

SERIES IN SPECIALTY COMPETENCIES IN PROFESSIONAL PSYCHOLOGY

Specialty Competencies in Rehabilitation Psychology

DAVID R. COX
RICHARD H. COX
BRUCE CAPLAN

OXFORD

Specialty Competencies in Rehabilitation Psychology

Series in Specialty Competencies in Professional Psychology

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SELECTED EVENTS IN THE HISTORY OF REHABILITATION PSYCHOLOGY

- 1940s–1950s Psychologists became increasingly involved in caring for persons with disabilities, many resulting from battlefield injury in World War II.
- 1949 The National Council on Psychological Aspects of Disability (NCPAD) established.
- 1951 NCPAD formally affiliated with American Psychological Association (APA) as a special interest group.
- 1955 NCPAD voted to seek division status within the APA.
- 1956 Publication of “Adjustment to Misfortune—A Problem of Social Psychological Rehabilitation” (Dembo, Leviton, & Wright).
- 1958 Establishment of Division of Rehabilitation Psychology (Division 22) of APA.
- 1958 and 1959 Office of Vocational Rehabilitation in the Department of Health, Education and Welfare helped sponsor conferences whose purpose was defining rehabilitation psychology.
- 1958 The Princeton Conference was held in February of 1958 and was also sponsored by the APA.
- 1959 Publication of Beatrice Wright’s book, *Psychology and Rehabilitation*, a product of the Princeton Conference proceedings.
- 1959 Clark University Conference focused on increased research in the field of rehabilitation psychology as well as a need for suitable vehicles for publication of such research. *Rehabilitation Psychology*, the official journal of Division 22, emerged from this process, having initially begun as *The Bulletin*.
- 1960 Beatrice Wright’s seminal *Physical Disability: A Psychosocial Approach* published.
- 1962 Publication of *Psychological Practices With the Physically Disabled* (Garrett & Levine).
- 1970 National Conference on the Psychological Aspects of Disability, Monterey, CA.
- 1971 Publication of *Rehabilitation Psychology* (Neff), based on papers from the Monterey Conference.
- 1970s–1980s Growth in the area of neurorehabilitation led to a marked increase in the number of rehabilitation psychologists treating persons with brain injury and other neurological disorders.
- 1980 Publication of *Spinal Cord Injuries: Psychological, Social and Vocational Adjustment* (Trieschmann).

- 1987 Publication of *Rehabilitation Psychology Desk Reference* (Caplan).
- Early 1990s Led by the Division of Rehabilitation Psychology, the field began to explore whether a desire and/or need existed to more clearly delineate rehabilitation psychology as a specialty area and *rehabilitation psychologists* as specialists. A specialty credentialing committee was established to review this area and make recommendations.
- 1995 Publication of *Postdoctoral Training Guidelines for Rehabilitation Psychology* (Patterson & Hanson).
- 1995 Establishment of the American Board of Rehabilitation Psychology (ABRP).
- 1995 Division 22 voted to support the ABRP application to the American Board of Professional Psychology (ABPP) for affiliation as a specialty area.
- 1997 The ABRP became affiliated with the ABPP, with the first group of rehabilitation psychologists being granted ABPP board certification in 1997.
- 1999 The ABRP and Division 22 joined forces to establish a conference specifically oriented toward education and opportunities for collegial interaction among rehabilitation psychologists.
- 1999 *Rehabilitation Psychology* journal acquired by Educational Publishing Foundation (subsidiary of the APA).
- 2000 Publication of *Handbook of Rehabilitation Psychology* (Frank & Elliott).
- 2006 *Rehabilitation Psychology* journal became an official publication of the APA.
- 2008 Division 22 awarded the Lifetime Practice Excellence Award to the founding members of the ABRP in honor of their efforts and achievements.
- 2010 Second edition of *Handbook of Rehabilitation Psychology* (Frank, Rosenthal, & Caplan) published.
- 2011 The Baltimore Conference on Rehabilitation Psychology Postdoctoral Training was held and developed consensus guidelines on how postdoctoral training programs in rehabilitation psychology should be conducted and the competencies that should be developed, and created the structure for a national organization of postdoctoral training programs in rehabilitation psychology.
- 2012 The Council of Rehabilitation Psychology Postdoctoral Training Programs initial meeting at the Rehabilitation Psychology conference in February of 2012.

