

# Preparing Trainees for Lifelong Competence: Creating a Communitarian Training Culture

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Professional psychology training programs exert a powerful influence on the ways in which trainees come to appreciate and respond to the ethical mandate to ensure their own professional competence. If training psychologists overemphasize individualistic conceptions of lifelong competence, then trainees may be at risk for professional isolation if and when they experience problems of professional competence. In this article, we describe the virtues of communitarianism as an important shift from individual to community conceptions of competence obligations. We introduce the Communitarian Training Culture (CTC), a training ethos that embraces and supports the evolving culture of competence in psychology while infusing it with a distinctly interdependent and communal character. We describe the contours of an effective CTC and provide specific recommendations for psychology training leaders interested in enhancing the communitarian character of their program.

*Keywords:* competence, training, colleague, communitarian, ethics

All professions define themselves by specifying areas of competence and articulating components of competent service delivery (Rodolfa et al., 2013). Like other health care professionals, psychologists are ethically obligated to establish and maintain com-

petence in professional practice (American Psychological Association [APA], 2010; Neimeyer, Taylor, & Orwig, 2013). However, research and clinical experience indicate that competence is a dynamic process that is fluid and contextually based (Epstein &

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Hundert, 2002). It may degrade over time and become obsolete because of advances in the profession's knowledge base and expanding roles for psychologists (Neimeyer, Taylor, & Rozensky, 2012). This requires psychologists to constantly assess and augment their professional knowledge, skills, and attitudes since these are at ongoing risk of becoming outdated, irrelevant, and ineffective over time (Donovan & Ponce, 2009). Moreover, some psychologists suffer intermittent or reoccurring problems of professional competence related to the demands of the profession or personal distress (Elman & Forrest, 2007; Johnson, Barnett, Elman, Forrest, & Kaslow, 2013b). Although a robust body of research suggests that individual health care providers face informational and motivational barriers to accurate self-assessments of competence (cf., Carlson, 2013), ethical standards and regulatory policies in psychology frame competence as an individual responsibility (Johnson, Barnett, Elman, Forrest, & Kaslow, 2012).

Beginning with their earliest training experiences, psychology trainees encounter a training culture that emphasizes personal responsibility for assessment and maintenance of competence, as well as individual-focused interventions should their competence or that of others ebb in the course of their psychology career. This culture is reinforced by Standard 2 (Competence) in the Ethical Principles of Psychologists and Code of Conduct (APA, 2010). For instance, Standard 2.06 (Personal Problems and Conflicts) places responsibility with individual psychologists to "refrain from initiating an activity when they know or *should* know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner" (p. 5) and does not mention colleagues and their responsibility to another psychologist who may be struggling. In contrast to a primarily individual perspective on the competence obligation, a communitarian perspective holds that a strong culture of collegial engagement, caring, and compassion is essential for both the well-functioning of any community of professionals (Etzioni, 1998; Prilleltensky, 1997) and maximum competence of individual members (Johnson et al., 2012). In the communitarian context, a competent psychologist is deliberately engaged in a community of colleagues, both to sustain his or her professional self (Berger, 1995) and contribute to the well-functioning of others—particularly those who are distressed and vulnerable.

This article describes the evolving culture of competence in professional psychology training environments and reflects on the evidence that career-long competence might require a "village" or a robust network of connected colleagues. We highlight the importance of creating training environments that emphasize and model for trainees the value of forming and maximally utilizing networks of colleagues from the outset of their careers. We underscore the virtues of communitarianism as desirable for transforming psychology's individualistic focus on competence. Finally, we articulate the contours of a communitarian training culture and offer recommendations for consideration by psychology training leaders.

### The Evolving Culture of Competence in Psychology Training Programs

During the last decade, the training culture has undergone a shift toward formative and summative assessments of *competence* (developmentally appropriate knowledge, skills, attitudes, and their

integration) in trainees (Kaslow, 2004; Kaslow et al., 2007; Roberts, Borden, Christiansen, & Lopez, 2005; Rodolfa et al., 2005, 2013). Benchmarks for demonstrating competence at progressive levels of development have assisted training psychologists (Fouad et al., 2009) and accrediting and credentialing entities to hone both competency standards and assessment strategies (Kaslow et al., 2007). Recently, Rodolfa and colleagues (2013) lamented that most professional psychology competency models apply uniquely to the academic and experiential training sequence and might have less utility across the professional life span. They cautioned that beyond minimum standards of competence demonstrated at licensure or registration, psychologists should aspire to increasing levels of competence across time and career (Donovan & Ponce, 2009; Rodolfa et al., 2005, 2013).

Recently, Johnson and colleagues (2012, 2013a, 2013b) have highlighted the weaknesses inherent in conceptions of professional competence as static, permanent, independent of context, and easily and accurately self-monitored. They have conveyed the value of conceptualizing competence more broadly, as contextually based and embedded in the interpersonal fabric of one's professional life. Consistent with this recommended paradigm shift, in this article, we encourage trainers and trainees alike to widen their focus on individual ethical obligations to incorporate obligations to the competence of their local community of psychologists and fellow trainees, respectively. By trainers, we mean faculty in doctoral programs and faculty and supervisors in practicum, internships, and postdoctoral settings.

### Why Career-Long Competence "Takes a Village"

There is an African proverb, "it takes a village to raise a child." Former First Lady of the United States and Former Secretary of State, Hillary Rodham Clinton, built upon this proverb in her bestselling book, *It takes a village: And other lessons children teach us* (Clinton, 1996). The proverb conveys that in optimally functioning communities that meet the needs of developing individuals and value everyone's unique contributions, all individuals and groups must be actively engaged. As an extension of this notion, a flourishing community of psychologists is one in which both individuals and groups of colleagues forge interconnections to address competence concerns honestly and collaboratively and bolster each other's competence.

