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The Application of the Community Psychology Practice Competencies for Community Consulting Practice in the U.S.

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Abstract

This article describes many of the competencies used for consulting with communities in the United States. It includes a description of each competency, how each is used, and tips for developing them. The article begins with a definition of community psychology consulting and how it is different from business or other forms of consulting. The different levels of competence and the interdisciplinary nature of the competencies needed for working in communities are discussed. The article maintains that all community psychology consultants need expertise in foundational competencies such as sociocultural and cross- cultural competence and commitment to improving public welfare and social and racial justice. The extent to which community psychology consultants need expertise in other competencies, such as community program development and management, community and social change, and community research, depends upon the type of consulting practice they will have. There is considerable overlap in competencies required for community psychology practice and those required for social work, public health, public administration, and other fields. Therefore, community psychologists interested in pursuing a career in community consulting might take courses or get additional training in other fields.

Introduction

In 2012, the Society for Community Research and Action's Task Group on Defining Practice Competencies presented a set of 18 community psychology practice competencies (Dalton & Wolfe, 2012). They described three levels of competence – exposure, experience, and expertise – and suggested that graduate students should at least be exposed to all the competencies during their training. Furthermore, the task group recognized that graduate programs would likely vary as to which competencies they emphasized. In 2015, *Community Psychology: Foundations for Practice* was published (Scott & Wolfe, 2015). The book describes many of the competencies and their application and provides recommendations for developing them. This article will include information about developing and using competencies commonly employed in community consulting in the United States. We derived the competencies from literature and our own and other community psychology consultants' (CP consultants) experiences.

Definition of Community Psychology Consulting

Viola and McMahon (2010) defined consulting as "using your expertise . . . to help clients . . . achieve their goals" (p. xvii). A distinguishing feature of CP consultants (versus other types of consultants) is their disciplinary orientation and their approach. First, CP consultants are accountable to the community served rather than the contracting organization. Second, CP consultants consider processes and outcomes within the context of larger systems, even when they are working with a single organization. Third, CP consultants are skilled at working with larger systems to promote systems level change. Fourth, CP consultants maintain a collaborative relationship that recognizes the focal organization or community members' expertise rather than a hierarchical "expert" to "consultee"

relationship. Finally, CP consultants recognize that changing outcomes does not always require changing individuals. Community change more likely results from changes to the larger systems in which individuals operate.

The objective of this article is to demonstrate how CP consultants in the United States may apply the community psychology practice competencies and competencies from other fields to CP practice. We began with the 18 Community Psychology Practice Competencies and then incorporated competencies from other disciplinary fields, such as evaluation (American Evaluation Association, 2016), public health (The Council on Linkages Between Academia and Public Health Practice, 2014), social work (Council on Social Work Education, 2015), and public affairs and administration (NASPAA Commission on Peer Review and Accreditation, 2014).

Level of Competence

The type of competencies and level of expertise that practitioners need to develop depends primarily on their work settings and the type of work they do. We agree with the SCRA Task Group that all CP consultants should have *exposure* to these competencies during graduate school. We contend that *experience* and *expertise* are needed only for those competencies that will be applicable in their practice. For example, some practitioners working for the federal government may spend little or no time working in individual communities. Instead, they spend much of their time engaged in research or policy-related work. They may work to gain experience and expertise in research and policy and not focus at all on competencies relevant to building community. Alternatively, practitioners working more closely with or in communities are likely to be engaged in capacity building, coalition development, and program evaluation and therefore focus their development on those competencies.

Like the CP competencies, public health defines three levels or "Tiers" of competence, with a focus on concrete application rather than extent of knowledge (The Council on Linkages Between Academia and Public Health Practice, 2014). Tier 1 is entry level, Tier 2 is program management/supervisory level, and Tier 3 is senior management or executive level. The Council on Linkages Between Academia and Public Health Practice's (2014) description of the competencies provides details regarding what a public health professional should be able to do at each of these levels. For example, when defining the sub-competency for financial planning and management, Tier 1 is "contributes to development of program budgets," Tier 2 is "develops program budgets," and Tier 3 is "develops organizational budgets." These specific descriptions are useful for individuals to understand where they fall on the continuum. They are also useful for employers to determine the level of competency needed for a specific position.