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ABOUT THE SERIES IN SPECIALTY COMPETENCIES IN PROFESSIONAL PSYCHOLOGY

This series is intended to describe state-of-the-art functional and foundational competencies in professional psychology across extant and emerging specialty areas. Each book in this series provides a guide to best practices across both core and specialty competencies as defined by a given professional psychology specialty.

The impetus for this series was created by various growing movements in professional psychology during the past 15 years. First, as an applied discipline, psychology is increasingly recognizing the unique and distinct nature among a variety of orientations, modalities, and approaches with regard to professional practice. These specialty areas represent distinct ways of practicing one's profession across various domains of activities that are based on distinct bodies of literature and often address differing populations or problems. For example, the American Psychological Association (APA) in 1995 established the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) in order to define criteria by which a given specialty could be recognized. The Council of Credentialing Organizations in Professional Psychology (CCOPP), an interorganizational entity, was formed in reaction to the need to establish criteria and principles regarding the types of training programs related to the education, training, and professional development of individuals seeking such specialization. In addition, the Council on Specialties in Professional Psychology (COS) was formed in 1997, independent of the APA, to foster communication among the established specialties, in order to offer a unified position to the public regarding specialty education and training, credentialing, and practice standards across specialty areas.

Simultaneously, efforts to actually define professional competence regarding psychological practice have also been growing significantly. For example, the APA-sponsored Task Force on Assessment of Competence in Professional

Psychology put forth a series of guiding principles for the assessment of competence within professional psychology, based, in part, on a review of competency assessment models developed both within (e.g., Assessment of Competence Workgroup from Competencies Conference—Roberts et al., 2005) and outside (e.g., Accreditation Council for Graduate Medical Education and American Board of Medical Specialties, 2000) the profession of psychology (Kaslow et al., 2007).

Moreover, additional professional organizations in psychology have provided valuable input into this discussion, including various associations primarily interested in the credentialing of professional psychologists, such as the American Board of Professional Psychology (ABPP), the Association of State and Provincial Psychology Boards (ASPBB), and the National Register of Health Service Providers in Psychology. This widespread interest and importance of the issue of competency in professional psychology can be especially appreciated given the attention and collaboration afforded to this effort by international groups, including the Canadian Psychological Association and the International Congress on Licensure, Certification, and Credentialing in Professional Psychology.

Each volume in the series is devoted to a specific specialty and provides a definition, description, and development timeline of that specialty, including its essential and characteristic pattern of activities, as well as its distinctive and unique features. Each set of authors, long-term experts and veterans of a given specialty, were asked to describe that specialty along the lines of both functional and foundational competencies. *Functional competencies* are those common practice activities provided at the specialty level of practice that include, for example, the application of its science base, assessment, intervention, consultation, and, where relevant, supervision, management, and teaching. *Foundational competencies* represent core knowledge areas that are integrated and cut across all functional competencies to varying degrees, and dependent upon the specialty, in various ways. These include ethical and legal issues, individual and cultural diversity considerations, interpersonal interactions, and professional identification.

Although we realize that each specialty is likely to undergo changes in the future, we wanted to establish a baseline of basic knowledge and principles that compose a specialty, highlighting both its commonalities with other areas of professional psychology and its distinctiveness. We look forward to seeing the dynamics of such changes, as well as the emergence of new specialties in the future.

In this volume, Drs. Cox, Cox, and Caplan provide an impressive contribution to the series through a comprehensive presentation of the competencies focused on the specialty of rehabilitation psychology. This exceptionally well-written volume reveals the unique contributions of rehabilitation psychology and illustrates the wide range of interrelated issues that are confronted by the rehabilitation specialist on a daily basis. Psychologists and trainees who have an interest in specializing in rehabilitation settings would be well served to use this volume as their “go to” resource for tackling the challenging issues inherent in assisting persons with disabilities to actualize satisfying and meaningful lives. The insights of these experienced rehabilitation specialists are remarkable. Of particular value is the clear and succinct style with which they delineate the wide range of assessment and treatment considerations that need to be integrated as an essential art of competent practice. These include, but are not limited to, considerations concerning the causes of injury and disability, family factors, medical factors, legal factors, and neuropsychological and personality testing.

Arthur M. Nezu
Christine Maguth Nezu

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PREFACE

Rehabilitation psychology has undergone impressive growth in recent years, as indicated by, among other things, the development of education and training guidelines and establishment as a recognized specialty under the auspices of the American Board of Rehabilitation Psychology. The authors of the present volume were among the founding members of the American Board of Rehabilitation Psychology, which, as of this writing, has board-certified 149 specialists.

