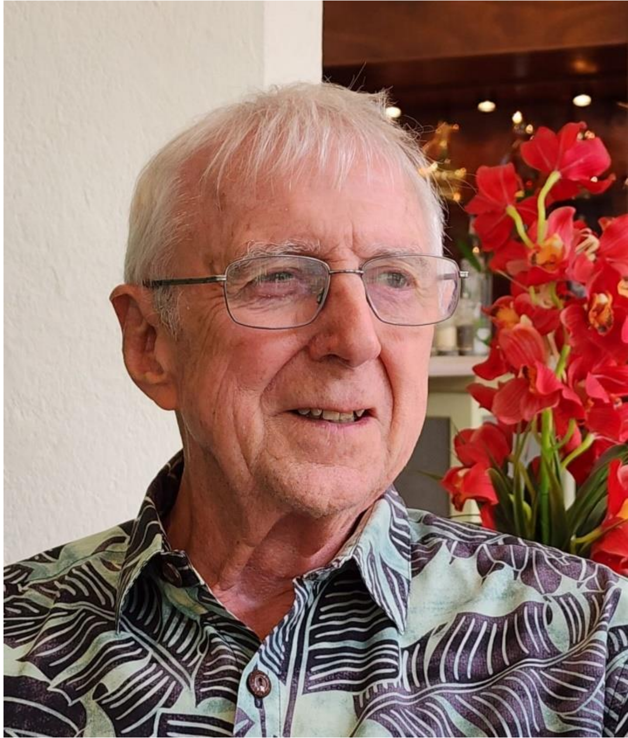
What Training Makes a General Practicing Psychologist Versatile?



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I would like to thank my Senior Professional Clinician colleagues in the Massey University PGDipPP programme in the 2022 academic year during which many of these issues were discussed: Kyle Smith, Dominique Du Plessis, and Amber Barry.

Abstract

The New Zealand Psychologists Board has designated five scopes of practice, a general one of Psychologist, and four specialized scopes of Clinical, Counselling, Educational, and Neuropsychologist. Having completed a master's degree in psychology and an approved one-year internship, newly registered "general" Psychologists may wish to practice in a wide variety of human service areas, including health, organizational, sport, and community psychology, and other iterations that do not yet have a specific name. The scientific discipline of psychology represents knowledge, insights, and understandings of human functioning that are relevant to a multitude of societal aspirations and challenges. A conundrum for any training programme preparing highly capable and sorely needed future practicing psychologists is that their internship can be in any of a wide variety of social agencies (governmental and private) serving clients with diverse demographic characteristics and needs, often far beyond the boundaries of traditional health agencies. Thus, we are faced with the task of preparing generalists capable of delivering an effective service to future clients often quite different from those encountered during the internship. What is needed to ensure that these generalists are versatile and able to practice in novel areas? What are the fundamental skills that should be acquired in the internship that will transfer successfully to new contexts? I describe a series of core skills and values for ensuring that practicing psychologists in Aotearoa New Zealand are able to transfer their internship training to any future employment setting, thus fulfilling the national need for a competent psychology workforce. These attributes are fully commensurate with the core competencies designated by the Psychologists Board, but are redefined so that upon qualifying, graduates can be considered versatilists rather than generalists.

Introduction

In Aotearoa New Zealand, for an individual to practice psychology and use the label "Psychologist" they must, under the Health Practitioners Competence Assurance (HPCA) Act, be registered with the Psychologists Board. The Board has specified the criteria for four categories or scopes of professional practice, in addition to the unspecified, general "scope" and title of Registered Psychologist. The minimum educational and training standards for obtaining this latter registration are a master's degree in *psychology* from a New Zealand university (or its international equivalent) and completion of an approved, supervised, full-time, one-year internship of approximately 1500 hours of professional time. The internship practice must be clearly psychological in nature, and, together with

the academic qualification, it allows for demonstration of competence in several features of practice, such as discipline knowledge, ethical and legal principles, communication, cultural sensitivity, and professional relations.

There is no fully objective method for determining whether applicants for registration do actually possess these competencies, or indeed what the performance standard within each designated skill should be. However, the judged completion of the internship experience and the accompanying academic qualification is used as a partial attempt to confirm at least verbal knowledge of what the competencies encompass. There is, therefore, considerable responsibility on any academic program supporting internship training opportunities to set and evaluate standards of professional functioning that meet the implicit expectations of the profession's regulatory body, the New Zealand Psychologists Board.

The Massey University School of Psychology's Postgraduate Diploma in Psychological Practice (PGDipPP) is a programme designed to meet those expectations that has been operating for over 12 years. The internships we have approved but do not control, can vary in the types of psychological services provided and clients served. Thus, we are confronted with the challenging question of what *are* the universal or fundamental skills that characterize *general* psychological practice, within which the student will subsequently be registered? What does a general practitioner of professional psychology look like, and how do we ensure that what is learned in the internship year will be relevant and broadly applicable to the next setting in which the newly registered psychologist finds or hopes to find employment? What does it mean to be a generalist? How can we have confidence that our graduates are effective and capable of offering a meaningful psychological service to clients most likely different from those encountered during their internship? Or, if they remain in the same service as their internship, do they have the depth of psychological understanding to innovate and provide future leadership?

