A Competency-Based Approach to Supervision: Basic Skills

Training Material

Presenter
Assoc Prof Craig Gonsalvez
A competency-based approach to supervision: Basic skills

Craig Gonsalvez
Wollongong, May 2013

Overview Day

- Session 1: 9.00 am to 10.30 am
  - Coffee break

- Session 2: 11.00 am to 12.30 pm
  - LUNCH break

- Session 3: 1.30 pm to 3.00 pm
  - Tea break

- Session 4: 3.30 to 4.30 pm
Overview Day

- Session 1:
  - Competency-based approaches to clinical supervision
  - Small group activity: Establishing supervision plans
- Session 2:
  - Video review techniques to conduct supervision
  - Small group activity focusing on skills training
- Session 3
  - The emotion graph video review technique
- Session 4
  - Attitude-value competencies in peer supervision

Objective for Workshop

- Enhance understanding of competency models of supervision
  - Principles
  - Implications for practice
- Demonstrate two important competencies
  - Designing a competency bases supervision plan
  - Use of videotapes to facilitate skills competencies
1. Competency-based approaches

- The competency revolution
- Pedagogy AND model of supervision
- Major impact on psychology training
- Major impact across disciplines

1.2 Supervision models

Psychotherapy Theory
- Psychodynamic
- Person-centred
- CBT supervision
- Systemic, Family, Narrative

Developmental Models
- Stage models
- Process models
- Life span models

Social Role Models
- Discrimination model
- Structural Approach to Supervision
- Others

Competency-based Models
- Competency-based approach
- Objectives Approach to Supervision
1.2 Psychotherapy-based models: CT vs CT Supervision

<table>
<thead>
<tr>
<th>Cognitive Therapy</th>
<th>Cognitive Therapy Supervision</th>
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<tbody>
<tr>
<td>Mood check</td>
<td>Check in</td>
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<tr>
<td>Agenda setting</td>
<td>Agenda setting</td>
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<tr>
<td>Bridge from previous therapy session</td>
<td>Bridge from previous supervision sess.</td>
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<tr>
<td>Inquiry about primary problems</td>
<td>Inquiry regarding previous cases</td>
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<tr>
<td>Review of homework</td>
<td>Review of homework</td>
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<tr>
<td>Prioritisation and coverage of agenda</td>
<td>Prioritisation and coverage of agenda</td>
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<tr>
<td>Assignment of new homework</td>
<td>Assignment of new homework</td>
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<tr>
<td>Use of capsule summaries</td>
<td>Capsule summaries by supervisor</td>
</tr>
<tr>
<td>Client feedback on T’s conceptualisation</td>
<td>Supervisee feedback on Sr conceptualisation</td>
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Liese & Beck, 1997

1.3 Developmental models

- Dominated supervision theory and practice
- Therapists progress through distinct stages
- Need for developmentally appropriate strategies
- Implications for therapists and supervisors
- Criticisms: Lack of consensus, overly general
1.4 Competency Models: Characteristics

- Start with the end in mind
- Output rather than an input model
- Atomistic in its conceptualisation of competence; “task-analytic” approach
- Criterion based: notionally absolute
- Emphasis on demonstration/measurement

- Desirable: evidence-based, transparent

2.1 Competence: Definition

- Sufficiency of a broad spectrum of personal and professional abilities relative to a given requirement (Falender & Shafranske, 2004)
- Unique assemblages of discrete clinical abilities that incorporate the specific knowledge, skills, values, emotions, etc., required to perform the specific professional activity (Falender & Schafranske, 2007)

- May be easier to identify in its absence (Kitchener, 2000?)
- Not the absolute or ideal standard of performance.
2.1 Competency: Definition

- Competence: Overall/global capability of an individual’s professional performance
- Competency: Discrete component or aspect of competence

2.1 Competency-based models:

- An approach that “explicitly identifies the skills, knowledge and values that form a clinical competency and develops learning strategies and evaluation procedures to meet criterion referenced competence standards in keeping with evidence based practice…” (Falender et al., 2007)

- Include clear specification of competencies for each developmental level and behavioural anchors to make clear what this means in practice (E.g. Falender et al., 2004; The Objectives Approach to Supervision (Gonsalvez et al., 2002))
2.1 Stages of competence

<table>
<thead>
<tr>
<th>Stage</th>
<th>Descriptions</th>
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<tbody>
<tr>
<td>1</td>
<td>Unskilled, incompetent</td>
</tr>
<tr>
<td>2</td>
<td>Novice, beginner</td>
</tr>
<tr>
<td>3</td>
<td>Advanced beginner, intermediate</td>
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<tr>
<td>4</td>
<td>COMPETENT</td>
</tr>
<tr>
<td>5</td>
<td>Proficient</td>
</tr>
<tr>
<td>6</td>
<td>Expert, master</td>
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</tbody>
</table>

Most approaches adopt a developmental approach involving 5-6 stages (e.g., Dreyfus, 1982 (1989?); James et al., 2007*)

2.2 Competency approaches:

What’s new?

