledge of techniques to identify and clarify roles and expectations in blended family structures.
	200. Knowledge of different types of supportive services to strengthen family system.
	214. Knowledge of therapeutic interventions to improve family transactions.
	243. Knowledge of therapeutic techniques to increase individuation within existing system structures.
	246. Knowledge of the stages of developmental changes that occur within the family system.
	261. Knowledge of group process methods for improving patterns of communication between family members.

5F Therapeutic Interventions: Therapy for Families continued	
Tasks	Knowledge

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

	<p>263. Knowledge of the concept of feedback as it relates to the adjustment of a system.</p> <p>269. Knowledge of the family life cycle that results in transitions and changes in status.</p> <p>275. Knowledge of techniques to identify different power bases within family structure.</p> <p>281. Knowledge of the concept of homeostasis in maintaining system structure and balance of power.</p>
<p>5G Therapeutic Interventions: Managing the Therapeutic Process</p>	
<p>123. Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.</p> <p>135. Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth.</p> <p>160. Implement strategies to address language barriers to facilitate client expression and understanding.</p> <p>172. Establish a supportive environment by providing unconditional positive regard toward client.</p> <p>196. Identify client and therapist values that impact the therapeutic process to direct the treatment approach.</p> <p>208. Identify countertransference to modulate impact on the therapeutic process.</p> <p>218. Implement strategies for facilitating client’s identification of own strengths to support own ability to achieve treatment goals.</p> <p>220. Implement strategies for incorporating aspects of client’s belief system into therapy to minimize barriers.</p> <p>227. Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment, functioning.</p> <p>233. Implement strategies to facilitate client’s awareness of the relationship between self-esteem and current</p> <p>238. Establish therapeutic alliance to assist client engagement in therapy.</p>	<p>13. Knowledge of the effect of unconditional positive regard in facilitating therapeutic effectiveness.</p> <p>46. Knowledge of the concept of countertransference as therapist’s reactions and feelings in response to client’s therapeutic issues.</p> <p>101. Knowledge of the concept of transference as an expression of unresolved issues.</p> <p>182. Knowledge of techniques for conveying empathy, interest, and concern within therapeutic context.</p> <p>202. Knowledge of methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.</p> <p>222. Knowledge of the stages of the client/therapist relationship and how it progresses over time.</p> <p>226. Knowledge of techniques for establishing a therapeutic framework with diverse populations.</p> <p>239. Knowledge of techniques to promote client engagement in therapeutic process.</p> <p>242. Knowledge of methods and techniques for increasing client’s acceptance of self as the agent of change in therapy.</p> <p>249. Knowledge of the effect of differences between therapist and client’s values on therapy process.</p> <p>251. Knowledge of the relationship between client sense of self-worth and client functioning.</p> <p>259. Knowledge of techniques for incorporating therapeutic use of self to maximize therapeutic alliance.</p>

VI. Legal Mandates (5%) – This area assesses the candidate’s ability to identify and apply legal mandates to clinical practice.

6A Legal Mandates: Protective Issues/ Mandated Reporting	
Tasks	Knowledge
<p>12. Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.</p> <p>25. Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization.</p> <p>38. Evaluate client and the content of therapy to identify holder of privilege.</p> <p>148. Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.</p> <p>184. Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.</p>	<p>159. Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults.</p> <p>165. Knowledge of laws regarding privileged communication to protect client’s rights and privacy.</p> <p>171. Knowledge of laws regarding payment or acceptance of money for referral of services.</p> <p>177. Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others.</p> <p>193. Knowledge of components of a child abuse investigation interview.</p> <p>196. Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.</p> <p>215. Knowledge of laws regarding holder of privilege.</p> <p>228. Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.</p> <p>236. Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.</p>
6B Legal Mandates: Professional Conduct	
<p>51. Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.</p> <p>65. Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.</p> <p>78. Obtain client’s written permission to disclose privileged information to protect client’s right to privacy.</p> <p>90. Maintain client records in accordance with state and federal regulations.</p> <p>102. Provide “Professional Therapy Never Involves Sex” brochure to client when client discloses allegations of sexual misconduct in previous therapy.</p> <p>136. Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.</p>	<p>12. Knowledge of laws which define the boundaries and scope of clinical practice.</p> <p>45. Knowledge of laws regarding disclosing fees for professional services.</p> <p>153. Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.</p> <p>187. Knowledge of laws regarding sexual misconduct between therapist and client.</p>

VII. Ethical Standards for Professional Conduct (6%) – This area assesses the candidate’s ability to identify and apply ethical standards to clinical practice.

7 Ethical Standards for Professional Conduct	
Tasks	Knowledge
13. Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.	1. Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
26. Disclose exceptions to confidentiality to inform client of limitations of privileged communication.	23. Knowledge of criteria for determining competency to practice.
39. Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.	34. Knowledge of methods and conditions for disclosing fees for professional services.
52. Seek consultation before countertransference issues interfere with treatment.	56. Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
66. Collaborate with other professionals when issues arise outside the therapist’s expertise.	67. Knowledge of therapist issues and conflicts that interfere with the therapeutic process.
124. Identify clinical issues outside therapist’s experience or competence to refer to other professionals for treatment.	78. Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services.
149. Provide client with information regarding extent and nature of services available to facilitate client’s ability to make educated decisions regarding treatment.	89. Knowledge of the limits of confidentiality within the therapeutic framework.
161. Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.	100. Knowledge of ethical considerations and conditions for interrupting or terminating treatment.
173. Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations.	110. Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence.
185. Implement policies and therapeutic procedures that enhance client’s self-determination by providing services regardless of client’s race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability.	121. Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
197. Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.	132. Knowledge of ethical standards for providing services congruent with client’s race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability.
	143. Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.

VII. Ethical Standards for Professional Conduct (6%) – This area assesses the candidate’s ability to identify and apply ethical standards to clinical practice.

7 Ethical Standards for Professional Conduct	
Tasks	Knowledge
209. Bill for services within the structure of the “fees for service” communicated to client prior to initiating treatment. 211. Identify own physical or cognitive impairments to determine impact on ability to provide professional services. 242. Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship.	

CHAPTER 3. DEVELOPMENT OF EXAMINATION OUTLINE

USE OF CRITICAL INDICES

The critical indices for job tasks and knowledge statements were used as guidelines by two panels of subject matter experts to establish the criticality of individual items and evaluate the consequences of selecting a particular “cutoff” value. Two of the job tasks were eliminated based on the cutoff value. No knowledge statements were eliminated (see Appendices A and B).

CRITICAL TASK INDEX

To obtain a critical job task index for each job task, the importance (I) rating (the average of all respondents’ ratings for how important a job task is in the performance of the current practice) and the acquired (A) rating (the average of all respondents’ ratings for when the ability to perform the task is acquired by a newly licensed LCSW) were calculated across all respondents for each job task. Next, the critical job task index was calculated for each job task.

$$\text{critical task index} = (\text{mean } I_i \times \text{mean } A_i)$$

One panel of LCSWs evaluated the job task indices and selected a critical task index of 8.00 as the boundary above which tasks would be retained and below which tasks would be eliminated. A second panel was selected to review the critical indices and cutoff to ensure applicability of the results across practice settings. Two of the job tasks were eliminated based on the cutoff value (see Appendix A).

CRITICAL KNOWLEDGE STATEMENT INDEX

To obtain a critical knowledge index for each knowledge statement, the mean possession (P) ratings (the average of all respondents’ ratings for the extent to which possession of the knowledge is required upon entry into the profession) for each knowledge was calculated.

$$\text{mean critical knowledge index} = (\text{mean } P)$$

The same panel of LSCWs who evaluated the job tasks also evaluated the knowledge indices and selected a mean critical value of 2.30 as the boundary above which knowledge statements would be retained and below which statements would be eliminated. A second panel was selected to review the critical indices and cutoff to ensure applicability of the results across practice settings. No knowledge statements were eliminated (see Appendix B).

LINKAGE OF KNOWLEDGE STATEMENTS TO JOB TASKS

The last step in the development of the examination outline was to establish a linkage between job tasks and knowledge statements to define the content areas in the examination outline. The

linkage was established by the same panels of LCSWs who evaluated the results of the occupational analysis. The panelists achieved the linkage by assigning specific knowledge statements to specific job tasks so that every task had a set of knowledges associated with it, and every knowledge statement was associated with a job task. While establishing the task-knowledge linkage, the panelists identified two knowledge statements that were duplicates of each other (K109 and K197) except for minor variations in word order. The panelists were asked to identify which knowledge statement most clearly described the critical knowledge in question. The panelists identified K197 as the most clearly worded statement, and it was retained as part of the examination plan.

CHAPTER 4. QUESTIONNAIRE

REVIEW OF BACKGROUND INFORMATION

Two focus groups of LCSWs were convened to review the results of the 1998 occupational analysis. In order to ensure adequate coverage of current LCSW practice, the groups were asked to review the 1998 task and knowledge statements and to identify areas of practice for which additional tasks and knowledge statements should be developed. In addition, the groups identified demographic variables for consideration. Multiple focus groups were used in order to ensure adequate representation across practice settings, clients, and practitioner diversity.

INTERVIEWS

The initial focus groups recommended that information regarding resource coordination and the therapeutic interventions employed in different settings be one of the focus areas of the interviews. In addition, suggestions were made regarding work settings from which prospective interviewees should be sought, including various community nonprofit and licensed health care settings. The plan for conducting the telephone interviews included these recommendations. During the semistructured telephone interviews, LCSWs were asked to identify major content areas of their practice and the job tasks performed in each content area. They were also asked to identify the knowledge necessary to perform each job task safely and competently.

LIST OF JOB TASKS AND KNOWLEDGE STATEMENTS

OER transcribed the information gathered during the interviews into a preliminary list of job tasks and knowledge statements so that the statements had a consistent format and language. The list was then organized into functional dimensions or content areas of practice.

Two panels of LCSWs were convened to evaluate the technical and conceptual accuracy and comprehensiveness of the content areas, including the job tasks and knowledge statements. The panels also determined whether the scope of the job task and knowledge statements was independent and nonoverlapping. New job task and knowledge statements were developed as needed.

OER then developed a questionnaire based on the list of job tasks and knowledge statements. A draft of the questionnaire was evaluated by approximately thirty-one LCSWs who served as subject matter experts in earlier phases of the occupational analysis. Their comments were incorporated into the final questionnaire.

DISTRIBUTION OF QUESTIONNAIRE AND RESPONSE RATE

The LCSW questionnaire was mailed to a sample of LCSWs practicing in California (N=2250). The sample was stratified by region of practice (to ensure adequate sampling of licensees from less populated areas of California) and by years of practice (to ensure adequate sampling of entry-level licensees, 0 to 5 years postlicensure). The mailing sample of LCSWs consisted of 1400 entry-level licensees and 850 licensees with six or more years of experience. In addition to the

mailing sample, the Board also invited currently licensed LCSWs who did not receive a questionnaire to request one if they wished to participate in the occupational analysis. This invitation was extended to licensees through advertisements in the newsletters of LCSW professional associations, the Board's website and newsletter, and through announcements at meetings of the Board. The purpose of this invitation was to generate a greater response to the mailing. Initial return rates were low compared to the previous occupational analysis, and there was concern that an adequate sample would not be received. One hundred and twenty questionnaires were mailed out in response to these additional requests to participate.

The LCSWs were asked to rate each job task in terms of how often they perform the job task (FREQUENCY), the importance of the task in the performance of their current practice (IMPORTANCE), and when the ability to perform the task is acquired by a newly licensed LCSW (ACQUIRED). Similarly, LCSWs were asked to rate each knowledge statement in terms of the importance of the knowledge to current practice (IMPORTANCE) and the extent to which possession of the knowledge is required upon entry into the profession (POSSESSION).

Four-hundred-and-twenty-one LCSWs (17.8%) returned the questionnaire. This response rate reflects 384 responses from the mailing sample (17.1%) and 37 responses from LCSWs not included in the original mailing sample (17 of 120 or 14.2%). The total sample size included in the data analysis is 417 as four questionnaires were returned with incomplete data.

RELIABILITY OF RATINGS

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

Tables 4 and 5 list the reliability coefficients for the job tasks and knowledge statements in each content area. A variable response to task ratings of FREQUENCY and IMPORTANCE was observed for two of the content areas (Legal Mandates / Obligations and Ethical standards for professional conduct), resulting in moderate measures of reliability for these content areas. Overall, the ratings for task ACQUIRED, knowledge IMPORTANCE, and knowledge POSSESSION were consistent throughout the questionnaire. The variability in task FREQUENCY and IMPORTANCE ratings for the aforementioned two content areas corresponded with the work setting reported by the respondent. LCSWs working in academic and school settings tended to rate the associated tasks' frequency and importance lower than LCSWs working in other settings.

TABLE 4 – RELIABILITY COEFFICIENTS FOR JOB TASKS

Content area	Number of Job Tasks	$\alpha_{\text{frequency}}$	$\alpha_{\text{importance}}$	α_{acquired}
I. Biopsychosocial assessment	55	0.96	0.97	0.99
II. Diagnostic Formulation	13	0.92	0.91	0.96
III. Treatment Plan Development	26	0.93	0.91	0.97
IV. Resource Coordination	22	0.93	0.92	0.97
V. Therapeutic Interventions	106	0.98	0.98	0.99
VI. Legal Mandates / Obligations	11	0.56	0.73	0.90
VII. Ethical standards for professional conduct	14	0.69	0.76	0.92

TABLE 5 – RELIABILITY COEFFICIENTS FOR KNOWLEDGE STATEMENTS

Content area	Number of Knowledge Statements	$\alpha_{\text{importance}}$	$\alpha_{\text{possession}}$
I. Biopsychosocial assessment	68	0.98	0.99
II. Diagnostic Formulation	20	0.94	0.97
III. Treatment Plan Development	34	0.96	0.98
IV. Resource Coordination	24	0.94	0.97
V. Therapeutic Interventions	120	0.99	0.99
VI. Legal Mandates / Obligations	13	0.85	0.95
VII. Ethical standards for professional	12	0.89	0.94

conduct			
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DEMOGRAPHIC RESULTS

Most of the respondents could be described in terms of the following demographic data (see Figures 1-10 and Tables 5-6):

- hold a Masters in Social Work degree with an area of concentration in clinical or general hstudies;
- primarily work in an urban setting;
- work for either a county or municipality, private practice, a licensed health care facility, or a nonprofit or charitable agency; and
- on the average, spend over fifty percent of professional time providing counseling or therapy.

FIGURE 1 – NUMBER OF YEARS AS A LICENSED CLINICAL SOCIAL WORKER

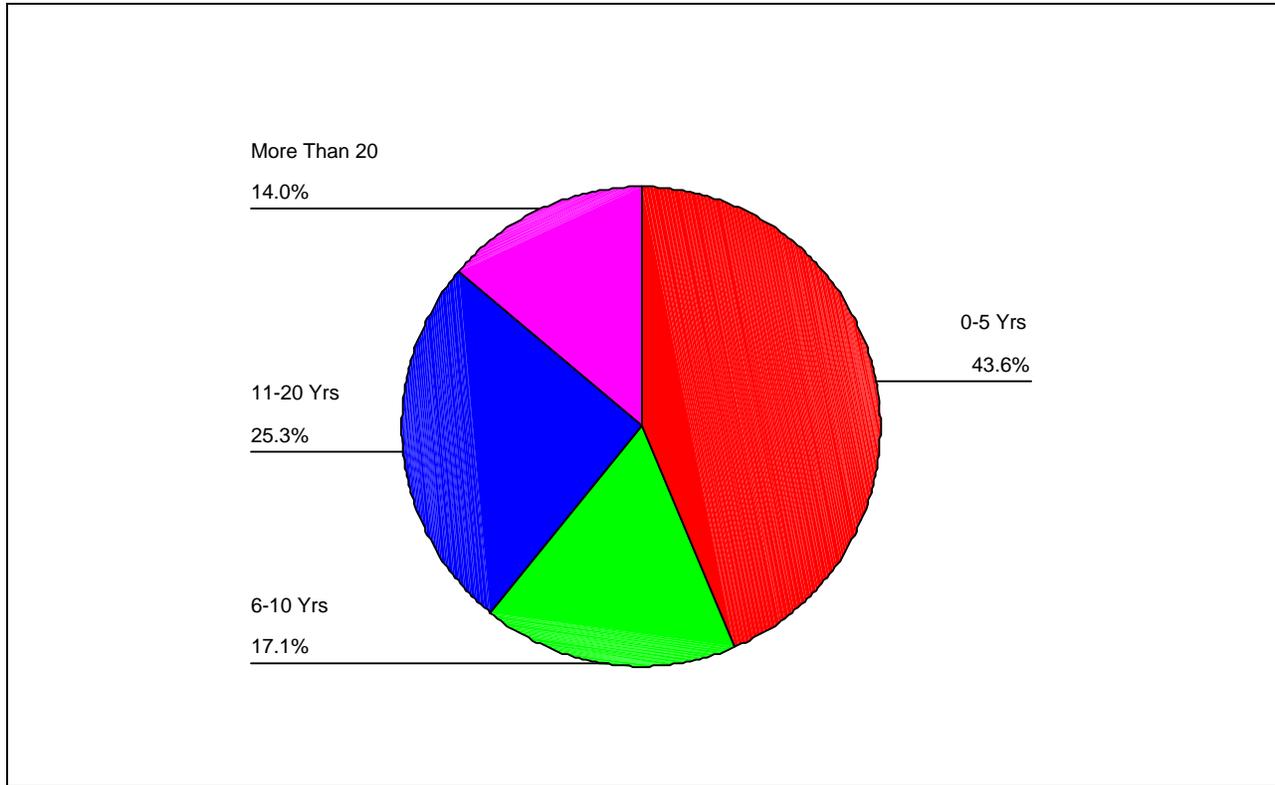
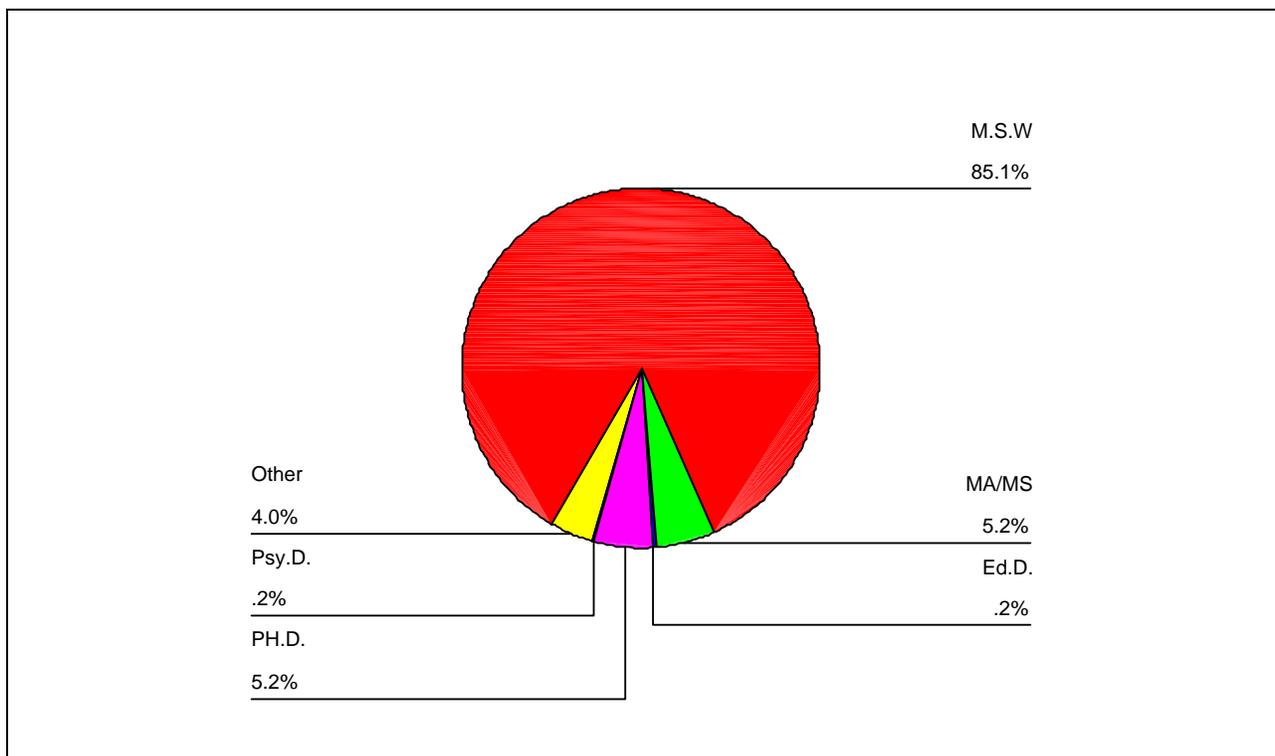
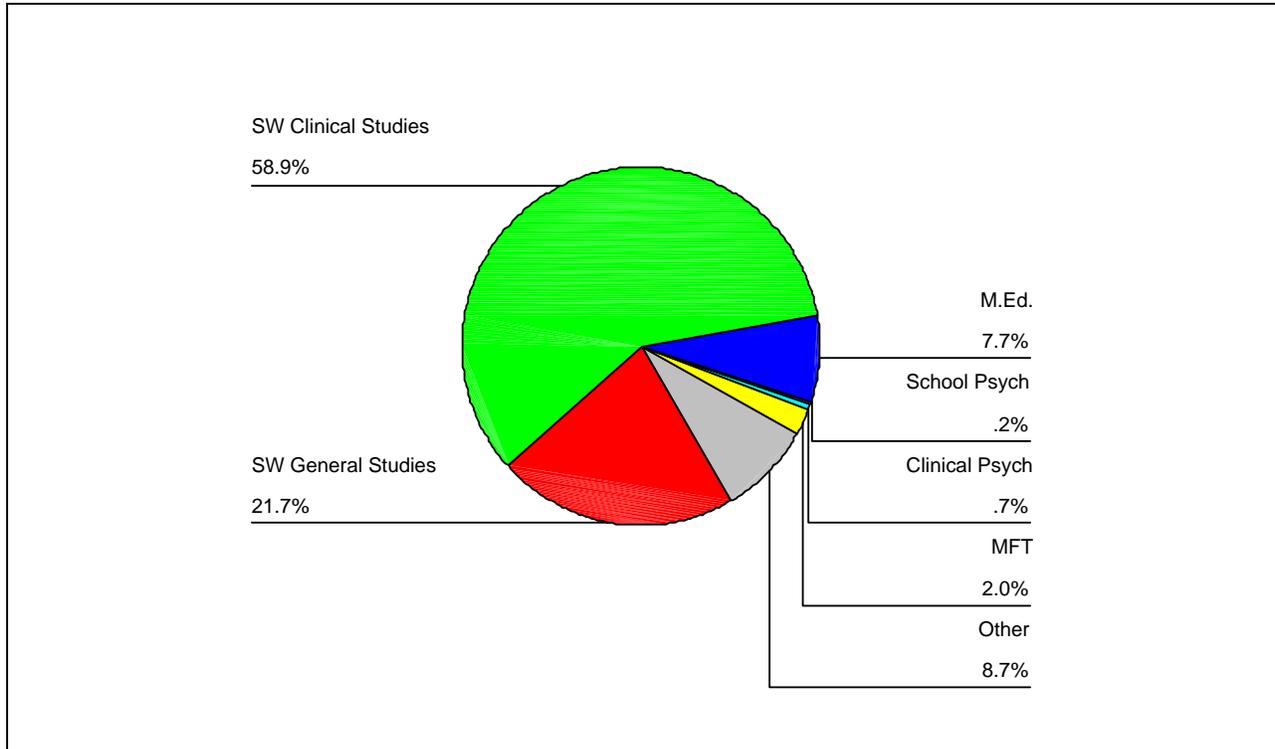


FIGURE 2 – HIGHEST RELATED DEGREE HELD



Note: Percentages may not add to 100 due to rounding.

FIGURE 3 – AREA OF CONCENTRATION OF HIGHEST DEGREE OBTAINED



Note: Percentages may not add to 100 due to rounding.