My answer to these questions is specified through three different educational components. The first is that all psychological services which offer an internship operate within organizations with specific cultures and values. We encourage interns to think critically and constructively about the service setting in which they are working. What are its weaknesses and strengths? Does it meet societal requirements and the needs of service users? How does their relationship with their supervisor benefit them and what model of supervision is being used? These are the useful incidental things one can learn about the *nature* of professional practice, rather than its contents. Learning to learn how agencies work, how they are funded, who is in charge (both nominally and actually), and how to relate to the

other professionals, will easily generalize when interns are encouraged to uncover these organizational mysteries. We might refer to this as contextual generalization.

Second, effective practitioners must draw *primarily* on the ever-evolving formal, empirical knowledge base of the discipline of psychology. This technical knowledge transcends common sense, life experience, or people skills, even though these qualities can be valuable for a practitioner. It is this corpus of evidence that defines a trainee as a professional *psychologist*, and differentiates them from related helping professions such as social work, special education, counselling, psychiatry, or psychiatric nursing. Keeping up to date with new knowledge, evaluating it, and translating it into practice, requires habits of scholarship and life-long learning—sometime referred to as the scholar-practitioner model (Evans & Fitzgerald, 2007). And we require an intern's master's degree include a thesis reporting a research study. Not because they are expected to be future researchers, but because the experience of gathering and analysing data—whether qualitative or quantitative (Hoshmand & Polkinghorne, 1992)—enables novices to critically evaluate their own effectiveness using both subjective and objective measures, sometimes referred to as *personal science* (Wolf & De Groot, 2020). "Measurement-based care" is the current collective term for routine evaluation (Lambert, 2010) and for providing feedback to clients, which in turn enhances outcomes (Delgadillo et al., 2021).

The third focus is to ensure that the specific professional knowledge, skills, and strategies acquired in one training setting with one type of client will transfer to other settings and other clients. In the old experimental psychology literature this was referred to as the *transfer of training* (Woodworth & Schlosberg, 1938). In behavioural psychology it was usually described as the *generalization* of skills to new contexts (Stokes & Baer, 1977). The challenging question is whether someone being trained as a generalist but in a specific and sometimes narrow setting, is indeed able to function effectively in a completely different situation. Perhaps it is necessary to think that an internship training should be structured to fulfil the model of a versatilist (I am grateful to Barbara Kennedy, PhD, for first introducing this concept in the PGDipPP programme)—someone who is acquiring specific abilities in one context but who will be able to apply these skills in possibly quite different contexts. It is this third element of our training program that is the focus of this paper.

Generalist versus Versatilist versus Specialist

The difference between generalists and versatilists has mostly been articulated in the context of information technology, business management, and organizational psychology. The rather awkward term "versatilist" was coined by the Gartner organization (e.g., Gartner, 2018), and relates to the idea that if an employee is trained in one area of an organization's functions but is versatile enough to be able to shift to a totally different area, that person is

more useful than a generalists who is less skilled in all of a whole variety of different areas. It is not simply a matter of depth versus breadth; the versatilist must be able to apply their depth in broad ways.

It is also possible that a versatilist can sometimes be as useful as a *specialist*, who, it is often quipped, knows more and more about less and less. In medicine, for example, recent studies show that general practitioners who are versatile are often as successful in treating patients as are specialists. They show a more integrated approach to patient care, shorter length of stay of patients, and more familiarity with managing co-morbidities outside the speciality (Horwood, Hakendorf, & Thompson, 2018). In these contexts, of course, because medicine makes rapid and complex advances, it is readily accepted that both specialists and adaptable generalists are needed (Levi, 2022). This leads us to think of versatilist more like an adjective—versatile—than a noun and a person.

In psychological practice, specialists are usually defined by “scopes of practice” to which a psychologist, by virtue of training qualifications, is considered eligible. Common applied specializations internationally are clinical, counselling, educational/school, neuropsychological, health, developmental, community, and industrial/organizational (I/O), the first four of which are currently recognized in Aotearoa New Zealand. These scopes are treated as though they represent discrete specialized practice skills, but in reality they are defined by the kinds of problems and clients who will be served. Following the eight areas listed, these would be: patients with mental disorders; adult interpersonal relationships; schoolchildren; individuals with brain damage/neurological dysfunction; people with physical illnesses and preventable chronic diseases; developing children (from toddlers to teens); connected societal groups; and public or private agencies (corporations, businesses, teams, managements). Once we think holistically of the typical client, however, the scope distinctions begin to break down. Resolving the needs of divorced parents, one of whom serves in the New Zealand Police and is depressed, and the other, an immigrant from Samoa with diabetes, who are having custody disputes over a child failing academically at school, possibly on account of a prior head injury, involves all of the eight scopes listed.