What is old:
- The notions of competence and competency
- Objectives-based approaches to curriculum development
- The use of final ‘exit’ examinations to assess professional competence

What is new:
- Taxonomies of competencies
- Stronger theoretical frameworks and paradigms
- Applying implications to training
- Methods for ecologically valid, routine assessment of competencies
2.2 Competency movement: History

- 2002: Competencies Conference: Future Directions in Education and Credentialing. (Sponsored by Association of Psychology Postdoctoral and Internship Centers, and APA)
  - Aim: to address core competencies expected of graduates of professional education and training programs in psychology.
  - Identification, education and training, and assessment of competencies within professional psychology
  - 2005: Cube model, an outcome of the conference

- 2003: Taskforce convened by APA Board of Educational Affairs
  - Report on needs for, models of, and challenges in competency assessment
  - Report on guiding principles of competency assessment

- 2005/2006: Creation of the Competency Benchmarks Work Group by APA
  - Drafts, Consultation with workgroups, public comment, revisions

- 2007: Practicum competencies outline (Hatcher & Lassiter, 2007) by Directors of psychology training clinics
2.2 Competency movement: History

- 2009: Outcome from the 2006 working group -- Competency Benchmarks paper (Fouad et al.,)
- Rodolfa’s cube model adopted but restructured to yield
  - 3 new competencies: professionalism, teaching, and advocacy
- 15 core competencies defined
  - 7 foundational competencies
  - 8 functional competencies

2.2 Competency movement: History

- For each of 15 core competency At 3 developmental levels of education and training
  - Readiness for practicum
  - Readiness for internship
  - Readiness for entry to practice
- Identifies essential components and behavioural indicators for each of these levels
2.3 Competency Models

- The Competency cube (Rodolfa, 1995)
  - 3-D model
  - Foundational competencies
  - Functional competencies
  - Developmental stages
- The Objectives-based approach (OBAS)
  - 3-D model (Gonsalvez et al., 2002)
  - Competency domains
  - Competency types
  - Developmental stages

2.3: Classification: The 3D model

Within each professional stage, the way in which specialty education becomes relevant can be visualized through the parameters of practice that differentiate specialties, namely:
- Populations served
- Problems addressed
- Procedures of theoretical orientation
- Settings

**These Domains are not mutually exclusive, are interrelated, developmental in nature and occur at every stage of professional development.**
2.3: Classification: Foundational Competencies

1. Professionalism
2. Reflective Practice/Self-Assessment/Self-Care
3. Scientific Knowledge and Methods
4. Relationships
5. Individual and Cultural Diversity
6. Ethical Legal Standards and Policy
7. Interdisciplinary systems

2.3: Classification: Functional Competencies

1. Assessment
2. Intervention
3. Consultation
4. Research and evaluation
5. Supervision
6. Teaching
7. Administration
8. Advocacy
2.3 The OBAS Grids

- Competency domains
  - Assessment
  - Intervention
  - Professional Issues
- Competency types
- Developmental stages

See supervisor toolkit, page..

2.3 Competency types

Topographical structure: Competencies and metacompetencies

- Competencies
  - KNOWLEDGE
    - Demonstrate knowledge of empirical literature governing cognitive therapy
  - SKILLS
    - Ability to fluently conduct a diagnostic assessment
  - ATTITUDE-VALUES
    - Openness to formative feedback
  - RELATIONSHIP
    - Establish and maintain a working alliance

Gonsalvez et al., 2002
2.3 Metacompetencies

- Topographically at a deeper level, underpin higher order competencies
- Knowledge, skills, attitudes and relationship capabilities to advance KSAR competencies
  - reflective practice capabilities
  - the scientist-practitioner mind set
  - unconditional positive regard

3. Implications

Training and Supervision
3. Implications

More new developments! Why bother?

- Major impact
  - Wide implications for psychology and other professions
  - Within psychology: Training & Supervision
- Potential and promise

Options:
- Get on the wagon
- Get run over/left behind

3.1 Implications for training

- Identification, definitions, and ordering of competencies into taxonomies for professions
  - Implications could be a restructuring of boundaries, roles and functions among professions and within a profession (e.g., specialisations – PBA take on number of endorsements; IAPT implications for practice of CBT)
3.1 Implications for training

- Change from input-based criteria to:
  - Professional qualifications (e.g., 4 years)
  - Course content (e.g., assessment, psychopathology, ..)
  - Supervision requirements (e.g., 180 hours)

- To output-based criteria:
  - Demonstration of evidence-based therapy for anxiety disorders
  - Examination to demonstrate professional competence

- Current models:
  - Combination of input and output criteria
3.2 Implications for training

- Dynamic rather than a static standard
  - One could attain it and lose competence
- The maintenance of competence is a career-long pursuit
  - (e.g., PsyBA requirement for 5-year refresher courses in supervision)

3.1 Implications: Assessment

- Greatest impact in the area of assessment
- Emphasis on demonstration (rather than inferred, implied or expected attainment) of competencies
- Ecologically valid (e.g., fewer knowledge-based examination formats, more ‘integrative’ tasks)
- Final clinical examinations (e.g., OSCE)
- Redefines meaning of pass/fail grades
3.1 Implications for training