From the moment psychologists complete formal training and achieve licensure for independent practice, their competence may be vulnerable to gradual degradation, sometimes mingled with acute episodes of compromise, unless they stay involved in continuing professional development and lifelong learning, ongoing self-reflective processes, and engagement with colleagues for collaboration and feedback. Given that the current estimated half-life of knowledge in professional psychology is 9 years and that this number will soon drop to 7 years (Neimeyer et al., 2012), without deliberate and consistent efforts at competence revitalization, over time, psychologists will face professional obsolescence resulting in diminished competence. Although psychology has adhered to a tradition of self-directed learning, self-assessment, and maintenance of competence, there are serious challenges to the efficacy of continuing education (CE) alone in preserving and promoting competence. For instance, the prevalence of disciplinary actions against psychologists does not differ between jurisdictions with

and without CE mandates (Neimeyer et al., 2013). Although ongoing professional CE is useful for broadening knowledge, amplifying skill, and in some cases, altering attitudes, CE courses alone are not sufficient. Ongoing clinical supervision, collegial consultation, and professional friendships may be as, or in some cases more, important.

### Psychologists Are Not Well-Prepared to Assist Struggling Colleagues

All psychologists are vulnerable to periods of personal distress, illness, and cognitive decline (Elman & Forrest, 2007; Johnson & Barnett, 2011). Work-related stressors such as caring for difficult clients/patients, lack of therapeutic success, and emotional depletion can contribute to compassion fatigue and burnout (Epstein & Hundert, 2002; Norcross & Guy, 2007). Can psychologists count on colleagues to assist when life's travails threaten competence?

In survey studies psychologists have admitted that even when they recognize professional competence—including ethical conduct—that falls below minimum thresholds, they are often unwilling to take any action, despite acknowledging they have an ethical obligation to do so (Barnett, 2008; Wilkins, McGuire, Abbott, & Blau, 1990; Wood, Klein, Cross, Lammers, & Elliott, 1985). Although most psychologists expect a struggling colleague to self-assess the problem and self-refer to a psychotherapist, consultant, or colleague assistance program (e.g., Barnett, 2008; Wood et al., 1985), psychologists report a general unwillingness to utilize assistance programs. They also report numerous barriers to seeking psychotherapy: difficulty finding an acceptable psychotherapist, time constraints, privacy concerns, and financial limitations (Bears, McMinn, Seegobin, & Free, 2013).

Failure on the part of practicing psychologists to engage a poorly functioning colleague may serve, at least in part, as reproach against contemporary training culture. Some programs may neither adequately teach trainees to appreciate the fragility of competence nor prepare them to take appropriate steps to engage and assist peers and colleagues struggling with problems of professional competence. Some Directors of Training (DTs) in accredited graduate programs report that their program cultures lack a sense of collective responsibility among faculty, have no coherent program approach to responding to trainee competence problems, and consequently appear “hands off” when it comes to managing trainee remediation (Forrest et al., 2013).

A similar challenge to fully addressing trainees with problems of professional competence can be found at the internship and postdoctoral levels (McCutcheon, 2008). A reluctant and “hands off” approach sends the wrong message to trainees. Surveys suggest that although trainees accurately detect problems of professional competence in peers (Veilleux, January, VanderVeen, Reddy, & Klonoff, 2012), they lack training on how to engage colleagues or confidence that faculty will intervene appropriately (Jacobs et al., 2011; Shen-Miller et al., 2011). Program attitudes, beliefs, and implicit rules are barriers to trainers' willingness to model difficult conversations: “Program culture may also include assumptions that ethical responsibility falls at the individual, not program level, as well as unspoken imperatives that trainees should acknowledge and remediate their own training issues” (Jacobs et al., 2011; p. 179). Unfortunately, if faculty/supervisors serve as models of individualism, workaholicism, perfectionism, and

competition, it is less likely that trainees will see effective exemplars for community engagement—including collegial, if difficult, conversations (Forrest et al., 2013).

### Psychologists' Competence Self-Assessments Are Often Inaccurate

Even when emotional distress, illness, and cognitive decline are not evident, humans often are inefficient, unreliable, and inaccurate in their self-assessments of competence in any performance domain (Davis et al., 2006). This is equally true for the self-assessments of competence among health care providers in training (Eva, Cunningham, Reiter, Keane, & Norman, 2004). Although we have no data on the accuracy of self-assessments among psychology trainees, as a general rule, correlations between competence self-assessments and assessments by experienced raters are modest to nonexistent (Davis et al., 2006). This is concerning given that self-reflection/self-assessment is a core competency in professional psychology (Fouad et al., 2009; Hatcher et al., 2013; Kaslow et al., 2004; Rodolfa et al., 2005).

*Self-knowledge*, defined as awareness of one's own pattern of thinking, feeling, and behaving as well as accurate awareness of how others perceive those patterns (Vazire & Carlson, 2011), is only moderately accurate in the best of circumstances and often riddled with blind spots. Human self-knowledge is imperfect and frequently diminished by two categories of barriers: (1) *informational*, quality or quantity of information interferes with self-knowledge (e.g., a trainee may not receive consistent or accurate feedback about knowledge, skills, and attitudes during training) and (2) *motivational*, ego-protective motives influence the way people process and utilize information about themselves (e.g., a psychology intern may find a supervisor's feedback to be so threatening that it is minimized or even outright dismissed; Carlson, 2013).

When applied to training in professional psychology, research suggests that trainees are naturally vulnerable to inaccurate self-assessments of competence. Not only do trainees lack competence by virtue of their developmental stage, they may lack competence in how to enhance specific competencies and in the methods for accurate competence assessment. For instance, trainees provide socially desirable responses to standard self-report measures of multicultural competence and these self-assessments are minimally related to observer ratings of competence (Constantine & Ladany, 2000; Worthington, Mobley, Franks, & Tan, 2000).

Simultaneously, trainees tend to dismiss or avoid feedback that conflicts with their preconceived positive self-views. When a training program culture overemphasizes an individualistic, self-contained view of the obligation to achieve and sustain competence, trainees may be less likely to receive a rich stream of feedback and the support required to utilize it effectively. They also may be more susceptible to ignoring problematic behavior in peers when training occurs in a culture without role models willing to demonstrate competently providing difficult feedback (Schwartz-Mette, 2009). Of course, even the most communitarian of training programs will not prevent the occurrence of a trainee with problems of professional competence (TPPC), nor the need for occasional dismissals from the program. Nonetheless, addressing TPPC within a communitarian culture that avoids isolation and potential splitting among trainers will enable programs

to address remediation earlier, more collaboratively, and with less negativity, shame, and avoidance (Forrest & Elman, *in press*).