FIGURE 4 – AREA OF CONCENTRATION OF SOCIAL WORK DEGREE

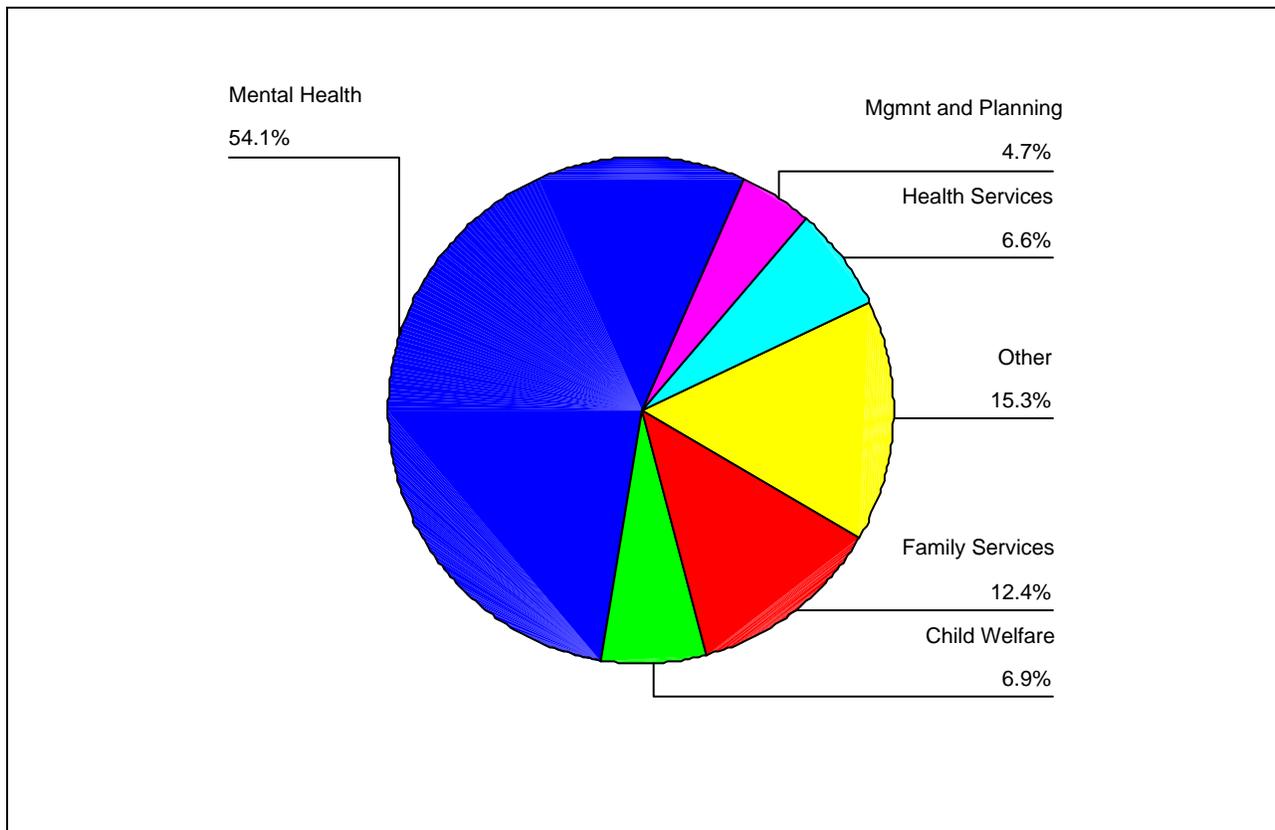


FIGURE 5 – LOCATION OF WORK SETTING

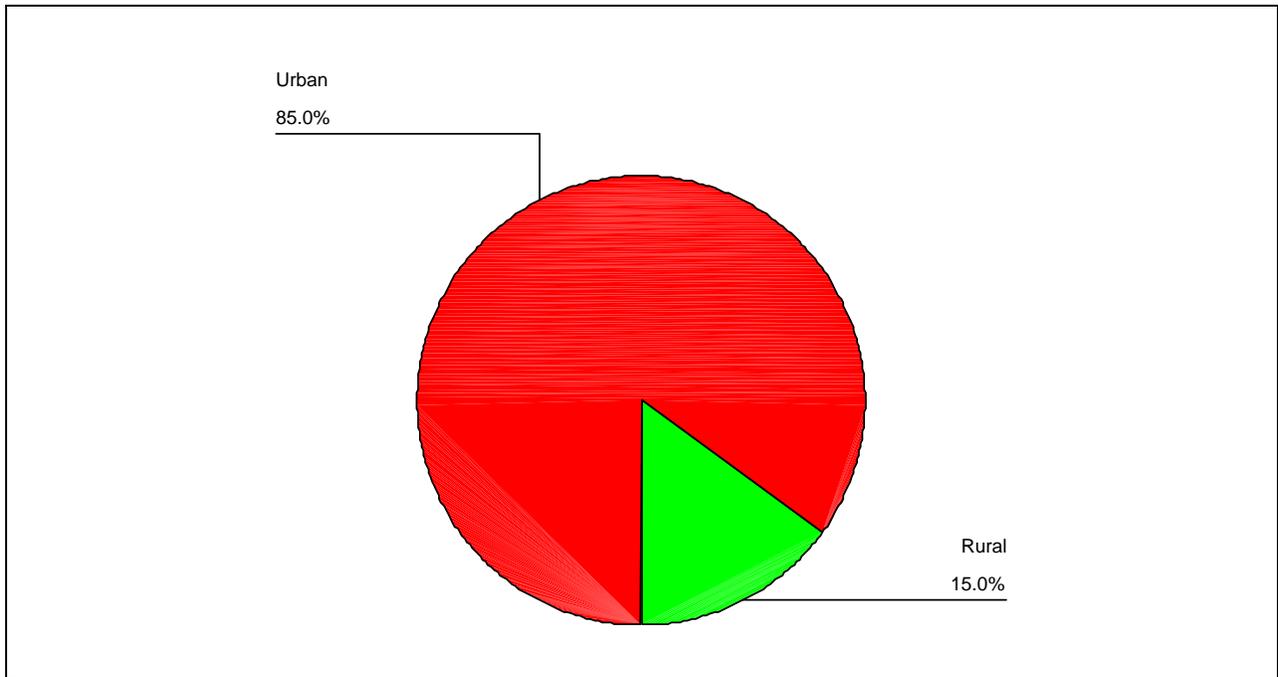


FIGURE 6 – PRIMARY PRACTICE SETTING

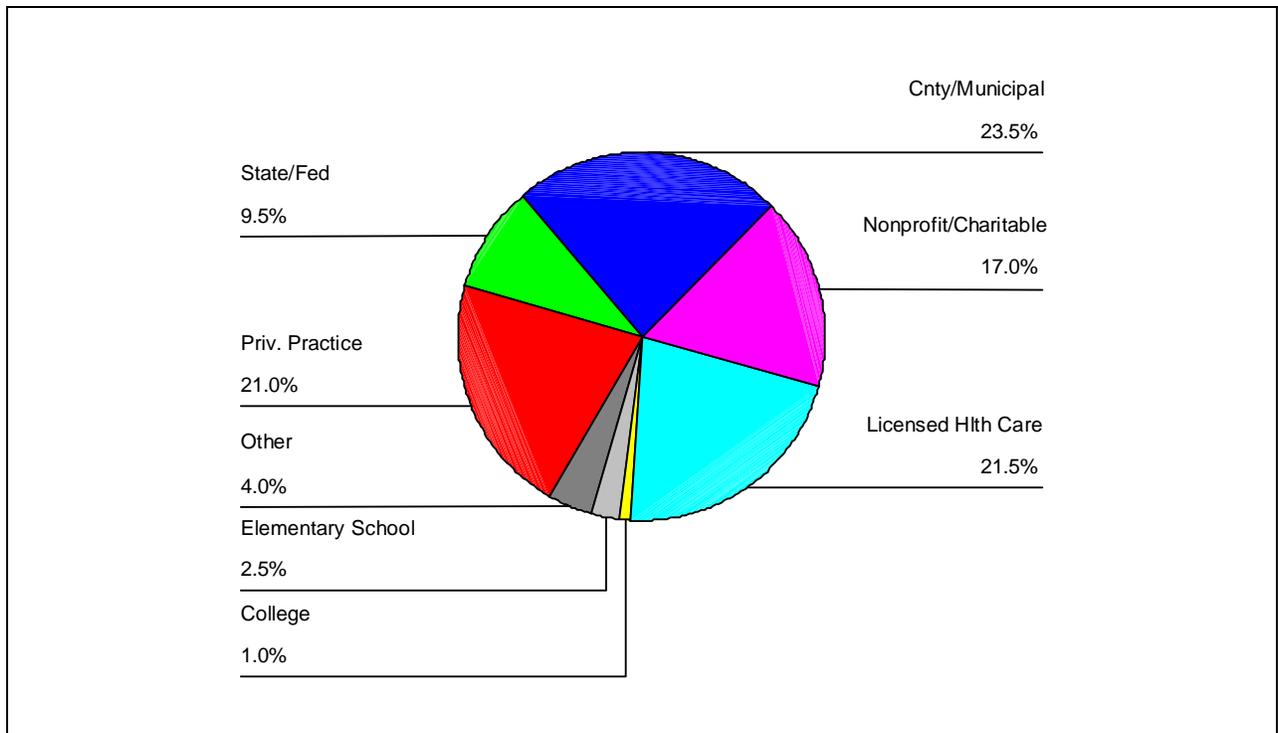


FIGURE 7 – SECONDARY PRACTICE SETTING

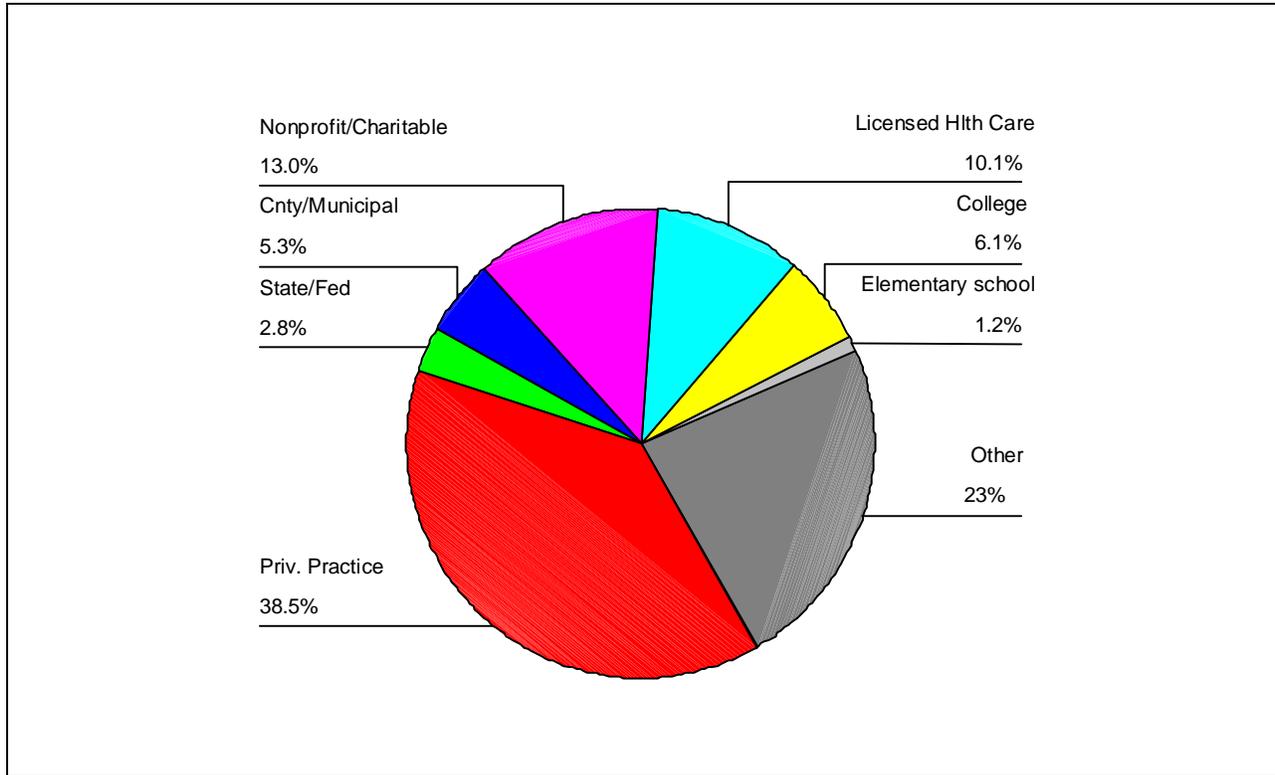


FIGURE 8 – HOURS OF THERAPY CONDUCTED PER WEEK IN PRIMARY PRACTICE SETTING

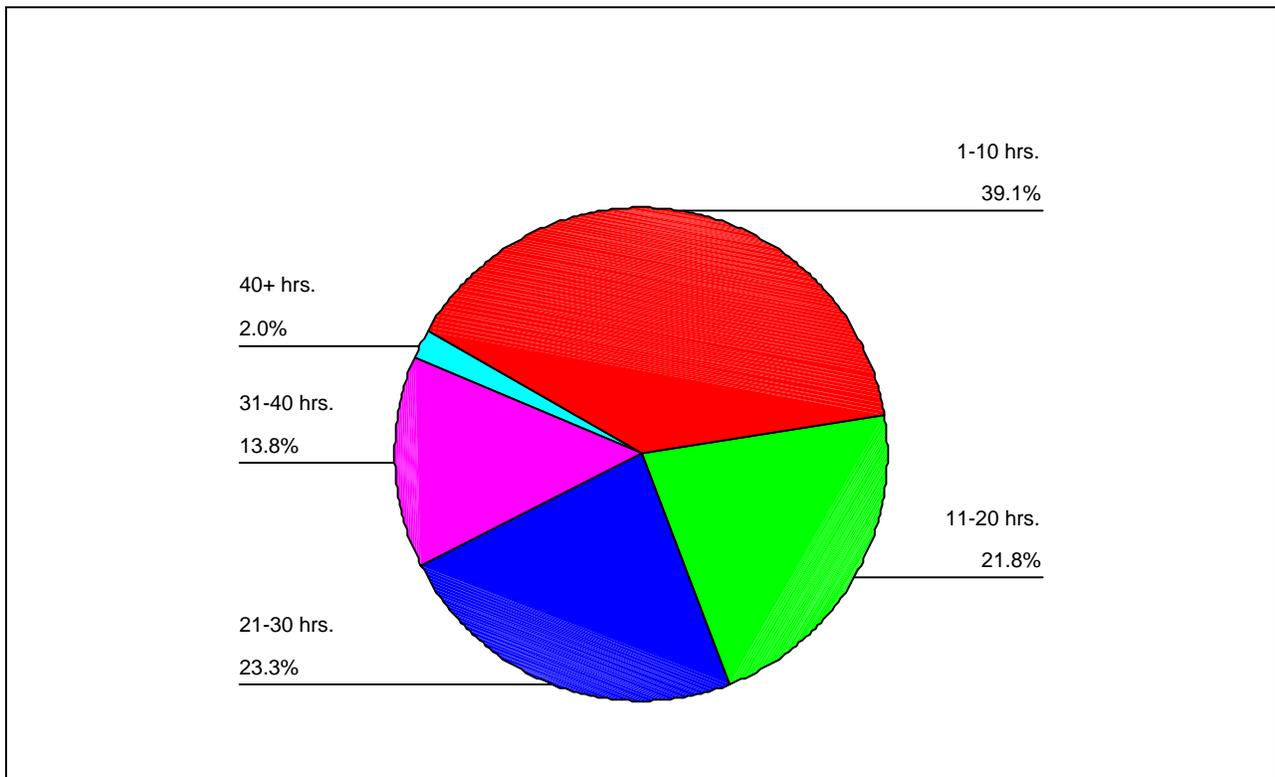


TABLE 6 – PERCENTAGE OF TOTAL PROFESSIONAL TIME DEVOTED TO EACH OF THE FOLLOWING FUNCTIONS

	N	Minimum Hrs. Reported	Maximum Hrs. Reported	Average Hrs. Reported	Std. Dev.
% Providing Education	417	0	100	4.8	12.1
% Group Therapy	415	0	60	5.2	9.0
% Other	416	0	100	5.8	16.9
% Consultation	416	0	75	5.9	9.3
% Supervision of associates or interns	417	0	95	7.0	12.7
% Management	417	0	90	7.1	16.1
% Administrative Duties	415	0	100	7.8	14.3
% Case Management	414	0	90	14.2	20.4
% Counseling or Therapy	417	0	100	41.2	31.0
Total				99.1	

Note: Percentages may not add to 100 due to rounding.

CHAPTER 5. CONCLUSION

The occupational analysis of the LCSW profession described in this report provides a comprehensive description of current practice. The procedures of the occupational analysis are based upon a content validation strategy to ensure that the results accurately represent practice in California. By adopting the examination outline in this report, the BBS ensures that their examination program is job related. This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.

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APPENDIX A – SCALE MEANS AND CRITICAL INDICES
FOR ALL JOB TASKS

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
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I. BIOPSYCHOSOCIAL ASSESSMENT

1A	14	Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation.	4.54	4.51	2.86	12.90
1A	27	Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.	3.86	4.59	2.98	13.68
1A	40	Evaluate level of danger client presents to self and/or others to determine need for immediate intervention.	3.92	4.59	2.90	13.31
1A	53	Evaluate client for grave disability to determine need for immediate intervention.	3.46	4.20	2.92	12.26
1A	67	Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.	3.50	4.50	3.22	14.49
1A	79	Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.	3.03	4.13	3.05	12.60
1A	91	Evaluate degree of risk by identifying the client's immediate support systems and the client's ability to access them.	4.21	4.38	2.98	13.05
1A	103	Identify precipitating events to determine the need for crisis intervention.	3.80	4.22	2.96	12.49
1A	245	Identify presenting complaint to determine client's understanding of the problem.	4.18	4.24	3.08	13.06
1B	113	Assess for language barriers that will impede the therapeutic process to determine whether treatment can be provided or referral is indicated.	3.27	3.93	3.13	12.30
1B	125	Assess for cultural factors that will influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated.	3.35	3.73	2.85	10.63
1B	137	Identify client's presenting problem and goals for therapy to determine whether treatment can be provided or referral is indicated.	4.20	4.28	2.99	12.80
1C1 A	42	Gather information regarding the mental health history of the client and the client's family to assist in developing a comprehensive assessment.	4.26	4.27	2.99	12.77
1C1 A	54	Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.	4.09	4.02	3.12	12.54
1C1 A	105	Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral.	4.13	4.29	2.86	12.27
1C1 A	138	Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.	3.66	3.97	2.96	11.75
1C1 A	139	Evaluate effects of client and family's spiritual beliefs on presenting problem.	3.47	3.60	2.88	10.37
1C1 A	150	Gather collateral information pertaining to client and client's presenting problem to formulate a differential diagnosis.	3.47	3.73	2.91	10.85
1C1 A	162	Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing.	2.58	3.04	2.83	8.60
1C1 A	174	Gather information regarding perception and cognition to identify symptoms of psychopathology.	3.86	3.94	2.77	10.91
1C1 A	186	Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning.	4.23	4.25	2.82	11.99
1C1 A	198	Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing.	2.98	3.54	2.62	9.27
1C1	210	Identify perceptual and cognitive functions that require referral for	2.95	3.48	2.67	9.29

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
A		psychological testing.				
1C1 B	163	Assess client's degree of acculturation to determine impact on presenting problem.	3.10	3.50	2.86	10.01
1C1 B	175	Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.	4.16	4.22	2.91	12.28
1C1 B	187	Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity.	3.46	3.67	2.81	10.31
1C1 B	199	Gather information regarding role identification within context of client's race, culture, and country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.	3.61	3.73	2.97	11.08
1C1 B	212	Identify impact of client's culture on client's presentation of psychological or physical problems.	3.66	3.84	2.86	10.98
1C2 A	15	Gather information about client's interpersonal relationships to identify patterns of behavior in different life settings.	4.20	4.18	2.81	11.75
1C2 A	28	Assess history of trauma and abuse to determine impact on current functioning.	4.12	4.33	2.81	12.17
1C2 A	41	Evaluate impact of psychosocial and environmental stressors on client's symptomatology.	4.37	4.34	2.97	12.89
1C2 A	55	Identify events precipitating current problem through interviews with client and collateral sources.	4.00	4.08	3.13	12.77
1C2 A	68	Gather information regarding client's family history to determine the impact of significant relationships and events on current problems.	4.11	4.16	3.10	12.90
1C2 A	80	Assess impact of familial patterns of interaction on client's current problem through interviews with client and collateral sources.	3.47	3.73	2.91	10.85
1C2 A	248	Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.	3.34	3.52	3.00	10.56
1C2 B	56	Gather information regarding the developmental history of the client and client's family members to determine course of developmental progression.	3.77	3.83	3.09	11.83
1C2 B	69	Identify possible deficits in client's developmental level to determine need for further evaluation.	3.46	3.73	2.79	10.41
1C2 B	92	Gather information regarding client's use of complementary and alternative treatments to evaluate client's approach to medical problems.	3.17	3.29	2.71	8.92
1C2 B	104	Gather information regarding client's personal and familial medical history to determine impact on the person in the situation.	3.91	4.01	3.02	12.11
1C2 B	114	Assess client's perception of the impact of physical limitations on adaptive functioning.	3.14	3.58	2.98	10.67
1C2 B	126	Assess how client's medical conditions affect past and current adaptive functioning.	3.72	3.98	2.77	11.02
1C2 B	151	Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.	3.34	3.50	2.89	10.12
1C2 C	3	Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.	3.54	3.76	2.68	10.08
1C2 C	16	Assess social and familial factors associated with or contributing to the client's substance use.	3.60	3.88	2.75	10.67
1C2 C	93	Assess types and patterns of use to determine substance abuse and/or dependence.	3.60	3.90	2.82	11.00

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
1C3	29	Evaluate effectiveness of client's coping strategies and strengths by identifying patterns of reactions and responses to life stressors.	4.16	4.24	2.77	11.74
1C3	81	Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.	4.14	4.12	2.88	11.87
1C3	107	Assess client's ability and willingness to access personal and community resources.	3.76	3.79	3.14	11.90
1C3	115	Gather information regarding family members' coping strategies and strengths to assist in treatment planning.	3.43	3.62	2.97	10.75
1C3	127	Gather information regarding interpersonal relationships to evaluate and assess client's ability to access and utilize support systems.	3.88	3.95	2.91	11.49
1C3	152	Assess current living conditions to determine impact of the environment on the person in the situation.	3.91	3.98	3.11	12.38
1C3	176	Collect information from collateral sources to assist in developing clinical assessment and intervention strategies.	3.45	3.69	3.09	11.40
1C3	200	Assess impact of the client's family and social network on the presenting problem.	4.07	4.09	2.99	12.23
1C3	219	Assess socioeconomic factors to determine the impact of financial stressors on current problem.	3.87	3.84	3.13	12.02
1C3	234	Assess ability and willingness of the client's family and social network to support client's treatment.	3.56	3.85	3.05	11.74
II. DIAGNOSTIC FORMULATION						
2	17	Integrate information about the client's premorbid functioning in developing a differential diagnosis or problem formulation.	4.09	4.10	2.57	10.54
2	70	Compare assessment information with diagnostic criteria in formulating differential diagnoses.	4.02	4.11	2.67	10.97
2	82	Incorporate information about the client's physiological status in formulating differential diagnoses.	3.97	4.09	2.74	11.21
2	94	Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis.	3.73	3.91	2.81	10.99
2	106	Integrate results of mental status examination in developing a differential diagnosis or problem formulation.	3.94	4.09	2.80	11.45
2	128	Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.	3.50	3.70	2.88	10.66
2	140	Identify persistence of symptoms to determine if problem is acute or chronic.	4.10	4.10	2.89	11.85
2	164	Develop clinical diagnosis or problem formulation to provide basis for interventions.	4.31	4.30	2.78	11.95
2	188	Identify onset or initial presentation of symptoms to determine duration of the problem.	4.15	4.13	2.97	12.27
2	217	Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.	4.09	4.12	2.85	11.74
2	228	Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.	3.94	4.03	2.87	11.57
2	239	Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.	4.09	4.18	2.98	12.46
2	246	Identify psychological and environmental stressors to determine impact on symptomatology.	4.28	4.30	3.05	13.12

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
III. TREATMENT PLAN DEVELOPMENT						
3A	30	Incorporate interventions into the treatment plan that address the needs associated with client's clinical diagnosis.	4.18	4.20	2.66	11.17
3A	43	Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.	4.22	4.17	2.72	11.34
3A	57	Develop mutually agreed upon treatment goals based on assessment and diagnostic information.	4.26	4.31	2.98	12.84
3A	108	Integrate aspects of client's value and belief systems into the development of the treatment plan.	4.01	4.09	2.96	12.11
3A	116	Develop measurable objectives to facilitate treatment goals.	3.95	3.84	2.88	11.06
3A	153	Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.	4.11	4.16	2.77	11.52
3A	165	Identify client and therapist values that impact the therapeutic process to direct the treatment approach.	3.77	3.91	2.69	10.52
3A	177	Select treatment modalities based on client needs, diagnosis, and assessment.	4.26	4.31	2.79	12.02
3A	189	Develop preliminary termination plan to provide a structure for treatment.	3.55	3.63	2.90	10.53
3A	201	Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended.	3.55	3.72	2.88	10.71
3A	223	Provide client education about the therapeutic process to promote client's self-determination.	3.88	3.94	2.99	11.78
3A	235	Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.	3.96	3.98	2.76	10.98
3B	71	Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients.	3.70	4.14	2.51	10.39
3B	83	Coordinate with other care providers in the development of an individual treatment plan.	3.59	3.87	2.92	11.30
3B	95	Determine need for referral to adjunctive treatment resources to support the treatment plan.	3.87	3.93	3.03	11.91
3B	117	Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning.	3.30	3.83	2.81	10.76
3B	141	Evaluate efficacy of collateral support systems for inclusion in treatment plan.	3.61	3.67	2.97	10.90
3B	190	Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.	4.07	4.16	2.89	12.02
3C	5	Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.	4.10	4.14	2.46	10.18
3C	18	Prepare for termination with client by reviewing progress attained.	3.91	4.09	2.87	11.74
3C	31	Develop termination plan with client to maintain therapeutic progress after treatment has ended.	3.70	3.91	2.77	10.83
3C	44	Elicit information from collateral resources to assist in evaluating treatment efficacy.	3.48	3.60	2.97	10.69
3C	58	Adjust treatment plan and interventions as indicated by client's changing needs and goals.	4.15	4.27	2.89	12.34
3C	129	Establish collaborative alliance with agencies, caregivers,	3.61	3.85	2.94	11.32

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
		placement settings, and other community resources to develop support services commensurate with client needs.				
3C	178	Conduct initial and on-going review of therapeutic alliance to assist client engagement in therapy.	3.86	4.01	2.81	11.27
3C	215	Determine evaluation criteria to monitor progress toward goals and objectives.	3.78	3.82	2.81	10.73
IV. RESOURCE COORDINATION						
4A	6	Coordinate with community sources to facilitate outreach to transient and homeless clients.	2.93	3.33	2.93	9.76
4A	19	Evaluate suitability of community resources to provide supportive services commensurate with client needs.	3.82	3.91	2.98	11.65
4A	109	Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.	3.41	3.72	2.93	10.90
4A	142	Coordinate with other professionals, service providers, and other community resources to establish linkages for outreach services.	3.55	3.80	3.04	11.55
4A	154	Gather information regarding cultural community networks to identify resources and sources of support.	3.20	3.53	3.06	10.80
4A	166	Coordinate access to therapeutic or community programs to facilitate client's transition into the community.	3.21	3.62	3.04	11.00
4A	202	Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.	3.52	3.87	2.80	10.84
4A	216	Collaborate with other providers and community specialists to identify resources.	3.44	3.67	3.14	11.52
4A	221	Determine need for outreach and/or field visits in order to evaluate how health, safety, and welfare issues are affecting treatment.	3.15	3.55	3.10	11.01
4A	229	Coordinate linkages with support systems and services to facilitate access by client.	3.44	3.75	3.17	11.89
4B	32	Advocate within the community for the creation or enhancement of support services to meet client needs.	3.02	3.43	2.95	10.12
4B	45	Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client.	2.96	3.46	2.85	9.86
4B	59	Facilitate integration of client back into the community by providing psychoeducation to service providers and community members.	3.19	3.62	3.01	10.90
4B	72	Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights.	3.30	3.87	2.81	10.87
4B	84	Educate client about how to access support services including access to legal advocacy to support client's rights.	3.31	3.55	3.06	10.86
4B	96	Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.	3.48	3.80	3.10	11.78
4B	110	Consult with other professionals and referral sources to discuss the client's progress and to evaluate the on-going effectiveness and accessibility of resources.	3.46	3.71	3.08	11.43
4B	118	Advocate with community resources related to housing, education, and the provision of basic needs to improve service	3.11	3.66	3.10	11.35

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
		delivery and to protect client rights.				
4B	130	Engage client in the mutual exploration and identification of future resources as the client's needs change.	3.53	3.63	2.93	10.64
4B	155	Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.	3.32	3.68	2.95	10.86
4B	179	Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.	2.73	3.87	2.92	11.30
4B	191	Engage client in the mutual evaluation of the on-going effectiveness and accessibility of resources.	3.58	3.69	2.93	10.81
V. THERAPEUTIC INTERVENTIONS						
5A	7	Implement techniques to assist client's exploration of options to increase adaptive functioning.	4.03	4.08	2.60	10.61
5A	143	Assist client to modify environment to promote stabilization.	3.34	3.61	2.98	10.76
5A	167	Evaluate nature and severity of current crisis to determine intervention strategy.	4.06	4.31	2.89	12.46
5A	203	Implement techniques to assist client to verbalize source of crisis.	3.72	3.90	2.87	11.19
5A	225	Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis.	3.80	4.08	2.75	11.22
5A	241	Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.	3.92	4.04	2.91	11.76
5A	243	Develop a stabilization plan with client in crisis to prevent further decompensation.	3.83	4.26	2.89	12.31
5B	20	Apply a problem-solving approach in therapy for treating the problem as it impacts the client's current functioning.	4.11	4.06	2.75	11.17
5B	33	Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability.	3.67	3.75	2.58	9.68
5B	46	Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors.	3.87	3.89	2.63	10.23
5B	60	Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences.	3.72	4.01	2.86	11.47
5B	73	Assist client with identifying and expressing feelings to move through the stages of grief and loss.	3.69	4.05	2.83	11.46
5B	85	Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.	3.88	3.94	2.93	11.54
5B	97	Facilitate client's coping and planning strategies for addressing issues associated with major life events/potentially life-changing events.	3.73	3.98	2.85	11.34
5B	119	Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.	3.22	3.75	2.75	10.31
5B	156	Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.	3.51	3.63	2.46	8.93
5C	1	Determine baseline levels of maladaptive behaviors to measure therapeutic change.	4.05	3.98	2.70	10.75
5C	4	Implement interview techniques consistent with child's cognitive development.	3.68	4.02	2.79	11.22

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
5C	8	Select age-appropriate interventions to facilitate child's understanding of the presenting problem.	3.73	4.03	2.57	10.36
5C	21	Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.	3.58	3.96	2.80	11.09
5C	34	Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.	3.72	4.07	2.70	10.99
5C	47	Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.	3.39	3.74	2.68	10.02
5C	61	Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.	3.37	3.70	2.93	10.84
5C	74	Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.	3.34	3.67	2.94	10.79
5C	86	Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.	3.44	3.85	2.76	10.63
5C	98	Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.	3.42	3.77	2.78	10.48
5C	111	Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.	3.39	3.79	2.64	10.01
5C	131	Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.	3.43	3.63	2.82	10.24
5C	132	Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.	3.53	3.75	2.70	10.13
5C	144	Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.	3.27	3.72	2.77	10.30
5C	157	Address adolescent's body image distortions to develop a reality-based perception of the physical self.	2.85	3.41	2.53	8.63
5C	168	Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment.	2.55	3.42	2.57	8.79
5C	180	Provide assertiveness training to promote client's self-esteem and self-confidence.	3.33	3.60	2.84	10.22
5C	192	Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.	3.74	3.88	2.66	10.32
5C	204	Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.	3.29	3.52	2.66	9.36
5C	230	Provide parenting skills training to improve parents/caregivers' ability to care for children.	3.48	3.89	3.01	11.71
5C	231	Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.	3.70	4.01	2.93	11.75
5C	232	Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.	3.08	3.68	2.99	11.00
5D	2	Facilitate group process so clients can derive the maximum benefit from the experiences of peers.	3.56	3.85	2.73	10.51
5D	35	Apply nondirective approach to therapy by following the client's	3.56	3.66	2.68	9.81

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
		lead to permit change to occur at client's pace.				
5D	48	Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self.	3.82	3.92	2.48	9.72
5D	62	Provide psychotherapy to survivor of abuse to reduce the impact of the experience.	3.49	4.03	2.57	10.36
5D	75	Teach client anger management techniques to increase client's ability to manage aggressive impulses.	3.47	3.80	2.65	10.07
5D	87	Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.	3.12	3.72	2.65	9.86
5D	99	Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).	3.07	3.56	2.86	10.18
5D	112	Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.	3.16	3.35	2.62	8.78
5D	120	Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.	3.22	3.73	2.61	9.74
5D	121	Provide psychoeducation for family members to facilitate treatment compliance of client.	3.00	3.51	2.80	9.83
5D	133	Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.	3.33	3.53	2.65	9.35
5D	145	Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.	3.18	3.34	2.42	8.08
5D	158	Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.	3.39	3.60	2.87	10.33
5D	169	Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.	3.57	3.75	2.71	10.16
5D	170	Implement techniques for motivating client to attend substance treatment programs.	3.10	3.67	2.79	10.24
5D	181	Assist client to identify cognitions that maintain maladaptive behavior.	3.64	3.79	2.70	10.23
5D	193	Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.	3.58	3.90	2.79	10.88
5D	194	Conduct psychoeducational groups for medication education and compliance to facilitate symptom stabilization.	2.88	3.46	2.52	8.72
5D	205	Implement techniques to assist client to generalize successful behaviors to new situations.	3.56	3.74	2.72	10.17
5D	213	Implement techniques for increasing client's awareness of how past experiences have influenced present life patterns.	3.87	3.94	2.70	10.64
5D	222	Apply systems approach in therapy to determine impact of interactions between the person and the environment.	3.73	3.79	3.05	11.56
5D	236	Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.	3.63	3.91	2.64	10.32
5D	247	Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.	3.69	3.78	2.81	10.62
5D	249	Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.	3.50	3.70	2.77	10.25
5E	10	Implement communication techniques with couples to promote mutual disclosure and discussion.	3.19	3.52	2.43	8.55
5E	23	Identify strategies couples can implement to balance external	3.06	3.46	2.41	8.34

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
		responsibilities with personal relationship.				
5E	36	Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.	3.14	3.48	2.36	8.21
5E	49	Provide counseling to couples considering separation or divorce to address issues of loss.	4.08	4.09	3.12	12.76
5E	63	Provide premarital counseling to assist couple's transition to new family system.	2.71	3.22	2.52	8.11
5E	76	Educate clients about the stages of development of the couple relationship to normalize changes and transitions.	2.85	3.20	2.51	8.03
5E	88	Provide therapy and psychoeducation to couples to address issues of a blended family.	2.90	3.53	2.48	8.75
5E	100	Implement strategies to increase the safety the couple feels in the relationship.	2.84	3.37	2.51	8.46
5E	122	Assist couple to identify the relationship strengths on which effective coping strategies may be based.	3.09	3.55	2.49	8.84
5E	146	Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship.	3.16	3.53	2.37	8.37
5E	171	Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.	3.02	3.51	2.46	8.63
5E	182	Determine goal of couple's therapy by evaluating each individual's motivation.	3.17	3.63	2.36	8.57
5E	195	Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.	2.61	3.33	2.56	8.52
5E	206	Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.	3.06	3.56	2.37	8.44
5E	224	Assist clients to restructure interactions by reframing the couple's perception of power structure within the system.	3.13	3.47	2.50	8.68
5E	240	Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship.	3.34	3.58	2.86	10.24
5E	244	Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.	3.11	3.49	2.74	9.56
5F	11	Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.	3.26	3.36	2.69	9.04
5F	22	Implement strategies for changing disruptive interaction styles to strengthen family cohesion.	3.43	3.77	2.54	9.58
5F	24	Identify separation issues in parent-child relationship to promote age-appropriate individuation.	3.44	3.76	2.61	9.81
5F	37	Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.	3.17	3.44	2.58	8.88
5F	50	Mediate conflict regarding couple's parenting styles to effect consistency in child's environment.	3.32	3.83	2.68	10.26
5F	64	Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress.	3.38	3.79	2.89	10.95
5F	77	Model adaptive methods for relating to peers and siblings to improve child's social functioning.	3.48	3.75	2.85	10.69

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
5F	89	Identify differences in multigenerational acculturation to determine source of value conflicts between family members.	2.84	3.36	2.71	9.11
5F	101	Provide family therapy to achieve reunification goals.	2.76	3.48	2.62	9.12
5F	147	Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.	3.17	3.73	2.52	9.40
5F	159	Develop family reunification goals by identifying changes that must be made to improve family functioning.	3.04	3.55	2.71	9.62
5F	183	Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.	2.90	3.36	2.57	8.64
5F	207	Provide psychosocial information to families regarding environmental and biological components that impact development.	3.19	3.51	2.75	9.65
5F	214	Identify patterns of interaction among family members to determine sources of conflict.	3.37	3.62	2.81	10.17
5F	226	Identify family of origin influences to understand impact on present family functioning.	3.61	3.77	2.90	10.93
5F	237	Identify family structure to clarify roles and boundaries of the family unit.	3.47	3.63	2.85	10.35
5G	123	Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.	3.11	3.56	2.73	9.72
5G	135	Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth.	4.47	4.50	3.19	14.36
5G	160	Implement strategies to address language barriers to facilitate client expression and understanding.	3.10	3.82	2.93	11.19
5G	172	Establish a supportive environment by providing unconditional positive regard toward client.	4.43	4.44	3.17	14.07
5G	196	Identify client and therapist values that impact the therapeutic process to direct the treatment approach.	3.52	3.67	2.77	10.17
5G	208	Identify countertransference to modulate impact on the therapeutic process.	3.60	3.97	2.75	10.92
5G	218	Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.	3.99	4.05	2.94	11.91
5G	220	Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.	3.71	3.84	2.92	11.21
5G	227	Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.	4.03	4.24	2.95	12.51
5G	233	Implement strategies to facilitate client's awareness of the relationship between self-esteem and current functioning.	3.66	3.79	2.92	11.07
5G	238	Establish therapeutic alliance to assist client engagement in therapy.	4.44	4.48	3.13	14.02
VI. LEGAL MANDATES AND OBLIGATIONS						
6A	12	Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.	2.60	3.99	3.08	12.29
6A	25	Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization.	3.57	4.38	2.68	11.74
6A	38	Evaluate client and the content of therapy to identify holder of privilege.	3.30	3.75	2.70	10.13
6A	148	Report known or suspected abuse or neglect of a child to initiate	3.01	4.47	3.32	14.84

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
		investigation by protective authorities.				
6A	184	Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.	4.76	4.78	3.14	15.01
6B	51	Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.	4.38	4.69	3.42	16.04
6B	65	Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.	4.48	4.59	2.80	12.85
6B	78	Obtain client's written permission to disclose privileged information to protect client's right to privacy.	4.34	4.68	3.21	15.02
6B	90	Maintain client records in accordance with state and federal regulations.	4.74	4.70	2.97	13.96
6B	102	Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.	2.32	4.03	3.07	12.37
6B	136	Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.	4.26	4.35	2.85	12.40
VII. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT						
7	13	Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.	3.22	3.93	3.09	12.14
7	26	Disclose exceptions to confidentiality to inform client of limitations of privileged communication.	4.35	4.54	3.09	14.03
7	39	Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.	4.17	4.14	2.87	11.88
7	52	Seek consultation before countertransference issues interfere with treatment.	3.01	3.98	2.94	11.70
7	66	Collaborate with other professionals when issues arise outside the therapist's expertise.	3.78	4.33	2.90	12.56
7	124	Identify clinical issues outside therapist's experience or competence to refer to other professionals for treatment.	3.21	3.94	2.83	11.15
7	149	Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.	3.99	4.11	3.06	12.58
7	161	Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.	3.13	3.91	2.88	11.26
7	173	Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations.	3.32	3.30	3.14	10.36
7	185	Implement policies and therapeutic procedures that enhance client's self-determination by providing services regardless of client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability.	4.53	4.54	3.09	14.03
7	197	Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.	3.99	4.39	3.18	13.96
7	209	Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.	4.26	4.43	2.68	11.87
7	211	Identify own physical or cognitive impairments to determine impact on ability to provide professional services.	3.16	3.75	2.95	11.06

Cont Area	Task Num	Task Statement	Avg. TFRQ	Avg. TIMP	Avg. TACQ	TCV
7	242	Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship.	4.54	4.73	3.13	14.80