The Interdisciplinary Nature of Competencies

In our work as CP consultants, we regularly work with individuals who were trained in other disciplines. This has provided us the benefit of learning methods and skills from other fields, including social work, public health, business, and public administration. Based on our observations, we have found that several other disciplines share competencies with CP. For example, social work competencies share many similarities to CP and public health competencies (Council on Social Work Education, 2015; The Council on Linkages Between Academia and Public Health Practice, 2014). Perhaps the greatest difference between CP competencies and social work competencies is the focus on and intervention with individuals and

families. Knowledge and skills at these levels can be useful for CP consultants who work with programs that target individual level behaviors or to deepen understanding of individual and family level influences on groups, neighborhoods, and communities. This level of knowledge is also useful for program evaluation consulting with organizations that provide programs targeting individuals and families.

Similarly, CP consultants trained in clinical/community psychology or human development focused programs develop some level of knowledge and experience with individuals and families. Interpersonal skills such as those taught in social work or clinical psychology programs can benefit the CP practitioner in specific ways. Ultimately, all interactions are interpersonal. Community group members often have strong emotions about community issues, and conflict is not uncommon. Clinical skills are useful in dealing with interpersonal dynamics in groups and communities. CP consultants focusing their practice on evaluation or consultation with organizations providing clinical or child development services would also benefit from clinical training and experience.

CP consultants who want to increase knowledge and skills focused at the individual level might consider a minor or cognate in individual and/or family focused discipline (e.g., human development, social work). In addition, CP consultants might collaborate on projects with social workers, developmental psychologists, or clinicians to learn from their approaches. Additional experience can be gained through reading materials, training programs, or social work or clinical psychology continuing education (CEU) training or workshops. CP consultants may not gain individual and family therapy expertise, but they will deepen their understanding of individual, family, and group dynamics. This can help them to better understand the services with which they are evaluating or consulting.

Competencies Common and Necessary for All CP Consultants: The Foundational Principles

In this section of the article we will describe the competencies that are common across all types of CP consulting. They correspond closely to the CP practice competencies' foundational core competencies. They represent the underlying values and perspectives that define community psychology. The CP practice competencies include *sociocultural and cross cultural competences; ecological perspectives; empowerment; community inclusion and partnership; and ethical, reflective practice*. Because these competencies are foundational and integral to what defines and differentiates CP consulting practice from other types of consulting, CP consultants might strive to develop an "expertise" level for each of these competencies. They are woven through all of the work in which CP consultants engage. Evidence suggests that they are well-integrated across CP training programs, further supporting their importance. Eighty percent of students responding to a community psychology graduate education survey reported that training for these competencies is available in required coursework or integrated into multiple aspects of graduate training (Connell et al., 2013). These competencies represent both a knowledge base and a values orientation.

While most community psychologists will be at least at the "experience" level for foundational principles, progression to the level of "expertise" requires continuous development throughout one's career. CP consultants develop competence through experience with a variety of situations and community engagements, coupled with self-reflection and feedback. For example, while sociocultural and cross-cultural competence

skills and knowledge may be initially taught through books, workshops, or classes, they are strengthened through experience in communities, self-discovery, and reflection of personal biases and feedback from peers or community members. How competent CP consultants become in working across a variety of cultures is associated with the extent to which CP consultants engage with individuals and groups who are not from the same socioeconomic or cultural background as themselves.

Based on our experience as CP consultants, we would add one additional competency – *commitment to improving public-welfare and social and racial justice*. A recent article published in Nonprofit Quarterly (Wolff et al., 2017) describes a set of six principles for Collaborating for Equity and Justice. While this article is primarily focused on building collaborations to create sustainable social change, the principles presented may be applicable to CP consulting practice in general. For example, Principle 1 is to explicitly address issues of social and economic injustice and racism. Engagement in CP consulting requires that the consultant not ignore or avoid these issues wherever they are uncovered, but to be forthcoming and explicit in bringing them to light. When institutional and interpersonal racism are aspects of the context that are complicit in perpetuating the problem at hand, they cannot be ignored if the CP consultant is working to produce real and lasting change.

The consequences of ignoring complex and pervasive issues of race and class are real and have devastating consequences. For example, the fact that racism is a contributing factor for low birthweight and subsequent infant mortality disparities has been documented for over a decade (Collins, David, Handler, Wall & Andes, 2004). Despite mounting supporting evidence, the primary intervention mode via "evidence-based programs" is to provide individual case management services focused on "fixing" the mothers rather than addressing root causes, including racism. Thus, at the same time infant mortality is declining in the U.S., the racial disparities are increasing (Rossen & Schoendorf, 2014). In 2013, the infant mortality rate for white mothers was 5.1 deaths per 1,000 live births. For Black or African American mothers, the rate was 10.8 deaths per 1,000 live births.

