

C-9(g) P. Postdoctoral Residency Level 3 – Specialty Competencies Rehabilitation

(Commission on Accreditation, September 2021)

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- demonstrate understanding of models of disability, including medical, moral, social, diversity/minority, and biopsychosocial models.
- demonstrate an emerging professional identity consistent with the Rehabilitation psychology specialty.

II. Communication and Interpersonal Skills

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

III. Assessment

Postdoctoral residents are expected to:

- demonstrate skill in evidence-based assessments with individuals and families experiencing problems related to disability and chronic health conditions with a focus on the person-task-environment interaction.
- select and apply assessment methods that draw from the best available empirical literature relevant to specific health, mental health, and disability populations and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against

decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- communicate orally and in written documents the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.

IV. Intervention

Postdoctoral residents are expected to:

- demonstrate skill in tailoring and conducting evidence-based interventions for individuals and families experiencing problems related to disability and chronic health conditions that focus on the person-task-environment interaction.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

V. Consultation and Interprofessional Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

VI. Advocacy

Postdoctoral residents are expected to:

- demonstrate the ability to advocate for patients' rights, equitable treatment, and autonomy in health care, life activities, and community participation.
- demonstrate awareness of community resources supporting the individual's safety, autonomy, and participation.
- facilitate access to institutional and community resources that support ongoing adjustment and social participation (e.g., peer support organizations, centers for independent living, vocational rehabilitation).