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

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
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I. BIOPSYCHSOCIAL ASSESSMENT				
1A	11	Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.	4.12	3.65
1A	22	Knowledge of socio-cultural factors that affect the assessment of client risk.	3.67	3.10
1A	44	Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.	4.17	3.78
1A	55	Knowledge of legal criteria for identifying clients who require involuntary treatment or detention.	3.71	3.51
1A	66	Knowledge of methods for assessing the risk of decompensation and hospitalization.	3.57	3.24
1A	88	Knowledge of criteria for evaluating the safety of a child's environment.	3.56	3.45
1A	99	Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.	4.26	3.77
1A	131	Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.	3.77	3.42
1A	142	Knowledge of methods and techniques for eliciting client's perception of presenting complaint.	3.75	3.10
1A	148	Knowledge of risk factors that indicate a client's potential for causing harm to others.	4.04	3.77
1A	166	Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.	3.45	3.64
1A	186	Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.	4.10	3.75
1B	33	Knowledge of the effect of language differences on the therapeutic process.	3.28	2.94
1B	77	Knowledge of the role of client motivation in therapeutic change.	3.88	3.12
1B	120	Knowledge of cultural beliefs regarding therapy and mental health.	3.40	2.87
1B	201	Knowledge of developmentally-appropriate techniques for eliciting information about the client's thoughts and feelings during the interview process.	3.70	3.07
1B	208	Knowledge of methods and techniques for facilitating the client's ability to communicate thoughts and feelings during the interview process.	3.86	3.19
1B	212	Knowledge of techniques for evaluating the congruence between the client's nonverbal and verbal communications.	3.64	3.05
1B	237	Knowledge of how cultural factors impact the ways a client seeks assistance for psychosocial problems.	3.16	2.89
1C1A	10	Knowledge of the effects of aging on client's independent functioning.	3.09	2.86
1C1A	32	Knowledge of methods for assessing the client's degree of acculturation.	2.94	2.70
1C1A	160	Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning.	3.95	3.31
1C1A	172	Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation.	4.01	3.41
1C1A	197	Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues.	3.48	2.98

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
1C1A	211	Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs.	3.28	2.97
1C1A	223	Knowledge of types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information.	3.11	2.79
1C1A	248	Knowledge of the effects of mood disturbance on psychosocial functioning.	3.77	3.13
1C1A	258	Knowledge of strategies for gathering information from adjunctive resources.	3.36	2.99
1C1A	262	Knowledge of psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing.	2.77	2.64
1C1A	264	Knowledge of the effect of mental disorders on psychosocial functioning.	3.82	3.24
1C1A	267	Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.	3.49	2.95
1C1B	192	Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem.	3.01	2.75
1C1B	205	Knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem.	3.29	2.88
1C1B	218	Knowledge of methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.	3.01	2.72
1C1B	231	Knowledge of methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.	3.35	2.83
1C2A	43	Knowledge of methods for assessing the impact of family history on client functioning.	3.75	3.17
1C2A	54	Knowledge of methods for assessing the effects of the client's physical condition on past and current psychosocial functioning.	3.40	2.93
1C2A	65	Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma.	3.50	3.07
1C2A	87	Knowledge of how cultural influences affect the client's perception of life events as traumatic.	3.30	2.94
1C2A	98	Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.	3.36	2.89
1C2A	130	Knowledge of the interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.	3.38	2.88
1C2A	141	Knowledge of how to assess the relationship between life events and the stressors the client experiences.	3.69	3.06
1C2A	253	Knowledge of the effects of socio-cultural factors on the client's presenting problem.	3.32	2.92
1C2B	9	Knowledge of theories of aging and development that explain biological and cognitive changes.	3.14	2.83
1C2B	21	Knowledge of the relationship between medical conditions and psychosocial functioning.	3.66	2.98
1C2B	42	Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span.	3.65	3.07

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
1C2B	76	Knowledge of symptoms of medical conditions that may impact client psychosocial functioning.	3.61	2.96
1C2B	118	Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.	3.47	2.90
1C2B	119	Knowledge of the effects of medications and their impact on the client's adaptive functioning.	3.61	2.80
1C2B	149	Knowledge of developmental processes of individual growth and change.	3.54	3.10
1C2B	154	Knowledge of methods and techniques for assessing the impact of client's family medical history on current problems and issues.	3.15	2.78
1C2B	181	Knowledge of the effects of social, cultural, and environmental influences on aging and health.	3.05	2.82
1C2B	191	Knowledge of the effect of biological and environmental influences on specific developmental and life phases.	3.28	2.88
1C2B	234	Knowledge of theories of stages of cognitive development.	3.16	2.86
1C2C	64	Knowledge of the impact of substance use or abuse on family and social relationships and role functioning.	3.45	2.95
1C2C	86	Knowledge of the effect of substance use and abuse on psychosocial functioning.	3.61	3.13
1C2C	97	Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal.	3.40	3.03
1C2C	140	Knowledge of physical and behavioral indicators associated with substance abuse.	3.33	2.96
1C2C	256	Knowledge of the impact of social, cultural, and familial factors on substance use and abuse.	3.16	2.90
1C2C	271	Knowledge of physical and behavioral indicators associated with substance dependence.	3.32	3.09
1C3	20	Knowledge of methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors.	3.90	3.19
1C3	31	Knowledge of how to obtain and integrate relevant clinical information from collateral sources to increase an understanding of the client in the environment.	3.63	3.10
1C3	53	Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.	3.88	3.19
1C3	75	Knowledge of the effect of economic factors and stressors on psychosocial functioning.	3.73	3.13
1C3	108	Knowledge of theories of coping and adaptive responses to life events.	3.63	3.01
1C3	129	Knowledge of the relationship between social supports and adaptive functioning.	3.54	2.94
1C3	229	Knowledge of methods for assessing client's ability to access personal and community resources.	3.34	2.92
II. DIAGNOSTIC FORMULATION				
2	8	Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.	4.06	3.35
2	41	Knowledge of the clinical process of developing a diagnosis or problem description to clarify therapeutic issues.	3.98	3.30

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
2	52	Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.	3.82	3.15
2	63	Knowledge of criteria for classifying complex levels of addiction (cross addiction).	2.99	2.60
2	85	Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.	2.93	2.71
2	96	Knowledge of the relationship between biochemistry and psychiatric disorders.	3.40	2.83
2	139	Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.	3.69	3.10
2	155	Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.	3.52	3.19
2	161	Knowledge of methods for integrating assessment information to identify areas and level of impairment in client's functioning.	3.81	3.20
2	167	Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.	3.50	3.03
2	173	Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.	3.17	2.88
2	185	Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms.	3.81	3.36
2	204	Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.	3.21	2.91
2	219	Knowledge of the relationship between psychosocial and environmental factors and symptom development.	3.54	2.99
2	233	Knowledge of the relationship between onset of signs and symptoms and duration of the problem.	3.68	3.05
2	240	Knowledge of behavioral, physiological, and psychological indicators of developmental disorders.	2.90	2.68
2	250	Knowledge of the relationship between persistence of symptoms and the course of the problem.	3.53	2.87
2	276	Knowledge of methods for differentiating between disorders that share common symptoms.	3.73	3.21
2	279	Knowledge of criteria for classifying substance use, abuse, and dependency.	3.31	3.08
2	283	Knowledge of the short- and long-term side effects of medications and their effect on the client's presenting symptoms.	3.46	2.85
III. TREATMENT PLAN DEVELOPMENT				
3A	7	Knowledge of methods and techniques for enhancing client motivation in treatment.	3.73	3.02
3A	19	Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.	3.19	2.79

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
3A	30	Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.	3.21	2.74
3A	40	Knowledge of methods and techniques for educating client about the therapeutic process.	3.52	3.06
3A	74	Knowledge of the components of a treatment or service plan for each phase of the therapeutic process.	3.55	2.96
3A	107	Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning.	3.50	2.97
3A	117	Knowledge of methods for determining the timing of interventions according to phase of therapy.	3.48	2.75
3A	128	Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning.	3.64	2.90
3A	150	Knowledge of techniques and procedures for engaging the client in the mutual development of treatment goals and objectives.	3.85	3.30
3A	180	Knowledge of culturally competent interventions to provide services to diverse populations.	3.26	2.95
3A	184	Knowledge of procedures for determining how to manage aspects of the therapist's value system that potentially impacts therapy.	3.52	3.10
3A	198	Knowledge of strategies for determining therapeutic goals to direct treatment.	3.87	3.18
3A	210	Knowledge of techniques for integrating client's current experiences, values, and belief systems into the treatment plan.	3.69	3.05
3A	217	Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders.	3.49	2.92
3A	232	Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.	3.50	2.85
3A	245	Knowledge of methods for developing short- and long-term treatment objectives to address therapeutic problems.	3.63	3.03
3A	255	Knowledge of methods for determining length of therapy based on diagnosis and client's goals for treatment.	3.40	2.81
3A	272	Knowledge of the components of individual treatment plans to provide for clients with special needs.	3.17	2.85
3A	285	Knowledge of techniques and procedures for engaging client's on-going participation in the therapeutic process.	3.87	3.22
3B	62	Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment.	3.68	2.93
3B	84	Knowledge of methods for accessing and coordinating multiple interventions across disciplines.	3.28	2.73
3B	95	Knowledge of methods for incorporating collateral support systems in therapy.	3.20	2.80
3B	127	Knowledge of techniques for combining treatment modalities in treating specific problems or disorders.	3.36	2.74
3B	138	Knowledge of the effect of psychotropic medications on therapeutic interventions.	3.52	2.85
3B	194	Knowledge of methods for integrating mainstream, complimentary, and	3.07	2.62

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
		alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.		
3C	18	Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment.	3.26	2.77
3C	29	Knowledge of methods and procedures for formulating an after-care plan.	3.41	2.94
3C	51	Knowledge of methods for assessing qualitative and quantitative therapeutic change.	3.18	2.66
3C	73	Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy.	3.34	2.76
3C	106	Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs.	3.64	3.02
3C	116	Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change.	3.27	2.68
3C	174	Knowledge of changes in client functioning that indicate readiness to terminate therapy.	3.56	3.00
3C	224	Knowledge of procedures for evaluating therapeutic change in preparation for termination.	3.51	2.97
3C	260	Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.	3.16	2.77
IV. RESOURCE COORDINATION				
4A	6	Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.	3.54	3.08
4A	39	Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.	3.40	2.93
4A	61	Knowledge of types of placements available for the short- and long-term care of clients of differing levels of care.	3.22	2.68
4A	94	Knowledge of methods for evaluating conditions in the home to determine need for additional services.	3.26	2.82
4A	156	Knowledge of methods and procedures for facilitating client's transition to a less restrictive setting.	3.11	2.75
4A	162	Knowledge of methods for identifying community support services that meet client needs.	3.36	2.97
4A	168	Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs.	3.22	2.84
4A	206	Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.	3.17	2.75
4A	244	Knowledge of the methods involved in establishing a liaison with community resource providers.	3.13	2.74

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
4A	265	Knowledge of methods for evaluating client's ability to access support services and treatment sources.	3.35	2.92
4A	274	Knowledge of federal, state, local, and public and private social services that provide assistance with meeting client's basic needs.	3.37	3.05
4A	282	Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients.	2.91	2.85
4A	287	Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client's needs.	3.29	2.81
4A	289	Knowledge of methods for incorporating a multidisciplinary team approach to treatment.	3.77	3.22
4B	17	Knowledge of methods and procedures for enhancing or developing new services within the community.	2.93	2.50
4B	50	Knowledge of methods for increasing client's ability for self-advocacy.	3.42	2.88
4B	72	Knowledge of methods for evaluating the usage and efficacy of referral sources.	3.28	2.89
4B	83	Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights.	2.86	2.64
4B	105	Knowledge of criteria for evaluating safety of client placement.	3.47	3.02
4B	115	Knowledge of laws, statutes, and regulations relating to residential placement.	3.02	2.57
4B	126	Knowledge of advocacy methods for increasing client's access to needed resources.	3.18	2.83
4B	136	Knowledge of methods for providing psychoeducational services to the client.	3.39	2.90
4B	220	Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders.	3.37	2.96
4B	252	Knowledge of methods for providing psychoeducational services to community service providers.	2.70	2.53
V. THERAPEUTIC INTERVENTIONS				
5A	28	Knowledge of methods for implementing strategies and interventions with clients in emergency situations.	3.82	3.40
5A	190	Knowledge of the effect of crisis on emotional and psychological equilibrium.	3.75	3.22
5A	213	Knowledge of counseling techniques to assist client in crisis to regain emotional balance.	3.78	3.28
5A	230	Knowledge of transitional crises created by immigration and acculturation.	2.56	2.46
5A	238	Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.	3.69	3.32
5A	268	Knowledge of crisis intervention techniques to provide immediate assistance to client.	3.86	3.43

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
5A	284	Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.	3.79	3.22
5A	290	Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.	3.72	3.19
5B	5	Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.	3.83	3.11
5B	38	Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use.	3.23	2.82
5B	82	Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model.	3.23	2.79
5B	163	Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma.	3.55	2.97
5B	199	Knowledge of the stages of loss and grief.	3.63	3.21
5B	266	Knowledge of counseling techniques to assist survivor of trauma to work through feelings associated with the experience.	3.38	2.97
5B	270	Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships.	3.37	2.91
5C	16	Knowledge of methods for preventing relapse with child/adolescent client in recovery.	3.01	2.73
5C	27	Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.	3.12	2.85
5C	49	Knowledge of counseling techniques for dealing with physical, emotional, and psychological issues that contribute to substance use and abuse.	3.38	2.99
5C	60	Knowledge of methods and techniques to identify source of resistance to treatment.	3.57	2.98
5C	71	Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.	3.27	2.83
5C	93	Knowledge of counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.	3.44	2.90
5C	104	Knowledge of counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.	2.79	2.59
5C	114	Knowledge of behavior management interventions which reduce disruptive behavior in a variety of environments.	3.34	2.81
5C	125	Knowledge of the principles of learning theory to explain the acquisition of behaviors.	2.88	2.58
5C	137	Knowledge of intervention methods for treating substance dependency.	2.96	2.79
5C	147	Knowledge of behavioral and emotional responses of children resulting from parental separation or divorce.	3.06	2.81
5C	151	Knowledge of developmental theories and their application to children and adolescents in a clinical setting.	3.38	3.03
5C	157	Knowledge of techniques for increasing attention span by modifying child's environment.	3.09	2.68
5C	169	Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.	3.07	2.76

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
5C	175	Knowledge of factors that affect client adjustment during emancipation process.	2.80	2.63
5C	189	Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents.	3.50	2.91
5C	203	Knowledge of therapeutic techniques to decrease violent or aggressive behavior.	3.21	2.94
5C	209	Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.	3.04	2.70
5C	216	Knowledge of the developmental stages of defining sexual identity and preference.	2.62	2.56
5C	225	Knowledge of the physical and psychosocial effects of substance use on children and adolescents.	2.98	2.80
5C	235	Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.	3.18	2.78
5C	246	Knowledge of types of learning disabilities that impede academic performance.	2.76	2.58
5C	277	Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.	3.20	2.92
5C	291	Knowledge of the effects of racism and discrimination on development of self-concept.	3.20	3.10
5D	4	Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.	3.12	2.76
5D	15	Knowledge of theories of group dynamics.	3.29	2.89
5D	26	Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.	3.52	2.85
5D	37	Knowledge of the relationship between interpersonal interactions and social functioning.	3.60	2.93
5D	48	Knowledge of the effect of cognition on interpretation of behavioral responses.	3.43	2.91
5D	59	Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning.	3.97	3.41
5D	70	Knowledge of sexual dysfunctions that indicate need for specialized services.	2.43	2.39
5D	81	Knowledge of methods and techniques for conducting group psychotherapy.	3.41	2.92
5D	92	Knowledge of the biological, social, and psychological aspects of aggression.	3.24	2.87
5D	103	Knowledge of methods and techniques for providing psychoeducation to individual clients and groups.	3.32	2.85
5D	113	Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.	2.88	2.63
5D	124	Knowledge of stress management techniques to reduce anxiety or fearful reactions.	3.60	2.89
5D	135	Knowledge of interventions and techniques for assisting client with managing own anger and aggression.	3.33	2.85

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
5D	146	Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.	2.68	2.69
5D	179	Knowledge of psychodynamic techniques for resolving emotional conflict or trauma.	3.26	2.83
5D	183	Knowledge of methods for implementing desensitization techniques to reduce client symptoms.	2.84	2.57
5D	188	Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.	3.00	2.77
5D	195	Knowledge of the effects of unconscious processes on behavior.	3.32	2.84
5D	207	Knowledge of the protective function of defense mechanisms against anxiety.	3.47	2.85
5D	221	Knowledge of the application of experiential techniques to assist client to achieve treatment goals.	3.05	2.56
5D	227	Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.	3.22	2.75
5D	241	Knowledge of the concept of insight in successful resolution of past trauma or conflict.	3.30	2.83
5D	254	Knowledge of the biological, social, and psychological aspects of substance use and addiction.	3.33	3.02
5D	273	Knowledge of therapeutic techniques for increasing client's feelings of self-worth.	3.78	3.19
5D	278	Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.	3.53	2.99
5D	280	Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior.	3.31	3.08
5D	288	Knowledge of the effect of events in client's past on current experiences.	3.83	3.24
5E	3	Knowledge of the effect of incongruent goals of couples on therapeutic process.	3.05	2.78
5E	14	Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.	3.29	3.00
5E	25	Knowledge of techniques to increase intimacy within couple relationships.	2.89	2.58
5E	36	Knowledge of the aspects of relationships that result in problems or conflicts for couples.	2.92	2.69
5E	58	Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.	3.02	2.77
5E	69	Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship.	2.87	2.62
5E	80	Knowledge of the impact of communication and interactional styles on couple relationships.	2.98	2.83
5E	91	Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.	2.99	2.70
5E	102	Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues.	2.60	2.46
5E	112	Knowledge of methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.	2.75	2.51

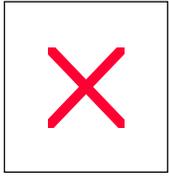
Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
5E	123	Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples.	2.77	2.56
5E	134	Knowledge of methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships.	2.69	2.46
5E	145	Knowledge of issues resulting from dissolution of couple relationships.	2.78	2.60
5E	164	Knowledge of therapeutic methods to establish individual and system boundaries.	3.45	2.99
5E	176	Knowledge of the effect of unrealistic role assignments on couple relationships.	2.64	2.49
5E	257	Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship.	2.87	2.63
5E	286	Knowledge of methods and techniques for teaching couples how to improve their communication.	3.02	2.84
5F	2	Knowledge of behaviors or reactions that indicate problematic separation or attachment issues.	3.36	2.79
5F	24	Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.	3.58	3.13
5F	35	Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning.	3.57	3.06
5F	47	Knowledge of methods for identifying interconnections and interdependence within social systems.	3.17	2.78
5F	57	Knowledge of the impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships.	3.48	3.02
5F	68	Knowledge of parenting skills necessary to provide for care of children.	3.46	3.05
5F	79	Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.	3.18	2.83
5F	90	Knowledge of the impact of cultural views regarding family structure and values.	3.32	3.03
5F	111	Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups.	3.21	2.80
5F	122	Knowledge of therapy techniques to strengthen or reestablish family roles.	3.05	2.70
5F	133	Knowledge of behavioral and emotional responses of family members resulting from parental separation or divorce.	3.14	2.82
5F	144	Knowledge of the effect of differences in multigenerational acculturation on family structure and values.	2.92	2.67
5F	152	Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.	3.09	2.77
5F	158	Knowledge of techniques to educate children regarding the relationship between behavior and consequences.	3.46	2.87
5F	170	Knowledge of the implications of family history for understanding its influence on current family functioning.	3.32	2.89
5F	178	Knowledge of techniques to identify and clarify roles and expectations in blended family structures.	2.71	2.53
5F	200	Knowledge of different types of supportive services to strengthen family system.	3.18	2.81

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
5F	214	Knowledge of therapeutic interventions to improve family transactions.	2.95	2.68
5F	243	Knowledge of therapeutic techniques to increase individuation within existing system structures.	3.11	2.68
5F	247	Knowledge of the stages of developmental changes that occur within the family system.	2.76	2.65
5F	261	Knowledge of group process methods for improving patterns of communication between family members.	2.94	2.71
5F	263	Knowledge of the concept of feedback as it relates to the adjustment of a system.	3.13	2.74
5F	269	Knowledge of the family life cycle that results in transitions and changes in status.	3.12	2.90
5F	275	Knowledge of techniques to identify different power bases within family structure.	2.90	2.76
5F	281	Knowledge of the concept of homeostasis in maintaining system structure and balance of power.	3.21	2.93
5G	13	Knowledge of the effect of unconditional positive regard in facilitating therapeutic effectiveness.	4.10	3.61
5G	46	Knowledge of the concept of countertransference as therapist's reactions and feelings in response to client's therapeutic issues.	3.93	3.36
5G	101	Knowledge of the concept of transference as an expression of unresolved issues.	3.51	3.10
5G	182	Knowledge of techniques for conveying empathy, interest, and concern within therapeutic context.	4.20	3.70
5G	202	Knowledge of methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.	2.88	2.68
5G	222	Knowledge of the stages of the client/therapist relationship and how it progresses over time.	3.52	3.02
5G	226	Knowledge of techniques for establishing a therapeutic framework with diverse populations.	3.21	2.90
5G	239	Knowledge of techniques to promote client engagement in therapeutic process.	3.85	3.20
5G	242	Knowledge of methods and techniques for increasing client's acceptance of self as the agent of change in therapy.	3.58	2.99
5G	249	Knowledge of the effect of differences between therapist and client's values on therapy process.	3.62	3.18
5G	251	Knowledge of the relationship between client sense of self-worth and client functioning.	3.74	3.08
5G	259	Knowledge of techniques for incorporating therapeutic use of self to maximize therapeutic alliance.	3.88	3.18
VI. LEGAL MANDATES AND OBLIGATIONS				
6A	159	Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults.	3.44	3.52

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
6A	165	Knowledge of laws regarding privileged communication to protect client's rights and privacy.	4.28	3.86
6A	171	Knowledge of laws regarding payment or acceptance of money for referral of services.	3.80	3.58
6A	177	Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others.	4.14	4.09
6A	193	Knowledge of components of a child abuse investigation interview.	2.96	2.97
6A	196	Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.	3.38	3.37
6A	215	Knowledge of laws regarding holder of privilege.	3.94	3.67
6A	228	Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.	4.32	4.14
6A	236	Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.	4.37	4.00
6B	12	Knowledge of laws which define the boundaries and scope of clinical practice.	4.34	3.90
6B	45	Knowledge of laws regarding disclosing fees for professional services.	3.64	3.43
6B	153	Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.	3.28	3.22
6B	187	Knowledge of laws regarding sexual misconduct between therapist and client.	4.08	4.13
VII. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT				
7	1	Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services.	3.59	3.32
7	23	Knowledge of criteria for determining competency to practice.	3.87	3.53
7	34	Knowledge of methods and conditions for disclosing fees for professional services.	3.71	3.27
7	56	Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	3.88	3.68
7	67	Knowledge of therapist issues and conflicts that interfere with the therapeutic process.	3.73	3.30
7	78	Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services.	4.05	3.55
7	89	Knowledge of the limits of confidentiality within the therapeutic framework.	4.49	3.97
7	100	Knowledge of ethical considerations and conditions for interrupting or terminating treatment.	3.61	3.45
7	110	Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence.	3.76	3.41

Cont Area	Know Num	Knowledge Statement	Avg. K IMPT	Avg. K POSS
7	121	Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.	4.44	3.86
7	132	Knowledge of ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.	3.86	3.39
7	143	Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.	4.33	3.87

APPENDIX C – COVER LETTER TO PRACTITIONERS



APPENDIX D – QUESTIONNAIRE

OCCUPATIONAL ANALYSIS OF LICENSED CLINICAL SOCIAL WORKERS

The Board of Behavioral Sciences (BBS) is currently conducting an occupational analysis of the Licensed Clinical Social Worker (LCSW) profession. The purpose of the occupational analysis is to identify the important tasks that are currently performed by practicing Licensed Clinical Social Workers and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the definition of LCSW practice and to ensure that licensing examinations reflect important aspects of current practice.

The BBS is requesting your assistance in this process. By completing this questionnaire as it relates to your *current* practice, you will contribute valuable information regarding the LCSW profession. Your responses on this questionnaire will be combined with the responses of other LCSW practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

Fill out this questionnaire **only** if you are currently licensed **and** working as an **LCSW** in California.

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

PART I asks you for background information related to your practice. Information in this section will be used for demographic purposes only.

PART II asks you to rate tasks in terms of:

- (a) HOW FREQUENTLY you perform each task in your practice relative to the other tasks you perform;
- (b) HOW IMPORTANT the performance of each task is to your current practice relative to the other tasks you perform; and,
- (c) WHEN the ABILITY to perform the task is ACQUIRED.

PART III asks you to rate knowledges in terms of:

- (a) HOW IMPORTANT each knowledge is to your current practice; and,
- (b) To what extent possession of the knowledge is REQUIRED UPON ENTRY TO THE PROFESSION.

The BBS recognizes that every LCSW practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective LCSW practice in the state of California.

**Please complete each item in the questionnaire and return
it in the postage-prepaid envelope no later than
November 28, 2003.**

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

NOTICE TO RESPONDENTS

Business and Professions Code section 139 authorizes the Department of Consumer Affairs, Office of Examination Resources (OER), to maintain information collected from this questionnaire for the purpose of conducting evaluations of the licensing examinations of Boards within the Department of Consumer Affairs. The information you provide here is voluntary and will be kept in a confidential manner. The information will be used for the purpose of assisting the Board of Behavioral Sciences (Board) in analyzing and updating the examination plan that serves as the basis for the LCSW licensing program. For questions regarding this notice, the questionnaire, or access to any personal information maintained by the Board, please contact the Lead Examination Analyst, Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA 95814 or at (916) 445-4933.

PART I PERSONAL DATA

For items 1-9, check **ONLY ONE** of the choices.

1. Are you currently practicing as a Licensed Clinical Social Worker in California?
 Yes
 No (If no, please return this survey uncompleted in the enclosed postage paid envelope.)
2. How many years have you been licensed as a Licensed Clinical Social Worker in California?
 0-5 years
 6-10 years
 11-20 years
 More than 20 years
3. What is the **highest** related degree you hold?
 M.S.W.
 M.A./M.S.
 M.Ed.
 Ed.D.
 Ph.D.
 Psy.D.
 D. Min.
 Other (please specify)

4. In what concentration was your highest degree obtained?
 Social work (general studies)
 Social work with an emphasis in clinical social work
 Social work with an emphasis in social welfare
 School psychology
 Clinical psychology
 Counseling psychology
 Counseling with an emphasis in marriage, family, & child counseling
 Other (please specify)

5. What was your area of concentration for your social work degree?
 Family Services
 Child Welfare
 Mental Health
 Management and Planning
 Health Services
 Other (please specify)

6. What describes the location of your primary work setting?
 Urban (greater than 50,000 people)
 Rural (less than 50,000 people)
7. What is your **primary** practice setting?
 Private Practice
 State/Federal Agency
 County/Municipal Agency
 Nonprofit/ Charitable Organization
 Licensed health care facility
 College or university
 School (elementary, etc.)
 Other (please specify)

8. What is your **secondary** practice setting?
 Private Practice
 State/Federal Agency
 County/Municipal Agency
 Nonprofit/Charitable Organization
 Licensed health care facility
 College or university
 School (elementary, etc.)
 Other (please specify)

9. How many hours of therapy do you conduct per week in your **primary** practice setting?
 1 to 10 hours
 11 to 20 hours
 21 to 30 hours
 31 to 40 hours
 More than 40 hours

For items 10-11, complete or check ALL that apply.

10. What percentage of your total professional time is devoted to performing each of the following functions? (Total of all entries should add up to 100%.)

- _____ % Counseling or Therapy
 - _____ % Group Therapy
 - _____ % Case Management
 - _____ % Education (where you are an educator)
 - _____ % Supervision of associates or interns
 - _____ % Administration
 - _____ % Management
 - _____ % Consultation
 - _____ % Other (please specify)
-

11. What other California state-issued licenses or certifications do you hold?

- None
 - Marriage and Family Therapist
 - Pupil Personnel Services Credential
 - Registered Nurse
 - Psychologist
 - Other (please specify)
-

12. In what California county is your **primary** practice located? _____

Please select **only one** of the two-digit codes below.

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

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

PART II INSTRUCTIONS FOR RATING TASKS

**PLEASE REFER TO THIS PAGE and the following PAGE TO MAKE YOUR
FREQUENCY, IMPORTANCE, AND WHEN ACQUIRED RATINGS.**

In this part of the questionnaire, please rate each task as it relates to your current practice as a Licensed Clinical Social Worker. Your **Frequency, Importance, and When Acquired** ratings should be separate and independent ratings. Therefore, the ratings that you assign from one rating scale should not influence the ratings that you assign from another rating scale. For example, you may perform a task frequently, but the task may not be important.

If the task is NOT part of your current practice, rate the task “0” (zero) **Frequency**, “0” (zero) **Importance**, and “0” (zero) **When Acquired**.

Circle ONE rating that best fits each task.

RATING SCALES FOR TASKS

FREQUENCY

This scale is designed to measure HOW OFTEN a task is performed in your current practice. In making this rating, consider all of the tasks you perform in your practice, and judge how often you perform each task in this section *relative* to all other tasks you perform. Use the following scale to make your rating.

- 0 DOES NOT APPLY TO MY JOB.** I do not perform this task in my practice. (Note: If a task is marked “0” for frequency, it must also be marked “0” for importance.)
- 1 RARELY.** This task is one of the tasks I perform least often in my practice relative to other tasks I perform.
- 2 SELDOM.** This task is performed less often relative to other tasks I perform in my practice.
- 3 OCCASIONALLY.** This task is performed somewhat often relative to other tasks I perform in my practice.
- 4 OFTEN.** This task is performed more often than most other tasks I perform in my practice.
- 5 VERY OFTEN.** This task is one of the tasks I perform most often in my practice relative to other tasks I perform.

IMPORTANCE

This scale is designed to measure **HOW IMPORTANT** a task is in the performance of your current practice. In making your rating, consider all of the tasks you perform in your current practice and judge the importance of each task in this section *relative* to all other tasks you perform. Use the following scale to make your ratings.

- 0 NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE.** This task is not important to my current practice; I do not perform this task in my practice.
- 1 OF MINOR IMPORTANCE.** This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.
- 2 FAIRLY IMPORTANT.** This task is fairly important for effective performance relative to other tasks; however, it does not have the priority of most other tasks I perform in my current practice.
- 3 MODERATELY IMPORTANT.** This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current practice.
- 4 VERY IMPORTANT.** This task is very important for performance in my practice; it has a higher degree of priority than most other tasks I perform in my current practice.
- 5 CRITICALLY IMPORTANT.** This task is one of the most critical tasks I perform in practice; it has the highest degree of priority of all the tasks I perform in my current practice.

WHEN ACQUIRED

This scale is designed to measure when the **ABILITY TO PERFORM THE TASK IS ACQUIRED** by a newly licensed LCSW (who just passed the exam) in the context of your current practice. In making this rating, consider all of the tasks you perform in your current practice and judge to what extent a newly licensed LCSW is able to competently perform the task. Use the following scale to make your ratings.

- 0 DOES NOT APPLY TO MY PRACTICE.** I do not perform this task in my practice.
- 1 ACQUIRED BEFORE LICENSURE.** Newly licensed LCSWs are able to perform 90% or more of the components of this task competently. The ability to perform this task is usually **Learned Before Licensure**.
- 2 MOSTLY ACQUIRED BEFORE LICENSURE.** Newly licensed LCSWs are able to perform 75% or more of the components of this task competently. The ability to perform this task is mostly **Learned Before Licensure**.
- 3 MOSTLY ACQUIRED AFTER LICENSURE.** Newly licensed LCSWs are able to perform less than 50% of the components of this task competently. The ability to perform this task is mostly **Learned After Licensure** with only general components learned before licensure.
- 4 ACQUIRED AFTER LICENSURE.** Newly licensed LCSWs are able to perform less than 25% of the components of this task competently. The ability to perform this task is usually **Learned After Licensure**.

EXAMPLES OF TASK RATINGS

This example shows how each task has a **Frequency**, **Importance**, and **Acquired** rating.

TASK STATEMENT		FREQUENCY	IMPORTANCE	ACQUIRED
1.	Recommend medication for client based on current functioning.	① 1 2 3 4 5	① 1 2 3 4 5	① 1 2 3 4
2.	Implement interview techniques consistent with child's cognitive development.	0 1 2 3 ④ 5	0 1 2 3 ④ 5	0 1 2 ③ 4
3.	Maintain client records in accordance with state and federal regulations.	0 1 2 3 4 ⑤	0 1 2 3 4 ⑤	0 1 2 ③ 4

NOTE: In task number 1, the task is not performed (*FREQUENCY=0*; therefore, the task *IMPORTANCE* is rated zero (*IMPORTANCE= 0*) and *WHEN ACQUIRED* is rated zero (*ACQUIRED =0*).