Because formal training programs in rehabilitation psychology are still relatively few in number, many psychologists working in rehabilitation settings arrive there having completed training in related specialties such as clinical psychology, health psychology, neuropsychology, or educational psychology. For such individuals, this volume may serve as a portal to the principles and practices of the specialty. For those seeking board certification, the book may serve as part review and part tutorial, with the caveat that the field continues to evolve and preparation for the board certification process will require familiarity with the latest literature.

It should be noted that the present volume focuses on rehabilitation psychology as it is practiced in the United States. However, practitioners in other countries such as England, Russia, Israel, Australia, New Zealand, and Germany have made substantive contributions as well. Indeed, we would be remiss if we did not recognize the writings of individuals such as Kurt Goldstein (1942), Alexander Luria (1963), and Oliver Zangwill (1947), who did pioneering work in rehabilitation psychology, albeit largely in isolation, and whose work merits rediscovery by each new generation of rehabilitation psychologists.

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PART I

Introduction to Rehabilitation Psychology

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Introduction

A Brief History of Rehabilitation Psychology

The “Adam” of rehabilitation psychology is difficult to identify, although the organizational roots are more readily discerned. Larson and Sachs (2000) cite efforts of churches and other charitable organizations during the Middle Ages that could be viewed as precursors of rehabilitation psychology. Meyerson (1963), referring to similar activities, alludes to work of a rehabilitation psychology nature in the 1700s. There is no clear record of these early works and, of course, the field of psychology itself was not yet officially established. Rather, it has largely been since the 1940s that rehabilitation psychology as we now know it has evolved. Detailed review of the history of rehabilitation psychology can be found in the citations referenced in this chapter; the current effort aims to provide an overview.

Contemporary rehabilitation psychology is widely considered to have begun to crystallize during the 1940s and 1950s, as psychologists became increasingly involved in caring for persons with disabilities, many resulting from battlefield injury. While some early rehabilitation psychologists worked independently, many labored within organizations such as the Red Cross, the Easter Seal Society, and the Veterans Administration (now the Department of Veterans Affairs). Government efforts to return injured workers to productivity led to the legislation and establishment of departments focused on vocational rehabilitation; as a result of this, the activity of early rehabilitation psychology practitioners had a significant vocational emphasis.

In a lengthy disquisition that could be viewed as the first major rehabilitation psychology publication, Dembo, Leviton, and Wright (1956)

reported on a study of 177 individuals with disabilities, more than half with amputations. Their monograph addressed the issue embodied in the title (“Adjustment to misfortune”) as well as outlining the social-psychological underpinnings of much of the early work in the field.

Three other landmark publications of great historical significance should be mentioned. Beatrice Wright’s *Physical disability: A psychological approach* (1960; second edition, 1983) is an enduring classic that expanded discussion of many central principles of the specialty including the role of value change in coming to terms with acquired disability, the impact of societal attitudes toward persons with disabilities, and the central role of the patient as a “comanager” of their rehabilitation. In the revised edition, Wright described “20 value-laden beliefs” that encapsulated core principles of her clinical work; 30 years later, these notions still offer an excellent framework for the practicing clinician.

A 1962 volume edited by Garrett and Levine consisted of a dozen chapters, each describing a disabling condition (e.g., cerebral palsy, hemiplegia, sensory disability) that could benefit from psychological assessment and intervention. A 1970 conference in Monterey, California sponsored by APA and the United States Department of Health, Education and Welfare yielded an edited volume (Neff, 1971) with contributions by several early shapers of the field including Leonard Diller, Wilbert Fordyce, and Franklin Shontz.

James Garrett, a founder of the American Psychological Association (APA) Division 22 and associate director of the Office of Vocational Rehabilitation in the Department of Health, Education and Welfare, helped sponsor conferences whose purpose was to define rehabilitation psychology (Larson and Sachs, 2000; Wright, 1959); Victor Raimy served as chairman of the Planning Committee. Two major conferences were held, one at Princeton University in Princeton, New Jersey (subsequently known as the Princeton Conference), and another at Clark University in Worcester, Massachusetts.

The Princeton Conference in February of 1958 was also sponsored by the APA, which published Wright’s (1959) book, *Psychology and Rehabilitation*, a product of the conference proceedings.