### Communitarianism and Collegial Care

According to communitarianism, a strand of moral philosophy that honors both individual dignity and the inherently social dimensions of human existence (Etzioni, 1998), individual professionals own ethical responsibilities and communities have obligations to be responsive to their members. People can only be understood in light of their vulnerability and dependency on others; happiness, dignity, and well-functioning require acceptance of our deep interdependence and obligation to care for one another (MacIntyre, 1999; Prilleltensky, 1997). Communitarianism is aligned with the ethics of care, which emphasizes interdependence and communal relationships that engage us emotionally and require us to respond with care to neighbors in need (Gilligan, 1982; Noddings, 1984).

In his commentary on American life, *Bowling Alone*, Robert Putnam (2000) lauded the social value of *generalized reciprocity* in any community, by which he meant: "I'll do this for you without expecting anything specific back from you, in the confident expectation that someone else will do something for me down the road" (p. 21). A community characterized by generalized reciprocity is more efficient—and perhaps, competent—than a distrustful community. Of course, communitarian ideals are also reflected in psychological theories of social support (Higgins & Thomas, 2001).

Applying communitarianism to professional psychology, Johnson and colleagues (2012) hypothesized that:

Psychologists functioning with a communitarian perspective would feel some sense of accountability for the competence and well-functioning of their colleagues; show less reticence and suffer less shame about exposing imperfections, emotional distress, and need for assistance with colleagues; and share a concern for the common good that would include all those served by their professional community, not just their own individual clients/patients or students/supervisees. (p. 563)

They proposed a paradigm shift in professional psychology in conceptualizations of the ethical obligation to maintain competence (Johnson et al., 2012). They advocated that individual accountability for ongoing competence be augmented with interdependent and collectivistic perspectives on ethics generally and competence specifically. If trainers infuse communitarian assumptions and values into notions of competence across the life span of the psychologist's career and utilize a systemic and interactive perspective for understanding the source of competence problems (Bronfenbrenner, 1979; Forrest, Elman, & Shen-Miller, 2008; Johnson et al., 2012), future generations of trainees will espouse a more ecological, interpersonally engaged perspective and behave in accord with such a view.

To facilitate the discipline's transition to a more communitarian and interdependent perspective on colleague care and career-long competence, Johnson and colleagues proposed the Competence Constellation Model (CCM), a "cluster of relationships a professional has with people who take an active interest in and action to advance the individual's well-being and professional competence" (Johnson et al., 2013b, p. 6). Composition of a competence con-

stellation is identified from the perspective of the trainee or psychologist at the center of the constellation and is generally limited to individuals who are instrumental to the trainee/psychologist's ongoing development, adaptive functioning, and professional competence. Effective constellation members are able *and* willing to monitor each other's professional competence specifically, and emotional health and wellness generally (Johnson et al., 2013b).

Three factors contribute to the overall efficacy of a competence constellation (Higgins, Chandler, & Kram, 2007; Higgins & Thomas, 2001). The first variable, *constellation diversity* is determined by the range of sources (e.g., diversity of worldviews, life experiences, and cultural backgrounds) from which a trainee/psychologist receives ongoing mentoring and support. In light of our proclivity to surround ourselves with like-minded friends and colleagues—colleagues who may be less effective at helping us understand our blind spots or hidden biases (Banaji & Greenwald, 2013)—it is especially important that trainees receive objective feedback regarding the diversity of their constellation. The second variable, *strength of ties*, refers to the emotional closeness as well as frequency, depth, and honesty of communication between the trainee/psychologist and constellation members. The third variable, *initiator behaviors* is based on the extent to which a trainee/psychologist is active and deliberate in initiating, pursuing, nurturing, and maintaining relationships with constellation colleagues.

Johnson and colleagues proposed several structural layers in the CCM, most important being the *inner core*, a relatively small nucleus of primary relational mentors and colleagues (Johnson et al., 2013b). Inner core relationships are characterized by high levels of mutuality, reciprocity, intimacy, self-disclosure, and engagement. Optimally a constellation inner core might be five to eight colleagues; any fewer and there might be danger of inadequate diversity of support; more, and the risk of social loafing or disengagement might occur (Pomerantz, 2013). However, variables such as personality, culture, and geographic context might influence the optimal constellation size (Johnson et al., 2013a). In light of the fragility of professional competence, the inaccuracy of human self-knowledge generally and professional self-assessment specifically, and the risks inherent in individualistic and autonomous constructions of competence, we propose a vital shift within psychology training to a more communitarian training culture.

### Creating a Communitarian Training Culture

The culture of training is increasingly defined by emerging strategies for developing and assessing trainee competence (Johnson & Kaslow, *in press*; Kenkel & Peterson, 2009). However, when trainees are merely urged to "be competent" to achieve graduation, secure licensure, or avoid an ethical transgression (APA, 2010), the training system may inadvertently exacerbate individualism, competition, and avoidance of the very collegiality and help-seeking that might buttress competence in the long-run. We now describe the Communitarian Training Culture (CTC), a training ethos that embraces the evolving culture of competence in psychology (Kaslow, 2004; Kaslow et al., 2009; Rodolfo et al., 2005, 2013) while infusing it with a distinctly interdependent and communal character. We believe that competence is most effectively instilled and preserved when trainers teach and model communitarian values and actions.

## The Caring Community

Communitarian scholars emphasize care and compassion as foundational ethical principles, salient character virtues, and vital professional community norms (Held, 2005; MacIntyre, 1999; Meara, Schmidt, & Day, 1996; Prillettensky, 1997). When care is a core value and abiding custom in a training community, trainers and trainees should feel a powerful sense of accountability for the personal well-being and professional competence of others in the community (Johnson et al., 2012) including those who hold different beliefs, values, and approaches. When a trainee struggles, both trainers and peers are apt to respond with compassion, social support, and honest consideration of the personal and social/systemic factors involved.