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FREQUENCY	IMPORTANCE	ACQUIRED
HOW OFTEN do you perform this task in your <u>current</u> practice? If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."	When is the ability to perform the task ACQUIRED? If you do not perform the task, mark acquired as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance	1 – Acquired Before Licensure
2 - Seldom	2 - Fairly important	2 – Mostly Acquired <u>Before</u> Licensure
3 - Occasionally	3 - Moderately important	3 – Mostly Acquired <u>After</u> Licensure
4 - Often	4 - Very important	4 – Acquired After Licensure
5 - Very often	5 - Critically important	

TASKS		FREQ	IMPORT	ACQ
1.	Determine baseline levels of maladaptive behaviors to measure therapeutic change.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
2.	Facilitate group process so clients can derive the maximum benefit from the experiences of peers.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
3.	Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
4.	Implement interview techniques consistent with child's cognitive development.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
5.	Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
6.	Coordinate with community sources to facilitate outreach to transient and homeless clients.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
7.	Implement techniques to assist client's exploration of options to increase adaptive functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
8.	Select age-appropriate interventions to facilitate child's understanding of the presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
9.	Use transference to assist client in accomplishing treatment goals.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
10.	Implement communication techniques with couples to promote mutual disclosure and discussion.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
11.	Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
12.	Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
13.	Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
14.	Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
15.	Gather information about client's interpersonal relationships to identify patterns of behavior in different life settings.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
16.	Assess social and familial factors associated with or contributing to the client's substance use.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
17.	Integrate information about the client's premorbid functioning in developing a differential diagnosis or problem formulation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
18.	Prepare for termination with client by reviewing progress attained.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
19.	Evaluate suitability of community resources to provide supportive services commensurate with client needs.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

FREQUENCY	IMPORTANCE	ACQUIRED
HOW OFTEN do you perform this task in your <u>current</u> practice? If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."	When is the ability to perform the task ACQUIRED ? If you do not perform the task, mark acquired as "0."
0 - Does not apply to my practice; task is not performed 1 - Rarely 2 - Seldom 3 - Occasionally 4 - Often 5 - Very often	0 - Does not apply to my practice; task is not performed 1 - Of minor importance 2 - Fairly important 3 - Moderately important 4 - Very important 5 - Critically important	0 - Does not apply to my practice; task is not performed 1 – Acquired Before Licensure 2 – Mostly Acquired <u>Before</u> Licensure 3 – Mostly Acquired <u>After</u> Licensure 4 – Acquired After Licensure

TASKS		FREQ	IMPORT	ACQ
20.	Apply a problem solving approach in therapy for treating the problem as it impacts the client's current functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
21.	Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
22.	Implement strategies for changing disruptive interaction styles to strengthen family cohesion.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
23.	Identify strategies couples can implement to balance external responsibilities with personal relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
24.	Identify separation issues in parent-child relationship to promote age-appropriate individuation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
25.	Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
26.	Disclose exceptions to confidentiality to inform client of limitations of privileged communication.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
27.	Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
28.	Assess history of trauma and abuse to determine impact on current functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
29.	Evaluate effectiveness of client's coping strategies and strengths by identifying patterns of reactions and responses to life stressors.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
30.	Incorporate interventions into the treatment plan that address the needs associated with client's clinical diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
31.	Develop termination plan with client to maintain therapeutic progress after treatment has ended.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
32.	Advocate within the community for the creation or enhancement of support services to meet client needs.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
33.	Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
34.	Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
35.	Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
36.	Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
37.	Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
38.	Evaluate client and the content of therapy to identify holder of privilege.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

FREQUENCY	IMPORTANCE	ACQUIRED
HOW OFTEN do you perform this task in your <u>current</u> practice? If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."	When is the ability to perform the task ACQUIRED ? If you do not perform the task, mark acquired as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance	1 – Acquired Before Licensure
2 - Seldom	2 - Fairly important	2 – Mostly Acquired <u>Before</u> Licensure
3 - Occasionally	3 - Moderately important	3 – Mostly Acquired <u>After</u> Licensure
4 - Often	4 - Very important	4 – Acquired After Licensure
5 - Very often	5 - Critically important	

TASKS		FREQ	IMPORT	ACQ
39.	Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
40.	Evaluate level of danger client presents to self and/or others to determine need for immediate intervention.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
41.	Evaluate impact of psychosocial and environmental stressors on client's symptomatology.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
42.	Gather information regarding the mental health history of the client and the client's family to assist in developing a comprehensive assessment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
43.	Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
44.	Elicit information from collateral resources to assist in evaluating treatment efficacy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
45.	Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
46.	Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
47.	Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
48.	Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
49.	Assess current living conditions to determine impact of the environment on the person in the situation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
50.	Mediate conflict regarding couple's parenting styles to effect consistency in child's environment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
51.	Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
52.	Seek consultation before countertransference issues interfere with treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
53.	Evaluate client for grave disability to determine need for immediate intervention.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
54.	Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
55.	Identify events precipitating current problem through interviews with client and collateral sources.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

FREQUENCY	IMPORTANCE	ACQUIRED
HOW OFTEN do you perform this task in your <u>current</u> practice? If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."	When is the ability to perform the task ACQUIRED? If you do not perform the task, mark acquired as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance	1 – Acquired Before Licensure
2 - Seldom	2 - Fairly important	2 – Mostly Acquired <u>Before</u> Licensure
3 - Occasionally	3 - Moderately important	3 – Mostly Acquired <u>After</u> Licensure
4 - Often	4 - Very important	4 – Acquired After Licensure
5 - Very often	5 - Critically important	

TASKS		FREQ	IMPORT	ACQ
56.	Gather information about the developmental history of the client and client's family members to determine course of developmental progression.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
57.	Develop mutually agreed upon treatment goals based on assessment and diagnostic information.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
58.	Adjust treatment plan and interventions as indicated by client's changing needs and goals.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
59.	Facilitate integration of client back into the community by providing psychoeducation to service providers and community members.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
60.	Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
61.	Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
62.	Provide psychotherapy to survivor of abuse to reduce the impact of the experience.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
63.	Provide premarital counseling to assist couple's transition to new family system.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
64.	Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
65.	Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
66.	Collaborate with other professionals when issues arise outside the therapist's expertise.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
67.	Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
68.	Gather information regarding client's family history to determine the impact of significant relationships and events on current problems.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
69.	Identify possible deficits in client's developmental level to determine need for further evaluation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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5 - Very often	5 - Critically important	

TASKS		FREQ	IMPORT	ACQ
70.	Compare assessment information with diagnostic criteria in formulating differential diagnoses.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
71.	Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
72.	Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
73.	Assist client with identifying and expressing feelings to move through the stages of grief and loss.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
74.	Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
75.	Teach client anger management techniques to increase client's ability to manage aggressive impulses.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
76.	Educate clients about the stages of development of the couple relationship to normalize changes and transitions.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
77.	Model adaptive methods for relating to peers and siblings to improve child's social functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
78.	Obtain client's written permission to disclose privileged information to protect client's right to privacy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
79.	Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
80.	Assess impact of familial patterns of interaction on client's current problem through interviews with client and collateral sources.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
81.	Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
82.	Incorporate information about the client's physiological status in formulating differential diagnoses.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
83.	Coordinate with other care providers in the development of an individual treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
84.	Educate client about how to access support services including access to legal advocacy to support client's rights.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
85.	Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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TASKS		FREQ	IMPORT	ACQ
86.	Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
87.	Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
88.	Provide therapy and psychoeducation to couples to address issues of a blended family.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
89.	Identify differences in multigenerational acculturation to determine source of value conflicts between family members.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
90.	Maintain client records in accordance with state and federal regulations.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
91.	Evaluate degree of risk by identifying the client's immediate support systems and the client's ability to access them.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
92.	Gather information regarding client's use of complementary and alternative treatments to evaluate client's approach to medical problems.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
93.	Assess types and patterns of use to determine substance abuse and/or dependence.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
94.	Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
95.	Determine need for referral to adjunctive treatment resources to support the treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
96.	Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
97.	Facilitate client's coping and planning strategies for addressing issues associated with major life events/potentially life-changing events.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
98.	Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
99.	Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
100.	Implement strategies to increase the safety the couple feels in the relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
101.	Provide family therapy to achieve reunification goals.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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TASKS		FREQ	IMPORT	ACQ
102.	Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
103.	Identify precipitating events to determine the need for crisis intervention.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
104.	Gather information regarding client's personal and familial medical history to determine impact on the person in the situation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
105.	Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
106.	Integrate results of mental status examination in developing a differential diagnosis or problem formulation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
107.	Assess client's ability and willingness to access personal and community resources.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
108.	Integrate aspects of client's value and belief systems into the development of the treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
109.	Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
110.	Consult with other professionals and referral sources to discuss the client's progress and to evaluate the on-going effectiveness and accessibility of resources.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
111.	Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
112.	Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
113.	Assess for language barriers that will impede the therapeutic process to determine whether treatment can be provided or referral is indicated.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
114.	Assess client's perception of the impact of physical limitations on adaptive functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
115.	Gather information regarding family members' coping strategies and strengths to assist in treatment planning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
116.	Develop measurable objectives to facilitate treatment goals.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
117.	Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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TASKS		FREQ	IMPORT	ACQ
118.	Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
119.	Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
120.	Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
121.	Provide psychoeducation for family members to facilitate treatment compliance of client.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
122.	Assist couple to identify the relationship strengths on which effective coping strategies can be based.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
123.	Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
124.	Identify clinical issues outside therapist's experience or competence to refer to other professionals for treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
125.	Assess for cultural factors that will influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
126.	Assess how client's medical conditions affect past and current adaptive functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
127.	Gather information regarding interpersonal relationships to evaluate and assess client's ability to access and utilize support systems.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
128.	Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
129.	Establish collaborative alliance with agencies, caregivers, placement settings, and other community resources to develop support services commensurate with client needs.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
130.	Engage client in the mutual exploration and identification of future resources, as the client's needs change.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
131.	Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
132.	Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
133.	Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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TASKS		FREQ	IMPORT	ACQ
134.	Educate couples about self-initiated strategies for addressing issues arising from interrelations with extended family members.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
135.	Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
136.	Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
137.	Identify client's presenting problem and goals for therapy to determine whether treatment can be provided or referral is indicated.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
138.	Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
139.	Evaluate effects of client and family's spiritual beliefs on presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
140.	Identify persistence of symptoms to determine if problem is acute or chronic.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
141.	Evaluate efficacy of collateral support systems for inclusion in treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
142.	Coordinate with other professionals, service providers, and other community resources to establish linkages for outreach services.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
143.	Assist client to modify environment to promote stabilization.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
144.	Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
145.	Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
146.	Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
147.	Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
148.	Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
149.	Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
150.	Gather collateral information pertaining to client and client's presenting problem to formulate a differential diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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TASKS		FREQ	IMPORT	ACQ
151.	Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
152.	Assess current living conditions to determine impact of the environment on the person in the situation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
153.	Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
154.	Gather information regarding cultural community networks to identify resources and sources of support.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
155.	Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
156.	Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
157.	Address adolescent's body image distortions to develop a reality-based perception of the physical self.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
158.	Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
159.	Develop family reunification goals by identifying changes that must be made to improve family functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
160.	Implement strategies to address language barriers to facilitate client expression and understanding.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
161.	Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
162.	Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
163.	Assess client's degree of acculturation to determine impact on presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
164.	Develop clinical diagnosis or problem formulation to provide basis for interventions.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
165.	Identify client and therapist values that impact the therapeutic process to direct the treatment approach.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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TASKS		FREQ	IMPORT	ACQ
166.	Coordinate access to therapeutic or community programs to facilitate client's transition into the community.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
167.	Evaluate nature and severity of current crisis to determine intervention strategy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
168.	Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
169.	Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
170.	Implement techniques for motivating client to attend substance treatment programs.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
171.	Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
172.	Establish a supportive environment by providing unconditional positive regard toward client.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
173.	Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
174.	Gather information regarding perception and cognition to identify symptoms of psychopathology.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
175.	Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
176.	Collect information from collateral sources to assist in developing clinical assessment and intervention strategies.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
177.	Select treatment modalities based on client needs, diagnosis, and assessment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
178.	Conduct initial and on-going review of therapeutic alliance to assist client engagement in therapy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
179.	Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
180.	Provide assertiveness training to promote client's self-esteem and self-confidence.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
181.	Assist client to identify cognitions that maintain maladaptive behavior.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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TASKS		FREQ	IMPORT	ACQ
182.	Determine goal of couple's therapy by evaluating each individual's motivation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
183.	Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
184.	Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
185.	Implement policies and therapeutic procedures that enhance client's self-determination by providing services regardless of client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
186.	Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
187.	Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
188.	Identify onset or initial presentation of symptoms to determine duration of the problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
189.	Develop preliminary termination plan to provide a structure for treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
190.	Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
191.	Engage client in the mutual evaluation of the on-going effectiveness and accessibility of resources.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
192.	Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
193.	Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
194.	Conduct psychoeducational groups for medication education and compliance to facilitate symptom stabilization.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
195.	Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
196.	Identify client and therapist values that impact the therapeutic process to direct the treatment approach.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
197.	Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
198.	Identify symptoms of perceptual, cognitive, and learning disorders	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

FREQUENCY	IMPORTANCE	ACQUIRED
HOW OFTEN do you perform this task in your <u>current</u> practice? If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."	When is the ability to perform the task ACQUIRED ? If you do not perform the task, mark acquired as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
1 - Rarely	1 - Of minor importance	1 – Acquired Before Licensure
2 - Seldom	2 - Fairly important	2 – Mostly Acquired <u>Before</u> Licensure
3 - Occasionally	3 - Moderately important	3 – Mostly Acquired <u>After</u> Licensure
4 - Often	4 - Very important	4 – Acquired After Licensure
5 - Very often	5 - Critically important	

TASKS	FREQ	IMPORT	ACQ
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	that require referral for educational testing.			
199.	Gather information regarding role identification within context of client's race, culture, and country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
200.	Assess impact of the client's family and social network on the presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
201.	Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
202.	Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
203.	Implement techniques to assist client to verbalize source of crisis.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
204.	Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
205.	Implement techniques to assist client to generalize successful behaviors to new situations.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
206.	Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
207.	Provide psychosocial information to families regarding environmental and biological components that impact development.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
208.	Identify countertransference to modulate impact on the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
209.	Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
210.	Identify perceptual and cognitive functions that require referral for psychological testing.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
211.	Identify own physical or cognitive impairments to determine impact on ability to provide professional services.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
212.	Identify impact of client's culture on client's presentation of psychological or physical problems.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
213.	Implement techniques for increasing client's awareness of how past experiences have influenced present life patterns.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
214.	Identify patterns of interaction among family members to determine sources of conflict.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
215.	Determine evaluation criteria to monitor progress toward goals and objectives.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
216.	Collaborate with other providers and community specialists to identify resources.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
217.	Identify extent of impairment and its impact on the client's level of	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

FREQUENCY	IMPORTANCE	ACQUIRED
HOW OFTEN do you perform this task in your <u>current</u> practice? If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."	When is the ability to perform the task ACQUIRED ? If you do not perform the task, mark acquired as "0."
0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed	0 - Does not apply to my practice; task is not performed
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3 - Occasionally	3 - Moderately important	3 – Mostly Acquired <u>After</u> Licensure
4 - Often	4 - Very important	4 – Acquired After Licensure
5 - Very often	5 - Critically important	

TASKS		FREQ	IMPORT	ACQ
	functioning to develop a diagnostic impression.			
218.	Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
219.	Assess socioeconomic factors to determine the impact of financial stressors on current problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
220.	Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
221.	Determine need for outreach and/or field visits in order to evaluate how health, safety, and welfare issues are affecting treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
222.	Apply systems approach in therapy to determine impact of interactions between the person and the environment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
223.	Provide client education about the therapeutic process to promote client's self-determination.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
224.	Assist clients to restructure interactions by reframing the couple's perception of power structure within the system.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
225.	Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
226.	Identify family of origin influences to understand impact on present family functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
227.	Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
228.	Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
229.	Coordinate linkages with support systems and services to facilitate access by client.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
230.	Provide parenting skills training to improve parents/caregivers' ability to care for children.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
231.	Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
232.	Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
233.	Implement strategies to facilitate client's awareness of the relationship between self-esteem and current functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
234.	Assess ability and willingness of the client's family and social network to support client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

FREQUENCY	IMPORTANCE	ACQUIRED
HOW OFTEN do you perform this task in your <u>current</u> practice? If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."	When is the ability to perform the task ACQUIRED ? If you do not perform the task, mark acquired as "0."
0 - Does not apply to my practice; task is not performed 1 - Rarely 2 - Seldom 3 - Occasionally 4 - Often 5 - Very often	0 - Does not apply to my practice; task is not performed 1 - Of minor importance 2 - Fairly important 3 - Moderately important 4 - Very important 5 - Critically important	0 - Does not apply to my practice; task is not performed 1 – Acquired Before Licensure 2 – Mostly Acquired <u>Before</u> Licensure 3 – Mostly Acquired <u>After</u> Licensure 4 – Acquired After Licensure

TASKS		FREQ	IMPORT	ACQ
235.	Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
236.	Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
237.	Identify family structure to clarify roles and boundaries of the family unit.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
238.	Establish therapeutic alliance to assist client engagement in therapy.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
239.	Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
240.	Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
241.	Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
242.	Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
243.	Develop a stabilization plan with client in crisis to prevent further decompensation.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
244.	Determine impact on the individuals within a couple of multigenerational patterns of interaction by evaluating the history of family relationships.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
245.	Identify presenting complaint to determine client's understanding of the problem.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
246.	Identify psychological and environmental stressors to determine impact on symptomatology.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
247.	Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
248.	Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4
249.	Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4

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

PART III INSTRUCTIONS FOR RATING KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important you believe a knowledge is to the performance of your tasks and to what extent possession of the knowledge is required upon entry. If a knowledge is NOT part of your practice, then rate the statement "0" (zero) for **Importance** and "0" (zero) for extent of **Possession** and go on to the next item.

RATING SCALES FOR KNOWLEDGE

RATING IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED.** This knowledge does not apply to my practice; it is not required for performance.
- 1 OF MINOR IMPORTANCE.** This knowledge is of minor or incidental importance for performance; it is useful for some minor part of my practice.
- 2 FAIRLY IMPORTANT.** This knowledge is fairly important relative to other tasks; however, it does not have the priority of most other knowledges of my practice.
- 3 MODERATELY IMPORTANT.** This knowledge is moderately important for performance in some relatively major part of my practice.
- 4 VERY IMPORTANT.** This rating indicates that this knowledge is very important for performance in a significant part of my practice.
- 5 CRITICALLY IMPORTANT.** This rating indicates that this knowledge is critically important for performance.

RATING EXTENT OF POSSESSION OF JOB KNOWLEDGE REQUIRED AT ENTRY

To what extent is POSSESSION of this knowledge required upon entry into the profession?

- 0 NONE.** This knowledge does not apply to my CURRENT PRACTICE.
- 1 LIMITED.** A limited understanding of this knowledge is required upon entry into the profession.
- 2 SOME.** Some understanding of this knowledge is required upon entry into the profession.
- 3 CONSIDERABLE.** A considerable understanding of this knowledge is required upon entry into the profession.
- 4 ALMOST COMPLETE.** Almost a complete understanding of this knowledge is required upon entry into the profession.
- 5 ABSOLUTE.** Absolute understanding of this knowledge is required upon entry into the profession.

PLEASE REFER TO THIS and the PRECEEDING PAGE TO MAKE YOUR IMPORTANCE AND EXTENT OF POSSESSION RATINGS

EXAMPLE OF KNOWLEDGE RATINGS

This example shows how each knowledge statement has an **Importance**, and **Possession** rating.

	KNOWLEDGE STATEMENT	IMPORTANCE	POSSESSION
1.	Knowledge of the role of client motivation in therapeutic change.	0 1 2 3 4 ⑤	0 1 2 3 4 5
2.	Knowledge of laws, statutes, and regulations relating to residential placement.	0 1 2 3 ④ 5	0 1 2 3 ④ 5
3.	Knowledge of administration and application of psychological examinations.	① 1 2 3 4 5	① 1 2 3 4 5

NOTE: In knowledge number 3, the knowledge is not performed; therefore, the knowledge **IMPORTANCE** is rated zero (**IMPORTANCE**= 0) and **POSSESSION** is rated zero (**POSSESSION** =0).

IMPORTANCE	EXTENT OF POSSESSION
HOW IMPORTANT is this knowledge to performance of tasks in your <u>current</u> practice?	To what EXTENT IS POSSESSION REQUIRED upon entry to the profession?
0 - Does not apply to my practice; not required 1 - Of minor importance or incidental performance. 2 - Fairly important for some minor part of my practice. 3 - Moderately important for a major part of my practice. 4 - Very important for a significant part of my practice. 5 - Critically important to performance.	0 – Does not apply to my practice; not required 1 – Limited understanding at entry. 2 – Some understanding at entry. 3 – Considerable understanding at entry. 4 – Almost Complete understanding at entry. 5 – Absolute understanding at entry.

KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
1.	Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services.	0 1 2 3 4 5	0 1 2 3 4 5
2.	Knowledge of behaviors or reactions that indicate problematic separation or attachment issues.	0 1 2 3 4 5	0 1 2 3 4 5
3.	Knowledge of the effect of incongruent goals of couples on therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
4.	Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.	0 1 2 3 4 5	0 1 2 3 4 5
5.	Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.	0 1 2 3 4 5	0 1 2 3 4 5
6.	Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.	0 1 2 3 4 5	0 1 2 3 4 5
7.	Knowledge of methods and techniques for enhancing client motivation in treatment.	0 1 2 3 4 5	0 1 2 3 4 5
8.	Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.	0 1 2 3 4 5	0 1 2 3 4 5
9.	Knowledge of theories of aging and development that explain biological and cognitive changes.	0 1 2 3 4 5	0 1 2 3 4 5
10.	Knowledge of the effects of aging on client's independent functioning.	0 1 2 3 4 5	0 1 2 3 4 5
11.	Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.	0 1 2 3 4 5	0 1 2 3 4 5
12.	Knowledge of laws which define the boundaries and scope of clinical practice.	0 1 2 3 4 5	0 1 2 3 4 5
13.	Knowledge of the effect of unconditional positive regard in facilitating therapeutic effectiveness.	0 1 2 3 4 5	0 1 2 3 4 5
14.	Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.	0 1 2 3 4 5	0 1 2 3 4 5
15.	Knowledge of theories of group dynamics.	0 1 2 3 4 5	0 1 2 3 4 5
16.	Knowledge of methods for preventing relapse with child/adolescent client in recovery.	0 1 2 3 4 5	0 1 2 3 4 5
17.	Knowledge of methods and procedures for enhancing or developing new services within the community.	0 1 2 3 4 5	0 1 2 3 4 5
18.	Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment.	0 1 2 3 4 5	0 1 2 3 4 5
19.	Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
20.	Knowledge of methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors.	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
HOW IMPORTANT is this knowledge to performance of tasks in your <u>current</u> practice?	To what EXTENT IS POSSESSION REQUIRED upon entry to the profession?
0 - Does not apply to my practice; not required	0 – Does not apply to my practice; not required
1 - Of minor importance or incidental performance.	1 – Limited understanding at entry.
2 - Fairly important for some minor part of my practice.	2 – Some understanding at entry.
3 - Moderately important for a major part of my practice.	3 – Considerable understanding at entry.
4 - Very important for a significant part of my practice.	4 – Almost Complete understanding at entry.
5 - Critically important to performance.	5 – Absolute understanding at entry.

KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
21.	Knowledge of the relationship between medical conditions and psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
22.	Knowledge of socio-cultural factors that affect the assessment of client risk.	0 1 2 3 4 5	0 1 2 3 4 5
23.	Knowledge of criteria for determining competency to practice.	0 1 2 3 4 5	0 1 2 3 4 5
24.	Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.	0 1 2 3 4 5	0 1 2 3 4 5
25.	Knowledge of techniques to increase intimacy within couple relationships.	0 1 2 3 4 5	0 1 2 3 4 5
26.	Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.	0 1 2 3 4 5	0 1 2 3 4 5
27.	Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.	0 1 2 3 4 5	0 1 2 3 4 5
28.	Knowledge of methods for implementing strategies and interventions with clients in emergency situations.	0 1 2 3 4 5	0 1 2 3 4 5
29.	Knowledge of methods and procedures for formulating an after-care plan.	0 1 2 3 4 5	0 1 2 3 4 5
30.	Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.	0 1 2 3 4 5	0 1 2 3 4 5
31.	Knowledge of how to obtain and integrate relevant clinical information from collateral sources to increase an understanding of the client in the environment.	0 1 2 3 4 5	0 1 2 3 4 5
32.	Knowledge of methods for assessing the client's degree of acculturation.	0 1 2 3 4 5	0 1 2 3 4 5
33.	Knowledge of the effect of language differences on the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
34.	Knowledge of methods and conditions for disclosing fees for professional services.	0 1 2 3 4 5	0 1 2 3 4 5
35.	Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning.	0 1 2 3 4 5	0 1 2 3 4 5
36.	Knowledge of the aspects of relationships that result in problems or conflicts for couples.	0 1 2 3 4 5	0 1 2 3 4 5
37.	Knowledge of the relationship between interpersonal interactions and social functioning.	0 1 2 3 4 5	0 1 2 3 4 5
38.	Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use.	0 1 2 3 4 5	0 1 2 3 4 5
39.	Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.	0 1 2 3 4 5	0 1 2 3 4 5
40.	Knowledge of methods and techniques for educating client about the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
HOW IMPORTANT is this knowledge to performance of tasks in your <u>current</u> practice?	To what EXTENT IS POSSESSION REQUIRED upon entry to the profession?
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KNOWLEDGE		IMPORT	POSSESS
41.	Knowledge of the clinical process of developing a diagnosis or problem description to clarify therapeutic issues.	0 1 2 3 4 5	0 1 2 3 4 5
42.	Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span.	0 1 2 3 4 5	0 1 2 3 4 5
43.	Knowledge of methods for assessing the impact of family history on client functioning.	0 1 2 3 4 5	0 1 2 3 4 5
44.	Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.	0 1 2 3 4 5	0 1 2 3 4 5
45.	Knowledge of laws regarding disclosing fees for professional services.	0 1 2 3 4 5	0 1 2 3 4 5
46.	Knowledge of the concept of countertransference as therapist's reactions and feelings in response to client's therapeutic issues.	0 1 2 3 4 5	0 1 2 3 4 5
47.	Knowledge of methods for identifying interconnections and interdependence within social systems.	0 1 2 3 4 5	0 1 2 3 4 5
48.	Knowledge of the effect of cognition on interpretation of behavioral responses.	0 1 2 3 4 5	0 1 2 3 4 5
49.	Knowledge of counseling techniques for dealing with physical, emotional, and psychological issues that contribute to substance use and abuse.	0 1 2 3 4 5	0 1 2 3 4 5
50.	Knowledge of methods for increasing client's ability for self-advocacy.	0 1 2 3 4 5	0 1 2 3 4 5
51.	Knowledge of methods for assessing qualitative and quantitative therapeutic change.	0 1 2 3 4 5	0 1 2 3 4 5
52.	Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5
53.	Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
54.	Knowledge of methods for assessing the effects of the client's physical condition on past and current psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
55.	Knowledge of legal criteria for identifying clients who require involuntary treatment or detention.	0 1 2 3 4 5	0 1 2 3 4 5
56.	Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5
57.	Knowledge of how the family's style of communication and interaction can impact the family members' interpersonal dynamics and relationships.	0 1 2 3 4 5	0 1 2 3 4 5
58.	Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.	0 1 2 3 4 5	0 1 2 3 4 5
59.	Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning.	0 1 2 3 4 5	0 1 2 3 4 5
60.	Knowledge of methods and techniques to identify source of resistance to treatment	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
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KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
61.	Knowledge of types of placements available for the short- and long-term care of client's of differing levels of care.	0 1 2 3 4 5	0 1 2 3 4 5
62.	Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment.	0 1 2 3 4 5	0 1 2 3 4 5
63.	Knowledge of criteria for classifying complex levels of addiction (cross addiction).	0 1 2 3 4 5	0 1 2 3 4 5
64.	Knowledge of the impact of substance use or abuse on family and social relationships and role functioning.	0 1 2 3 4 5	0 1 2 3 4 5
65.	Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma.	0 1 2 3 4 5	0 1 2 3 4 5
66.	Knowledge of methods for assessing the risk of decompensation and hospitalization.	0 1 2 3 4 5	0 1 2 3 4 5
67.	Knowledge of therapist issues and conflicts that interfere with the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
68.	Knowledge of parenting skills necessary to provide for care of children.	0 1 2 3 4 5	0 1 2 3 4 5
69.	Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship.	0 1 2 3 4 5	0 1 2 3 4 5
70.	Knowledge of sexual dysfunctions that indicate need for specialized services.	0 1 2 3 4 5	0 1 2 3 4 5
71.	Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.	0 1 2 3 4 5	0 1 2 3 4 5
72.	Knowledge of methods for evaluating the usage and efficacy of referral sources.	0 1 2 3 4 5	0 1 2 3 4 5
73.	Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy.	0 1 2 3 4 5	0 1 2 3 4 5
74.	Knowledge of the components of a treatment or service plan for each phase of the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
75.	Knowledge of the effect of economic factors and stressors on psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
76.	Knowledge of symptoms of medical conditions that may impact client psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
77.	Knowledge of the role of client motivation in therapeutic change.	0 1 2 3 4 5	0 1 2 3 4 5
78.	Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services.	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
HOW IMPORTANT is this knowledge to performance of tasks in your <u>current</u> practice?	To what EXTENT IS POSSESSION REQUIRED upon entry to the profession?
0 - Does not apply to my practice; not required	0 – Does not apply to my practice; not required
1 - Of minor importance or incidental performance.	1 – Limited understanding at entry.
2 - Fairly important for some minor part of my practice.	2 – Some understanding at entry.
3 - Moderately important for a major part of my practice.	3 – Considerable understanding at entry.
4 - Very important for a significant part of my practice.	4 – Almost Complete understanding at entry.
5 - Critically important to performance.	5 – Absolute understanding at entry.

KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
79.	Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.	0 1 2 3 4 5	0 1 2 3 4 5
80.	Knowledge of how a couple's style of communication and interaction can impact the couple's relationship.	0 1 2 3 4 5	0 1 2 3 4 5
81.	Knowledge of methods and techniques for conducting group psychotherapy.	0 1 2 3 4 5	0 1 2 3 4 5
82.	Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model.	0 1 2 3 4 5	0 1 2 3 4 5
83.	Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights.	0 1 2 3 4 5	0 1 2 3 4 5
84.	Knowledge of methods for accessing and coordinating multiple interventions across disciplines.	0 1 2 3 4 5	0 1 2 3 4 5
85.	Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.	0 1 2 3 4 5	0 1 2 3 4 5
86.	Knowledge of the effect of substance use and abuse on psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
87.	Knowledge of how cultural influences affect the client's perception of life events as traumatic.	0 1 2 3 4 5	0 1 2 3 4 5
88.	Knowledge of criteria for evaluating the safety of a child's environment.	0 1 2 3 4 5	0 1 2 3 4 5
89.	Knowledge of the limits of confidentiality within the therapeutic framework.	0 1 2 3 4 5	0 1 2 3 4 5
90.	Knowledge of the impact of cultural views regarding family structure and values.	0 1 2 3 4 5	0 1 2 3 4 5
91.	Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.	0 1 2 3 4 5	0 1 2 3 4 5
92.	Knowledge of the biological, social, and psychological aspects of aggression.	0 1 2 3 4 5	0 1 2 3 4 5
93.	Knowledge of counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.	0 1 2 3 4 5	0 1 2 3 4 5
94.	Knowledge of methods for evaluating conditions in the home to determine need for additional services.	0 1 2 3 4 5	0 1 2 3 4 5
95.	Knowledge of methods for incorporating collateral support systems in therapy.	0 1 2 3 4 5	0 1 2 3 4 5
96.	Knowledge of the relationship between biochemistry and psychiatric disorders.	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
HOW IMPORTANT is this knowledge to performance of tasks in your <u>current</u> practice?	To what EXTENT IS POSSESSION REQUIRED upon entry to the profession?
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2 - Fairly important for some minor part of my practice.	2 – Some understanding at entry.
3 - Moderately important for a major part of my practice.	3 – Considerable understanding at entry.
4 - Very important for a significant part of my practice.	4 – Almost Complete understanding at entry.
5 - Critically important to performance.	5 – Absolute understanding at entry.

KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
97.	Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal.	0 1 2 3 4 5	0 1 2 3 4 5
98.	Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.	0 1 2 3 4 5	0 1 2 3 4 5
99.	Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.	0 1 2 3 4 5	0 1 2 3 4 5
100.	Knowledge of ethical considerations and conditions for interrupting or terminating treatment.	0 1 2 3 4 5	0 1 2 3 4 5
101.	Knowledge of the concept of transference as an expression of unresolved issues.	0 1 2 3 4 5	0 1 2 3 4 5
102.	Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues.	0 1 2 3 4 5	0 1 2 3 4 5
103.	Knowledge of methods and techniques for providing psychoeducation to individual clients and groups.	0 1 2 3 4 5	0 1 2 3 4 5
104.	Knowledge of counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.	0 1 2 3 4 5	0 1 2 3 4 5
105.	Knowledge of criteria for evaluating safety of client placement.	0 1 2 3 4 5	0 1 2 3 4 5
106.	Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs.	0 1 2 3 4 5	0 1 2 3 4 5
107.	Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning.	0 1 2 3 4 5	0 1 2 3 4 5
108.	Knowledge of theories of coping and adaptive responses to life events.	0 1 2 3 4 5	0 1 2 3 4 5
109.	Knowledge of methods and techniques for assessing the impact of the client's family mental health history on the client's current problems and issues.	0 1 2 3 4 5	0 1 2 3 4 5
110.	Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence.	0 1 2 3 4 5	0 1 2 3 4 5
111.	Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups.	0 1 2 3 4 5	0 1 2 3 4 5
112.	Knowledge of methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.	0 1 2 3 4 5	0 1 2 3 4 5
113.	Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
114.	Knowledge of behavior management interventions which reduce disruptive behavior in a variety of environments.	0 1 2 3 4 5	0 1 2 3 4 5
115.	Knowledge of laws, statutes, and regulations relating to residential placement.	0 1 2 3 4 5	0 1 2 3 4 5

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KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
116.	Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change.	0 1 2 3 4 5	0 1 2 3 4 5
117.	Knowledge of methods for determining the timing of interventions according to phase of therapy.	0 1 2 3 4 5	0 1 2 3 4 5
118.	Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.	0 1 2 3 4 5	0 1 2 3 4 5
119.	Knowledge of the effects of medications and their impact on the client's adaptive functioning.	0 1 2 3 4 5	0 1 2 3 4 5
120.	Knowledge of cultural beliefs regarding therapy and mental health.	0 1 2 3 4 5	0 1 2 3 4 5
121.	Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.	0 1 2 3 4 5	0 1 2 3 4 5
122.	Knowledge of therapy techniques to strengthen or reestablish family roles.	0 1 2 3 4 5	0 1 2 3 4 5
123.	Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples.	0 1 2 3 4 5	0 1 2 3 4 5
124.	Knowledge of stress management techniques to reduce anxiety or fearful reactions.	0 1 2 3 4 5	0 1 2 3 4 5
125.	Knowledge of the principles of learning theory to explain the acquisition of behaviors.	0 1 2 3 4 5	0 1 2 3 4 5
126.	Knowledge of advocacy methods for increasing client's access to needed resources.	0 1 2 3 4 5	0 1 2 3 4 5
127.	Knowledge of techniques for combining treatment modalities in treating specific problems or disorders.	0 1 2 3 4 5	0 1 2 3 4 5
128.	Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning.	0 1 2 3 4 5	0 1 2 3 4 5
129.	Knowledge of the relationship between social supports and adaptive functioning.	0 1 2 3 4 5	0 1 2 3 4 5
130.	Knowledge of the interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.	0 1 2 3 4 5	0 1 2 3 4 5
131.	Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.	0 1 2 3 4 5	0 1 2 3 4 5
132.	Knowledge of ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.	0 1 2 3 4 5	0 1 2 3 4 5
133.	Knowledge of behavioral and emotional responses of family members resulting from parental separation or divorce.	0 1 2 3 4 5	0 1 2 3 4 5

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KNOWLEDGE		IMPORT	POSSESS
134.	Knowledge of methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships.	0 1 2 3 4 5	0 1 2 3 4 5
135.	Knowledge of interventions and techniques for assisting client with managing own anger and aggression.	0 1 2 3 4 5	0 1 2 3 4 5
136.	Knowledge of methods for providing psychoeducational services to the client.	0 1 2 3 4 5	0 1 2 3 4 5
137.	Knowledge of intervention methods for treating substance dependency.	0 1 2 3 4 5	0 1 2 3 4 5
138.	Knowledge of the effect of psychotropic medications on therapeutic interventions.	0 1 2 3 4 5	0 1 2 3 4 5
139.	Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5
140.	Knowledge of physical and behavioral indicators associated with substance abuse.	0 1 2 3 4 5	0 1 2 3 4 5
141.	Knowledge of how to assess the relationship between life events and the stressors the client experiences.	0 1 2 3 4 5	0 1 2 3 4 5
142.	Knowledge of methods and techniques for eliciting client's perception of presenting complaint.	0 1 2 3 4 5	0 1 2 3 4 5
143.	Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.	0 1 2 3 4 5	0 1 2 3 4 5
144.	Knowledge of the effect of differences in multigenerational acculturation on family structure and values.	0 1 2 3 4 5	0 1 2 3 4 5
145.	Knowledge of issues resulting from dissolution of couple relationships.	0 1 2 3 4 5	0 1 2 3 4 5
146.	Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.	0 1 2 3 4 5	0 1 2 3 4 5
147.	Knowledge of behavioral and emotional responses of children resulting from parental separation or divorce.	0 1 2 3 4 5	0 1 2 3 4 5
148.	Knowledge of risk factors that indicate a client's potential for causing harm to others.	0 1 2 3 4 5	0 1 2 3 4 5
149.	Knowledge of developmental processes of individual growth and change.	0 1 2 3 4 5	0 1 2 3 4 5
150.	Knowledge of techniques and procedures for engaging the client in the mutual development of treatment goals and objectives.	0 1 2 3 4 5	0 1 2 3 4 5
151.	Knowledge of developmental theories and their application to children and adolescents in a clinical setting.	0 1 2 3 4 5	0 1 2 3 4 5
152.	Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.	0 1 2 3 4 5	0 1 2 3 4 5

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KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
153.	Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.	0 1 2 3 4 5	0 1 2 3 4 5
154.	Knowledge of methods and techniques for assessing the impact of client’s family medical history on current problems and issues.	0 1 2 3 4 5	0 1 2 3 4 5
155.	Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.	0 1 2 3 4 5	0 1 2 3 4 5
156.	Knowledge of methods and procedures for facilitating client’s transition to a less restrictive setting.	0 1 2 3 4 5	0 1 2 3 4 5
157.	Knowledge of techniques for increasing attention span by modifying child’s environment.	0 1 2 3 4 5	0 1 2 3 4 5
158.	Knowledge of techniques to educate children regarding the relationship between behavior and consequences.	0 1 2 3 4 5	0 1 2 3 4 5
159.	Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults.	0 1 2 3 4 5	0 1 2 3 4 5
160.	Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client’s psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
161.	Knowledge of methods for integrating assessment information to identify areas and level of impairment in client’s functioning.	0 1 2 3 4 5	0 1 2 3 4 5
162.	Knowledge of methods for identifying community support services that meet client needs.	0 1 2 3 4 5	0 1 2 3 4 5
163.	Knowledge of the effect of client’s prior coping patterns and life experiences on adjustment to trauma.	0 1 2 3 4 5	0 1 2 3 4 5
164.	Knowledge of therapeutic methods to establish individual and system boundaries.	0 1 2 3 4 5	0 1 2 3 4 5
165.	Knowledge of laws regarding privileged communication to protect client’s rights and privacy.	0 1 2 3 4 5	0 1 2 3 4 5
166.	Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.	0 1 2 3 4 5	0 1 2 3 4 5
167.	Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.	0 1 2 3 4 5	0 1 2 3 4 5
168.	Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client’s current or prospective needs.	0 1 2 3 4 5	0 1 2 3 4 5
169.	Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.	0 1 2 3 4 5	0 1 2 3 4 5
170.	Knowledge of the implications of family history for understanding its influence on current family functioning.	0 1 2 3 4 5	0 1 2 3 4 5
171.	Knowledge of laws regarding payment or acceptance of money for referral of services.	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
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KNOWLEDGE

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POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
172.	Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation.	0 1 2 3 4 5	0 1 2 3 4 5
173.	Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.	0 1 2 3 4 5	0 1 2 3 4 5
174.	Knowledge of changes in client functioning that indicate readiness to terminate therapy.	0 1 2 3 4 5	0 1 2 3 4 5
175.	Knowledge of factors that affect client adjustment during emancipation process.	0 1 2 3 4 5	0 1 2 3 4 5
176.	Knowledge of the effect of unrealistic role assignments on couple relationships.	0 1 2 3 4 5	0 1 2 3 4 5
177.	Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others.	0 1 2 3 4 5	0 1 2 3 4 5
178.	Knowledge of techniques to identify and clarify roles and expectations in blended family structures.	0 1 2 3 4 5	0 1 2 3 4 5
179.	Knowledge of psychodynamic techniques for resolving emotional conflict or trauma.	0 1 2 3 4 5	0 1 2 3 4 5
180.	Knowledge of culturally competent interventions to provide services to diverse populations.	0 1 2 3 4 5	0 1 2 3 4 5
181.	Knowledge of the effects of social, cultural, and environmental influences on aging and health.	0 1 2 3 4 5	0 1 2 3 4 5
182.	Knowledge of techniques for conveying empathy, interest, and concern within therapeutic context.	0 1 2 3 4 5	0 1 2 3 4 5
183.	Knowledge of methods for implementing desensitization techniques to reduce client symptoms.	0 1 2 3 4 5	0 1 2 3 4 5
184.	Knowledge of procedures for determining how to manage aspects of the therapist's value system that potentially impacts therapy.	0 1 2 3 4 5	0 1 2 3 4 5
185.	Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms.	0 1 2 3 4 5	0 1 2 3 4 5
186.	Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.	0 1 2 3 4 5	0 1 2 3 4 5
187.	Knowledge of laws regarding sexual misconduct between therapist and client.	0 1 2 3 4 5	0 1 2 3 4 5
188.	Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.	0 1 2 3 4 5	0 1 2 3 4 5
189.	Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents.	0 1 2 3 4 5	0 1 2 3 4 5
190.	Knowledge of the effect of crisis on emotional and psychological equilibrium.	0 1 2 3 4 5	0 1 2 3 4 5
191.	Knowledge of the effect of biological and environmental influences on specific developmental and life phases.	0 1 2 3 4 5	0 1 2 3 4 5

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KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
192.	Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5
193.	Knowledge of components of a child abuse investigation interview.	0 1 2 3 4 5	0 1 2 3 4 5
194.	Knowledge of methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.	0 1 2 3 4 5	0 1 2 3 4 5
195.	Knowledge of the effects of unconscious processes on behavior.	0 1 2 3 4 5	0 1 2 3 4 5
196.	Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.	0 1 2 3 4 5	0 1 2 3 4 5
197.	Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues.	0 1 2 3 4 5	0 1 2 3 4 5
198.	Knowledge of strategies for determining therapeutic goals to direct treatment.	0 1 2 3 4 5	0 1 2 3 4 5
199.	Knowledge of the stages of the stages of loss and grief.	0 1 2 3 4 5	0 1 2 3 4 5
200.	Knowledge of different types of supportive services to strengthen family system.	0 1 2 3 4 5	0 1 2 3 4 5
201.	Knowledge of developmentally-appropriate techniques for eliciting information about the client's thoughts and feelings during the interview process.	0 1 2 3 4 5	0 1 2 3 4 5
202.	Knowledge of methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.	0 1 2 3 4 5	0 1 2 3 4 5
203.	Knowledge of therapeutic techniques to decrease violent or aggressive behavior.	0 1 2 3 4 5	0 1 2 3 4 5
204.	Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5
205.	Knowledge of methods and techniques for assessing the impact of the values, culture, and life experiences of others on the client's presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5
206.	Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.	0 1 2 3 4 5	0 1 2 3 4 5
207.	Knowledge of the protective function of defense mechanisms against anxiety.	0 1 2 3 4 5	0 1 2 3 4 5
208.	Knowledge of methods and techniques for facilitating the client's ability to communicate thoughts and feelings during the interview process.	0 1 2 3 4 5	0 1 2 3 4 5
209.	Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.	0 1 2 3 4 5	0 1 2 3 4 5
210.	Knowledge of techniques for integrating client's current experiences, values, and belief systems into the treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5
211.	Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs.	0 1 2 3 4 5	0 1 2 3 4 5
212.	Knowledge of techniques for evaluating the congruence between the client's	0 1 2 3 4 5	0 1 2 3 4 5

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KNOWLEDGE

IMPORT

POSSESS

	nonverbal and verbal communications.		
213.	Knowledge of counseling techniques to assist client in crisis to regain emotional balance.	0 1 2 3 4 5	0 1 2 3 4 5
214.	Knowledge of therapeutic interventions to improve family transactions.	0 1 2 3 4 5	0 1 2 3 4 5
215.	Knowledge of laws regarding holder of privilege.	0 1 2 3 4 5	0 1 2 3 4 5
216.	Knowledge of the developmental stages of defining sexual identity and preference.	0 1 2 3 4 5	0 1 2 3 4 5
217.	Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders.	0 1 2 3 4 5	0 1 2 3 4 5
218.	Knowledge of methods and techniques for assessing the client’s experience of social and cultural biases and discrimination and their impact on the presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5
219.	Knowledge of the relationship between psychosocial and environmental factors and symptom development.	0 1 2 3 4 5	0 1 2 3 4 5
220.	Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders.	0 1 2 3 4 5	0 1 2 3 4 5
221.	Knowledge of the application of experiential techniques to assist client to achieve treatment goals.	0 1 2 3 4 5	0 1 2 3 4 5
222.	Knowledge of the stages of the client/therapist relationship and how it progresses over time.	0 1 2 3 4 5	0 1 2 3 4 5
223.	Knowledge of types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information.	0 1 2 3 4 5	0 1 2 3 4 5
224.	Knowledge of procedures for evaluating therapeutic change in preparation for termination.	0 1 2 3 4 5	0 1 2 3 4 5
225.	Knowledge of the physical and psychosocial effects of substance use on children and adolescents.	0 1 2 3 4 5	0 1 2 3 4 5
226.	Knowledge of techniques for establishing a therapeutic framework with diverse populations.	0 1 2 3 4 5	0 1 2 3 4 5
227.	Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.	0 1 2 3 4 5	0 1 2 3 4 5
228.	Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.	0 1 2 3 4 5	0 1 2 3 4 5
229.	Knowledge of methods for assessing client’s ability to access personal and community resources.	0 1 2 3 4 5	0 1 2 3 4 5

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KNOWLEDGE

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POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
230.	Knowledge of transitional crises created by immigration and acculturation.	0 1 2 3 4 5	0 1 2 3 4 5
231	Knowledge of methods and techniques for assessing how the client’s values, personal preferences, and cultural identity impact the presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5
232.	Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.	0 1 2 3 4 5	0 1 2 3 4 5
233	Knowledge of the relationship between onset of signs and symptoms and duration of the problem.	0 1 2 3 4 5	0 1 2 3 4 5
234.	Knowledge of theories of stages of cognitive development.	0 1 2 3 4 5	0 1 2 3 4 5
235.	Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.	0 1 2 3 4 5	0 1 2 3 4 5
236.	Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.	0 1 2 3 4 5	0 1 2 3 4 5
237.	Knowledge of how cultural factors impact the ways a client seeks assistance for psychosocial problems.	0 1 2 3 4 5	0 1 2 3 4 5
238.	Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.	0 1 2 3 4 5	0 1 2 3 4 5
239.	Knowledge of techniques to promote client engagement in therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
240.	Knowledge of behavioral, physiological, and psychological indicators of developmental disorders.	0 1 2 3 4 5	0 1 2 3 4 5
241.	Knowledge of the concept of insight in successful resolution of past trauma or conflict.	0 1 2 3 4 5	0 1 2 3 4 5
242.	Knowledge of methods and techniques for increasing client’s acceptance of self as the agent of change in therapy.	0 1 2 3 4 5	0 1 2 3 4 5
243.	Knowledge of therapeutic techniques to increase individuation within existing system structures.	0 1 2 3 4 5	0 1 2 3 4 5
244.	Knowledge of the methods involved in establishing a liaison with community resource providers.	0 1 2 3 4 5	0 1 2 3 4 5
245.	Knowledge of methods for developing short- and long-term treatment objectives to address therapeutic problems.	0 1 2 3 4 5	0 1 2 3 4 5
246.	Knowledge of types of learning disabilities that impede academic performance.	0 1 2 3 4 5	0 1 2 3 4 5
247.	Knowledge of the stages of developmental changes that occur within the family system.	0 1 2 3 4 5	0 1 2 3 4 5
248.	Knowledge of the effects of mood disturbance on psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
249.	Knowledge of the effect of differences between therapist and client’s values on therapy process.	0 1 2 3 4 5	0 1 2 3 4 5
250.	Knowledge of the relationship between persistence of symptoms and the course of the problem.	0 1 2 3 4 5	0 1 2 3 4 5

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KNOWLEDGE

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POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
251.	Knowledge of the relationship between client sense of self-worth and client functioning.	0 1 2 3 4 5	0 1 2 3 4 5
252.	Knowledge of methods for providing psychoeducational services to community service providers.	0 1 2 3 4 5	0 1 2 3 4 5
253.	Knowledge of the effects of socio-cultural factors on the client's presenting problem.	0 1 2 3 4 5	0 1 2 3 4 5
254.	Knowledge of the biological, social, and psychological aspects of substance use and addiction.	0 1 2 3 4 5	0 1 2 3 4 5
255.	Knowledge of methods for determining length of therapy based on diagnosis and client's goals for treatment.	0 1 2 3 4 5	0 1 2 3 4 5
256.	Knowledge of the impact of social, cultural, and familial factors on substance use and abuse.	0 1 2 3 4 5	0 1 2 3 4 5
257.	Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship.	0 1 2 3 4 5	0 1 2 3 4 5
258.	Knowledge of strategies for gathering information from adjunctive resources.	0 1 2 3 4 5	0 1 2 3 4 5
259.	Knowledge of techniques for incorporating therapeutic use of self to maximize therapeutic alliance.	0 1 2 3 4 5	0 1 2 3 4 5
260.	Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.	0 1 2 3 4 5	0 1 2 3 4 5
261.	Knowledge of group process methods for improving patterns of communication between family members.	0 1 2 3 4 5	0 1 2 3 4 5
262.	Knowledge of psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing.	0 1 2 3 4 5	0 1 2 3 4 5
263.	Knowledge of the concept of feedback as it relates to the adjustment of a system.	0 1 2 3 4 5	0 1 2 3 4 5
264.	Knowledge of the effect of mental disorders on psychosocial functioning.	0 1 2 3 4 5	0 1 2 3 4 5
265.	Knowledge of methods for evaluating client's ability to access support services and treatment sources.	0 1 2 3 4 5	0 1 2 3 4 5
266.	Knowledge of counseling techniques to assist survivor of trauma to work through feelings associated with the experience.	0 1 2 3 4 5	0 1 2 3 4 5
267.	Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.	0 1 2 3 4 5	0 1 2 3 4 5
268.	Knowledge of crisis intervention techniques to provide immediate assistance to client.	0 1 2 3 4 5	0 1 2 3 4 5
269.	Knowledge of the family life cycle that results in transitions and changes in status.	0 1 2 3 4 5	0 1 2 3 4 5
270.	Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships.	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
HOW IMPORTANT is this knowledge to performance of tasks in your <u>current</u> practice?	To what EXTENT IS POSSESSION REQUIRED upon entry to the profession?
0 - Does not apply to my practice; not required 1 - Of minor importance or incidental performance. 2 - Fairly important for some minor part of my practice. 3 - Moderately important for a major part of my practice. 4 - Very important for a significant part of my practice. 5 - Critically important to performance.	0 – Does not apply to my practice; not required 1 – Limited understanding at entry. 2 – Some understanding at entry. 3 – Considerable understanding at entry. 4 – Almost Complete understanding at entry. 5 – Absolute understanding at entry.

KNOWLEDGE

IMPORT

POSSESS

		0 1 2 3 4 5	0 1 2 3 4 5
271.	Knowledge of physical and behavioral indicators associated with substance dependence.	0 1 2 3 4 5	0 1 2 3 4 5
272.	Knowledge of the components of individual treatment plans to provide for clients with special needs.	0 1 2 3 4 5	0 1 2 3 4 5
273.	Knowledge of therapeutic techniques for increasing client’s feelings of self-worth.	0 1 2 3 4 5	0 1 2 3 4 5
274.	Knowledge of federal, state, and local, public, and private social services that provide assistance with meeting client’s basic needs.	0 1 2 3 4 5	0 1 2 3 4 5
275.	Knowledge of techniques to identify different power bases within family structure.	0 1 2 3 4 5	0 1 2 3 4 5
276.	Knowledge of methods for differentiating between disorders that share common symptoms.	0 1 2 3 4 5	0 1 2 3 4 5
277.	Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.	0 1 2 3 4 5	0 1 2 3 4 5
278.	Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.	0 1 2 3 4 5	0 1 2 3 4 5
279.	Knowledge of criteria for classifying substance use, abuse, and dependency.	0 1 2 3 4 5	0 1 2 3 4 5
280.	Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior.	0 1 2 3 4 5	0 1 2 3 4 5
281.	Knowledge of the concept of homeostasis in maintaining system structure and balance of power.	0 1 2 3 4 5	0 1 2 3 4 5
282.	Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients.	0 1 2 3 4 5	0 1 2 3 4 5
283.	Knowledge of the short and long-term side effects of medications and their effect on the client’s presenting symptoms.	0 1 2 3 4 5	0 1 2 3 4 5
284.	Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.	0 1 2 3 4 5	0 1 2 3 4 5
285.	Knowledge of techniques and procedures for engaging client’s on-going participation in the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
286.	Knowledge of methods and techniques for teaching couples how to improve their communication.	0 1 2 3 4 5	0 1 2 3 4 5
287.	Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client’s needs.	0 1 2 3 4 5	0 1 2 3 4 5
288.	Knowledge of the effect of events in client’s past on current experiences.	0 1 2 3 4 5	0 1 2 3 4 5
289.	Knowledge of methods for incorporating a multidisciplinary team approach to treatment.	0 1 2 3 4 5	0 1 2 3 4 5
290.	Knowledge of therapeutic techniques for improving adaptive functioning of client	0 1 2 3 4 5	0 1 2 3 4 5

IMPORTANCE	EXTENT OF POSSESSION
HOW IMPORTANT is this knowledge to performance of tasks in your <u>current</u> practice? 0 - Does not apply to my practice; not required 1 - Of minor importance or incidental performance. 2 - Fairly important for some minor part of my practice. 3 - Moderately important for a major part of my practice. 4 - Very important for a significant part of my practice. 5 - Critically important to performance.	To what EXTENT IS POSSESSION REQUIRED upon entry to the profession? 0 – Does not apply to my practice; not required 1 – Limited understanding at entry. 2 – Some understanding at entry. 3 – Considerable understanding at entry. 4 – Almost Complete understanding at entry. 5 – Absolute understanding at entry.

KNOWLEDGE

IMPORT

POSSESS

	in crisis.		
291.	Knowledge of the effects of racism and discrimination on development of self-concept.	0 1 2 3 4 5	0 1 2 3 4 5

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Please check to see that you have responded to every item and return the questionnaire in the prepaid envelope provided.

APPENDIX E – RESPONDENTS BY REGION

1 – LOS ANGELES AND VICINITY

Los Angeles	84
Orange	25

TOTAL LOS ANGELES: 109

2 – SAN FRANCISCO BAY AREA

Alameda	22
Contra Costa	5
Napa	4
Marin	2
San Francisco	22
San Mateo	8
Santa Clara	14
Santa Cruz	3
Solano	14

TOTAL BAY AREA: 94

3 – SAN JOAQUIN VALLEY

Fresno	14
Kern	7
Kings	1
Madera	2
Merced	4
San Joaquin	5
Stanislaus	7
Tulare	3

TOTAL SAN JOAQUIN: 43

4 – SACRAMENTO VALLEY

Butte	5
Glenn	2
Lake	1
Sacramento	24
Sutter	2
Yolo	1
Yuba	4

TOTAL SACRAMENTO: 39

5 – SAN DIEGO AND VICINITY

San Diego	25
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TOTAL SAN DIEGO: 25

6 – SHASTA/CASCADE

Lassen	3
Shasta	13
Siskiyou	1
Tehama	3
Trinity	1

**TOTAL NORTHERN
BORDER: 21**

7 – RIVERSIDE AND VICINITY

Riverside	7
San Bernardino	12

TOTAL RIVERSIDE: 19

8 - SIERRA MOUNTAIN VALLEY

Amador	2
El Dorado	3
Inyo	2
Mono	2
Nevada	1
Placer	9
Sierra	1
Toulomne	2

**TOTAL SIERRA
MOUNTAIN VALLEY: 22**

9 – NORTH COAST

Del Norte	1
Humboldt	1
Mendocino	5
Sonoma	14

**TOTAL NORTH/CENTRAL
COAST: 21**

10 – SOUTH/CENTRAL COAST

Monterey	7
San Luis Obispo	5
Santa Barbara	4
Ventura	6

TOTAL SOUTH COAST: 22

11 – UNKNOWN

TOTAL UNKNOWN: 2

TOTAL RESPONDENTS: 417

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Behavioral Sciences (BBS) requested that the Department of Consumer Affairs, Office of Examination Resources (OER), conduct a validation study to identify critical job activities performed by licensed educational psychologists (LEPs). This occupational analysis is part of the Board's comprehensive review of the practice of licensed educational psychology in California. The purpose of the occupational analysis is to define practice for LEPs in terms of the actual tasks that new licensees must be able to perform safely and competently. The results of this occupational analysis serve as the basis for the examination program for the LEP.

CONTENT VALIDATION STRATEGY

To ensure that the occupational analysis reflects the actual tasks performed by LEPs, OER implemented a content validation strategy to describe the content of the job. The content validation strategy establishes the link between the job tasks and the knowledges using the technical expertise of LEPs.

UTILIZATION OF EXPERTS

The Board identified LEPs that represent diverse practice settings. These LEPs provided technical expertise in all phases of the occupational analysis. Some of the LEPs participated in individual interviews, and others participated in panel meetings to develop and review job task and knowledge statements. A number of recently licensed LEPs were included in interviews and panel meetings to ensure that the results of the occupational analysis reflect current practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Several statutes, guidelines, and case law serve as standards for the basis of licensure, certification, and registration programs in California. These include the Section 139 of the Business and Professions Code, Government Code, Section 12944, Federal Uniform Guidelines for Employee Selection, and the Civil Rights Act of 1991. For a licensure program to meet these standards, it must be based upon the job activities that LEPs perform on the job.

CHAPTER 2. EXAMINATION OUTLINE

OVERVIEW

The examination outline is structured into five content areas (see Tables 1 and 2). Each content area is weighted proportionately relative to other content areas. The examination outline specifies the job tasks that an LEP is expected to master at the time of licensure. Examinations are based directly on the examination outline.

Table 1 - Summary of content areas

Content area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Task Indices in Content Area	Task Indices in Content Subarea	Area Weight (%)	Subarea Weight (%)
I. Assessment	18	-	309.11	-	32	-
A. Intake	-	3	-	60.28	-	6
B. Assessment Plan Development	-	5	-	85.99	-	9
C. Test Administration	-	7	-	107.44	-	11
D. Interpretation/ Recommendations	-	3	-	55.40	-	6
II. Intervention	14	-	186.86	-	20	-
A. Intervention Plan Development	-	3	-	54.30	-	6
B. Implementation	-	9	-	111.69	-	12
C. Monitoring	-	2	-	20.87	-	2
III. Consultation	15	-	200.51	-	21	-
A. Communication of Results	-	4	-	72.30	-	8
B. Outreach	-	4	-	41.38	-	4
C. Community Resources	-	5	-	70.82	-	7
D. Transition Planning	-	2	-	16.01	-	2
IV. Law	6	6	106.66	106.66	11	11
V. Ethics	8	-	149.87	-	16	-
A. Confidentiality	-	2	-	39.81	-	4
B. Professional Conduct	-	6	-	110.06	-	12
Totals	61	61	953.01	953.01	100%	100%

NARRATIVE DESCRIPTION OF CONTENT AREAS

Narrative descriptions were developed for each content area to provide a broad perspective of each area in terms of a defining theme. The examination outline presented in Table 2 includes these narrative descriptions.

TABLE 2 - EXAMINATION OUTLINE FOR LICENSED EDUCATIONAL PSYCHOLOGIST

I. Assessment (32%) – This area assesses the candidate’s ability to evaluate the client’s cognition, information processing, academic achievement, personality, and social-emotional status to determine level of educational functioning through standardized test administration as well as alternative measures.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
A. Intake (6%)	T1. Assess history by reviewing client’s records (e.g. medical, school, developmental, psychological) to assist in determining diagnosis.	K3. Knowledge of medical conditions that affect learning and behavior. K19. Knowledge of disorders that have a physiological basis for learning and behavior. K25. Knowledge of developmental ranges of the life span. K30. Knowledge of developmental milestones of normal cognitive development. K35. Knowledge of common sensory and motoric disorders of infancy/childhood. K36. Knowledge of common sensory and motoric disorders of adolescent/adults. K39. Knowledge of nutrition and other health related issues as related to learning and behavior. K45. Knowledge of indicators of developmental delays that affect learning and behavior.
	T2. Conduct intake interviews with client and others to identify concerns related to educational needs and diagnosis.	K1. Knowledge of techniques used to elicit information regarding client’s history. K6. Knowledge of techniques used to elicit information identifying client concerns. K13. Knowledge of techniques used to elicit mental health information from client. K14. Knowledge of techniques used to elicit physical health information from client.
	T14. Gather information about client’s level of functioning from parents, client, and others through interviews, observations, and questionnaires.	K1. Knowledge of techniques used to elicit information regarding client’s history. K6. Knowledge of techniques used to elicit information identifying client concerns. K13. Knowledge of techniques used to elicit mental health information from client. K14. Knowledge of techniques used to elicit physical health information from client K31. Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress.
B. Assessment Plan Development (9%)	T5. Determine whether learning, behavior problems, or medical conditions indicate the need for administration of test/assessment instrument(s).	K23. Knowledge of learning problems that require assessment. K24. Knowledge of behavior problems that require assessment. K30. Knowledge of developmental milestones of normal cognitive development. K45. Knowledge of indicators of developmental delays that affect learning and behavior.

B. Assessment Plan Development (Continued)	T18. Select test/assessment instruments for client, based on presenting problem and intake information.	K8. Knowledge of the purposes of different test/assessment instrument(s) of academic functioning.
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I. Assessment (32%) – This area assesses the candidate’s ability to evaluate the client’s cognition, information processing, academic achievement, personality, and social-emotional status to determine level of educational functioning through standardized test administration as well as alternative measures.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
		<p>K9. Knowledge of the purposes of different test/assessment instrument(s) of cognitive functioning.</p> <p>K10. Knowledge of the purposes of different test/assessment instrument(s) of social/emotional functioning.</p> <p>K11. Knowledge of the purposes of different test/assessment instrument(s) of adaptive functioning.</p> <p>K33. Knowledge of purposes of different test/assessment instrument(s) of personality functioning.</p>
	T3. Develop hypothesis(es) regarding client problem(s) in order to develop an assessment plan.	<p>K3. Knowledge of medical conditions that affect learning and behavior.</p> <p>K20. Knowledge of the effect of neurological factors that impact learning and behavior.</p> <p>K23. Knowledge of learning problems that require assessment.</p> <p>K24. Knowledge of behavior problems that require assessment.</p> <p>K38. Knowledge of the effect of substance abuse on learning and behavior.</p> <p>K45. Knowledge of indicators of developmental delays that affect learning and behavior.</p>
	T11. Determine a psychoeducational battery to accommodate clients with disabilities to obtain reliable and valid results.	<p>K17. Knowledge of the principles of norms for interpretation of test/assessment instrument results.</p> <p>K18. Knowledge of principles of psychometrics pertaining to reliability and validity of test/assessment instruments.</p> <p>K42. Knowledge of the effect of human diversity factors on assessment process.</p>
	T17. Determine methods to evaluate diverse client populations to provide an unbiased assessment.	<p>K17. Knowledge of the principles of norms for interpretation of test/assessment instrument results.</p> <p>K18. Knowledge of principles of psychometrics pertaining to reliability and validity of test/assessment instruments.</p> <p>K42. Knowledge of the effect of human diversity factors on assessment process.</p>
C. Test Assessment (11%)	T7. Assess cognitive ability, academic achievement, processing, adaptive, and social/emotional status by administering test/assessment instrument(s) to determine level of functioning.	<p>K26. Knowledge of methods to assess cognitive functioning.</p> <p>K27. Knowledge of methods to assess social/emotional functioning.</p> <p>K28. Knowledge of methods to assess adaptive functioning.</p> <p>K29. Knowledge of methods to assess behavioral functioning.</p> <p>K34. Knowledge of methods to assess fine and gross motor skills.</p> <p>K42. Knowledge of the effect of human diversity factors on assessment process.</p>
	T6. Assess levels of development by	K26. Knowledge of methods to assess cognitive functioning.