- Introduction of lists/matrices of competencies
  - Proliferation of domains & competencies
- More comprehensive accreditation processes
- Emphases on transparency, due-process, objectivity of assessments
- More systematic monitoring to satisfy auditing requirements

Consequences:

What are the implications for supervision?
3.2 Implications for supervision

- Implications for all aspects of supervision:
  - Planning, conducting, assessment, and evaluation
  - For supervision and supervisor
- Changes to the dynamic within the supervisory dyad
- Focus on measurement and benchmarking
  - Discrimination among supervision programs
  - Standards to evaluate satisfactory and unsatisfactory supervisory practices

3.2 Implications: Assessment

- Greatest impact in the area of assessment
- Emphasis on demonstration (rather than inferred, implied or expected attainment) of competencies for supervisor
  - Experience does not beget expertise (Sr training)
- Emphasis on summative assessments for trainees
- Focus on ecologically valid supervision methods
  - (e.g., fewer knowledge-based examination formats, more ‘integrative’ tasks)
- Redefines meaning of pass/fail grades
3.2 Implications for supervision

- Intrusion of a third entity in the supervision room!
- Prescription of competency frameworks for supervisees and supervisors
- Emphasis on summative assessments change the supervisor-supervisee dynamic
- Emphasis on evaluation often includes evaluation of supervisor and supervision

- Lack of consensus in terms of whether changes would deliver better outcomes
- Unease about a new paradigm of thinking, teaching, assessing
  - Increased caution and leniency regarding assessments?
- Exasperation about new demands and pace of change
  - “When you are about to get used to a process, it changes!”
4. Practice applications

Is there a simple, workable competency-based model for supervision?

- Need for a simple model to help transition

Focus on 2 key supervisor competencies
- Designing CDPs for supervision
- Using videotapes in supervision

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4. Practice applications

3 STEPS

● Swap the counsellor’s hat for a teacher’s/coach’s hat (role)
● Design a ‘teaching-plan’ for the supervision placement
● Follow best-practice pedagogic guidelines for executing, monitoring and evaluating the supervision plan

4. Practice applications

Gonsalvez et al., 2002

● In prosecuting steps 2 and 3, make 3 simple adjustments
  ▢ Content is not restricted to information, facts and data, but includes perception and emotion
  ▢ Important learning outcomes are not ‘knowledge’ but skills, attitude-values and relationship attributes
  ▢ Supervision methods and tools will need to change to fit processing of new content (not for cognitive processing)
4. Supervision plans

In supervision, it is helpful to think of competencies as “SMART” learning outcomes:

- **Specific**, rather than general
- **Measurable**
- **Appropriate** (developmentally), tailored to the individual
- **Recommended** (e.g., consistent with recommendations of accrediting/professional bodies)
- **Time-wise**: achievable given constraints of time, personnel and placement context
4.1 Diagnostic assessment competency

- Knowledge: Ability to articulate diagnostic and differential diagnostic criteria for the subtypes of mood disorders
- Skills: Trainee able to conduct a diagnostic interview in a fluent and time-efficient manner

- Relationship: Ability to conduct the diagnostic interview in an interpersonally sensitive manner
- Attitude: to diagnostic labels and DSM classification, to persons with diagnostic labels and so forth
4.1 Socratic dialogue competency

- **Knowledge**: Can describe and define the technique. Can make relevant distinctions between Socratic vs. open-ended and rhetorical questions, ......

- **Skill**: Ability to demonstrate how to use Socratic dialogue in a given situation

- **Relationship**: Able to tailor Socratic dialogue to a variety of interpersonal situations

- **Attitude-value**: Appreciative and respectful vs. sceptical and cynical about the technique
4.2 Designing a competency-based developmental plan (CDP) for supervision

Small group activity
See handout 1

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Small group activity

- Supervision Plan 1
  - Get all to read activity
  - Address questions; then break into groups
  - Activity takes about 30 mins including clarifications with Sarah the trainee
  - Options for group: assign knowledge, skills, attitude-values to different groups
Small Group Activity

- Consider the agenda of supervision objectives for a typical trainee seeking a placement in your agency under your supervision. Draw a pie-chart with the slices of the pie representing percentage of supervision time you think should be allocated to the 4 types of supervision objectives.
- For each objective type, identify two or three key methods that you would prefer to use.

Reflective analysis

- Formulation of the supervision plan as important as
  - The most important competency within the competency framework
  - Blueprint, master plan,
  - Formulation for therapy
  - Key messages about supervision in general
4.3 Reflective analysis

- What are some important benefits of designing competency based plans (CDP) for supervision?
- What are some of the common problems and barriers of designing CDPs?

Supervision plans

- Best practice criteria
- See handout
BOOKS


RELEVANT ARTICLES


OTHERS


The impact of the supervisor-supervisee relationship in clinical supervision:
Empirical and clinical considerations