The CTC is further defined by an ethos of collegiality and civility—among training faculty/supervisors first and foremost—within the graduate, internship, or postdoctoral training program. Collegiality refers to opportunities for trainers and trainees to feel they belong to a mutually respected community of professionals who value each member's contributions and feel concern for their colleagues' well-being (Gappa, Austin, & Trice, 2007) even across great differences. A training environment enhanced by trust and respect empowers trainees to assume their own role as responsible agents and key contributors to a collegial culture (Cipriano, 2011). Moreover, an effective CTC will promote cultural norms of interdependence, honesty, compassion, and collegial engagement likely to facilitate everyone's improved competence.

## Modeling Self-Care

To counteract the individualism and isolation inherent in current ethical conceptualizations of competence obligations (APA, 2010; Johnson et al., 2012), training programs need to become more effective at showing trainees how to adopt strategies for self-care beginning with the earliest phases of professional training. Most psychology trainees report having received little formal training in self-care and that their training program did not promote an atmosphere of self-care (Munsey, 2006; Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004). When programs emphasize and model self-care, trainees report a more positive quality of life and utilization of self-care strategies (Goncher, Sherman, Barnett, & Haskins, 2013).

## Modeling Transparency

Of course, this facet of the CTC requires that faculty/supervisors are transparent and authentic models of care and self-care. As Berger (1995) noted, psychologists must show trainees how to nourish and replenish themselves through a visible network of collegiality with other psychologists. It is one thing to encourage trainees to construct a competence constellation (Johnson et al., 2013a, 2013b); it is another for trainers to model effective utilization of their own constellations. Where transparency and care define program culture, trainees should feel better prepared for difficult conversations about problems of competence with peers and trainers (Jacobs et al., 2011).

## Transformational Trainer-Trainee Relationships

When a training culture values shared knowledge, collaboration, mutual learning, reciprocity, and interdependence, competitive-

ness and isolation will decline and *relational mentoring* will increase (Fletcher & Ragins, 2007; Ragins, 2012). Training program relationships (e.g., trainer-trainee, trainer-trainer, and trainee-trainee) defined by relational mentoring share several attributes. They are: (1) fundamentally reciprocal, emphasizing mutual influence, growth, and learning; (2) complimentary in that colleagues' varying levels of competence in various domains of professional functioning allows them to mutually address each other's developmental needs; (3) defined by transparency and vulnerability so that shortcomings and developmental needs are visible and can be addressed; (4) focused on both career *and* personal development; and (5) rooted in a holistic view of the emerging professional to include both focal professional competencies and broader development in identity, self-efficacy, emotional intelligence, and work-life balance (Ragins, 2012).

When relational mentoring characterizes trainer-trainee relationships such as advising and supervision, these relationships are prone to be *transformational* because they focus on being egalitarian and collegial, as well as socialize trainees into the attitudes, values, and best practices of the profession (Gizara & Forrest, 2004; Johnson, 2007; Kaslow, Falender & Grus, 2012). Transformational training relationships help trainees feel more humble and less defensive about competence and the difficulties inherent in maintaining it across a career (Goncher et al., 2013).

There are two additional benefits of mentoring-oriented transformational training relationships common to the CTC. First, collegial relationships help new trainees develop *mentoring schemas* or mental maps of mentoring that, "shape their expectations, frame their experiences, and motivate their behaviors" in subsequent collegial relationships (Ragins, 2012, p. 523). In other words, CTC-generated mentoring schemas create key knowledge structures for effective future professional relationships. Second, the engaging, transformative, mentoring relationships in the CTC should promote the *relational cache cycle*: high-quality mentoring relationships may generate the relational capacities required to build other high-quality relationships. Relational caches refer to relational competencies that are generalizable and transferrable across time, relationships, and context (Ragins, 2012). Thus, transformational trainer-trainee relationships should improve the likelihood that following training, psychologists are prepared for the kind of collegial care and engagement so critical to effective competence constellations, and ultimately, individual and community career-long competence (Johnson et al., 2013b).

## Recommendations for CTC Implementation

### Infuse Competency Benchmarks With Communitarian Elements

Many of the foundational competency domains promulgated for developing and assessing competence in psychologists-in-training are linked to communitarian ideals (Fouad et al., 2009; Hatcher et al., 2013; Rodolfo et al., 2005, 2013). For instance, the *professionalism* domain emphasizes the consistent capacity to both understand and safeguard the welfare of others (Fouad et al., 2009; Grus & Kaslow, in press). Behavioral anchors for this element of professionalism include demonstration of compassion and respect in one's interpersonal interactions (e.g., clients/patients, colleagues, and the public).

The somewhat Western and individualistic character of other foundational competency domains may be better addressed or augmented with communitarian elements. For example, the domain *reflective practice/self-assessment/self-care* emphasizes trainees' capacity for individual management of competence, despite the undeniable risks associated with failing to appreciate the inherent fragility of competence and the frequent inaccuracy of self-assessment (Johnson et al., 2012). We encourage greater specificity in articulating the essential components of a number of the foundational competencies, including recommending greater attention to collegial competencies such as authenticity and self-awareness, other-oriented empathy, vulnerability and nondefensiveness, self-care, fluid (reciprocal) expertise, and collegial assertiveness (Johnson et al., 2013b). Expanding upon this, utilization of effective relational mentors and competence constellation colleagues as essential components of the professionalism competence (Fletcher & Ragins, 2007; Norcross & Guy, 2007; Ragins, 2012) might help trainees develop a more grounded orientation to their roles as colleague and professional citizen.

### Inculcate Communitarian Values Early in Training

We propose that professional psychology trainees be explicitly equipped and consistently supported for attending to the role of colleague from the earliest stages of graduate school (Johnson et al., 2012). A formal CCM might be "phased in" with a first-year entry class, with developmental enhancements across the years of training. First-year trainees would begin to appreciate the values of collaboration, reciprocity, transparency, and appropriate vulnerability with peers, supervisors, and teachers (Fletcher & Ragins, 2007; Gizara & Forrest, 2004). They would begin to understand the importance of meaningful discourse with colleagues about problematic behaviors/interactions and practice constructively engaging peers in difficult conversations about competencies while conveying authentic care (Jacobs et al., 2011). From the outset, trainees should be introduced to the importance of CCM for developing, honing, and maintaining competence (Johnson et al., 2013a, 2013b).