I. Assessment (32%) – This area assesses the candidate’s ability to evaluate the client’s cognition, information processing, academic achievement, personality, and social-emotional status to determine level of educational functioning through standardized test administration as well as alternative measures.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
	administering test/assessment instrument(s) to determine range of functioning.	K27. Knowledge of methods to assess social/emotional functioning. K28. Knowledge of methods to assess adaptive functioning. K29. Knowledge of methods to assess behavioral functioning. K30. Knowledge of developmental milestones of normal cognitive development. K34. Knowledge of methods to assess fine and gross motor skills. K45. Knowledge of indicators of developmental delays that affect learning and behavior.
	T19. Administer test/assessment instrument(s) to prove or disprove initial hypotheses and develop a client diagnosis/plan.	K26. Knowledge of methods to assess cognitive functioning. K27. Knowledge of methods to assess social/emotional functioning. K28. Knowledge of methods to assess adaptive functioning. K29. Knowledge of methods to assess behavioral functioning. K34. Knowledge of methods to assess fine and gross motor skills. K42. Knowledge of the effect of human diversity factors on assessment process.
	T12. Assess client’s social interaction across settings (e.g. home, school, playground) to formulate an intervention plan.	K27. Knowledge of methods to assess social/emotional functioning. K28. Knowledge of methods to assess adaptive functioning. K29. Knowledge of methods to assess behavioral functioning. K31. Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress. K42. Knowledge of the effect of human diversity factors on assessment process.
	T13. Assess personality factors related to academic learning problems by administering test/assessment instrument(s).	K32. Knowledge of personality theory pertaining to formulating intervention. K33. Knowledge of purposes of different test/assessment instrument(s) of personality functioning.
C. Test Assessment (continued)	T15. Assess client’s motor skills and coordination to determine level of functioning for educational/vocational planning.	K34. Knowledge of methods to assess fine and gross motor skills. K35. Knowledge of common sensory and motoric disorders of infancy/childhood. K36. Knowledge of common sensory and motoric disorders of adolescent/adults. K40. Knowledge of the relationship of neurological development and motor ability. K44. Knowledge of the effect of motor coordination on educational performance.
	T8. Assess client with brain injury, neurological disorders, or psychological trauma to evaluate level of functioning.	K3. Knowledge of medical conditions that affect learning and behavior. K4. Knowledge of the effect of childhood diseases on learning and behavior. K20. Knowledge of the effect of neurological factors that impact learning and behavior. K21. Knowledge of the effect of physiological conditions on learning and behavior. K37. Knowledge of the effect of prenatal substance exposure on subsequent cognitive

I. Assessment (32%) – This area assesses the candidate’s ability to evaluate the client’s cognition, information processing, academic achievement, personality, and social-emotional status to determine level of educational functioning through standardized test administration as well as alternative measures.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
		<p>development.</p> <p>K40. Knowledge of the relationship of neurological development and motor ability.</p> <p>K41. Knowledge of the effect of prenatal/perinatal conditions in neurological development.</p>
<p>D. Interpretation and Recommendations (6%)</p>	<p>T4. Interpret results of test/assessment instruments to assist in diagnosing client with disorders and impairments that affect learning and behavior.</p>	<p>K15. Knowledge of principles of statistics pertaining to interpreting test/assessment instrument results.</p> <p>K16. Knowledge of the effect of test/assessment instrument results on intervention planning.</p> <p>K17. Knowledge of the principles of norms for interpretation of test/assessment instrument results.</p> <p>K18. Knowledge of principles of psychometrics pertaining to reliability and validity of test/assessment instruments.</p> <p>K43. Knowledge of the effect of testing conditions (e.g. noise, sobriety) that invalidate test/assessment instrument results.</p>
	<p>T20. Diagnose disorders that affect client’s learning and behavior.</p>	<p>K2. Knowledge of the effect of genetically-based developmental disorders.</p> <p>K4. Knowledge of the effect of childhood diseases on learning and behavior.</p> <p>K5. Knowledge of the effect of adolescent/adult diseases on learning and behavior.</p> <p>K7. Knowledge of methods used to classify client behaviors into diagnostic categories.</p> <p>K22. Knowledge of taxonomic classification pertaining to learning and behavior in the Diagnostic and Statistical Manual.</p>
<p>D. Interpretation and Recommendations (continued)</p>	<p>T16. Identify antecedents and consequences that lead to outcome behaviors of client to develop behavior plans/interventions.</p>	<p>K24. Knowledge of behavior problems that require assessment.</p> <p>K29. Knowledge of methods to assess behavioral functioning.</p> <p>K31. Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress.</p>

II. Intervention (20%) - This area assesses the candidate’s ability to facilitate interventions to improve the client’s development as related to educational functioning.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
A. Intervention Plan Development (6%)	T23. Develop strategies to facilitate client’s learning, social, and emotional development.	K46. Knowledge of therapeutic interventions for developing social skills. K47. Knowledge of therapeutic interventions for improving emotional adjustment. K48. Knowledge of the effect of learning styles of individuals in development of a remedial program. K49. Knowledge of approaches to ameliorate learning and behavior problems. K52. Knowledge of therapeutic interventions for improving attention skills.
	T22. Develop an intervention plan based on assessment results to address educational needs.	K48. Knowledge of the effect of learning styles of individuals in development of a remedial program. K49. Knowledge of approaches to ameliorate learning and behavior problems. K52. Knowledge of therapeutic interventions for improving attention skills. K50. Knowledge of behavioral interventions to enable client to function across settings. K51. Knowledge of therapeutic interventions for developing problem-solving skills.
	T21. Formulate client intervention plan as a result of identified learning and behavioral disorders.	K48. Knowledge of the effect of learning styles of individuals in development of a remedial program. K49. Knowledge of approaches to ameliorate learning and behavior problems. K50. Knowledge of behavioral interventions to enable client to function across settings. K52. Knowledge of therapeutic interventions for improving attention skills K56. Knowledge of therapeutic interventions for managing conflict and anger.
B. Implementation (12%)	T31. Apply results from diagnostic test/assessment instrument(s) to develop intervention strategies to address client’s emotional, learning, or behavior problems.	K47. Knowledge of therapeutic interventions for improving emotional adjustment. K48. Knowledge of the effect of learning styles of individuals in development of a remedial program. K49. Knowledge of approaches to ameliorate learning and behavior problems. K52. Knowledge of therapeutic interventions for improving attention skills
	T25. Provide recommendations and strategies to client, educators, and employers to facilitate client effectiveness in educational and employment settings.	K46. Knowledge of therapeutic interventions for developing social skills. K47. Knowledge of therapeutic interventions for improving emotional adjustment. K50. Knowledge of behavioral interventions to enable client to function across settings. K51. Knowledge of therapeutic interventions for developing problem-solving skills. K52. Knowledge of therapeutic interventions for improving attention skills. K56. Knowledge of therapeutic interventions for managing conflict and anger.
B. Implementation (Continued)	T33. Teach parents, educators, employers, and others how to apply interventions to modify	K49. Knowledge of approaches to ameliorate learning and behavior problems. K50. Knowledge of behavioral interventions to enable client to function across

II. Intervention (20%) - This area assesses the candidate’s ability to facilitate interventions to improve the client’s development as related to educational functioning.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
	client’s behavior.	settings.
	T32. Apply positive behavioral management principles to improve client’s adaptive behavior.	K46. Knowledge of therapeutic interventions for developing social skills. K50. Knowledge of behavioral interventions to enable client to function across settings. K51. Knowledge of therapeutic interventions for developing problem-solving skills. K53. Knowledge of behavior management principles used to develop remedial programs.
	T29. Assist client in developing coping, social-emotional, and organizational skills that apply across environments.	K47. Knowledge of therapeutic interventions for improving emotional adjustment. K51. Knowledge of therapeutic interventions for developing problem-solving skills. K56. Knowledge of therapeutic interventions for managing conflict and anger. K59. Knowledge of theoretical and practical aspects of counseling that apply to learning and behavior problems.
	T28. Provide counseling to assist client in improving ability to function socially and personally as related to educational/vocational settings.	K57. Knowledge of the counseling process to resolve learning and behavior problems. K58. Knowledge of the effect of human diversity on counseling process. K59. Knowledge of theoretical and practical aspects of counseling that apply to learning and behavior problems. K60. Knowledge of techniques used to facilitate group counseling sessions. K61. Knowledge of techniques used to facilitate individual counseling sessions.
	T27. Teach client to apply therapeutic strategies in home, school, community, and employment settings to improve learning and behavior.	K49. Knowledge of approaches to ameliorate learning and behavior problems. K46. Knowledge of therapeutic interventions for developing social skills. K50. Knowledge of behavioral interventions to enable client to function across settings. K51. Knowledge of therapeutic interventions for developing problem-solving skills. K52. Knowledge of therapeutic interventions for improving attention skills. K56. Knowledge of therapeutic interventions for managing conflict and anger.
B. Implementation (Continued)	T35. Provide counseling for individual(s) or groups to address factors that impact learning and vocational skills.	K57. Knowledge of the counseling process to resolve learning and behavior problems. K58. Knowledge of the effect of human diversity on counseling process. K59. Knowledge of theoretical and practical aspects of counseling that apply to learning and behavior problems. K60. Knowledge of techniques used to facilitate group counseling sessions. K61. Knowledge of techniques used to facilitate individual counseling sessions.
	T24. Assist client in applying strategies to reduce	K51. Knowledge of therapeutic interventions for developing problem-solving skills.

II. Intervention (20%) - This area assesses the candidate’s ability to facilitate interventions to improve the client’s development as related to educational functioning.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
	test anxiety.	K52. Knowledge of therapeutic interventions for improving attention skills.
C. Monitoring (2%)	T30. Evaluate effectiveness of strategies by monitoring client’s progress in school and other settings to determine need for modifications.	K54. Knowledge of methods to monitor client progress in treatment. K55. Knowledge of techniques used to establish measurement of treatment goals.
	T34. Monitor educational and behavioral interventions for clients with medical and psychological conditions.	K54. Knowledge of methods to monitor client progress in treatment. K55. Knowledge of techniques used to establish measurement of treatment goals.

III. Consultation (21%) - This area assesses the candidate's ability to advocate for the client as well as to provide consultation to clients, parents, schools, community groups and agencies related to educational functioning.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
A. Communication of Results (8%)	T36. Develop a report that communicates the results of client's comprehensive assessment.	K62. Knowledge of methods used to consolidate assessment information into a report. K70. Knowledge of techniques used to explain test results and make further recommendations.
	T42. Consult with parents, educators, and others to present client's assessment results, conclusions, and recommendations.	K68. Knowledge of the impact of environmental or social factors on clients' presenting issues. K70. Knowledge of techniques used to explain test results and make further recommendations. K71. Knowledge of the role of advocacy in educational and other consultation settings. K74. Knowledge of the effect of family dynamics on client learning and behavior.
	T41. Consult with parents, educators, and others to explain the effects of cognitive processes on learning and behavior.	K69. Knowledge of methods used to inform others about cognitive processing and the effects on learning. K70. Knowledge of techniques used to explain test results and make further recommendations.
	T37. Apply research findings in providing assessments and follow-up services.	K64. Knowledge of methods used to evaluate research.
B. Outreach (4%)	T46. Consult with other professionals to obtain additional information about client's functioning to assist in developing a treatment plan for client.	K72. Knowledge of methods to determine whether medical service and other support are needed. K73. Knowledge of methods used to determine the need for consultation from additional resources.
	T47. Serve as an advocate for client at educational planning meetings and in other settings (e.g., community, court).	K71. Knowledge of the role of advocacy in educational and other consultation settings. K77. Knowledge of different programs that provide advocacy for individuals with disabilities. K78. Knowledge of the impact of differences in parent or caregiver techniques on client functioning.
	T54. Provide in-service training to educators and school staff to assist in the learning and development of students.	K79. Knowledge of methods used to teach educational skills to others during in-service training. K80. Knowledge of methods used to train educators and school staff to assist in the learning and development of students.

III. Consultation (21%) - This area assesses the candidate’s ability to advocate for the client as well as to provide consultation to clients, parents, schools, community groups and agencies related to educational functioning.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
B. Outreach (Continued)	T49. Provide in-service training programs on learning disabilities and other exceptional needs of individuals to increase awareness in the community.	K79. Knowledge of methods used to teach educational skills to others during in-service training. K80. Knowledge of methods used to train educators and school staff to assist in the learning and development of students.
C. Community Resources (7%)	T43. Provide information about educational options to client and parents based upon assessment results.	K65. Knowledge of program and service options within the educational system. K76. Knowledge of available educational opportunities in the community that address learning needs. K75. Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior. K77. Knowledge of different programs that provide advocacy for individuals with disabilities.
	T40. Provide parent/client with information regarding available resources to assist in client’s adjustment and learning.	K65. Knowledge of program and service options within the educational system. K66. Knowledge of support services available within the community. K75. Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior. K76. Knowledge of available educational opportunities in the community that address learning needs. K77. Knowledge of different programs that provide advocacy for individuals with disabilities.
	T45. Refer client for remedial support, psychotherapy, or medical services as needed.	K65. Knowledge of program and service options within the educational system. K66. Knowledge of support services available within the community. K67. Knowledge of the impact of personal crises and traumatic events upon client’s school performance. K72. Knowledge of methods to determine whether medical service and other support are needed. K73. Knowledge of methods used to determine the need for consultation from additional resources.
	T44. Collaborate with community agencies to provide information about services for parents and clients regarding educational/vocational issues.	K66. Knowledge of support services available within the community. K76. Knowledge of available educational opportunities in the community that address learning needs. K77. Knowledge of different programs that provide advocacy for individuals with disabilities.

III. Consultation (21%) - This area assesses the candidate’s ability to advocate for the client as well as to provide consultation to clients, parents, schools, community groups and agencies related to educational functioning.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
C. Community Resources (Continued)	T51. Provide information about community resources/services to individuals and community agencies to link service providers with client.	K66. Knowledge of support services available within the community. K76. Knowledge of available educational opportunities in the community that address learning needs. K77. Knowledge of different programs that provide advocacy for individuals with disabilities.
D. Transition Planning (2%)	T38. Develop an educational/vocational plan for a client with disabilities for transition into school/work settings.	K63. Knowledge of learning environment and practices conducive to maximizing client performance. K65. Knowledge of program and service options within the educational system. K66. Knowledge of support services available within the community. K75. Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior. K76. Knowledge of available educational opportunities in the community that address learning needs.
	T39. Assist client in identifying interests, skills, and abilities that are consistent with educational and career opportunities.	K63. Knowledge of learning environment and practices conducive to maximizing client performance. K70. Knowledge of techniques used to explain test results and make further recommendations. K75. Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior.

IV. Law (11%) - This area assesses the candidate’s ability to comply with legal obligations, including confidentiality, reporting requirements, and disclosure of fees and qualifications.

<i>Job Task</i>	<i>Associated Knowledges</i>
T58. Maintain security of records to protect the client’s privacy.	K82. Knowledge of procedures to secure consent and release of client records. K83. Knowledge of legal requirements of confidentiality between practitioners, minor children, and adults. K88. Knowledge of laws related to custody issues of minor or dependent client. K89. Knowledge of legal requirements to maintain security of client’s records.
T55. Obtain written release of information prior to acquiring or disclosing information relating to client.	K82. Knowledge of procedures to secure consent and release of client records. K83. Knowledge of legal requirements of confidentiality between practitioners, minor children, and adults. K84. Knowledge of legal requirements to report individuals who are a danger to themselves and others. K85. Knowledge of legal requirements to report suspected or known child, dependent adult, and elder abuse. K88. Knowledge of laws related to custody issues of minor or dependent client.
T59. Disclose fees for services prior to working with client as required by law.	K92. Knowledge of federal and state regulations pertaining to special education of individuals in public and private schools. K93. Knowledge of legal requirements of disclosing service fees prior to working with clients.
T60. Inform public of qualifications and services provided by complying with legal standards regarding advertising.	K94. Knowledge of legal requirements regarding informing client of qualifications and services.
T56. Report cases of abuse to authorities as defined by mandated reporting requirements to protect the welfare and safety of the client.	K83. Knowledge of legal requirements of confidentiality between practitioners, minor children, and adults. K85. Knowledge of legal requirements to report suspected or known child, dependent adult, and elder abuse. K86. Knowledge of indicators of sexual abuse. K87. Knowledge of indicators of physical abuse and neglect.
T57. Report expressions of client’s intent to harm self or others as defined by mandated reporting requirements.	K83. Knowledge of legal requirements of confidentiality between practitioners, minor children, and adults. K84. Knowledge of legal requirements to report individuals who are a danger to themselves and others. K90. Knowledge of legal limitations pertaining to containment of client who exhibits dangerous behavior. K91. Knowledge of factors that indicate the potential for at risk behavior within age, gender, and cultural groups.

V. Ethics (16%) - This area assesses the candidate's ability to comply with ethical standards for Licensed Educational Psychologists, including confidentiality, scope of practice, and professional boundaries.

<i>Subarea</i>	<i>Job Task</i>	<i>Associated Knowledges</i>
A. Confidentiality (4%)	T61. Inform client of parameters of confidentiality to facilitate client understanding of legal requirements.	K95. Knowledge of techniques to explain confidentiality to clients. K98. Knowledge of responsibility to inform client of right to reports and due process guarantees.
	T62. Inform client as to the nature and impact of confidential information prior to disclosure to third parties to protect client's rights.	K95. Knowledge of techniques to explain confidentiality to clients. K98. Knowledge of responsibility to inform client of right to reports and due process guarantees.
B. Professional Conduct (12%)	T63. Maintain professional boundaries with client to protect the professional relationship.	K96. Knowledge of responsibility pertaining to professional conduct in relation to the client. K98. Knowledge of responsibility to inform client of right to reports and due process guarantees. K101. Knowledge of situations that pose a conflict of interest for a licensed educational psychologist.
	T64. Inform client of educational services available at no cost through public schools and agencies prior to providing services.	K97. Knowledge of responsibility to inform client of no-cost services provided by public schools and agencies students with special needs. K99. Knowledge of responsibility to inform client about options for individual educational services. K100. Knowledge of responsibility to inform clients about accommodations that are available to individuals in school and/or employment settings.
	T65. Maintain separation of private practice and other personal forms of employment to avoid a conflict of interest.	K101. Knowledge of situations that pose a conflict of interest for a licensed educational psychologist.
	T67. Provide information to public with regard to professional qualifications and scope of practice.	K103. Knowledge of methods used for advertising qualifications and scope of practice to the public. K104. Knowledge of responsibility to disclose professional qualifications. K105. Knowledge of personal limitations related to training and experience. K106. Knowledge of alternative referrals to provide to client when service needed is beyond the scope of practice.
	T68. Assist client to obtain alternate referrals when unable to provide professional services within scope of practice.	K99. Knowledge of responsibility to inform client about options for individual educational services. K105. Knowledge of personal limitations related to training and experience. K106. Knowledge of alternative referrals to provide to client when service needed is beyond the scope of practice.
	T66. Discuss office policies and fees to promote understanding of client's responsibilities.	K102. Knowledge of methods used to discuss management of fees and office policies with client.

CHAPTER 3. DEVELOPMENT OF EXAMINATION OUTLINE

USE OF CRITICAL INDICES

The critical indices for tasks and knowledge were used as guidelines by a panel of subject matter experts to establish the criticality of individual items and evaluate the consequences of selecting a particular “cutoff” value. There were approximately seven tasks and two knowledge statements eliminated (see Appendices A and B).

CRITICAL TASK INDEX

To obtain a critical task index for each job task, the frequency (F) and importance (I) ratings were multiplied for each task. Next, the mean, or average, of the critical task indices was calculated for each task.

$$\text{mean critical task index} = \text{mean} (F \times I)$$

A panel of LEPs evaluated the task indices and selected a mean critical task index of 7.00 as the boundary above which tasks would be retained and below which tasks would be eliminated. Seven tasks were eliminated (see shaded items in Appendix A).

CRITICAL KNOWLEDGE INDEX

To obtain a critical knowledge index for each knowledge statement, the mean importance (I) ratings for each knowledge was calculated.

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

The same panel of LEPs who evaluated the tasks evaluated the knowledge indices and selected a mean critical value of 2.35 as the boundary above which knowledge statements would be retained and below which statements would be eliminated. Two of the knowledge statements were eliminated (see shaded items in Appendix B).

LINKAGE OF KNOWLEDGES TO JOB TASKS

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

CHAPTER 4. QUESTIONNAIRE

INTERVIEWS

During the semistructured onsite and telephone interviews, LEPs were asked to identify major content areas of their practice and the job tasks performed in each content area. They were also asked to identify the knowledge necessary to perform each job task safely and competently.

LIST OF JOB TASKS AND KNOWLEDGES

Using the information gathered during the interviews and prior occupational analysis work, OER developed a preliminary list of job tasks and knowledge statements so that the statements had a consistent format and language. The list was then organized into functional dimensions or content areas of practice.

Two panels of LEPs were convened to evaluate the technical and conceptual accuracy and comprehensiveness of the content areas, including the job tasks and knowledge statements. The panels also determined whether the scope of the task and knowledge statements was independent and nonoverlapping. New task and knowledge statements were developed as needed.

OER then developed a questionnaire based on the list of job tasks and knowledge statements. A draft of the questionnaire was evaluated by approximately 14 LEPs who served as subject matter experts in earlier phases of the occupational analysis. Their comments were incorporated into the final questionnaire.

DISTRIBUTION OF QUESTIONNAIRE AND RESPONSE RATE

The questionnaire was distributed to LEPs practicing in California (N=1,617). These LEPs were asked to provide general background information about themselves and their practice. Further, the respondents were asked to rate each job task in terms of how often they performed the task (FREQUENCY) and how important the task was to performance of their current job (IMPORTANCE). Similarly, respondents were asked to rate each knowledge statement in terms of how important a knowledge (IMPORTANCE) was to performance of their current job.

Six hundred and sixteen LEPs (38%) returned the questionnaire. This response rate reflects three adjustments. One adjustment was made as a result of 37 questionnaires being returned as “undeliverable.” A second adjustment was made due to 306 questionnaires being returned as “nonactive.” The third adjustment was made as a result of 11 questionnaires being returned after the questionnaire data had been entered and analyzed. The total sample size included in the data analysis is 262.

RELIABILITY OF RATINGS

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

Tables 3 and 4 list the reliability coefficients for the tasks and knowledges in each content area. That is, respondents rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 3 – RELIABILITY COEFFICIENTS FOR TASKS

Content area		Number of tasks	$\alpha_{\text{frequency}}$	$\alpha_{\text{importance}}$
I.	Assessment	20	.91	.88
II.	Intervention	15	.90	.90
III.	Consultation	19	.90	.90
IV.	Law	6	.76	.65
V.	Ethics	8	.88	.86

TABLE 4 - RELIABILITY COEFFICIENTS FOR KNOWLEDGES

Content area		Number of Knowledges	$\alpha_{\text{importance}}$
I.	Assessment	45	.94
II.	Intervention	16	.94
III.	Consultation	20	.91
IV.	Law	13	.90
V.	Ethics	12	.93

DEMOGRAPHIC RESULTS

Most of the respondents could be described in terms of the following demographic data (see Figures 1-8):

- licensed 11 – 20 years as an LEP;
- primarily working in an urban setting; and,
- primarily work in an elementary, junior high, or high school setting.