Being a CP consultant provides opportunities to advocate for social justice and racial equity. For example, Susan was invited to participate in the local health needs assessment process where she collaborated with others to consistently mention racism as having an impact on the local health disparities that were found. The resulting report includes mention of racism as a factor. While it is not action, it has at least made it into print and brought the issue to the table, which is a start.

CP Consulting Practice Related Competencies

The extent of expertise developed for the competencies described in the remaining sections are optional. Their importance depends upon the type of work in which the CP consultant is engaged. CP consultants are encouraged to identify those that will be used in the type of work they do, and then focus on gaining experience and expertise in those areas.

Leadership and Management

The CP Competencies include *community leadership and mentoring* to community members and organizations. Drawing upon the public health and evaluation competencies, we have added *supervisory and human resources knowledge and skills*, and having *financial management competence and business acumen* (The Council on Linkages Between Academia and Public Health Practice, 2014; American Evaluation Association, 2016).

CP consultants use community leadership and mentoring competencies to help community leaders and members identify and develop their own leadership potential. This requires sharing what you know about community leadership and working collaboratively with community leaders and members to determine how to best apply these skills within their context. Becoming expert in community leadership and mentoring is often developed through observation, being mentored, and experience. Individuals who want to build this competence should identify and work with someone who has demonstrated expertise by effectively promoting and supporting leadership among community members. Ann often is asked to mentor students or is contacted by students seeking internship experiences. She has also provided coaching to new evaluators. She focuses discussions and practice opportunities for new evaluators and students on many of these competencies (environmental perspective, interpersonal skills, capacity-building, etc.). Within the community coalitions and collaboratives with whom she works, Ann tries to temper her leadership abilities and encourage community leaders and members to identify and develop their own leadership potential to achieve the goals they have for their community. Ann's goal is to build capacity in individuals with whom she works and the communities they serve.

Community psychology curricula typically do not include financial planning and management, and this was not included among the original 18 CP practice competencies. The competency defined for public health includes skills such as implementing policies and procedures; developing and managing program and organizational budgets; evaluating program performance and using evaluation results; preparing and approving funding proposals; managing personnel; and establishing performance management systems. AEA describes the "management domain", which represents the logistical and business aspects of evaluation and lists similar skills.

We have added these competencies to CP consulting because they are often relevant, whether CP consultants have their own practices or are working within an organization. Even community psychologists who do not engage in consulting, such as university faculty, researchers, or other practitioners, may benefit from having these skills. For example, a university faculty member who receives a large National Institutes of Health research grant will need to develop a budget, manage the project, hire staff, and monitor the project's performance.

Even though one of us has her own consulting business and one of us works as a consultant in a nonprofit organization, we both frequently use these skills for our jobs and for working with other organizations. The executive directors of the nonprofit organizations we both consult with are primarily concerned with the business aspects of their organizations. When we complete an evaluation project for them, our recommendations need to consider available financial and human resources so they are realistic and actionable. When we are having such conversations with executive directors during the consultation, it helps that we understand what they are talking about when they begin discussing the business aspects of the programs we are evaluating (e.g., budget, staffing, other resources).

CP consultants can develop their financial planning and management skills in various ways. When working in organizations and with community programs, CP consultants should become familiar with their budget and ask questions about how it was developed. Nonprofit organizations often publicize their annual reports, where they highlight the various revenue streams that contribute to their budget. CP consultants would benefit from continuing education in financial and

human resources related topics. A few CP consultants have found it beneficial to obtain a Master's Degree in Business or Public Administration or at least take basic accounting or other business-related courses. Many have learned these skills through employment as staff or managers in nonprofit organizations. Professional organizations, such as the American Evaluation Association, sometimes offer pre-conference workshops on the topic. We have also found books that were helpful in setting up and working on the business aspects of consulting (e.g., Barrington, 2012). Even if you establish a consulting business and hire experts to assume these responsibilities, it is important to possess a basic understanding of your own so you can be assured the experts are doing their jobs correctly.