Thus, the *scope of practice* model for designating specializations confounds relevant psychological principles and methods with the predominant client variables of culture, age, gender, education, marital status, employment, physical symptoms, and, if relevant, psychiatric diagnosis. (Note that whenever I use the term *client* I mean only the recipient of the professional service, which could be an individual, a family, a group, an organization, or a community.) General practitioners should, therefor, have interests in expansive individual issues of personality characteristics, for instance defence mechanisms, coping style,

affect self-regulation, or achievement motivation. There are even bigger picture issues such as overall lifestyle, health maintenance, and well-being, in addition to the even broader realm of social context--family dynamics, friendship support networks, social and religious group membership, employment settings, economic status, community influences, discrimination, and social media. The raison d'être for the PGDipPP programme is that trainees will be able to implement a service responsive to all these contextual levels, occasionally for clients already identified through a mental health or correctional service, but more often for people outside the formal public agencies but with equally serious needs. For generalists to be versatile in this way, they will need to be able to transfer skills acquired in their internship training.

Transfer of Training

There is a large contemporary research literature on the fundamental issues in transfer of training (e.g., Ford, Baldwin, & Prasad, 2018; Blume, Ford, Baldwin, & Huang, 2010). However, much of the transfer of training research assumes the training is an exercise, often hypothetical or contrived, and the transfer is to the real world—in other words the empirical question is often whether a formal training period is effective in preparing employees for their future role (pre-service training), or for an addition to their current role (in-service training). But as an internship *is* a real service setting, the transfer we are most interested in is from one service to another. I will not attempt to summarize the transfer literature, but will describe how we use it in an attempt to promote transfer by focusing on ensuring that the skills acquired in training (the internship) are the universal skills that will be needed in the next practice setting (employment). Which means, the research literature tells us, that the internship experience must be identified primarily as training and valued as such, approached positively by both trainee and supervisor (Perkins & Salomon, 1992), with internship tasks which are desirably difficult, the learning (measured by performance change) is slow, and the nature of the feedback is varied and based on improvement rather than current performance (Bjork, 2018).

Agency supervisors need to be teachers and coaches, but they also have responsibility for surface learning, ensuring the intern can be immediately effective with the agency's clients. But the academic programme does not have much control over the field supervisors, which is why the intern also has a university supervisor who is responsible for assisting with deep learning. One example might be what I have already hinted at. A field supervisor can explain to an intern how their particular psychological service organization operates, and what the rules and procedures are which the intern must adhere to. A university supervisor can encourage an intern to acquire ways of finding out for themselves—learning to learn about the service's culture, which is a more

generalizable form of knowledge. Our university supervisors in the PGDipPP are also responsible for scaffolding the interns' learning—an important instructional strategy for achieving transfer (Hajian, 2019). Another of our responsibilities arises when evaluating interns—the field supervisor reports on skills that have been acquired, and we confirm this in a final exam by reviewing a sample of work for the agency of which they are the proudest, not necessarily successful—their "showcase" report. Our university programme further assesses transfer in another part of the final examination by posing situations and problems unlike any they have encountered in their internship and evaluating interns' reasoning and judgment process in addressing them.

The onus is on the academic programme, therefore, to prioritize and highlight instructional strategies and constructs that will maximize later transfer, and we do that in four ways. (a) The first is to analyse fundamental requirements of all professional (applied) psychological services regardless of type of agency or type of client. We do this by explaining that what psychologists offer is a *service* that has four essential domains (components) and everything a practicing psychologist must do falls within these domains. (b) Within each domain we teach strategies that have broad applicability by virtue of their fulfilling a clear functional purpose. Within the function of *insuring acceptability of the service by the client*, for example, this would mean being culturally responsive by adapting service delivery style not for a given culture but for any culture. (c) When services are offered the client, the intern can learn to prioritise those generally helpful procedures which the client can utilize themselves to enhance their ability to address new problems or issues in the future. In other words, remedy the client's hunger by teaching them to fish rather than giving them a fish on a plate—a nice reflection of what we want supervisors to do for the intern as well. (d) Finally, the deep skill that aids transfer is not "reflection" by interns, but *self-evaluation* through assessing and monitoring their effectiveness—achieving the changes desired by the client being the inescapable purpose of the professional service.

As the domain model (a, above) helps to organize the other three strategic elements (b, c, & d), I will outline the model briefly here and then go through each domain giving examples of the other three strategic elements. We identify the four essential domains of all psychological practice, regardless of scope, as: (1) establishing a contractual, informed, and working relationship to deliver a defined service to the client; (2) assessment of the client's needs and goals, both perceived and professionally recommended; (3) an intervention that meets these needs; and (4) a process of termination or disengagement that focuses on continued progress after the formal service has ended (Kennedy & Evans, 2011). By clarifying what all professional psychologists are actually trying to do, we remove descriptions and labels for any specific activity, like "administering a Wechsler IQ test", "doing CBT", "teaching mindfulness", "running an anger management group", and so on,

especially as such specific activities are often proscribed within the Scopes of Practice model. The four domains are linked to ethical decisions and best practice guidelines. Sound ethical judgment as a topic is quite independent of the service context: there are different scopes of practice but only one code of ethics. And all four of the domains are integral to the core task of a psychological service, which is to solve or ameliorate the client's problems by fostering positive *change* (Evans & Fletcher, 2013). Measurable change in a direction considered desirable by the client, the client's social network, and by society, are the key criteria for having delivered an effective and culturally acceptable service—collectively called social validity (Millard & Evans, 1983). I now suggest, within each of the four essential domains, how deep structure, generalizable principles are articulated.