Early trainee indoctrination into communitarian principles may stimulate the growth of relationship schemas or mental maps that shape expectations and motivate future behaviors in collegial relationships (Ragins, 2012). If it is crucial that psychology trainees begin to define their professional selves—in particular their ongoing competence—in interdependent terms, we recommend allowing them to develop a professional identity structure in the context of a communitarian training environment (Cross, Bacon, & Morris, 2000; Markus & Kitayama, 1991).

A recent discussion has questioned whether to frame communitarianism as an aptitude that is largely formed before admission to graduate school or as a set of learned competencies that includes knowledge, skills, and attitudes largely instilled during training (Johnson et al., 2013a, 2013b; Pomerantz, 2013). The answer is likely "both." Some graduate school, internship, and postdoctoral residency applicants undoubtedly exhibit higher levels of prosocial traits such as altruism, other-oriented empathy, openness to feedback/constructive criticism, emotional intelligence, and engagement with peers than others (Allen, 2003; Ragins, 2012). As well, professional psychology training should significantly enhance the developmental nature of communitarian competencies with in-

creasing levels of sophistication and expectations as training unfolds. In other words, we frame a strong communitarian orientation as *both* a program entrance *and* exit criterion. Trainees should receive guidance and assistance in forming and utilizing early competence constellations of peer colleagues and relational mentors. Formative and summative assessments should include trainers' evaluations of the diversity, strength, and initiatory and maintenance behaviors of trainees' competence constellations. Trainers also should provide opportunities for trainees to evaluate themselves and other trainees on the same dimensions.

### Ensure That Trainers Model Communitarian Virtues and Behaviors

A recent study revealed that some professional psychology program cultures were described by their DTs as highly community-oriented with strong commitments to consensus building among faculty, whereas others were described as individualistic, avoidant, even demoralized, when confronted with trainee competence problems (Forrest et al., 2013). When trainers are silent, immobilized, or avoidant regarding competence problems in themselves, colleagues, or trainees, trainees fail to benefit from the modeling so essential for transmitting communitarian competencies (Elman, Ilfelder-Kaye, & Robiner, 2005; Jacobs et al., 2011). Johnson and colleagues (2012, 2013b) recently encouraged training-focused organizations within professional psychology to take up the challenge of "training the trainers" in communitarian ideals and collaborative training strategies so that they can model communitarian concepts in transparent actions. We now challenge training program leaders to become intentional about using communitarian behavior (e.g., collegiality, collaboration, humility, honesty, transparency, and community engagement) as salient trainer selection, evaluation, and promotion criteria. Not all psychologists are equally capable in this regard, raising the possibility that positive outcomes may be linked with hiring more trainers with strong communitarian traits and behaviors that inform their teaching, advising, and supervisory responsibilities.

In addition to selection considerations, program leaders need to create communitarian structures for training and shaping collegial faculty and supervisor behavior (Gappa et al., 2007). Strong mentoring of new trainers (Forrest et al., 2013), utilization of the growing body of literature on communitarianism, program meetings characterized by colleague care and transparency, and awards and accolades for relational trainers might facilitate increased trainer collegial engagement (Johnson, 2007). Training programs might simultaneously "put their money where their mouth is" by including mentorship and community building accomplishments when determining pay step and promotion decisions.

Trainers should be encouraged to discuss their own competence constellation with trainees as trainees are learning to develop and foster their own constellations. If trainees "see" how a respected trainer is nourished and replenished by peer support relationships, are willing to share areas of relative weakness, and are reliably caring when they provide direct and honest feedback to colleagues and trainees, then communitarian habits will more likely be inculcated in trainee professional identity.

## Promote and Model Self-Care Throughout the Curriculum

Professional psychology trainees, like psychologists, may overlook their own emotional, physical, and spiritual needs and miss signs of mounting distress and diminished competence (Barnett, 2008). For trainees to accept and “normalize” their ongoing need for self-care, consultation, and support, it is imperative that trainers model the same. A study by Dearing and colleagues (2005) revealed a relationship between trainers’ attitudes about personal psychotherapy and trainee help-seeking behavior; positive trainer attitudes were directly linked to greater trainee self-care. Moreover, when a training program emphasizes self-care for maintaining and sharpening competence, trainees report a more positive quality-of-life (Goncher et al., 2013). If training psychologists “preach” self-care and collegial connection while demonstrating workaholic, unhealthy physical habits, collegial conflict, and/or isolation, then program efforts at inculcating self-care in trainees may fall flat. Finally, recent work on mindfulness strategies for trainees might offer useful techniques for managing anxiety, fear of failure, and avoidance of help-seeking in training communities (Carlson, 2013).

## CTC Implementation and Assessment

Communitarianism is best conceptualized on a continuum; just as few programs are likely to embody all elements of the CTC discussed in this article, so too are few programs exclusively individualistic in their approach to teaching trainees about competence. For instance, some training programs currently utilize cohort or team-based models designed to foster peer support. Other programs have modules on conducting difficult conversations, self-care, and seeking consultation when competence is in question. Certainly, many trainers emphasize care, compassion, collegiality, and civility in their teaching, supervision, and public behavior. Nonetheless, we propose that all training program leaders would benefit from careful consideration of the degree to which communitarian ideals permeate the training culture.

There are several ways that program leaders and senior trainers might introduce a CTC when this is not currently a defining feature of the training milieu. They might encourage discussion of the CTC model and which elements currently are present and which need to be added or require greater attention. After an initial CTC assessment, a program might develop a community-building retreat for faculty and supervisors to address concerns, bring faculty/supervisors on board, and brainstorm creatively about how to infuse the program’s distinctive training model with a robust communitarian flavor. Programs might consider the virtues of vertical team structures for practice and research supervision and mentoring, with teams oriented to training tasks, peer-mentoring, collegial care, and self/other evaluations (Ward, Johnson, & Campbell, 2004). Finally, following explicit trainer modeling, trainees might get early experience with practicing difficult conversations with peers (Jacobs et al., 2011), perhaps initially in skill laboratories and subsequently in team/group supervision. Programs might further consider updating Web pages and admission materials—to include essay and interview questions highlighting collegial engagement—so that applicants are informed early about communitarian expectations. Trainees might be encouraged to

begin constructing and reflecting upon the career-long importance of a competence constellation starting with their first semester on campus (Johnson et al., 2013b).