Community Program Development and Management

The group of competencies related to Community Program Development and Management is composed of *program development, implementation and management*, *prevention and health promotion, small and large group processes, resource development,* and *consultation and organizational development*. Program development, implementation and management includes being able to assess community issues, needs, strengths, and resources; create and sustain inclusive partnerships; and develop programs to address community issues and systems change. These activities include conceptualizing the theory of change and creating a program logic model; designing activities and program components in a way that will produce desired changes; developing and executing an implementation plan; ensuring the program fits the culture and context; and ensuring sustainability. As evidenced by the growing membership in the American Evaluation Association's Community Psychology Topical Interest Group (AEA CP TIG), many CP consultants engage in program evaluation. Additional experience and expertise in developing, implementing, and managing programs is helpful. Actual community program experience and having expertise with the realities of program management contributes to the ability to offer practical, useful, and realistic evaluation recommendations and to assist community-based organizations to implement findings-based changes.

Working with community-based organizations may involve helping community organizations to write grant proposals and other resource development related activities. CP consultants with program management and implementation expertise are particularly suited for facilitating program design and writing the evaluation sections of grant applications. Being able to assist organizations to write clear objectives, develop a comprehensive work plan, write a clear need statement, describe collaborative partnerships, and prepare a program budget are in-demand skills. Consultants with program development and management expertise can use their experience to help organizations make a more practical case statement to strengthen the proposal. Understanding the requirements, styles, and formats expected by different funding sources and having experience writing to each audience can be valuable to help community-based organizations secure much-needed funding.

Whether CP consultants need to develop prevention and health promotion experience or expertise depends upon the type of work the CP consultant is pursuing. If the CP consultant plans to engage in evaluation, policy initiatives, or work with prevention-oriented programs, expertise in prevention and health promotion is necessary. Prevention is a key theme within community psychology; therefore, most anyone who has trained in a CP graduate program likely is well-grounded in knowledge of the topic. If a CP consultant is working with prevention

programs in some capacity, the consultant will need expanded knowledge of prevention theories and programs in the specific area in which they are working. In addition to the theoretical understanding, learning about the various approaches utilized, applications across topic areas, and prevention specific research evaluation methods is also important.

We frequently use our small and large group processes competencies and experience. Such skills are applicable to gather data via focus groups and community listening sessions and to facilitate small workgroups, committees, and larger coalition meetings. When teaching capacity building workshops or conducting other training, small group process management skills are useful to facilitate discussions and group exercises. These skills are best learned through observation of a skilled facilitator and through practice.

Consultation and organizational development skills are often needed to build community and organizational capacity. Competencies under this umbrella include the interpersonal skills needed to engage in a trusting and collaborative relationship with the client, and an understanding of group and organizational dynamics and functioning. For example, nonprofit organizations do most of the heavy lifting in terms of social service and social change in communities. Understanding how nonprofit boards work, nonprofit funding streams, and the local nonprofit culture is important to provide capacity building services in a way that benefits the client. A survey of graduate students indicated that they perceive they are receiving insufficient education in these areas (Brown, Cardazone, Glantsman, Johnson-Hakim, and Lemke, 2014). At the larger level, understanding the dynamics and culture of the various communities at several levels is also helpful. The application of ecological theories and the ability to see how these theories apply to the local culture, relationships, and overall community functioning is fundamental to being able to facilitate organizational and community capacity for change.

Although we might expect CP students to have some exposure to these concepts and gain some experience in their practice through case studies and supervised internships, reaching a high level of expertise in this area requires experience. Throughout their careers, and especially early in their careers, CP consultants should seek mentoring of more experienced practitioners. Many community consultants find it helpful to identify a community of practice of other consultants. For example, the SCRA Practice Council hosts Peer Consultation calls once a month, which serve as a community of practice, offering guidance and support.

Community and Social Change

Competencies related to community and social change include many of the 18 core competencies described by Dalton and Wolfe (2012), especially the ones described above. More specifically, community and social change are related to the specific competencies of *collaboration and coalition development; community development; community organizing and community advocacy; public policy analysis, development, and advocacy; and information dissemination and building public awareness*. All these competencies have at their core the specific skills needed to work with community groups, from the envisioning phase of a community change initiative to helping community groups define common goals and act to achieve them.

Ideally, community change efforts focus on systems level change, often through policy change. Furthermore, community and social change is often achieved through the effective use of communication and information dissemination. Take for example an intervention that seeks to decrease underage drinking. One approach would be to implement a substance abuse intervention

unit into every 9th grade health class. Another approach might take a community perspective. For example, Drug Free Communities, or DFCs, are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and emphasize environmental change strategies (increase barriers, change policies, change the physical environment) to reduce underage drinking and substance abuse.