Establishing the Implicit Elements of the Service Contract

In an internship setting, the trainee must learn to self-judge whether they are capable of delivering the service that appears to be needed—do they feel they have something to offer that will help the client? This includes ethical restrictions such as there being no conflict of interest for the trainee, or that there is fully informed consent offered the client by describing the precise nature of the service and the professional's expectations of the client. The nature and potential limits of confidentiality of the service need to be explained. It also includes practical issues such as having adequate supervision and no obvious barriers to be able to establish a working relationship with the client.

Certain types of interpersonal relationship style are important for the professional as a change agent. Carl Rogers (1942) argued that successful therapists were warm, empathic, and genuine (authentic) and this description has stood the test of time. In diverse cultural contexts these therapist characteristics can be elaborated as non-judgmental acceptance, respect, and cultural humility (Ioane & Tudor, 2017). And there are also occasions when psychologists with these characteristics need to behave differently with a client in order to motivate them—sometimes more directive strategies are warranted. This is because if we are wanting clients to change, we need them to comply with recommendations, which means that we must be able to influence them, to give them hope for improvement, to understand that they will have to make an effort and not just be thinking about making a change—the great insight from Prochaska and DiClemente's (1982) "stages of change" concept. Without a good relationship little can be accomplished: clients drop out, cannot be motivated to make the hard adjustments, have a lessened expectancy that treatment will do them any good, and without trust are less likely to reveal important but socially unacceptable aspects of their lives (Wilson & Evans, 1977). The therapeutic alliance is a key mediator of change (Baier, Kline, & Feeny, 2020).

The internship is predominantly the place where a trainee can safely identify their most highly generalizable interpersonal skills. We call these “transtherapuetic” skills, as they override any differences between professional and client: whether one has enough sensitivity and understanding of another culture, age group, gender, or socio-economic situation to be able to predict what sorts of strategies, approaches, analogies and metaphors, and social supports might be implemented to maximize effectiveness. Self-awareness of one’s emotional sensitivity as acquired in an internship allows flexible transfer of critical *menschenkenner* skills to new contexts. And these can be learned through watching videotapes, getting feedback from supervisors, making mistakes, and formally asking clients for their judgment. An ideal internship is one in which the trainee’s self-actualization and humility grow in equal proportions.

Assessing for Change, and Assessing Change

“Finding out what’s wrong” (the second domain of psychological practice) encompasses the obvious fact that *all* professional services require an assessment process that serves multiple functions simultaneously. The first is the need to understand the subjective nature of the client’s need or problem and their personal goals for the service, which we usually describe as determining the problem that requires amelioration. It is relatively easy to direct a client, when they are identifying the results they are expecting, to present their goals in the form of how they would be different as a result of therapy. In clinicese we often talk about, and thus so do clients, the need “to work” on something. It would be more helpful to talk instead about the general things the client wishes to have or do more of, as well as the opposite. In all cases, however, goal identification must be negotiated, and the general value of the client’s goals affirmed, as well as estimating the likelihood of achieving them. Client expectations may need to be modified by recognition of acceptable standards for a satisfactory, “good enough” outcome, such as harm reduction (Huhn & Gipson, 2021) and social acceptability (Wolf, 1978).

More modest target outcomes might be proposed if these are the keystone accomplishments likely to support or lead to greater progress in the future. And this is similar to the second function of assessment, which is treatment design rather than problem identification: using technical psychological knowledge to think through what short-term or intermediate targets will need to be pursued to facilitate the final desired outcome, which is solving the client’s problem (Evans, 1985). Goal setting should be led by the client, but the operational definition of the sub-goals leading to them require an understanding by the psychologist of inter-response relationships (Voeltz & Evans, 1982) and means-ends causal chains (Evans, 1993). We need to translate the problem into a psychological framework, which will be different from that expressed by the client. The

framework requires understanding of causes from the past and controlling influences in the present, as well as recognising the underlying excesses or deficits in the client's repertoire which will need to be addressed in order to achieve the client-designated desired outcome (Evans, 1996).

All this means that the one universal assessment skill needed by a versatilist is the application of psychological knowledge of the maintaining rather than only the original causes of a wide variety of behaviours—the culturally relevant functional analysis (Evans & Paewai, 1999). The term "case conceptualization" is widely used in Aotearoa New Zealand to encompass a variety of strategies for understanding a client (Evans, 1985; Haynes, O'Brien, & Kaholokula, 2011; Persons, 2012). Versatilists might or might not be well informed about standardized tests and diagnostic decision-making and criteria, as these are not highly generalizable competencies. What they must to be able to do as a minimum, however, is develop a case conceptualization that uses well-defined psychological principles and terms to understand the dynamics of the client. A case conceptualization or formulation approach is neutral regarding type of client, type of problem, and type of service—wholly generalizable and therefore highly versatile as an approach.