In terms of assessment, questions about competence constellations, self-care, and engagement in the life of the training program might become commonplace during key formative and summative assessments. For instance, evaluation of communitarian competencies might comprise one facet of practicum/rotation feedback and annual program evaluations of trainees. Evaluative strategies might include asking trainees to describe their CCM and how they have recently utilized it in the service of promoting their own wellbeing and enhancing professional competence. Trainees may be asked about the diversity and strength of ties among CCM members as well as their initiation behaviors to improve peer, supervisory, and other collegial connections. Competence assessments could also be solicited from key members of a trainee’s competence constellation.

## Challenges to Creating CTCs

The transition to a communitarian culture in any training program will not be without challenges. Instilling and fostering a CTC will require patience and a long-term view. Effective cultural change is often slow and hinges on influential and meaningful one-to-one relationships (Gawande, 2013). For instance, trainers must balance mutuality and reciprocity with professional boundaries, expectations for transparency with respect for privacy, and individual requirements for maintaining competence with communal accountability to colleagues. However, despite these tensions, we encourage program leaders to begin preparing community members for citizenship in a trusting, caring, and collegial training community (Johnson et al., 2012; Prilleltensky, 1997). We anticipate that a communitarian emphasis on interpersonal relatedness, transparency, and relational mentoring may raise concerns about appropriate professional boundaries as well as the potential for confusing or harmful multiple relationships (APA, 2010). The CCM is not intended to create overly personal relationships between or among trainees and trainers. Rather, effective communitarian training relationships will likely serve to provide a healthy model of both appropriate self-disclosure and healthy boundaries as trainees learn to navigate the intersection of their personal and professional lives. Communitarian relationships might also raise tensions related to privacy and confidentiality (APA, 2010). For instance, training faculty and supervisors will need to balance community support and engagement for a troubled trainee with that trainee’s right to privacy about personal issues (e.g., prior trauma, mental health diagnosis).

For some programs, small well-designed modifications of the culture may be appropriate; for others an extensive overhaul of all training activities related to competencies and the assessment of their outcome will be more effective. Early efforts in programs that have been especially individualistic in orientation may provoke distress and resistance. Individualism is deeply ingrained in both American culture and many elements of professional psychology—particularly our approach to thinking about professional competence. Program leaders will have to be thoughtful, strategic, and above all, caring in efforts to weave communitarian elements into the program culture. Given that it may not be easy to adequately self-assess one’s program culture, we also encourage program

leaders to seek collegial consultations from the directors of programs with well-regarded communitarian cultures.

We note that our proposal for a communitarian culture in training is aspirational and has not yet been subjected to the rigors of empirical study. We encourage training councils to foster further exploration, and training programs themselves to share the results of current or newly designed efforts at changing their culture, as well as research designed to assess the effects of a more communitarian focus to training and evaluating competency development. Prospective and longitudinal studies, both qualitative and quantitative, will be important to determine meaningful effects during training and across a psychologist's professional career.