FIGURE 1 – NUMBER OF YEARS AS A LICENSED EDUCATIONAL PSYCHOLOGIST

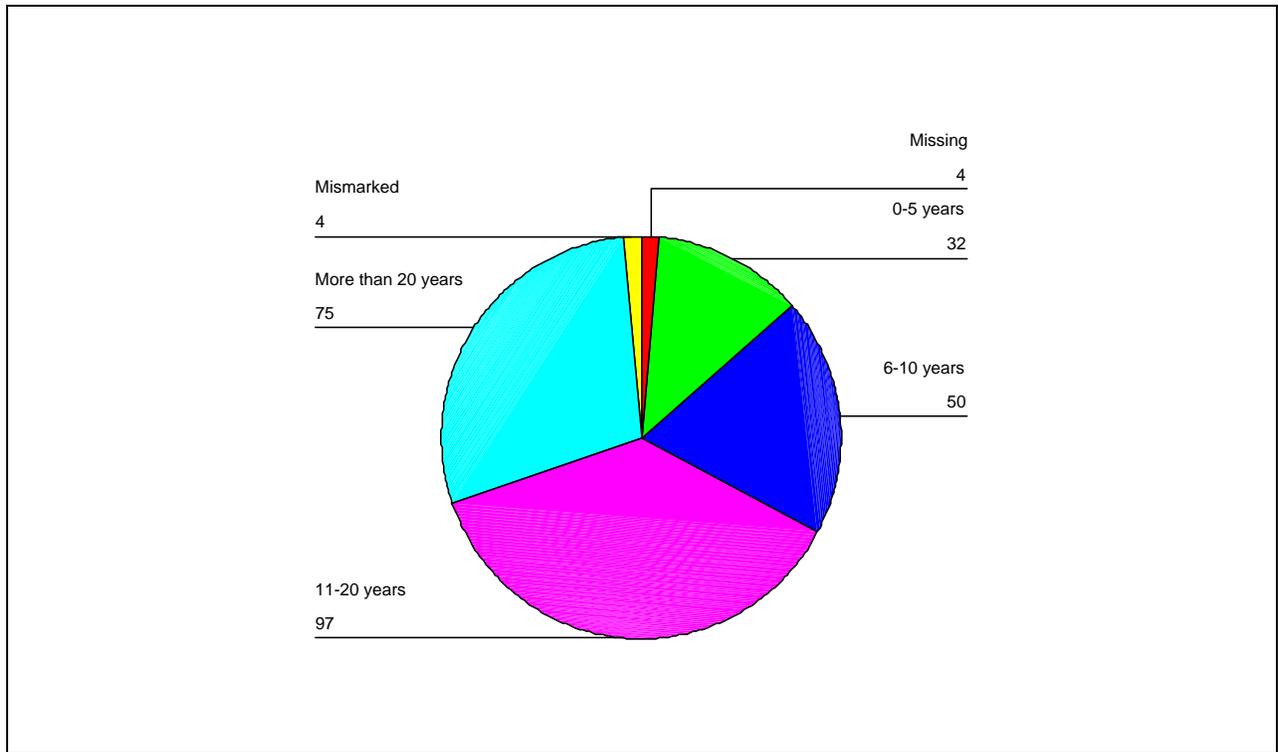


FIGURE 2 – HIGHEST RELATED DEGREE HELD

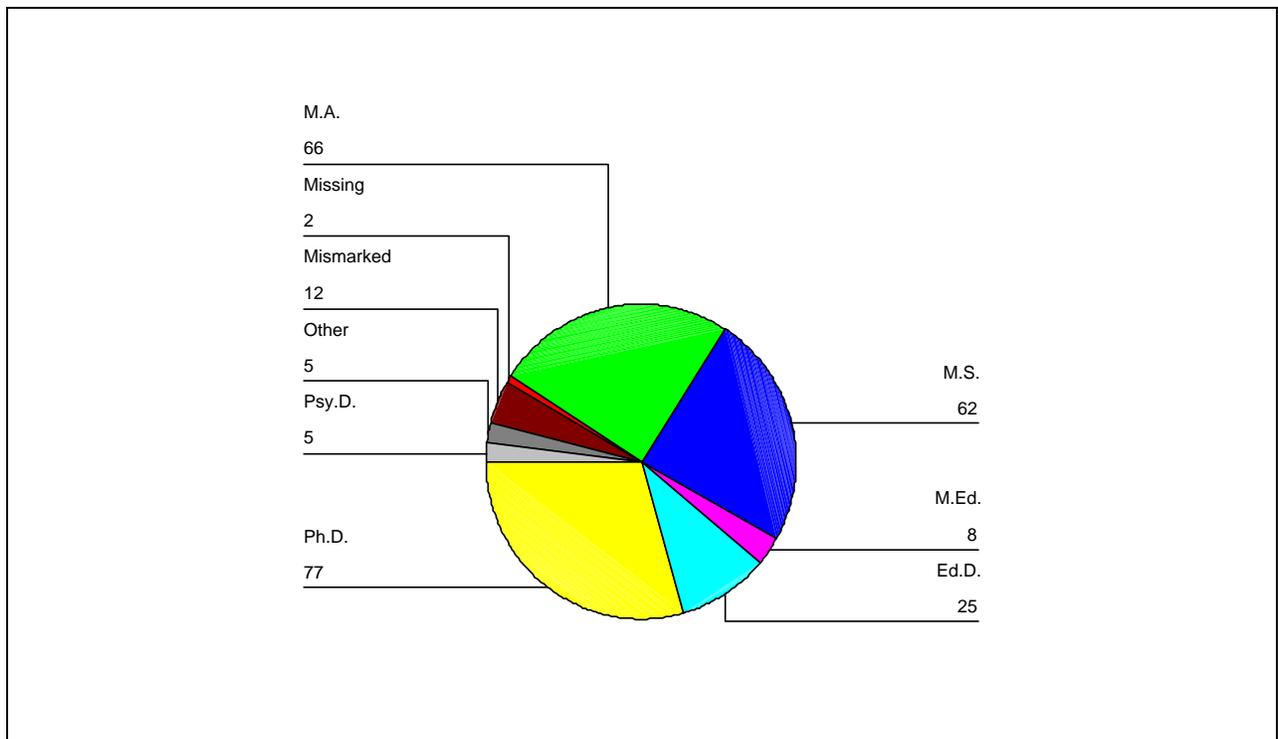


FIGURE 3 – LOCATION OF PRIMARY WORK SETTING

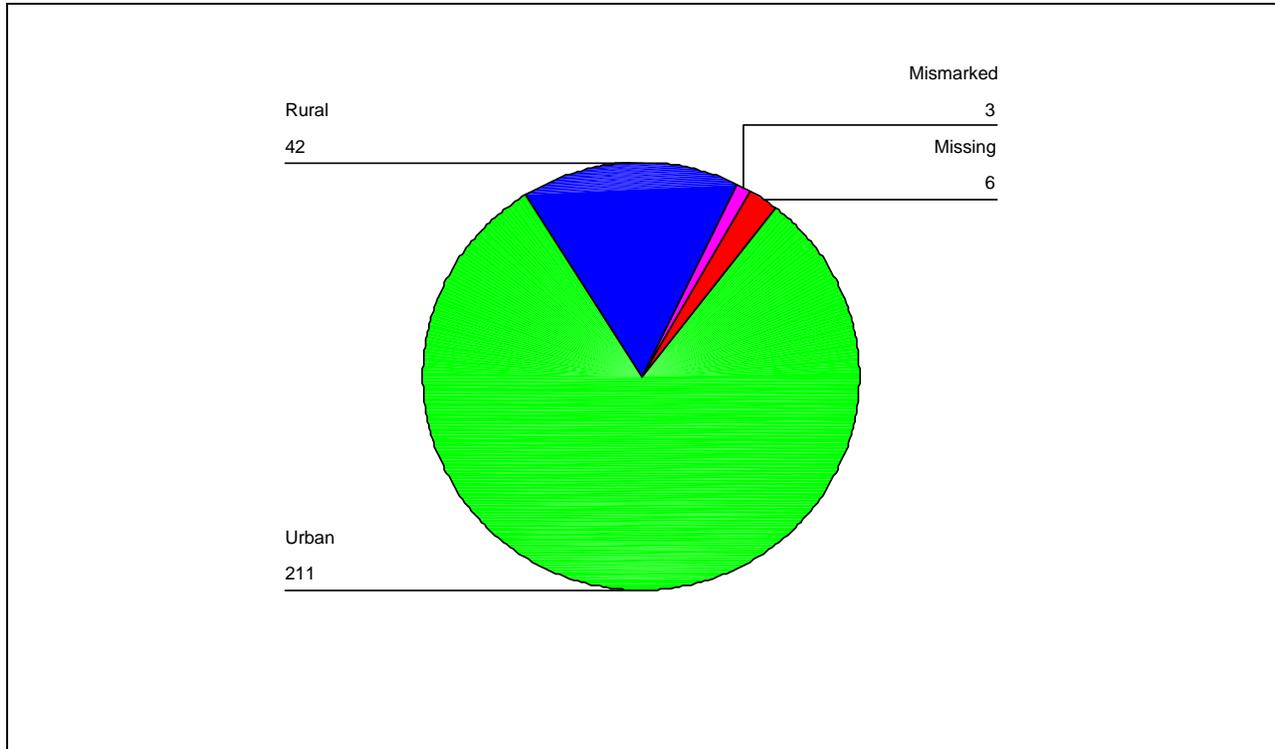


FIGURE 4 – TYPE OF PRIMARY WORK SETTING

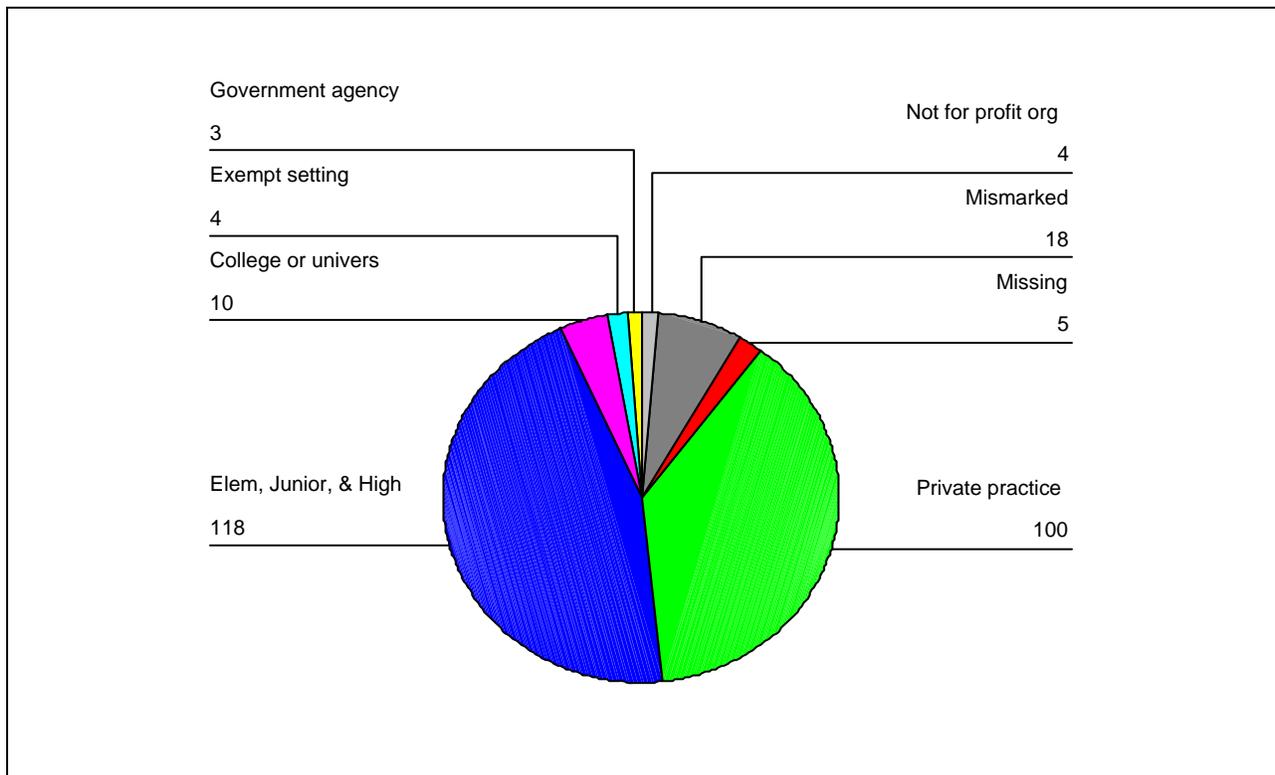


FIGURE 5 – TYPE OF SECONDARY WORK SETTING

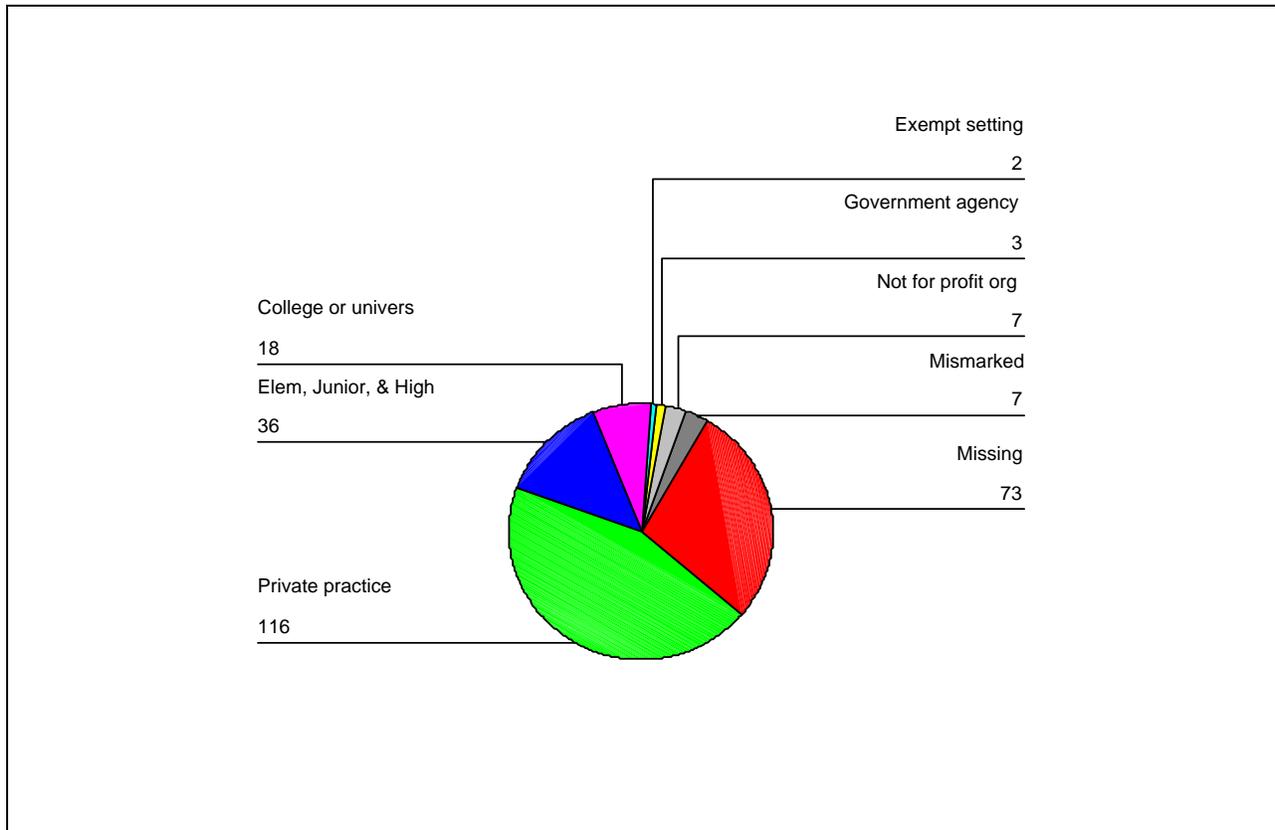


FIGURE 6 – HOURS WORKED PER WEEK AS A LICENSED EDUCATIONAL PSYCHOLOGIST

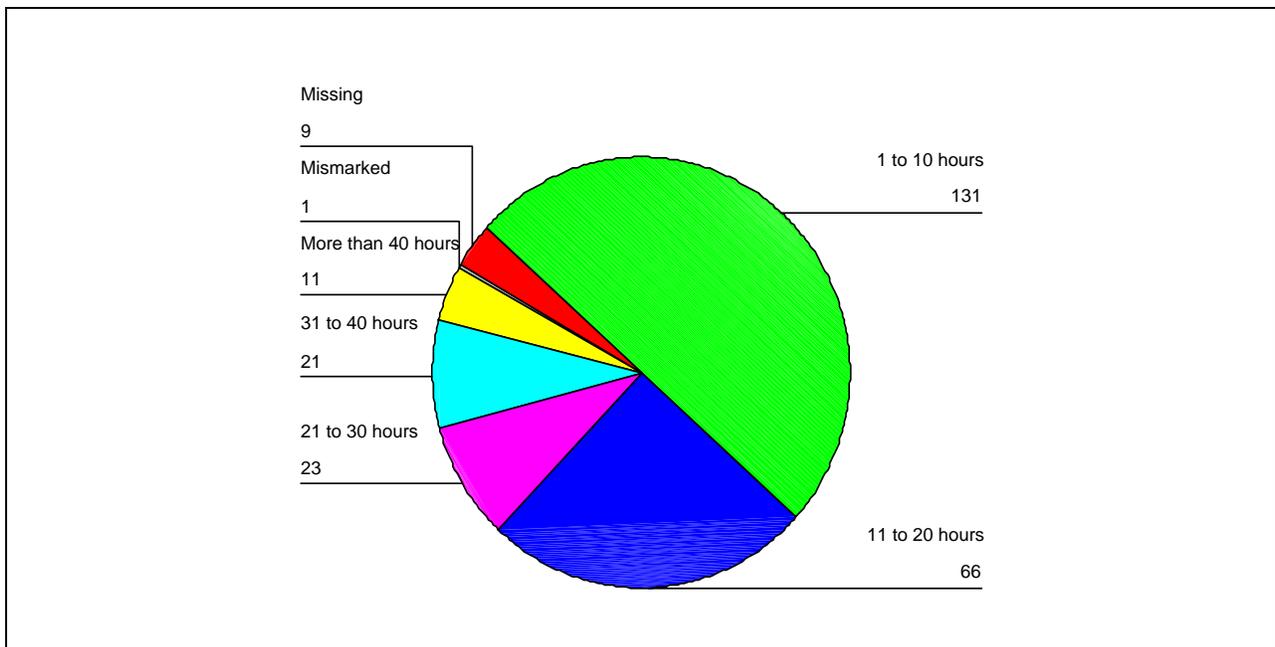


FIGURE 7 – REGION OF PRACTICE

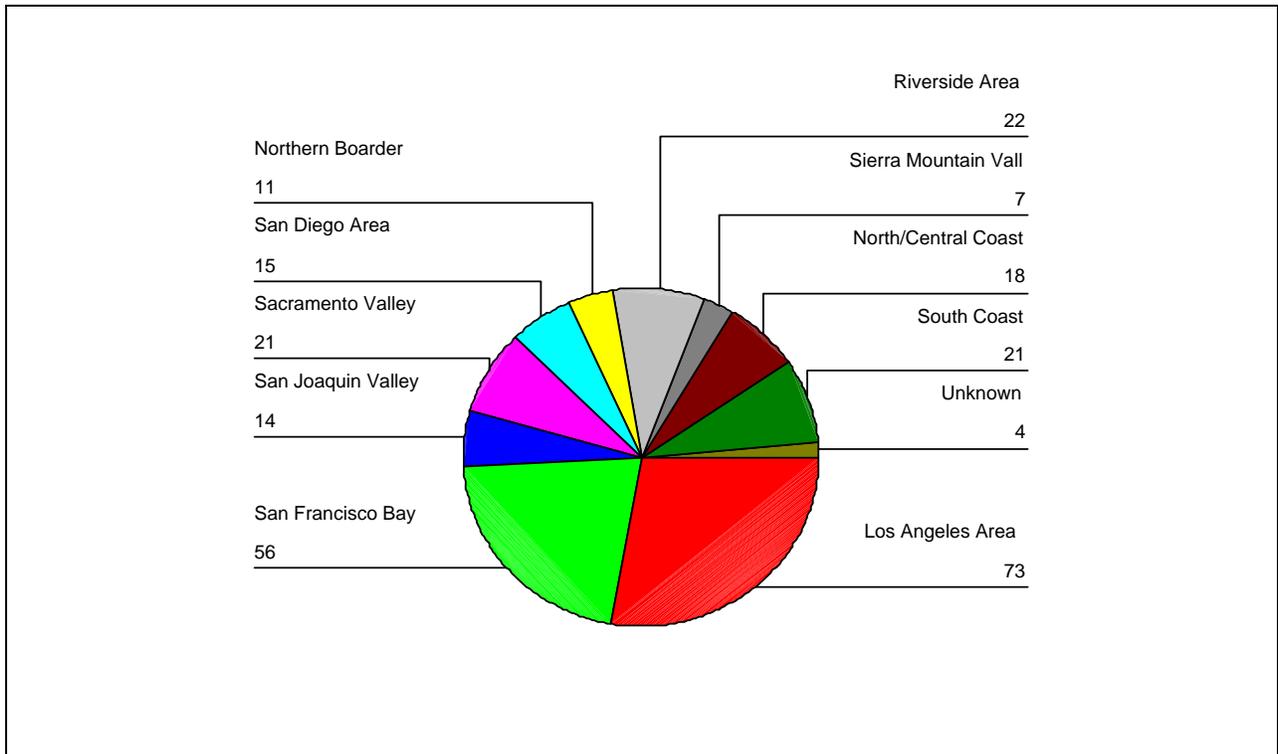


TABLE 5 – CONCENTRATION OF DEGREES EARNED

School psychology	230
Education	99
Clinical psychology	63
Counseling psychology	78
Counseling with an emphasis in marriage, family, & child counseling	44
Social work with an emphasis in clinical social work	2
Other	44

TABLE 6 – ACTIVITIES PERFORMED IN PRACTICE

Individual assessment of adults	119
Individual assessment of children or adolescents	248
Educational/training as a teacher, professor, or facilitator	100
Supervision of licensed educational psychologist interns	26
Supervision of trainees or other licensees	63
Other	46

TABLE 7 – OTHER LICENSES, CERTIFICATES, OR CREDENTIALS HELD

None	7
Licensed Clinical Social Worker	2
Marriage Family Therapist	82
Psychologist	44
School psychologist	225
Teacher	83
Other	69

CHAPTER 5. CONCLUSION

The occupational analysis of the licensed educational psychologist profession described in this report provides a comprehensive description of current practice. The procedures of the occupational analysis are based upon a content validation strategy to ensure that the results accurately represent practice in California. By adopting the examination outline in this report, the Board ensures that their examination program is job related. This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.

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APPENDIX A – CRITICAL INDICES FOR ALL TASKS

I. Assessment

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
4.	Interpret results of test/assessment instruments to assist in diagnosing client with disorders and impairments that affect learning and behavior.	4.58	4.67	21.79
7.	Assess cognitive ability, academic achievement, processing, adaptive, and social/emotional status by administering test/assessment instrument(s) to determine level of functioning.	4.41	4.49	20.69
1.	Assess history by reviewing client's records (e.g. medical, school, developmental, psychological) to assist in determining diagnosis.	4.47	4.51	20.61
20.	Diagnose disorders that affect client's learning and behavior.	4.31	4.49	20.22
2.	Conduct intake interviews with client and others to identify concerns related to educational needs and diagnosis.	4.35	4.43	20.05
14.	Gather information about client's level of functioning from parents, client, and others through interviews, observations, and questionnaires.	4.26	4.43	19.62
18.	Select test/assessment instruments for client, based on presenting problem and intake information.	4.19	4.32	19.18
5.	Determine whether learning, behavior problems, or medical conditions indicate the need for administration of test/assessment instrument(s).	4.11	4.23	18.47
6.	Assess levels of development by administering test/assessment instrument(s) to determine range of functioning.	4.04	4.19	18.13
3.	Develop hypothesis(es) regarding client problem(s) in order to develop an assessment plan.	4.09	4.12	17.75
11.	Determine a psychoeducational battery to accommodate clients with disabilities to obtain reliable and valid results.	3.85	4.15	17.30
19.	Administer test/assessment instrument(s) to prove or disprove initial hypotheses and develop a client diagnosis/plan.	3.80	3.98	16.78
12.	Assess client's social interaction across settings (e.g. home, school, playground) to formulate an intervention plan.	3.68	3.92	15.92

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
13.	Assess personality factors related to academic learning problems by administering test/assessment instrument(s).	3.31	3.54	13.59
16.	Identify antecedents and consequences that lead to outcome behaviors of client to develop behavior plans/interventions.	3.26	3.63	13.39
17.	Determine methods to evaluate diverse client populations to provide an unbiased assessment.	3.14	3.49	13.29
15.	Assess client's motor skills and coordination to determine level of functioning for educational/vocational planning.	3.33	3.45	13.18
8.	Assess client with brain injury, neurological disorders, or psychological trauma to evaluate level of functioning.	2.35	3.02	9.15
9.	Assess client's cognitive, processing, and social/emotional functioning to determine the effects of aging on educational/vocational planning.	1.55	1.79	5.99
10.	Assess vocational interests and skills of client to develop a career guidance recommendation.	1.55	1.74	4.74

II. Intervention

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
23.	Develop strategies to facilitate client's learning, social, and emotional development.	4.08	4.26	18.46
22.	Develop an intervention plan based on assessment results to address educational needs.	4.03	4.25	18.26
31.	Apply results from diagnostic test/assessment instrument(s) to develop intervention strategies to address client's emotional, learning, or behavior problems.	4.00	4.12	17.71
21.	Formulate client intervention plan as a result of identified learning and behavioral disorders.	3.92	4.20	17.58
25.	Provide recommendations and strategies to client, educators, and employers to facilitate client effectiveness in educational and employment settings.	3.69	3.84	15.98
33.	Teach parents, educators, employers, and others how to apply interventions to modify client's behavior.	3.21	3.67	13.57
32.	Apply positive behavioral management principles to improve client's adaptive behavior.	3.11	3.54	12.80
29.	Assist client in developing coping, social-emotional, and organizational skills that apply across environments.	2.95	3.37	11.93
30.	Evaluate effectiveness of strategies by monitoring client's progress in school and other settings to determine need for modifications.	2.93	3.33	11.78
28.	Provide counseling to assist client in improving ability to function socially and personally as related to educational/vocational settings.	2.73	3.08	10.98
27.	Teach client to apply therapeutic strategies in home, school, community, and employment settings to improve learning and behavior.	2.73	3.16	10.83
35.	Provide counseling for individual(s) or groups to address factors that impact learning and vocational skills.	2.32	2.81	9.17
ITEM	JOB TASK	MEAN TASK	MEAN TASK	MEAN CRITICAL

		FREQ	IMP	TASK INDEX (F X I)
34.	Monitor educational and behavioral interventions for clients with medical and psychological conditions.	2.36	2.80	9.09
24.	Assist client in applying strategies to reduce test anxiety.	2.40	2.84	8.72
26.	Provide career counseling in which the client is assisted in assessing his or her aptitudes.	1.33	1.67	4.19

III. Consultation

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
36.	Develop a report that communicates the results of client's comprehensive assessment.	4.50	4.49	20.94
42.	Consult with parents, educators, and others to present client's assessment results, conclusions, and recommendations.	4.38	4.47	20.37
43.	Provide information about educational options to client and parents based upon assessment results.	4.06	4.21	18.31
41.	Consult with parents, educators, and others to explain the effects of cognitive processes on learning and behavior.	4.06	4.23	18.27
40.	Provide parent/client with information regarding available resources to assist in client's adjustment and learning.	3.69	3.91	15.80
45.	Refer client for remedial support, psychotherapy, or medical services as needed.	3.53	3.89	15.21
46.	Consult with other professionals to obtain additional information about client's functioning to assist in developing a treatment plan for client.	3.45	3.87	14.68
37.	Apply research findings in providing assessments and follow-up services.	3.14	3.36	12.72
47.	Serve as an advocate for client at educational planning meetings and in other settings (e.g., community, court).	2.74	3.10	11.43
44.	Collaborate with community agencies to provide information about services for parents and clients regarding educational/vocational issues.	2.74	3.20	11.09
51.	Provide information about community resources/services to individuals and community agencies to link service providers with client.	2.70	3.05	10.41
54.	Provide in-service training to educators and school staff to assist in the learning and development of students.	2.15	2.59	8.24
38.	Develop an educational/vocational plan for a client with disabilities for transition into school/work settings.	2.16	2.50	8.02

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
39.	Assist client in identifying interests, skills, and abilities that are consistent with educational and career opportunities.	2.16	2.56	7.99
49.	Provide in-service training programs on learning disabilities and other exceptional needs of individuals to increase awareness in the community.	1.91	2.41	7.03
52.	Disseminate educational/vocational information by providing in-service training programs to professional organizations.	1.40	1.83	4.80
50.	Advocate for individuals with exceptional needs by assisting the community in providing services as well as educational and employment opportunities.	1.31	1.74	4.67
48.	Provide ongoing programs to promote child welfare and safety in the community.	1.26	1.59	4.35
53.	Teach educational/vocational skills by providing training programs for individuals, parents, professional community, and community organizations.	1.09	1.39	3.69

IV. Law

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
58.	Maintain security of records to protect the client's privacy.	4.63	4.76	22.55
55.	Obtain written release of information prior to acquiring or disclosing information relating to client.	4.54	4.73	21.94
59.	Disclose fees for services prior to working with client as required by law.	3.73	3.92	18.05
60.	Inform public of qualifications and services provided by complying with legal standards regarding advertising.	3.31	3.51	15.65
56.	Report cases of abuse to authorities as defined by mandated reporting requirements to protect the welfare and safety of the client.	3.09	4.53	15.23
57.	Report expressions of client's intent to harm self or others as defined by mandated reporting requirements.	2.71	4.35	13.24

V. Ethics

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
63.	Maintain professional boundaries with client to protect the professional relationship.	4.66	4.69	22.69
61.	Inform client of parameters of confidentiality to facilitate client understanding of legal requirements.	4.30	4.51	20.44
64.	Inform client of educational services available at no cost through public schools and agencies prior to providing services.	4.18	4.29	20.00
65.	Maintain separation of private practice and other personal forms of employment to avoid a conflict of interest.	4.04	4.16	19.67
62.	Inform client as to the nature and impact of confidential information prior to disclosure to third parties to protect client's rights.	4.09	4.40	19.37
67.	Provide information to public with regard to professional qualifications and scope of practice.	3.51	3.82	16.06
68.	Assist client to obtain alternate referrals when unable to provide professional services within scope of practice.	3.50	4.09	15.85
66.	Discuss office policies and fees to promote understanding of client's responsibilities.	3.35	3.46	15.79

APPENDIX B –CRITICAL INDICES FOR ALL KNOWLEDGES

I. Assessment

ITEM	KNOWLEDGE	MEAN IMP
9.	Knowledge of the purposes of different test/assessment instrument(s) of cognitive functioning.	4.72
26.	Knowledge of methods to assess cognitive functioning.	4.71
23.	Knowledge of learning problems that require assessment.	4.63
27.	Knowledge of methods to assess social/emotional functioning.	4.56
8.	Knowledge of the purposes of different test/assessment instrument(s) of academic functioning.	4.55
10.	Knowledge of the purposes of different test/assessment instrument(s) of social/emotional functioning.	4.55
24.	Knowledge of behavior problems that require assessment.	4.46
17.	Knowledge of the principles of norms for interpretation of test/assessment instrument results.	4.40
30.	Knowledge of developmental milestones of normal cognitive development.	4.39
29.	Knowledge of methods to assess behavioral functioning.	4.36
16.	Knowledge of the effect of test/assessment instrument results on intervention planning.	4.28
18.	Knowledge of principles of psychometrics pertaining to reliability and validity of test/assessment instruments.	4.27
11.	Knowledge of the purposes of different test/assessment instrument(s) of adaptive functioning.	4.26
1.	Knowledge of techniques used to elicit information regarding client's history.	4.21
19.	Knowledge of disorders that have a physiological basis for learning and behavior.	4.21
45.	Knowledge of indicators of developmental delays that affect learning and behavior.	4.20
15.	Knowledge of principles of statistics pertaining to interpreting test/assessment instrument results.	4.18
31.	Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress.	4.18

ITEM	KNOWLEDGE	MEAN IMP
43.	Knowledge of the effect of testing conditions (e.g. noise, sobriety) that invalidate test/assessment instrument results.	4.18
3.	Knowledge of medical conditions that affect learning and behavior.	4.16
6.	Knowledge of techniques used to elicit information identifying client concerns.	4.15
28.	Knowledge of methods to assess adaptive functioning.	4.14
20.	Knowledge of the effect of neurological factors that impact learning and behavior.	4.10
21.	Knowledge of the effect of physiological conditions on learning and behavior.	4.05
4.	Knowledge of the effect of childhood diseases on learning and behavior.	4.00
7.	Knowledge of methods used to classify client behaviors into diagnostic categories.	4.00
25.	Knowledge of developmental ranges of the life span.	3.97
13.	Knowledge of techniques used to elicit mental health information from client.	3.92
44.	Knowledge of the effect of motor coordination on educational performance.	3.85
34.	Knowledge of methods to assess fine and gross motor skills.	3.84
38.	Knowledge of the effect of substance abuse on learning and behavior.	3.77
40.	Knowledge of the relationship of neurological development and motor ability.	3.76
35.	Knowledge of common sensory and motoric disorders of infancy/childhood.	3.71
37.	Knowledge of the effect of prenatal substance exposure on subsequent cognitive development.	3.71
5.	Knowledge of the effect of adolescent/adult diseases on learning and behavior.	3.70
42.	Knowledge of the effect of human diversity factors on assessment process.	3.70
2.	Knowledge of the effect of genetically-based developmental disorders.	3.67
41.	Knowledge of the effect of prenatal/perinatal conditions in neurological development.	3.56

ITEM	KNOWLEDGE	MEAN IMP
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22.	Knowledge of taxonomic classification pertaining to learning and behavior in the Diagnostic and Statistical Manual.	3.46
36.	Knowledge of common sensory and motoric disorders of adolescent/adults.	3.45
33.	Knowledge of purposes of different test/assessment instrument(s) of personality functioning.	3.39
14.	Knowledge of techniques used to elicit physical health information from client.	3.37
39.	Knowledge of nutrition and other health related issues as related to learning and behavior.	3.37
32.	Knowledge of personality theory pertaining to formulating intervention.	3.28
12.	Knowledge of the purposes of different test/assessment instrument(s) of vocational functioning.	2.14

II. Intervention

ITEM	KNOWLEDGE	MEAN IMP
49.	Knowledge of approaches to ameliorate learning and behavior problems.	4.37
52.	Knowledge of therapeutic interventions for improving attention skills.	4.13
48.	Knowledge of the effect of learning styles of individuals in development of a remedial program.	4.03
50.	Knowledge of behavioral interventions to enable client to function across settings.	3.90
51.	Knowledge of therapeutic interventions for developing problem-solving skills.	3.82
47.	Knowledge of therapeutic interventions for improving emotional adjustment.	3.72
53.	Knowledge of behavior management principles used to develop remedial programs.	3.72
46.	Knowledge of therapeutic interventions for developing social skills.	3.66
57.	Knowledge of the counseling process to resolve learning and behavior problems.	3.63
59.	Knowledge of theoretical and practical aspects of counseling that apply to learning and behavior problems.	3.48
61.	Knowledge of techniques used to facilitate individual counseling sessions.	3.45
56.	Knowledge of therapeutic interventions for managing conflict and anger.	3.24
58.	Knowledge of the effect of human diversity on counseling process.	3.22
54.	Knowledge of methods to monitor client progress in treatment.	3.17
55.	Knowledge of techniques used to establish measurement of treatment goals.	3.07
60.	Knowledge of techniques used to facilitate group counseling sessions.	2.48

III. Consultation

ITEM	KNOWLEDGE	MEAN IMP
62.	Knowledge of methods used to consolidate assessment information into a report.	4.50
70.	Knowledge of techniques used to explain test results and make further recommendations.	4.47
65.	Knowledge of program and service options within the educational system.	4.31
69.	Knowledge of methods used to inform others about cognitive processing and the effects on learning.	4.25
63.	Knowledge of learning environment and practices conducive to maximizing client performance.	4.13
67.	Knowledge of the impact of personal crises and traumatic events upon client's school performance.	4.09
68.	Knowledge of the impact of environmental or social factors on clients' presenting issues.	4.06
74.	Knowledge of the effect of family dynamics on client learning and behavior.	3.96
66.	Knowledge of support services available within the community.	3.93
73.	Knowledge of methods used to determine the need for consultation from additional resources.	3.70
72.	Knowledge of methods to determine whether medical service and other support are needed.	3.66
71.	Knowledge of the role of advocacy in educational and other consultation settings.	3.63
78.	Knowledge of the impact of differences in parent or caregiver techniques on client functioning.	3.42
76.	Knowledge of available educational opportunities in the community that address learning needs.	3.22
77.	Knowledge of different programs that provide advocacy for individuals with disabilities.	3.14
64.	Knowledge of methods used to evaluate research.	2.94
80.	Knowledge of methods used to train educators and school staff to assist in the learning and development of students.	2.72

ITEM	KNOWLEDGE	MEAN IMP
79.	Knowledge of methods used to teach educational skills to others during in-service training.	2.58
75.	Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior.	2.38
81.	Knowledge of educational information to be provided to professional organizations through in-service training.	2.34

IV. Law

ITEM	KNOWLEDGE	MEAN IMP
83.	Knowledge of legal requirements of confidentiality between practitioners, minor children, and adults.	4.57
84.	Knowledge of legal requirements to report individuals who are a danger to themselves and others.	4.57
92.	Knowledge of federal and state regulations pertaining to special education of individuals in public and private schools.	4.53
85.	Knowledge of legal requirements to report suspected or known child, dependent adult, and elder abuse.	4.52
82.	Knowledge of procedures to secure consent and release of client records.	4.48
89.	Knowledge of legal requirements to maintain security of client's records.	4.42
86.	Knowledge of indicators of sexual abuse.	4.33
87.	Knowledge of indicators of physical abuse and neglect.	4.33
94.	Knowledge of legal requirements regarding informing client of qualifications and services.	3.91
91.	Knowledge of factors that indicate the potential for at risk behavior within age, gender, and cultural groups.	3.75
93.	Knowledge of legal requirements of disclosing service fees prior to working with clients.	3.58
90.	Knowledge of legal limitations pertaining to containment of client who exhibits dangerous behavior.	3.54
88.	Knowledge of laws related to custody issues of minor or dependent client.	3.28

V. Ethics

ITEM	KNOWLEDGE	MEAN IMP
96.	Knowledge of responsibility pertaining to professional conduct in relation to the client.	4.54
98.	Knowledge of responsibility to inform client of right to reports and due process guarantees.	4.32
95.	Knowledge of techniques to explain confidentiality to clients.	4.31
105.	Knowledge of personal limitations related to training and experience.	4.28
100.	Knowledge of responsibility to inform clients about accommodations that are available to individuals in school and/or employment settings.	4.23
97.	Knowledge of responsibility to inform client of no-cost services provided by public schools and agencies students with special needs.	4.19
106.	Knowledge of alternative referrals to provide to client when service needed is beyond the scope of practice.	4.18
99.	Knowledge of responsibility to inform client about options for individual educational services.	4.16
101.	Knowledge of situations that pose a conflict of interest for a licensed educational psychologist.	4.16
104.	Knowledge of responsibility to disclose professional qualifications.	3.77
102.	Knowledge of methods used to discuss management of fees and office policies with client.	3.20
103.	Knowledge of methods used for advertising qualifications and scope of practice to the public.	3.02

APPENDIX C – COVER LETTER TO PRACTITIONERS

**BOARD OF BEHAVIORAL SCIENCES**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814

TELEPHONE: (916) 445-4933 TDD: (916) 322-1700

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

March 21, 2003

Dear Survey Respondent:

Thank you for participating in the Licensed Educational Psychologist (LEP) Occupational Analysis Survey. The purpose of an Occupational Analysis is to identify the job tasks currently performed by LEPs in independent practice, and the associated knowledge required to perform those tasks. The results of the occupational analysis will be used to update the examination plan that serves as the basis for the LEP licensing program.

The Board is mandated to protect the public by developing examinations that determine competency for licensure. The examinations require candidates to demonstrate that they possess the knowledge, skills, and abilities that the profession defines as necessary to perform safely and effectively in independent practice.

The occupational analysis survey was developed by LEPs throughout California with guidance from specialists at the Department of Consumer Affairs' Office of Examination Resources. The data resulting from the surveys will assist the Board of Behavioral Sciences in answering such questions as:

- How has the care of your clients changed over the past 7 years?
- What job tasks are you now required to perform, and what associated knowledge do you need to enable you to administer safe and competent care to consumers in the State of California?

Please complete the survey according to the instructions provided. It is critical to this project that you complete the survey based on your own LEP practice. That is, respond to the statements based your practice -- do NOT respond based on what you think all LEPs would be expected to perform or know. Additionally, it is important to complete the survey based on LEP practice separately from your work in other professions such as clinical psychology, school psychology, or marriage and family therapy. Data inconsistent with these instructions will be omitted from analysis. Individual responses will be kept completely anonymous and confidential.

The enclosed prepaid return envelope has been provided for your convenience. If you have any questions, please contact staff in the Examination Unit at any of the following extensions: 1242, 1026, 1009, or 1029.

Sincerely,

Sherry Mehl
Executive Officer

**Please return completed survey in the enclosed prepaid return envelope by Thursday,
APRIL 3, 2003.**

APPENDIX D – QUESTIONNAIRE

OCCUPATIONAL ANALYSIS OF LICENSED EDUCATIONAL PSYCHOLOGIST

The Board of Behavioral Sciences (BBS) is currently conducting an occupational analysis of the licensed educational psychologist (LEP) profession. The purpose of the occupational analysis is to identify the important tasks that are currently performed by practicing licensed educational psychologists and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the definition of LEP practice and to ensure that licensing examinations reflect important aspects of current practice.