Where formal diagnosis becomes more relevant for any new setting the trainee eventually moves into is when we have well-established information about specific psychological processes in specific syndromes of psychopathology. There are new models describing dimensions common to many different syndromes, in a hierarchical manner (Kotov et al., 2017) which offer an intern a guide to likely underlying psychological processes. Even the National Institute of Mental Health in the USA now recognizes that psychopathology research is best addressed through basic underlying psychological (and physiological, of course) mechanisms rather than discrete syndromes—their Research Domain Criteria initiative (Yee, Javitt, & Miller, 2015). A specialist focused on the treatment of a specific anxiety disorder must now recognize it is likely that personality traits such as neuroticism are common to all specific expressions of anxiety (Barlow et al., 2017), and other "internalizing" characteristics link various anxiety manifestations and depression—motivational anhedonia, anxious apprehension, and low positive affect (Snyder et al., 2022). In other words, the versatile assessment task is to understand the dynamics of the problem presented, so that intervention can focus on changing the sources of influence on the individual (Evans, 1996).

The third universal function of assessment is to gain knowledge of future circumstances—social conditions, financial resources, and so forth—available to the client that can be mobilized as components of the intervention plan. Treatment suggestions must be within the practical and personal capabilities of the client, which can be discovered usually by

good interviews regarding current circumstances and questionnaires regarding psycho-social history. We can also assume, without having to ask, the things that universally influence humans would be equally relevant to all clients. For example, friendships, emotional relationships, and social supports (Evans & Moltzen, 2000; Tharp & Wetzel,1969), all provide the broader eco-system of influences that sustain patterns of behaviour—for good or bad—across all cultures. The widely cited ecological theory of Bronfenbrenner (1977) has been updated to recognize the enormous influence of digital technology and especially social media on young people (Navarro & Tudge, 2022). It should be second nature to a versatile practicing psychologist to be able to think about, recognize, analyse, and if necessary, shape the social interactions that influence every single client. The core, most highly generalizable skill in this domain is how to acquire, synthesise, and interpret relevant information.

Transferable Skills in the Third Domain: Implementing an Intervention

There is a tendency we have noted in interns to cite important ideas, such as the theory of Stages of Change (Prochaska & DiClemente, 1983) or Motivational Interviewing (Hettema, Steel, & Miller, 2005; Miller & Rose, 2009), as though they are themselves techniques to be added as tactics or strategies to be used. And we are delighted that they are aware of them at least. But to be a versatile psychologist it is necessary to think of these ideas within a framework of the professional as the architect of change. The versatile psychologist is not the one who knows to start the first session with Motivational Interviewing techniques—it is the psychologist who is aware of and understands the importance of motivation for a client to change, and who discovers and respects the client's own theory of change (Duncan & Miller, 2000).

In this regard, the overall concept that can be applied in a versatile way is that barriers to change come in a variety of different forms, not simply motivational but also limited cognitive skills such as insight and self-direction strategies (e.g., Watson & Tharp, 2007), as well as the vast array of environmental and resource limitations many people face (McFadden & Evans, 1998; Evans, 2005a). Barriers should be removed if people are to be supported to change.

There is a key aspect of generalizability that needs to be recognized. This is whether the *client* is being given generalizable skills that can assist them in areas different than those that were the original distress that brought them to the psychological service in the first place. The topic of self-management (being able to enact and complete tasks that the client desires to achieve) and its more limited component of self-control (being able to stop or inhibit impulsive and habitual responses, such as violence and anger) incorporates many doable strategies that can be taught to any client. Similarly, teaching clients to self-

monitor has long been known to be a powerful source of personal change and improvement (Nelson & Hayes, 1981)—applicable to virtually every kind of client and problem area. Practicing psychologists should be able to teach universal strategies to a wide variety of clients: problem-solving strategies (especially Nezu, Nezu, & Gerber, 2019), coping strategies (Folkman & Moskowitz, 2004), self-control techniques, methods for garnering social and community support, and "relapse prevention techniques" for contextual management of habits and addictive behaviours. There was a period within behaviour therapy when it focused on teaching social skills to patients with serious and persistent mental illness, often people in psychiatric hospitals or community mental health centres, and people with disabilities, including autistic children (Foxx, McMorrow, Bittle, & Fenlon, 1985). When Marsha Linehan (1993) recognized that poor social skills was also one of the defining features of people in the mental health system diagnosed with borderline personality disorder, the social skills training programme she developed within her Dialectical Behavior Therapy (DBT) became popular for all sort of clients with strained inter-personal relationships.

Parenting skills are also highly generalizable and while there are numerous empirically validated programs available, they all more or less promote the same thing. Some focus more on consistent and positive disciplinary tactics using rewards and benign punishments such as time-out (Sanders & Mazzucchelli, 2018); others put a greater emphasis on acceptance—the tolerance of developmentally-appropriate but potentially annoying behaviours (e.g., Couch & Evans, 2011). Stepfamilies are likely to encounter conflicts related to differential treatment of natural and stepchildren. There may be one major issue for which they seek the help of a registered psychologist, but if the family is taught negotiating skills based on agreed principles of fairness they will be able to use such skills in future situations (Falchi, 2014). Emotion competence is a well-developed research area in child psychology (van Bergen & Salmon, 2010), but can be extended to training teachers to be more aware of the emotional needs of their students (Evans & Harvey, 2012).