## References

- Allen, T. D. (2003). Mentoring others: A dispositional and motivational approach. *Journal of Vocational Behavior*, *62*, 134–154. doi:10.1016/S0001-8791(02)00046-5
- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- Banaji, M. R., & Greenwald, A. G. (2013). *Blind spot: Hidden biases of good people*. New York, NY: Delacorte.
- Barnett, J. E. (2008). Impaired professionals: Distress, professional impairment, self-care, and psychological wellness. In M. Herson & A. M. Gross (Eds.), *Handbook of clinical psychology* (Vol. 1, pp. 857–884). New York, NY: Wiley.
- Bearse, J. L., McMinn, M. R., Seegobin, W., & Free, K. (2013). Barriers to psychologists seeking mental health care. *Professional Psychology: Research and Practice*, *44*, 150–157. doi:10.1037/a0031182
- Berger, M. (1995). Sustaining the professional self: Conversations with senior psychotherapists. In M. B. Sussman (Ed.), *A perilous calling: The hazards of psychotherapy practice* (pp. 302–321). New York, NY: Wiley.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Carlson, E. N. (2013). Overcoming the barriers to self-knowledge: Mindfulness as a path to seeing yourself as you really are. *Perspectives on Psychological Science*, *8*, 173–186. doi:10.1177/1745691612462584
- Cipriano, R. E. (2011). *Facilitating a collegial department in higher education*. San Francisco, CA: Jossey-Bass.
- Clinton, H. R. (1996). *It takes a village: And other lessons children teach us*. New York, NY: Simon & Schuster.
- Constantine, M. G., & Ladany, N. (2000). Self-report multicultural counseling competence scales: Their relation to social desirability attitudes and multicultural case conceptualization ability. *Journal of Counseling Psychology*, *47*, 155–164. doi:10.1037/0022-0167.47.2.155
- Cross, S. E., Bacon, P. L., & Morris, M. L. (2000). The relational interdependent self-construal and relationships. *Journal of Personality and Social Psychology*, *78*, 791–808. doi:10.1037/0022-3514.78.4.791
- Davis, D. A., Mazmanian, P. E., Fordis, M., Harrison, R. V., Thorpe, K. E., & Perrier, L. (2006). Accuracy of physician self-assessment compared with observed measures of competence: A systematic review. *Journal of the American Medical Association: Journal of the American Medical Association*, *296*, 1094–1102. doi:10.1001/jama.296.9.1094
- Dearing, R. L., Maddux, J. E., & Tangney, J. P. (2005). Predictors of psychological help-seeking in clinical and counseling psychology graduate students. *Professional Psychology: Research and Practice*, *36*, 323–329. doi:10.1037/0735-7028.36.3.323
- Donovan, R., & Ponce, A. (2009). Identification and measurement of core competencies in professional psychology: Areas for consideration. *Training and Education in Professional Psychology*, *3*, S46–S49. doi:10.1037/a0017302
- Elman, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitate effective action. *Professional Psychology: Research and Practice*, *38*, 501–509. doi:10.1037/0735-7028.38.5.501
- Elman, N. S., Illfelder-Kaye, J., & Robiner, W. N. (2005). Professional development: Training for professionalism as a foundation for competent practice in psychology. *Professional Psychology: Research and Practice*, *36*, 367–375. doi:10.1037/0735-7028.36.4.367
- Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association: Journal of the American Medical Association*, *287*, 226–235. doi:10.1001/jama.287.2.226
- Etzioni, A. (1998). The responsive communitarian platform: Rights and responsibilities. In A. Etzioni (Ed.), *The essential communitarian reader* (pp. xxv–xxxix). Lanham, MD: Rowan & Littlefield.
- Eva, K. W., Cunnington, J. P. W., Reiter, H. I., Keane, D. R., & Norman, G. R. (2004). How can I know what I don't know? Poor self assessment in a well-defined domain. *Advances in Health Sciences Education*, *9*, 211–224. doi:10.1023/B:AHSE.0000038209.65714.d4
- Fletcher, J. K., & Ragins, B. R. (2007). Stone center relational cultural theory. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp. 373–399). Thousand Oaks, CA: Sage.
- Forrest, L., & Elman, N. S. (in press). Trainees with problems of professional competence. In W. B. Johnson & N. J. Kaslow (Eds.), *The Oxford handbook of education and training in professional psychology*. New York, NY: Oxford University Press.
- Forrest, L., Elman, N. S., Huprich, S. K., Veilleux, J. C., Jacobs, S. C., & Kaslow, N. J. (2013). Training directors' perceptions of faculty behaviors when dealing with trainee competence problems: A mixed method pilot study. *Training and Education in Professional Psychology*, *7*, 23–32. doi:10.1037/a0032068
- Forrest, L., Elman, N. S., & Shen-Miller, D. S. (2008). Psychology trainees with competence problems: From individual to ecological conceptualizations. *Training and Education in Professional Psychology*, *2*, 183–192. doi:10.1037/1931-3918.2.4.183
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madison, M. B., . . . Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, *3*, S5–S26. doi:10.1037/a0015832
- Gappa, J. M., Austin, A. E., & Trice, A. G. (2007). *Rethinking faculty work: Higher education's strategic imperative*. San Francisco, CA: Jossey-Bass.
- Gawande, A. (2013, July 29). *How do good ideas spread?* Retrieved from [http://www.newyorker.com/reporting/2013/07/29/130729fa\\_fact\\_gawande](http://www.newyorker.com/reporting/2013/07/29/130729fa_fact_gawande)
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Gizara, S. S., & Forrest, L. (2004). Supervisors' experiences of trainee impairment and incompetence in APA-accredited internship sites. *Professional Psychology: Research and Practice*, *35*, 131–140. doi:10.1037/0735-7028.35.2.131
- Goncher, I. D., Sherman, M. F., Barnett, J. E., & Haskins, D. (2013). Programmatic perceptions of self-care emphasis and quality of life among graduate trainees in clinical psychology: The mediational role of self-care utilization. *Training and Education in Professional Psychology*, *7*, 53–60. doi:10.1037/a0031501
- Grus, C. L., & Kaslow, N. J. (in press). Professionalism: Professional attitudes and values in psychology. In W. B. Johnson & N. J. Kaslow (Eds.), *Oxford handbook of education and training in professional psychology*. New York, NY: Oxford University Press.