Communities are encouraged to look at local data to determine the community factors that lead to underage drinking. One community may find that youth drink because they have easy access to alcohol because local stores fail to card teens. Another community might discover that many parents host parties where alcohol is served, especially around prom or graduation. These communities may implement very different change strategies based on the needs of their community. The community that finds local stores fail to card underage youth may partner with law enforcement to train store owners and increase monitoring of underage liquor sales. The community where adults' provision is an issue might choose to implement a positive social media campaign that encourages parents and other adults not to serve alcohol to teens. The role of CP consultants working with each of these communities would be to facilitate the translation of the research findings into action and to help build community collaboration.

There has, of late, been an increasing emphasis on "Collective Impact" and a focus on developing community coalitions using this model (Kania & Kramer, 2011). Research and practice with community coalitions have demonstrated that developing effective community coalitions is much more complex than the five conditions described in the Collective Impact model (Wolff, 2016). Over the last decade, coalition experts have demonstrated the complexity of bringing together groups of individuals with common yet disparate interests to unite to solve a common problem (Wolff, 2010; Butterfoss & Kegler, 2002). CP consultants with a deeper knowledge of this complexity may find themselves in the role of organizer, expert consultant to, or evaluator of community coalitions. Developing coalition expertise requires grounding in the body of work that has evolved through community psychology, public health, social psychology, and other disciplines to better understand group processes, political dynamics, and other related behavioral phenomena. Participating in and observing the formation, development, and maintenance of coalitions and receiving mentoring from more experienced CP consultants is perhaps the most useful thing a CP consultant can do to develop expertise.

Public policy analysis, development, and advocacy are useful skills for CP consulting if you are engaged in social change efforts. As an analyst with the U.S. Department of Health and Human Services Office of the Inspector General, Susan gained skills for researching laws, regulations, and policies. Since then, she has used these skills in various ways as a consultant, including reviewing internal policies for one organization to assess the extent to which they incorporated the requisite laws and regulations.

Advocacy skills have also been useful in our practices. For example, as a consultant to maternal child health programs, Susan has been asked to assist with visits to state and national elected officials to provide information to inform their votes on selected issues. She was also active in a state coalition to advocate for funding for women's health services. While these activities are not directly related to her consulting practice, the funding she advocated for was needed to support the programs she has been working with and to reduce the focal problems in her community. Ann has provided white papers and data briefs that community coalitions have used to educate state and local government politicians about youth substance abuse. Through her work with

foster care advocates, Ann has helped shaped the focus of an education advocate program that supports children in foster care. The program logic model identified problems within the education and court systems that negatively impact children in care (CIC). Because of the pilot program and evaluation, the Department of Child and Family Services and Georgia CASA (Court Appointed Special Advocates) implemented specific training programs for caseworkers and CASAs and are actively working to support positive educational outcomes for CIC.

Community Research

Two core competencies make up the community research domain: *participatory community research* and *program evaluation*. CP consultants often use a participatory approach to research by working with community members to define research questions, to ensure questions are contextually appropriate, and to determine that the measures used to assess them are appropriate to the community. Participatory approaches require shared power. The CP consultant must assume a position that is equal to that of community members. This is a much different approach than that taken by more traditional researchers whereby the researcher is expert and community members are "research subjects."

Research can also be useful to provide information needed to identify needs and resources, deepen understanding of an issue at hand, and for organizational and community planning. For example, Wolfe and colleagues (2013) used the public health Perinatal Periods of Risk (PPOR) framework to analyze and use data to better understand birth and infant health outcomes (Peck, Sappenfield, & Scala, 2010). This six-stage approach is designed to follow the public health planning cycle and mobilize communities to act based on outcomes of the analytic phase. Results of data analysis using the framework were presented to the San Antonio Healthy Families Network (HFN). The HFN used them to develop action plans to address high rates of low birthweight and infant mortality.

Based on our experience, a review of the websites of many of the organizations that employ CP consultants, and the increasing AEA CP TIG membership, we believe that program evaluation expertise is often a core service of current CP consulting practice. Whether working with coalitions, building organizational capacity, or developing programs, evaluation expertise is required. Development of this expertise begins in the classroom, where students learn about evaluation theory and the various types of evaluation. Engagement in program evaluation in community-based settings often requires adapting classroom learning to accommodate real issues, such as access to data, resource limitations, or stakeholder constraints placed on programs or organizations (e.g., funders, board members, other organizations).