In all these programmes, the types of problems people are experiencing, their ages, cultural backgrounds, and, if given one, their diagnosis, is not especially relevant. What matters is that the generalist practitioner can articulate the skill, model it, encourage practicing the skill outside the therapy environment in the real world, starting the learning process at a level suitable for the client, ensuring the client accepts the skill as important, and sustaining motivation when blocks and difficulties are encountered. As many of these programmes include not only a manual of what to do or say, but also include an emphasis on self-control, or self-regulation, it is important to design the program within the parameters of the client's general abilities and threats to self-control—avoiding exposure

to temptations, environmental contexts, social group influences, and unresolved needs (such as clients that use excesses like binge eating to manage negative emotions or conflicts), are the standard components of what is generally known as Relapse Prevention (Marlatt & Gordon, 1985). Within these programmes there are such specialized but broadly applicable extinction techniques as Cue-Exposure Therapy (Monti & Rohsenow, 1999), originally developed for use when treating alcoholism and smoking, but now widely applicable to any problem-area involving cravings. There are acquisition benefits of cue exposure such as in the use of priming (Evans, 2010). Self-control is obviously most difficult in the case of changing the more addictive types of problem behaviour—drinking to excess, smoking, gambling, and overuse of prescription pain medication. Understanding the nature of habits and how to counteract them (a chapter in William James's first psychology textbook) are still important parts of all treatment programmes. It is knowledge of these universals which makes a generalist versatile.

Basic learning principles have broad applicability in practice settings, like the operant conditioning construct of reinforcement: a behaviour that leads to a positive outcome or avoids a negative one will be strengthened (Thorndike's Law of Effect, Evans, 2015b). That is one reason that the field of applied behaviour analysis (ABA) happily entered into so many novel areas of human activity—littering, energy saving, healthy exercise, street safety, breast cancer detection, toilet training, imitation, play, just to name a few of the many targets in ABA interventions (Evans, 2005b). That behaviour is a function of its consequences is surely one of the more profound scientific insights psychology has yet offered. And because every negative behaviour has a more desirable alternative, the positive psychology movement (Seligman, 2011) has clarified that all professional interventions can focus, implicitly, on the acquisition of socially and personally acceptable patterns to replace those that are harmful—a simple idea that should be the first focus of any intern's formulation. Take humans' incredible capacity to learn as one's starting point (Staats, 2012), and elaborate it with all the relevant influential principles (Evans, 2013; 2015a), and one has a psychology for change, not a branded therapy.

The Fourth Domain: Maintenance and Ending the Psychological Service

There is a final set of important skills for versatile practice, and these can be encapsulated under a framework of general time- and cost-management, including value for money and the duration or permanence of one's results. This starts with having a sense for how long a session is and what can be accomplished in the total time allowed. If clients have too much control of the session it can interfere with delivery of the planned intervention. But they must have positive control, so it is useful at the end of any session to review what transpired and to specify the goals for the next session (there are formal procedures for

doing this such as S.O.A.P.; see National Institute of Health, 2022). Interventions are not limited to hour-long, once-weekly, client-contact office sessions. It has long been the customary practice in CBT to assign the client "homework" tasks (Kazantzis, 2017). They represent the importance of taking therapeutic gains and skills learned in treatment back to the real world, to be implemented or tried out and practiced: the classic behaviourist focus on generalisation and maintenance. There is a strong literature on the general benefits of using the client's time this way and there is no limit to the type of problem or type of client who will benefit. Another generalizable practice for extending treatment beyond direct contact with the practitioner is the highly effective focus on teaching self-monitoring skills to clients struggling to change (Korotitsch & Nelson-Gray, 1999).

Novice trainees are often surprised to be told that they need to plan for termination from the very first session with a client—another aspect of time-management. Both practitioner and client need to know how long the intervention will go on for and what will happen when it ends. Most public psychological services have limits on the number of sessions offered, and even in private practice there will be constraints imposed by insurance companies and other third-party payers, in addition to the client's own ability to cover the costs of services. Thus, a critical ability when treatment begins, is for the practitioner to have a schedule in mind regarding what can be accomplished in the proscribed timeframe. Preparing the client for what will happen when sessions (the service contract) end is important in order to avoid excessive dependency on the therapist. It is well-established that clients often form intense emotional attachments to their therapists (and vice versa, which can be more problematic for ethical practice), and the thought of terminating can cause anxiety and distress. Clients can be prepared to cope with future setbacks. Novice practitioners need to be alerted to counter-transference, and internship supervisors reminded of signs of unreasonable dislike or overly positive feelings, rescue fantasies, preoccupation with the client between sessions, ignoring serious issues, or dreading the next client contact.