- Hatcher, R. L., Fouad, N. A., Grus, C. L., Campbell, L. F., McCutcheon, S. R., & Leahy, K. L. (2013). Competency benchmarks: Practical steps toward a culture of competence. *Training and Education in Professional Psychology, 7*, 84–91. doi:10.1037/a0029401
- Held, V. (2005). *The ethics of care*. Oxford, England: Oxford University Press. doi:10.1093/0195180992.001.0001
- Higgins, M. C., Chandler, D. E., & Kram, K. E. (2007). Developmental initiation and developmental networks. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp. 349–372). Thousand Oaks, CA: Sage.
- Higgins, M. C., & Thomas, D. A. (2001). Constellations and careers: Toward understanding the effects of multiple developmental relationships. *Journal of Organizational Behavior, 22*, 223–247. doi:10.1002/job.66
- Jacobs, S. C., Huprich, S. K., Cage, E., Elman, N. S., Forrest, L. Grus, C. L., . . . Kaslow, N. J. (2011). Trainees with competence problems: Preparing trainers for difficult but necessary conversations. *Training and Education in Professional Psychology, 5*, 175–184. doi:10.1037/a0024656
- Johnson, W. B. (2007). *On being a mentor: A guide for higher education faculty*. Mahwah, NJ: Erlbaum.
- Johnson, W. B., & Barnett, J. E. (2011). Preventing problems of professional competence in the face of life-threatening illness. *Professional Psychology: Research and Practice, 42*, 285–293. doi:10.1037/a0024433
- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2012). The competent community: Toward a vital reformulation of professional ethics. *American Psychologist, 67*, 557–569. doi:10.1037/a0027206
- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2013a). Infusing psychology ethics with a communitarian approach. *American Psychologist, 68*, 479–480. doi:10.1037/a0033635
- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2013b). The competence constellation: A developmental network model for psychologists. *Professional Psychology: Research and Practice, 44*, 343–354. doi:10.1037/a0033131
- Johnson, W. B., & Kaslow, N. J. (in press). On developing professional psychologists: The state of the art and a look ahead. In W. B. Johnson & N. J. Kaslow (Eds.), *Oxford handbook of education and training in professional psychology*. New York, NY: Oxford University Press.
- Kaslow, N. J. (2004). Competencies in professional psychology. *American Psychologist, 59*, 774–781. doi:10.1037/0003-066X.59.8.774
- Kaslow, N. J., Borden, K. A., Collins, F. A., Jr., Forrest, L., Illfelder-Kaye, J., Nelson, P. D., & Willmuth, M. E. (2004). Competencies conference: Future directions in education and credentialing in professional psychology. *Journal of Clinical Psychology, 60*, 699–712. doi:10.1002/jclp.20016
- Kaslow, N. J., Falender, C. A., & Grus, C. (2012). Valuing and practicing competency-based supervision: A transformational leadership perspective. *Training and Education in Professional Psychology, 6*, 47–54. doi:10.1037/a0026704
- Kaslow, N. J., Grus, C. L., Campbell, L. F., Fouad, N. A., Hatcher, R. L., & Rodolfa, E. R. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology, 3*, S27–S45. doi:10.1037/a0015833
- Kaslow, N. J., Rubin, N. J., Bebeau, M., Leigh, I. W., Lichtenberg, J. W., Nelson, P. D., . . . Smith, I. L. (2007). Guiding principles and recommendations for the assessment of competence. *Professional Psychology: Research and Practice, 38*, 441–451. doi:10.1037/0735-7028.38.5.441
- Kenkel, M. B., & Peterson, R. (Eds.) (2009). *Competency-based education for professional psychology*. Washington, DC: American Psychological Association.
- MacIntyre, A. (1999). *Dependent rational animals: Why human beings need the virtues*. Chicago, IL: Open Court Press.
- Markus, H., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*, 224–253. doi:10.1037/0033-295X.98.2.224
- McCutcheon, S. (2008). Addressing problems of insufficient competence in the internship year. *Training and Education in Professional Psychology, 2*, 210–214. doi:10.1037/a0013535
- Meara, N. M., Schmidt, L. D., & Day, J. D. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *The Counseling Psychologist, 24*, 4–77. doi:10.1177/0011000096241002
- Munsey, C. (2006, July/August). Helping colleagues to help themselves. *Monitor on Psychology, 37*, 35.
- Neimeyer, G. J., Taylor, J. M., & Orwig, J. P. (2013). Do continuing education mandates matter? An exploratory study of the relationship between CE regulations and disciplinary actions. *Professional Psychology: Research and Practice, 44*, 99–104. doi:10.1037/a0030458
- Neimeyer, G. J., Taylor, J. M., & Rozenky, R. H. (2012). The diminishing durability of knowledge in professional psychology: A Delphi poll of specialties and proficiencies. *Professional Psychology: Research and Practice, 43*, 364–371. doi:10.1037/a0028698
- Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. Berkeley, CA: University of California Press.
- Norcross, J. C., & Guy, J. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. New York, NY: Guilford Press.
- Oliver, M. N., Bernstein, J. H., Anderson, K. G., Blashfield, R. K., & Roberts, M. C. (2004). An exploratory examination of student attitudes toward “impaired” peers in clinical psychology training programs. *Professional Psychology: Research and Practice, 35*, 141–147. doi:10.1037/0735-7028.35.2.141
- Pomerantz, A. M. (2013). The competent community: How big? And who gets in? *American Psychologist, 68*, 478–479. doi:10.1037/a0032885
- Prilleltensky, I. (1997). Values, assumptions, and practices: Assessing the moral implications of psychological discourse and action. *American Psychologist, 52*, 517–535. doi:10.1037/0003-066X.52.5.517
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York, NY: Simon & Schuster. doi:10.1145/358916.361990
- Ragins, B. R. (2012). Relational mentoring: A positive approach to mentoring at work. In K. S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 519–536). New York, NY: Oxford University Press.
- Roberts, M. C., Borden, K. A., Christiansen, M. D., & Lopez, S. J. (2005). Fostering a culture shift: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice, 36*, 355–361.
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*, 347–354. doi:10.1037/0735-7028.36.4.347
- Rodolfa, E., Greenberg, S., Hunsely, J., Smith-Zoeller, M., Cox, D., Sammons, M., . . . Spivak, H. (2013). A competency model for the practice of psychology. *Training and Education in Professional Psychology, 7*, 71–83. doi:10.1037/a0032415
- Schwartz-Mette, R. A. (2009). Challenges in addressing graduate student impairment in academic professional psychology programs. *Ethics & Behavior, 19*, 91–102. doi:10.1080/10508420902768973
- Shen-Miller, D. S., Grus, C., Van Sickle, K., Schwartz-Mette, R., Cage, E., Elman, N. S., . . . Kaslow, N. J. (2011). Trainees’ experiences with peers having competence problems: A national survey. *Training and Education in Professional Psychology, 5*, 112–121. doi:10.1037/a0023824
- Vazire, S., & Carlson, E. N. (2011). Others sometimes know us better than we know ourselves. *Current Directions in Psychological Science, 20*, 104–108. doi:10.1177/0963721411402478
- Veilleux, J., January, A., VanderVeen, J., Reddy, L. F., & Klonoff, E. (2012). Differentiating amongst characteristics associated with problems

- of professional competence: Perceptions of graduate student peers. *Training and Education in Professional Psychology*, 6, 113–121. doi:10.1037/a0028337
- Ward, Y. L., Johnson, W. B., & Campbell, C. D. (2004). Practitioner research vertical teams: A model for mentoring in practitioner-focused doctoral programs. *The Clinical Supervisor*, 23, 179–190. doi:10.1300/J001v23n01\_11
- Wilkins, M. A., McGuire, J. M., Abbott, D. W., & Blau, B. I. (1990). Willingness to apply understood ethical principles. *Journal of Clinical Psychology*, 46, 539–547. doi:10.1002/1097-4679(199007)46:4<539::AID-JCLP2270460424>3.0.CO;2-0
- Wood, B. J., Klein, S., Cross, H. J., Lammers, C. J., & Elliott, J. K. (1985). Impaired practitioners: Psychologists' opinions about prevalence, and proposals for intervention. *Professional Psychology: Research and Practice*, 16, 843–850. doi:10.1037/0735-7028.16.6.843
- Worthington, R. L., Mobley, M., Franks, R. P., & Tan, J. A. (2000). Multicultural counseling competencies: Verbal content, counselor attributions, and social desirability. *Journal of Counseling Psychology*, 47, 460–468. doi:10.1037/0022-0167.47.4.460

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