Community research and program evaluation includes partnering with community stakeholders to ensure the evaluation is designed so that results are useful to improve community outcomes. For example, logic models ideally are designed with community members and consider the community context in which the social problem exists. CP consultants who focus on evaluation may also have intervention design expertise. The CP consultant may use a systems perspective to design the intervention and evaluation. Ideally, community members may assist in data collection and even the synthesis of findings. This helps ensure community buy-in.

Many community-based organizations, especially smaller nonprofit organizations, do not have the funds to hire an evaluator. They also lack the expertise to design, implement, and analyze and report evaluation findings. Thus, CP consultants may find themselves

providing training and other capacity building services. Much of the evaluation and community-based research education received in graduate school involves learning sophisticated models and design and analysis using comparison or control groups and longitudinal designs. Most of the evaluation being done in communities is on a much smaller scale and requires a much simpler approach. Building capacity within community organizations involves ensuring staff understand how to set goals and develop indicators and benchmarks, define simple data collection and analysis methods using spreadsheets, and teaching staff how to compute percentages to determine whether the program met its benchmarks.

Discussion

The wide range of competencies needed for CP consulting reflects the complexity of work in communities. The U.S.-based community psychology practice competencies provide a good start toward determining the types of competencies needed for CP consulting; however, a review of competencies from other fields suggests that there are additional competencies and approaches that may be useful. For example, the inclusion of more financial and management competencies would be helpful for all community psychologists -- practitioners and academics.

Although there is considerable overlap in the CP practice competencies and competencies defined for other fields, there are also distinct differences. These similarities and differences, taken together, highlight the value in engaging in interdisciplinary practice and suggest that CP students may benefit from cross-disciplinary training. This can be accomplished either through minors or cognates in other fields or continuing education training after graduation. Professional societies, such as the American Evaluation Association, include continuing professional development as a core competency. We agree that all CP consultants and practitioners should engage in continuous professional development throughout their careers. Methods and knowledge in many of the areas in which CP consultants work are consistently evolving, and consultants who do not engage in ongoing professional development do a disservice to the organizations and communities with whom they work.

Each of us has developed and used the competencies consistently throughout our careers. Susan Wolfe's career and competencies development progression has been documented in several publications (Wolfe, 2000; Wolfe, 2014; Wolfe, 2017). Her documented progression demonstrates the evolution of skill development through employment experiences, formal education, continuing education via workshops and conferences, and reading. Admittedly, some of it was accidental and facilitated by chance, but most of it was purposeful. While CP provided most of the core competencies needed for her work, she has found that training provided through other disciplines, including organizational and developmental psychology, business, and public health has added substantively to her tool box. Prior to consulting Susan held a wide variety of positions in health care, social services, government, and education. One of the most relevant observations is that similar techniques existed across contexts, but they were often labeled differently.

Likewise, Ann Webb Price has had a similar evolution of skill development through formal education, experience, and continuing education. Ann's earliest education and experience was in clinical psychology. After obtaining her Master's degree, she worked for several years in private practice and several local treatment facilities for addicted adolescents. After witnessing the devastating effects of addiction on families and youth, including the death of several teens following discharge, Ann was left with a profound frustration with medical and individual

approaches. Her education as a community psychologist provided a foundation in systems level change; program development and evaluation practice sustains her CP practice. Like Susan, continuing education and work on these core competencies is vital to her continued development as a professional.

In summary, the CP practice competencies provide a reasonable framework for CP students and early career professionals to guide their education and professional development if they are interested in engaging in consulting. This is true whether CP consulting is part of the other work in which they engage, or if they are full-time consultants, independently employed or working in other organizations. However, they are not inclusive of all competencies – personal and professional – that CP consulting practice requires. While we view the development of the CP practice competencies as an important step toward more clearly defining the field and establishing criteria for graduate education, the field would likely benefit from re-examination and expansion upon the CP practice competencies. Additionally, we would encourage faculty to advise students who are interested in practice careers or community consulting to take courses, minor in, or even get an additional Master's degree in other fields such as public health, social work, public administration, or business. At the very least, individuals who would like to pursue CP consulting should be mindful and strategic about building their expertise in relevant competencies.

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