Another way of thinking of versatility in termination planning is cost effectiveness. An agency that limits a practitioner's intervention to, say, four sessions, requires one to do therapy that is brief. Designing "Brief Therapy" (Weakland, Fisch, Watzlawick, & Bodin, 1974), however, is a special strategy, sometimes emphasising what can be done in one session or in one day; it is not delivering just the first four modules of an empirically validated 12-week programme. Modern iterations of brief therapy focus on solutions rather than problems and provide simple tactics to encourage clients to focus on positive changes for the future and the recall of past successes (Gingerich & Eisengart, 2000). Versatile practitioners carefully plan the timing of sessions, session frequency, and session duration, to allow the focus not on the problem but on what the client would rather have

instead. And they end the contract (termination) with plans for booster sessions, follow-up visits, email or telephone contacts, and progress reports.

A closely related issue is that the versatile practitioner recognizes that not everyone *needs* the longest, most intensive intervention. Years ago, Annon (1976) proposed what he called the PLISSIT model, meaning a gradation in treatment intensity from simply giving permission, to offering limited information, to specific suggestions, to intensive treatments. Many people are still somewhat inhibited in certain areas of function by strict belief systems or moral codes based on religious rules rather than principles. And it is permission-giving (and its opposite) that really lies behind the therapeutic strategy of challenging irrational beliefs in Cognitive Therapy (Beck, 1975) and in Rational-Emotive Therapy (Ellis, 1962), or encouraging clients to cease fighting negative emotions in ACT therapy (Hayes, 2004). The messages to clients are: your true circumstances do not justify your feelings of misery (Beck or Ellis); your feelings of anxiety don't need to be avoided and can be experienced without incurring threat (Hayes). And all approaches to psychotherapy and counselling recognise that clients benefit simply for being able to reveal themselves in a non-judgmental, accepting setting.

Information-giving, in Annon's list, is what we often refer to as psychoeducation, which is in just about in every research-validated manual for every type of problem and every type of client. The general idea is that all clients benefit from a convincing explanation of their problems as we see them from a psychological perspective. It is similar to the psychoanalytic notion that clients need insight into their distress. However, since clients' undesirable behaviours often do serve a function for them (secondary gain), clients may be resistant to suggestions around causes, and solutions—versatile psychologists recognize this likelihood and try to present their formulation in a positive way that clients will understand and accept. Such information is sometimes sufficiently reassuring that no further intervention is needed.

More recent iterations of the same general idea have been promoted, especially in the UK, under the name of "low intensity" cognitive behaviour therapy (LiCBT) (Bennett-Levy, Richards, & Farrand, 2010). It involves structured, manual-driven programmes of self-help, delivered in a variety of modes, usually by "coaches" with less training than psychologists. While potentially cost effective and allowing for easier client access, this is not what we would endorse as short-term versatile practice, nor would we want our programme graduates to be confused with technicians. Familiarity with the use of the better validated packages of materials, would, however, assist a versatile practitioner deliver or better still supervise interventions at different degrees of duration and intensity.

Finally, as the early applied behaviour analysts so cogently emphasised, positive treatment gains need to be maintained when active intervention elements (formal sessions) are withdrawn. An elaboration of this basic idea became popular in specialized programmes for drug and alcohol addictions. But relapse prevention concepts are for everyone, and the psychologist does not need any of the manuals that can be found on the Internet. The principles are a reminder to assist a client in identifying the areas of risk that elicit the previous undesirable patterns of behaviour, thoughts, and feelings (Brandon, Vidrine, & Litvin, 2007). These include areas of temptation (settings, contexts, cues), absence of peer social support, and circumstances such as loneliness which drive further negative thoughts and feelings, loss of self-confidence at the conclusion of the service if the client has shown signs of over-dependence, the need for physical self-care such as eating, sleeping and exercising in healthy ways, and positive protective factors such as having a reliable partner, a concerned teacher, an understanding minister of religion. All of these represent highly generalizable foci that are known to prevent reoccurrence of the original problem.

The Challenge

Both values and knowledge are generalizable outcome of the internship, allowing trainees to be versatile enough to move on to different areas of practice in the future. Values include professional etiquette—learning how to conduct oneself in ways widely accepted in the profession as being appropriate. I will not try to list all of them, and they will change over time, but will mention the more obvious behaviours in this category. They include ethical aspirations, such as being honest, direct, and respectful in one's communications with clients and other professionals regarding one's own expertise. Other stylistic values are showing respect for clients, avoiding disparaging comments in reports or conversations, protecting clients' rights to privacy by ensuring secure and confidential office practices, preserving protected client records, associating with other practicing psychologists through such mechanisms as membership in a professional psychological society, being cautious in public statements and media presentations in which your opinion as a psychologist is being sought, maintaining a peer supervisory relationship, understanding agency power structures but not being intimidated by them, being the evidence-based member of a team, and advocating for change when standards are not being met and injustices are perceived. These are all important and universal aspects of being a practicing psychologist that one discovers tangentially in any quality internship setting and which, when attended to, generalize easily across all others.

Throughout this discussion, however, there has been the key assumption that the most versatile psychologist is one with good background knowledge of basic psychological

principles. This could be considered the essence of what makes a general practitioner versatile. If one understands the psychological principles underlying any given technique, programme, or manual (brand-named therapy or school of therapy), then one can apply those principles in creative and individualised ways to ameliorate new types of problem and benefit new types of clients (Evans, 1996). The empirically validated techniques described in the literature do not produce practitioner-proof procedures, but the best ones go beyond descriptions of techniques to identifying the mechanism of change. We do not want to teach interns to "do" CBT, or ACT, or DBT, or ABA. or EMDR—we want them to use the established principles these protocols draw on, in order to be able to design and evaluate an individualised program for a unique client. And these immediate principles of change fit within a more global psychological orientation.