The Board is requesting your assistance in this process. By completing this questionnaire as it relates to your *current* practice, you will contribute valuable information regarding the LEP profession. Your responses on this questionnaire will be combined with the responses of other LEP practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

Complete this questionnaire **only** if you are currently licensed **and** working as an LEP in California.

This questionnaire has three sections that address your professional experience during the past year.

PART I tasks you for background information related to your practice. Information in this section will be used for demographic purposes only.

PART II asks you to rate tasks in terms of:

- (a) HOW FREQUENTLY you perform each task in your practice relative to the other tasks you perform; and,
- (b) HOW IMPORTANT the performance of each task is to your current practice relative to the other tasks you perform.

PART III asks you to rate knowledges in terms of:

- (a) HOW IMPORTANT each knowledge is to your current practice.

The Board recognizes that every LEP practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective LEP practice in the state of California.

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

April 3, 2003

PART I PERSONAL DATA

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

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

1. Are you currently practicing as a Licensed Educational Psychologist in California?
 Yes
 No (If no, please return this survey uncompleted in the enclosed postage paid envelope.)

2. How many years have you been licensed as an Educational Psychologist in California?
 0-5 years
 6-10 years
 11-20 years
 More than 20 years

3. What is the **highest** related degree you hold?
 M.A.
 M.S.
 M.Ed.
 Ed.D.
 Ph.D.
 Psy.D.
 D. Min.
 Other (please specify)

4. What describes the location of your primary work setting?
 Urban (greater than 50,000 people)
 Rural (less than 50,000 people)

5. What is your **primary** practice setting?
 Private Practice
 Elementary, junior, or high school
 College or university
 Exempt setting (please specify)

 Government agency
 Not for profit organization
Other (please specify)

6. What is your **secondary** practice setting?
 Private Practice
 Elementary, junior, or high school
 College or university
 Exempt setting (please specify)

 Government agency
 Not for profit organization
Other (please specify)

7. How many hours of assessment do you conduct per week in your **primary** practice setting?
 1 to 10 hours
 11 to 20 hours
 21 to 30 hours
 31 to 40 hours
 More than 40 hours

For items 8 - 10, check **ALL** that apply.

8. In which of the following concentrations did you obtain a degree?
 School psychology
 Education
 Clinical psychology
 Counseling psychology
 Counseling with an emphasis in marriage, family, & child counseling
 Social work with an emphasis in clinical social work
 Other (please specify)

9. Which of the following activities do you perform in your practice?

- Individual assessment of adults
 - Individual assessment of children or adolescents
 - Education/training as a teacher, professor, or facilitator
 - Supervision of licensed educational psychologist interns
 - Supervision of trainees or other licensees
 - Other (please specify)
- _____

10. What other California state-issued licenses, certifications, or credentials do you hold?

- None
 - Licensed Clinical Social Worker
 - Marriage Family Therapist
 - Psychologist
 - School Psychologist
 - Teacher
 - Other (please specify)
- _____

11. In what California county is your **primary** practice located? _____

Please select **only one** of the two-digit codes below.

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

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

PART II INSTRUCTIONS FOR RATING JOB TASKS

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

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

Circle ONE rating that best fits each task.

RATING SCALES FOR JOB TASKS

FREQUENCY

HOW OFTEN do you perform this task in your current job? Consider all the job tasks you have performed over the past year, and make your judgment relative to all other tasks you perform.

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

IMPORTANCE

HOW IMPORTANT is performance of this task in your current job?

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

PLEASE REFER TO THIS PAGE TO MAKE YOUR
FREQUENCY AND IMPORTANCE RATINGS.

EXAMPLES OF TASK RATINGS

This example shows how each task has a frequency and an importance rating.

TASKS	FREQUENCY	IMPORTANCE
1. Maintain security of records to protect client's privacy.	0 1 2 3 4 5	0 1 2 3 4 5
2. Provide recommendations for interventions to improve client's educational performance.	0 1 2 3 4 5	0 1 2 3 4 5
3. Develop interventions based on current research findings.	0 1 2 3 4 5	0 1 2 3 4 5

NOTE: In task number 2, the task is not performed (FREQUENCY=0); therefore, the task IMPORTANCE is rated zero (IMPORTANCE= 0).

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> job? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> job? If you do not perform the task, mark importance as "0."
0 - Does not apply to my job; task is not performed	0 - Does not apply to my job; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
I. ASSESSMENT		
1. Assess history by reviewing client's records (e.g. medical, school, developmental, psychological) to assist in determining diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5
2. Conduct intake interviews with client and others to identify concerns related to educational needs and diagnosis.	0 1 2 3 4 5	0 1 2 3 4 5
3. Develop hypothesis(es) regarding client problem(s) in order to develop an assessment plan.	0 1 2 3 4 5	0 1 2 3 4 5
4. Interpret results of test/assessment instruments to assist in diagnosing client with disorders and impairments that affect learning and behavior.	0 1 2 3 4 5	0 1 2 3 4 5
5. Determine whether learning, behavior problems, or medical conditions indicate the need for administration of test/assessment instrument(s).	0 1 2 3 4 5	0 1 2 3 4 5
6. Assess levels of development by administering test/assessment instrument(s) to determine range of functioning.	0 1 2 3 4 5	0 1 2 3 4 5
7. Assess cognitive ability, academic achievement, processing, adaptive, and social/emotional status by administering test/assessment instrument(s) to determine level of functioning.	0 1 2 3 4 5	0 1 2 3 4 5
8. Assess client with brain injury, neurological disorders, or psychological trauma to evaluate level of functioning.	0 1 2 3 4 5	0 1 2 3 4 5
9. Assess client's cognitive, processing, and social/emotional functioning to determine the effects of aging on educational/vocational planning.	0 1 2 3 4 5	0 1 2 3 4 5
10. Assess vocational interests and skills of client to develop a career guidance recommendation.	0 1 2 3 4 5	0 1 2 3 4 5
11. Determine a psychoeducational battery to accommodate clients with disabilities to obtain reliable and valid results.	0 1 2 3 4 5	0 1 2 3 4 5
12. Assess client's social interaction across settings (e.g. home, school, playground) to formulate an intervention plan.	0 1 2 3 4 5	0 1 2 3 4 5
13. Assess personality factors related to academic learning problems by administering test/assessment instrument(s).	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> job? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> job? If you do not perform the task, mark importance as "0."
0 - Does not apply to my job; task is not performed	0 - Does not apply to my job; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
14. Gather information about client's level of functioning from parents, client, and others through interviews, observations, and questionnaires.	0 1 2 3 4 5	0 1 2 3 4 5
15. Assess client's motor skills and coordination to determine level of functioning for educational/vocational planning.	0 1 2 3 4 5	0 1 2 3 4 5
16. Identify antecedents and consequences that lead to outcome behaviors of client to develop behavior plans/interventions.	0 1 2 3 4 5	0 1 2 3 4 5
17. Determine methods to evaluate diverse client populations to provide an unbiased assessment.	0 1 2 3 4 5	0 1 2 3 4 5
18. Select test/assessment instruments for client, based on presenting problem and intake information.	0 1 2 3 4 5	0 1 2 3 4 5
19. Administer test/assessment instrument(s) to prove or disprove initial hypotheses and develop a client diagnosis/plan.	0 1 2 3 4 5	0 1 2 3 4 5
20. Diagnose disorders that affect client's learning and behavior.	0 1 2 3 4 5	0 1 2 3 4 5
II. INTERVENTION		
21. Formulate client intervention plan as a result of identified learning and behavioral disorders.	0 1 2 3 4 5	0 1 2 3 4 5
22. Develop an intervention plan based on assessment results to address educational needs.	0 1 2 3 4 5	0 1 2 3 4 5
23. Develop strategies to facilitate client's learning, social, and emotional development.	0 1 2 3 4 5	0 1 2 3 4 5
24. Assist client in applying strategies to reduce test anxiety.	0 1 2 3 4 5	0 1 2 3 4 5
25. Provide recommendations and strategies to client, educators, and employers to facilitate client effectiveness in educational and employment settings.	0 1 2 3 4 5	0 1 2 3 4 5
26. Provide career counseling in which the client is assisted in assessing his or her aptitudes.	0 1 2 3 4 5	0 1 2 3 4 5
27. Teach client to apply therapeutic strategies in home, school, community, and employment settings to improve learning and behavior.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> job? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> job? If you do not perform the task, mark importance as "0."
0 - Does not apply to my job; task is not performed	0 - Does not apply to my job; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
28. Provide counseling to assist client in improving ability to function socially and personally as related to educational/vocational settings.	0 1 2 3 4 5	0 1 2 3 4 5
29. Assist client in developing coping, social-emotional, and organizational skills that apply across environments.	0 1 2 3 4 5	0 1 2 3 4 5
30. Evaluate effectiveness of strategies by monitoring client's progress in school and other settings to determine need for modifications.	0 1 2 3 4 5	0 1 2 3 4 5
31. Apply results from diagnostic test/assessment instrument(s) to develop intervention strategies to address client's emotional, learning, or behavior problems.	0 1 2 3 4 5	0 1 2 3 4 5
32. Apply positive behavioral management principles to improve client's adaptive behavior.	0 1 2 3 4 5	0 1 2 3 4 5
33. Teach parents, educators, employers, and others how to apply interventions to modify client's behavior.	0 1 2 3 4 5	0 1 2 3 4 5
34. Monitor educational and behavioral interventions for clients with medical and psychological conditions.	0 1 2 3 4 5	0 1 2 3 4 5
35. Provide counseling for individual(s) or groups to address factors that impact learning and vocational skills.	0 1 2 3 4 5	0 1 2 3 4 5

III. CONSULTATION

36. Develop a report that communicates the results of client's comprehensive assessment.	0 1 2 3 4 5	0 1 2 3 4 5
37. Apply research findings in providing assessments and follow-up services.	0 1 2 3 4 5	0 1 2 3 4 5
38. Develop an educational/vocational plan for a client with disabilities for transition into school/work settings.	0 1 2 3 4 5	0 1 2 3 4 5
39. Assist client in identifying interests, skills, and abilities that are consistent with educational and career opportunities.	0 1 2 3 4 5	0 1 2 3 4 5
40. Provide parent/client with information regarding available resources to assist in client's adjustment and learning.	0 1 2 3 4 5	0 1 2 3 4 5
41. Consult with parents, educators, and others to explain the effects of cognitive processes on learning and behavior.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> job? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> job? If you do not perform the task, mark importance as "0."
0 - Does not apply to my job; task is not performed	0 - Does not apply to my job; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
42. Consult with parents, educators, and others to present client's assessment results, conclusions, and recommendations.	0 1 2 3 4 5	0 1 2 3 4 5
43. Provide information about educational options to client and parents based upon assessment results.	0 1 2 3 4 5	0 1 2 3 4 5
44. Collaborate with community agencies to provide information about services for parents and clients regarding educational/vocational issues.	0 1 2 3 4 5	0 1 2 3 4 5
45. Refer client for remedial support, psychotherapy, or medical services as needed.	0 1 2 3 4 5	0 1 2 3 4 5
46. Consult with other professionals to obtain additional information about client's functioning to assist in developing a treatment plan for client.	0 1 2 3 4 5	0 1 2 3 4 5
47. Serve as an advocate for client at educational planning meetings and in other settings (e.g., community, court).	0 1 2 3 4 5	0 1 2 3 4 5
48. Provide ongoing programs to promote child welfare and safety in the community.	0 1 2 3 4 5	0 1 2 3 4 5
49. Provide in-service training programs on learning disabilities and other exceptional needs of individuals to increase awareness in the community.	0 1 2 3 4 5	0 1 2 3 4 5
50. Advocate for individuals with exceptional needs by assisting the community in providing services as well as educational and employment opportunities.	0 1 2 3 4 5	0 1 2 3 4 5
51. Provide information about community resources/services to individuals and community agencies to link service providers with client.	0 1 2 3 4 5	0 1 2 3 4 5
52. Disseminate educational/vocational information by providing in-service training programs to professional organizations.	0 1 2 3 4 5	0 1 2 3 4 5
53. Teach educational/vocational skills by providing training programs for individuals, parents, professional community, and community organizations.	0 1 2 3 4 5	0 1 2 3 4 5
54. Provide in-service training to educators and school staff to assist in the learning and development of students.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> job? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> job? If you do not perform the task, mark importance as "0."
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1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
IV. LAW		
55. Obtain written release of information prior to acquiring or disclosing information relating to client.	0 1 2 3 4 5	0 1 2 3 4 5
56. Report cases of abuse to authorities as defined by mandated reporting requirements to protect the welfare and safety of the client.	0 1 2 3 4 5	0 1 2 3 4 5
57. Report expressions of client's intent to harm self or others as defined by mandated reporting requirements.	0 1 2 3 4 5	0 1 2 3 4 5
58. Maintain security of records to protect the client's privacy.	0 1 2 3 4 5	0 1 2 3 4 5
59. Disclose fees for services prior to working with client as required by law.	0 1 2 3 4 5	0 1 2 3 4 5
60. Inform public of qualifications and services provided by complying with legal standards regarding advertising.	0 1 2 3 4 5	0 1 2 3 4 5
V. ETHICS		
61. Inform client of parameters of confidentiality to facilitate client understanding of legal requirements.	0 1 2 3 4 5	0 1 2 3 4 5
62. Inform client as to the nature and impact of confidential information prior to disclosure to third parties to protect client's rights.	0 1 2 3 4 5	0 1 2 3 4 5
63. Maintain professional boundaries with client to protect the professional relationship.	0 1 2 3 4 5	0 1 2 3 4 5
64. Inform client of educational services available at no cost through public schools and agencies prior to providing services.	0 1 2 3 4 5	0 1 2 3 4 5
65. Maintain separation of private practice and other personal forms of employment to avoid a conflict of interest.	0 1 2 3 4 5	0 1 2 3 4 5
66. Discuss office policies and fees to promote understanding of client's responsibilities.	0 1 2 3 4 5	0 1 2 3 4 5
67. Provide information to public with regard to professional qualifications and scope of practice.	0 1 2 3 4 5	0 1 2 3 4 5
68. Assist client to obtain alternate referrals when unable to provide	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> job? Make your judgment relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> job? If you do not perform the task, mark importance as "0."
0 - Does not apply to my job; task is not performed	0 - Does not apply to my job; task is not performed
1 - Rarely	1 - Of minor importance
2 - Seldom	2 - Fairly important
3 - Occasionally	3 - Moderately important
4 - Often	4 - Very important
5 - Very often	5 - Critically important

TASKS	FREQUENCY	IMPORTANCE
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professional services within scope of practice.

YOU HAVE COMPLETED PART II OF THE SURVEY QUESTIONNAIRE.
GO ON TO PART III.

PART III INSTRUCTIONS FOR RATING KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important you feel a knowledge is to the performance of your job tasks. If a knowledge is NOT part of your job, rate the statement "0" (zero) and go on to the next item.

Circle ONE rating that best fits each knowledge.

RATING SCALES FOR KNOWLEDGE

IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current job?

- 0 DOES NOT APPLY TO MY JOB; NOT REQUIRED. This job knowledge does not apply to my job; it is not required for job performance.
- 1 OF MINOR IMPORTANCE. This job knowledge is of minor or incidental importance for job performance; it is useful for some minor part of my job.
- 2 FAIRLY IMPORTANT. This job knowledge is fairly important relative to other tasks; however, it does not have the priority of most other knowledges of my job.
- 3 MODERATELY IMPORTANT. This job knowledge is moderately important for job performance in some relatively major part of my job.
- 4 VERY IMPORTANT. This rating indicates that this job knowledge is very important for job performance in a significant part of my job.
- 5 CRITICALLY IMPORTANT. This rating indicates that this job knowledge is critically important for job performance.

EXAMPLE OF KNOWLEDGE RATINGS

KNOWLEDGE	IMPORTANCE
1. Knowledge of procedures to secure consent and release of client records.	0 1 2 3 4 5
2. Knowledge of approaches to ameliorate learning and behavior problems.	0 1 2 3 4 5
3. Knowledge of alternative methods to assess intellectual functioning.	0 1 2 3 4 5

NOTE: In knowledge number 3, the knowledge is rated zero because it is not part of your job.

**PLEASE REFER TO THIS PAGE TO MAKE YOUR
IMPORTANCE RATINGS.**

IMPORTANCE

HOW IMPORTANT is performance of this task in your current job?

- 0 - Does not apply to my job; not required for job performance.
- 1 - Of minor importance or incidental performance.
- 2 - Fairly important for some minor part of my job.
- 3 - Moderately important for a relatively major part of my job.
- 4 - Very important for a significant part of my job.
- 5 - Critically important to job performance.

KNOWLEDGE

IMPORTANCE

I. ASSESSMENT

1.	Knowledge of techniques used to elicit information regarding client's history.	0 1 2 3 4 5
2.	Knowledge of the effect of genetically-based developmental disorders.	0 1 2 3 4 5
3.	Knowledge of medical conditions that affect learning and behavior.	0 1 2 3 4 5
4.	Knowledge of the effect of childhood diseases on learning and behavior.	0 1 2 3 4 5
5.	Knowledge of the effect of adolescent/adult diseases on learning and behavior.	0 1 2 3 4 5
6.	Knowledge of techniques used to elicit information identifying client concerns.	0 1 2 3 4 5
7.	Knowledge of methods used to classify client behaviors into diagnostic categories.	0 1 2 3 4 5
8.	Knowledge of the purposes of different test/assessment instrument(s) of academic functioning.	0 1 2 3 4 5
9.	Knowledge of the purposes of different test/assessment instrument(s) of cognitive functioning.	0 1 2 3 4 5
10.	Knowledge of the purposes of different test/assessment instrument(s) of social/emotional functioning.	0 1 2 3 4 5
11.	Knowledge of the purposes of different test/assessment instrument(s) of adaptive functioning.	0 1 2 3 4 5
12.	Knowledge of the purposes of different test/assessment instrument(s) of vocational functioning.	0 1 2 3 4 5
13.	Knowledge of techniques used to elicit mental health information from client.	0 1 2 3 4 5
14.	Knowledge of techniques used to elicit physical health information from client.	0 1 2 3 4 5
15.	Knowledge of principles of statistics pertaining to interpreting test/assessment instrument results.	0 1 2 3 4 5
16.	Knowledge of the effect of test/assessment instrument results on intervention planning.	0 1 2 3 4 5
17.	Knowledge of the principles of norms for interpretation of test/assessment instrument results.	0 1 2 3 4 5
18.	Knowledge of principles of psychometrics pertaining to reliability and validity of test/assessment instruments.	0 1 2 3 4 5
19.	Knowledge of disorders that have a physiological basis for learning and behavior.	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is performance of this task in your current job?

- 0 - Does not apply to my job; not required for job performance.
- 1 - Of minor importance or incidental performance.
- 2 - Fairly important for some minor part of my job.
- 3 - Moderately important for a relatively major part of my job.
- 4 - Very important for a significant part of my job.
- 5 - Critically important to job performance.

KNOWLEDGE

IMPORTANCE

KNOWLEDGE	IMPORTANCE
20. Knowledge of the effect of neurological factors that impact learning and behavior.	0 1 2 3 4 5
21. Knowledge of the effect of physiological conditions on learning and behavior.	0 1 2 3 4 5
22. Knowledge of taxonomic classification pertaining to learning and behavior in the Diagnostic and Statistical Manual.	0 1 2 3 4 5
23. Knowledge of learning problems that require assessment.	0 1 2 3 4 5
24. Knowledge of behavior problems that require assessment.	0 1 2 3 4 5
25. Knowledge of developmental ranges of the life span.	0 1 2 3 4 5
26. Knowledge of methods to assess cognitive functioning.	0 1 2 3 4 5
27. Knowledge of methods to assess social/emotional functioning.	0 1 2 3 4 5
28. Knowledge of methods to assess adaptive functioning.	0 1 2 3 4 5
29. Knowledge of methods to assess behavioral functioning.	0 1 2 3 4 5
30. Knowledge of developmental milestones of normal cognitive development.	0 1 2 3 4 5
31. Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress.	0 1 2 3 4 5
32. Knowledge of personality theory pertaining to formulating intervention.	0 1 2 3 4 5
33. Knowledge of purposes of different test/assessment instrument(s) of personality functioning.	0 1 2 3 4 5
34. Knowledge of methods to assess fine and gross motor skills.	0 1 2 3 4 5
35. Knowledge of common sensory and motoric disorders of infancy/childhood.	0 1 2 3 4 5
36. Knowledge of common sensory and motoric disorders of adolescent/adults.	0 1 2 3 4 5
37. Knowledge of the effect of prenatal substance exposure on subsequent cognitive development.	0 1 2 3 4 5
38. Knowledge of the effect of substance abuse on learning and behavior.	0 1 2 3 4 5
39. Knowledge of nutrition and other health related issues as related to learning and behavior.	0 1 2 3 4 5
40. Knowledge of the relationship of neurological development and motor ability.	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is performance of this task in your current job?

- 0 - Does not apply to my job; not required for job performance.
- 1 - Of minor importance or incidental performance.
- 2 - Fairly important for some minor part of my job.
- 3 - Moderately important for a relatively major part of my job.
- 4 - Very important for a significant part of my job.
- 5 - Critically important to job performance.

KNOWLEDGE

IMPORTANCE

	KNOWLEDGE	IMPORTANCE
41.	Knowledge of the effect of prenatal/perinatal conditions in neurological development.	0 1 2 3 4 5
42.	Knowledge of the effect of human diversity factors on assessment process.	0 1 2 3 4 5
43.	Knowledge of the effect of testing conditions (e.g. noise, sobriety) that invalidate test/assessment instrument results.	0 1 2 3 4 5
44.	Knowledge of the effect of motor coordination on educational performance.	0 1 2 3 4 5
45.	Knowledge of indicators of developmental delays that affect learning and behavior.	0 1 2 3 4 5

II. INTERVENTION

46.	Knowledge of therapeutic interventions for developing social skills.	0 1 2 3 4 5
47.	Knowledge of therapeutic interventions for improving emotional adjustment.	0 1 2 3 4 5
48.	Knowledge of the effect of learning styles of individuals in development of a remedial program.	0 1 2 3 4 5
49.	Knowledge of approaches to ameliorate learning and behavior problems.	0 1 2 3 4 5
50.	Knowledge of behavioral interventions to enable client to function across settings.	0 1 2 3 4 5
51.	Knowledge of therapeutic interventions for developing problem-solving skills.	0 1 2 3 4 5
52.	Knowledge of therapeutic interventions for improving attention skills.	0 1 2 3 4 5
53.	Knowledge of behavior management principles used to develop remedial programs.	0 1 2 3 4 5
54.	Knowledge of methods to monitor client progress in treatment.	0 1 2 3 4 5
55.	Knowledge of techniques used to establish measurement of treatment goals.	0 1 2 3 4 5
56.	Knowledge of therapeutic interventions for managing conflict and anger.	0 1 2 3 4 5
57.	Knowledge of the counseling process to resolve learning and behavior problems.	0 1 2 3 4 5
58.	Knowledge of the effect of human diversity on counseling process.	0 1 2 3 4 5
59.	Knowledge of theoretical and practical aspects of counseling that apply to learning and behavior problems.	0 1 2 3 4 5
60.	Knowledge of techniques used to facilitate group counseling sessions.	0 1 2 3 4 5
61.	Knowledge of techniques used to facilitate individual counseling sessions.	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is performance of this task in your current job?

- 0 - Does not apply to my job; not required for job performance.
- 1 - Of minor importance or incidental performance.
- 2 - Fairly important for some minor part of my job.
- 3 - Moderately important for a relatively major part of my job.
- 4 - Very important for a significant part of my job.
- 5 - Critically important to job performance.

KNOWLEDGE

IMPORTANCE

III. CONSULTATION

62.	Knowledge of methods used to consolidate assessment information into a report.	0 1 2 3 4 5
63.	Knowledge of learning environment and practices conducive to maximizing client performance.	0 1 2 3 4 5
64.	Knowledge of methods used to evaluate research.	0 1 2 3 4 5
65.	Knowledge of program and service options within the educational system.	0 1 2 3 4 5
66.	Knowledge of support services available within the community.	0 1 2 3 4 5
67.	Knowledge of the impact of personal crises and traumatic events upon client's school performance.	0 1 2 3 4 5
68.	Knowledge of the impact of environmental or social factors on clients' presenting issues.	0 1 2 3 4 5
69.	Knowledge of methods used to inform others about cognitive processing and the effects on learning.	0 1 2 3 4 5
70.	Knowledge of techniques used to explain test results and make further recommendations.	0 1 2 3 4 5
71.	Knowledge of the role of advocacy in educational and other consultation settings.	0 1 2 3 4 5
72.	Knowledge of methods to determine whether medical service and other support are needed.	0 1 2 3 4 5
73.	Knowledge of methods used to determine the need for consultation from additional resources.	0 1 2 3 4 5
74.	Knowledge of the effect of family dynamics on client learning and behavior.	0 1 2 3 4 5
75.	Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior.	0 1 2 3 4 5
76.	Knowledge of available educational opportunities in the community that address learning needs.	0 1 2 3 4 5
77.	Knowledge of different programs that provide advocacy for individuals with disabilities.	0 1 2 3 4 5
78.	Knowledge of the impact of differences in parent or caregiver techniques on client functioning.	0 1 2 3 4 5
79.	Knowledge of methods used to teach educational skills to others during in-service training.	0 1 2 3 4 5
80.	Knowledge of methods used to train educators and school staff to assist in the learning and	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is performance of this task in your current job?

- 0 - Does not apply to my job; not required for job performance.
- 1 - Of minor importance or incidental performance.
- 2 - Fairly important for some minor part of my job.
- 3 - Moderately important for a relatively major part of my job.
- 4 - Very important for a significant part of my job.
- 5 - Critically important to job performance.

KNOWLEDGE

IMPORTANCE

81.	development of students. Knowledge of educational information to be provided to professional organizations through in-service training.	0 1 2 3 4 5
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IV. LAW

82.	Knowledge of procedures to secure consent and release of client records.	0 1 2 3 4 5
83.	Knowledge of legal requirements of confidentiality between practitioners, minor children, and adults.	0 1 2 3 4 5
84.	Knowledge of legal requirements to report individuals who are a danger to themselves and others.	0 1 2 3 4 5
85.	Knowledge of legal requirements to report suspected or known child, dependent adult, and elder abuse.	0 1 2 3 4 5
86.	Knowledge of indicators of sexual abuse.	0 1 2 3 4 5
87.	Knowledge of indicators of physical abuse and neglect.	0 1 2 3 4 5
88.	Knowledge of laws related to custody issues of minor or dependent client.	0 1 2 3 4 5
89.	Knowledge of legal requirements to maintain security of client's records.	0 1 2 3 4 5
90.	Knowledge of legal limitations pertaining to containment of client who exhibits dangerous behavior.	0 1 2 3 4 5
91.	Knowledge of factors that indicate the potential for at risk behavior within age, gender, and cultural groups.	0 1 2 3 4 5
92.	Knowledge of federal and state regulations pertaining to special education of individuals in public and private schools.	0 1 2 3 4 5
93.	Knowledge of legal requirements of disclosing service fees prior to working with clients.	0 1 2 3 4 5
94.	Knowledge of legal requirements regarding informing client of qualifications and services.	0 1 2 3 4 5

V. ETHICS

95.	Knowledge of techniques to explain confidentiality to clients.	0 1 2 3 4 5
96.	Knowledge of responsibility pertaining to professional conduct in relation to the client.	0 1 2 3 4 5
97.	Knowledge of responsibility to inform client of no-cost services provided by public schools and agencies students with special needs.	0 1 2 3 4 5

IMPORTANCE

HOW IMPORTANT is performance of this task in your current job?

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- 2 - Fairly important for some minor part of my job.
- 3 - Moderately important for a relatively major part of my job.
- 4 - Very important for a significant part of my job.
- 5 - Critically important to job performance.

	KNOWLEDGE	IMPORTANCE
98.	Knowledge of responsibility to inform client of right to reports and due process guarantees.	0 1 2 3 4 5
99.	Knowledge of responsibility to inform client about options for individual educational services.	0 1 2 3 4 5
100.	Knowledge of responsibility to inform clients about accommodations that are available to individuals in school and/or employment settings.	0 1 2 3 4 5
101.	Knowledge of situations that pose a conflict of interest for a licensed educational psychologist.	0 1 2 3 4 5
102.	Knowledge of methods used to discuss management of fees and office policies with client.	0 1 2 3 4 5
103.	Knowledge of methods used for advertising qualifications and scope of practice to the public.	0 1 2 3 4 5
104.	Knowledge of responsibility to disclose professional qualifications.	0 1 2 3 4 5
105.	Knowledge of personal limitations related to training and experience.	0 1 2 3 4 5
106.	Knowledge of alternative referrals to provide to client when service needed is beyond the scope of practice.	0 1 2 3 4 5

YOU HAVE COMPLETED PART III OF THE SURVEY QUESTIONNAIRE.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Please check to see that you have responded to every item and return the questionnaire in the prepaid envelope provided.

APPENDIX E – RESPONDENTS BY REGION

1 – LOS ANGELES AND VICINITY

Los Angeles	48
Orange	25

TOTAL LOS ANGELES: 73

2 – SAN FRANCISCO BAY AREA

Alameda	7
Contra Costa	12
Marin	4
Napa	2
San Francisco	7
San Mateo	8
Santa Clara	15
Solono	1

TOTAL BAY AREA: 56

3 – SAN JOAQUIN VALLEY

Kern	2
Kings	2
Mariposa	1
San Joaquin	6
Stanislaus	1
Tulare	2

TOTAL SAN JOAQUIN: 14

4 – SACRAMENTO VALLEY

Butte	1
Sacramento	17
Yolo	3

TOTAL SACRAMENTO: 21

5 – SAN DIEGO AND VICINITY

San Diego	15
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TOTAL SAN DIEGO: 15

6 – NORTHERN BORDER

Lake	1
Plumas	1
Shasta	6
Siskiyou	1
Trinity	2

**TOTAL NORTHERN
BORDER: 11**

7 – RIVERSIDE AND VICINITY

Riverside	9
San Bernardino	13

TOTAL RIVERSIDE: 22

8 – SIERRA MOUNTAIN VALLEY

Calaveras	2
Nevada	3
Placer	1
Tehama	1

**TOTAL SIERRA
MOUNTAIN VALLEY: 7**

9 - NORTH/CENTRAL COAST

De Norte	1
Humbolt	1
Monterey	3
Santa Cruz	4
Sonoma	9

**TOTAL NORTH/CENTRAL
COAST: 18**

10 – SOUTH COAST

San Luis Obispo	3
Santa Barbara	5
Ventura	13

TOTAL SOUTH COAST: 21

11 – UNKNOWN

TOTAL UNKNOWN: 4

TOTAL RESPONDENTS: 262

Board of Behavioral Sciences
 Examination Program Review Committee Meeting Notes
 Items of Concern and to Consider

Date	Comment or Concern	Response	Date of Response
12/8/08	Therapist Jargon (language) is not used in the exam.		
12/8/08	CV appears to test logically thinking as opposed to clinical skills		
12/8/08	Legal questions, the response could vary depending on what is assumed. Candidates would like more information or background in the question.		
12/8/08	Some questions appear to cross over between categories (e.g. law & ethics). Many candidates are not sure how to answer the question. The guidebook may have the topic is just one of the categories.		
12/8/08	Existing licensees from another state for a number of years struggle with the exam.		
12/8/08	CV seems to measure reading and comprehension skills rather than the cognitive skill set. Doesn't validate/measure the skill set utilized in the profession.		
12/8/08	How are we assured that a multiple choice test is the best way to test the profession?		
12/8/08	Consider using the national exams for MFT, LCSW, and ASWB		
12/8/08	How do we honor those licensees coming into California for the work done in another state?		
12/8/08	How is new science integrated into the exam?		
12/8/08	Are 2 tests required?		
12/8/08	Administer first test upon graduation based on knowledge gained during the education process (e.g. law & ethics). First test should not prevent individual from obtaining hours.		
12/8/08	Pre occupational exam? Would distinguish those suited for profession and those that are not.		
12/8/08	Use of an interactive exam, simulation of practice setting in a video game format.		

12/8/08	Bilingual exam		
12/8/08	Vignettes on video		
12/8/08	Role playing scenarios		

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Examination Program Review Committee Members **Date:** January 21, 2009

From: Kim Madsen **Telephone:** (916) 574-7830
Board of Behavioral Sciences

Subject: Future Meeting Dates

The dates and locations for future committee meetings are listed below.

March 23, 2009

Orange County Location TBA

May 4, 2009

Wyndham San Jose
1350 N. First St.
San Jose, CA 95112

June 29, 2009

South Los Angeles Location TBA

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