A consensus about the definition of rehabilitation psychology proved difficult, if not impossible, to obtain. There was broad agreement among those involved in the early definitional efforts about certain distinctive features of rehabilitation psychology such as the emphasis in assessment on measuring not only an individual’s deficits but also his or her strengths; providing person-centered treatment aimed toward accommodation/

adaptation and/or restoration of function; a view of injury prevention as a fundamental construct; and a multifactorial perspective on “disability” that views the person with a disability as interacting with and affected by multiple aspects of his or her environment (Wright, 1959). Thus, rehabilitation psychology can claim to have originated the widely accepted biopsychosocial perspective on behavior some two decades before Engel’s (1977) classic paper suggesting the term.

At the time of these conferences, there was some discussion about establishing a specialty of rehabilitation psychology; however, “In the interest of furthering the alliance between psychology and rehabilitation, the creation of a new specialty, ‘rehabilitation psychology,’ was considered and rejected for the present” (Wright, 1959, p. 88). This rejection was primarily with reference to specialization within doctoral psychology training. There was recognition that broad psychological education, training, and experience were necessary for all psychologists, that various areas of psychology could contribute to rehabilitation, and that rehabilitation psychology had much to offer the rest of psychology. It was generally agreed that specialization could, perhaps, occur more optimally following doctoral training. The conference attendees desired to deepen the relation between psychology and rehabilitation and felt that more flexible recommendations allowed for a greater likelihood of evolution of the field. Meyerson (1963, pp. 45–46) would reiterate the notion that given the relative youth of the field, formalization and establishment of “... rigid curriculum for the training of the people who do it...” would be a mistake. Referencing various areas of psychology, he stated, “It draws from all of these and others, and gives something of its own to all of them.”

The 1959 Clark University Conference focused on increasing research in the field of rehabilitation psychology as well as a need for suitable vehicles for publication of such research. *Rehabilitation Psychology*, the official journal of Division 22, emerged from this process (Larson and Sachs, 2000), having begun as *The Bulletin* (Brownsberger, 2004).

A vital product of the conferences at Princeton and Clark was a growing interest in formalizing interactions of those involved. Although independent from the aforementioned conferences, some of those in attendance played central roles in facilitating organizational structure for the field.

Evolution of an American Psychological Association Division

Concerted efforts over nearly a decade eventually led to the formation of what is now the Division of Rehabilitation Psychology (APA Division 22)

in 1958 (Wright, 1993). The National Council on Psychological Aspects of Disability (NCPAD), helped establish in 1949, formally affiliated with APA in 1951 as a special interest group. The NCPAD became the National Council on Psychological Aspects of Physical Disability (NCPAPD) in 1952 and reverted to NCPAD in name in 1956 (Larson and Sachs, 2000).

According to Larson and Sachs (2000), the membership of the NCPAD initially voted against applying to become a division of the APA. However, that sentiment changed sufficiently such that a petition was put forth in the fall of 1955 with 155 of the 180 members seeking division status. In August 1958, the APA Council of Representatives voted to grant division status to the 22nd division of the APA. Until 1963, the division remained the NCPAD; from 1963 to 1972 it was known as the Division on Psychological Aspects of Disability (DPAD) and has since been the Division of Rehabilitation Psychology. In the first few years, the division grew to a membership of almost 1,000 (Meyerson, 1963); as of this writing, membership stands at about 1,200.

The Division of Rehabilitation Psychology is now over 50 years old. It is a vibrant division and has grown to include formal sections and/or special interest groups such as pediatric rehabilitation, women's issues in rehabilitation, outcomes measurement, assistive technology, deafness, integrated health and living, and legal system. The division helped establish the Foundation for Rehabilitation Psychology, a nonprofit organization supporting research and education in rehabilitation psychology as a means to improve the lives of persons with disabilities. During the late 1970s and 1980s, growth in the area of neurorehabilitation led to a marked increase in the number of rehabilitation psychologists treating persons with brain injury and other neurological disorders. As a result, there is a large overlap of rehabilitation psychology and neuropsychology in this area, and many psychologists self-identify with both specialties or, as Larson and Sachs (2000) note, report that they work in the hybrid of "neuropsychological rehabilitation." Nearly half (49% in 2010) of the Division 22 members are also members of Division 40 (Division of Clinical Neuropsychology), and the two divisions often cosponsor activities at the APA Annual Convention.

The *Division 22 Newsletter* has published interviews with several leaders in the field (Brownsberger, 2004; Homaifar, 2007; Lopez, 2005) that provide historical perspectives about the development of the division, supplemented by the personal thoughts and recollections of significant players in its establishment and growth.

The evolution of the field did not stop with the establishment of an APA division. The growth of the field and the division, as well as the increasing