To offer one example, currently popular mindfulness procedures are techniques not principles. When introduced as a universal school-based mental health initiative, they are not effective (Kuyken, et al., 2022). That should not be surprising. Longitudinal research suggests adolescent friendships among other boys with school disciplinary problems relate to male domestic and intimate partner violence 28 years later (O'Donnell, 2023). This points to the potential value of school-wide programmes encouraging positive experiences such as sports teams, volunteering, community service, and restorative justice practices. Everything we know about developmental psychology as the background science indicates that externalising activities (e.g., being responsible for others, acquiring social interactive skills) will be more valuable for positive mental health than inward-looking, self-focused interventions such as mindfulness training.

This example shows the need for interns to make what we might call "principled judgments"—when weighing up different strategies, each of which has some empirical supporting evidence, it is necessary to consider the deep conceptual background which is the knowledge base of psychology. The same notion holds when incorporating novel perspectives from different cultural starting points. Thus, powerful metaphorical models such as Te Whare Tapa Wha, Te Wheke, and the important Meihana Model (Pitama et al., 2007) are not alternatives to "western" psychology, but provide the crucial cultural contextual principles within which validated techniques should be enacted.

But to extract a principle from of the box of tricks and hold it up to the light of general background knowledge is uncomfortable. It requires careful translation and evaluation. If an intern ventures to move away from the manual of a therapy that has been supported by randomized controlled trials, they need to be especially self-critical and ensure that they have appropriate ways of assessing improvements in clients' problems, and of fine-tuning their intervention plans when necessary. This is a tall order. Our internship training

programme has little control over the basic undergraduate and postgraduate curriculum. We count on departments of psychology across the country to teach sound principles of psychological science, with a strong emphasis on theory, critical analysis, discovery methods, measurement, and contextual cultural frameworks. But it may, in any case, be too much to expect that teaching the basics of behaviour, learning, cognition, perception, development, personality (individual differences) social relationships, cultural knowledge, and social constructionism will also cover the *application* of such abstract knowledge.

It is probably a lost cause to hope that the implications of the basic discoveries in conditioning and learning that set in motion the fields of behaviour therapy and cognitive behaviour therapy will be taught to every aspiring practitioner. For example, there are many validated "treatment" protocols that all involve some sort of exposure to stimuli with the ability to escape or avoid the exposure curtailed. This entire collection of methods is based on one simple topic from basic learning theory: the two-factor theory explanation for why a rat in a shuttle box will keep jumping over the barrier to the sound of a warning signal even though there is no further danger to be warned about (Mowrer, 1940). Maladaptive human actions are also often maintained by reduction in anxiety (or other negative emotion). This simple principle has been translated into many personal, individualized, safe, acceptable interventions, including increasing the person's tolerance for negative emotional experiences.

Perhaps this concern about translation and contextualisation of basic principles to practice means it may be an opportune time for collaborative teaching involving both research scholars and practitioners. Why does the internship have to be the *first* serious practical experience encountered after years of learning abstract concepts? And why should the precious practice time in the 1500 hours be taken up with academic work more suited to the five years of pre-internship university instruction? It is unrealistically optimistic to think that with all the new responsibilities and demands of a one-year internship trainees can be expected to enhance their versatility by immersing themselves in the intricate details of basic experimental psychology. But when being taught about response interrelationships (personality repertoires), conditioning, emotion regulation, self-control, problem solving, motivation, or the powerful forces of family, social relationships, community, and cultural identity, and all the other basics of a good psychology curriculum, students can be shown their relevance to practice.

My argument is that in order to be effective, to make a difference to clients' lives, to reduce distress, and achieve tangible, measurable outcomes across a variety of professional areas, novice psychologists need to be able to distil the experience they acquired in one training session and to generalize it across others. They are not supposed to be slightly

knowledgeable of a lot of different areas, but like good general practitioners in medicine they are supposed to be able to apply detailed and up-to-date scientific knowledge to any of an infinite variety of complaints and symptoms that can be brought by those seeking a psychological service.

But it is important to emphasize that the competencies required for a generalist to be one who is truly versatile are themselves subject to change. There are limits to versatility. No professional can be all things to all people. One size does not fit all. Negative transfer also occurs, so an intern's success with one client can create false expectations the same procedures will help with another. Innovative and creative approaches are not always the right ones and need to be carefully evaluated. And this applies to us as trainers as well. There is an urgent need in this country for sound research on training practices and their outcomes—i.e., the effectiveness of our professional qualifications. It is needed in order to guide the Psychologists Board as they struggle with standards, rules, and definitions of effective practice and academic standards. And on the other side of the coin all the ideas expressed in this paper need to be thoroughly investigated with solid empirical research supported by local scientists (Stricker & Trierweiler, 1995). This is a major priority for all psychology training programmes in Aotearoa New Zealand.

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