



ASSESSMENT OF SUPERVISEE COMPETENCE: PROGRESS, PITFALLS AND PROMISES

Presenter: Craig Gonsalvez

Overview

1. Competency-based supervision: Features and practice implications
2. Overarching Insights from Competency Models
3. Supervisor Assessments of Supervisee Competence: Key Issues
4. Competence Assessments: Inadequacies and Challenges
5. Competence Assessments: Best Practice Guidelines
6. Competence Assessments: New approaches and Innovations
7. Summary and Conclusions



1. Competency Based Supervision: Features and Implications for Practice



1. Clinical Supervision Models

Models of supervision

Psychotherapy Theory

- Psychodynamic
- Cognitive-behavioural
- Systemic
- Constructivist

Developmental

- IDM (Stoltenberg & McNeil)
- Others (e.g., Watkins et al., Loganbill et al.)

Role or process based

- Discrimination model, Bernard
- Others (Hawkins & Shohet; Holloway)

Competency

- Falender & Schafranske, 2004)
- Gonsalvez et al., 2002

Competency-based supervision: Definition

Competency-based supervision is a metatheoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices (regulations), and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007). Competency-based supervision is one approach to supervision: it is metatheoretical and does not preclude other models of supervision. (APA Guidelines for Supervision, 2014)

1. Six Features of Competency Based Approaches



- a) Begin with the end in mind
- b) Molecular approach to the conceptualisation of competence
- c) Outcome determined; not input/process
- d) Criterion based rather than a normative standard of competence
- e) Objective and ecologically valid assessment
- f) Developmental approach to attainment of competence

1. Begin with the end in mind

-
- DREAM HOME**
- Scale 1:12 = 1.65cm
- Labels: Picture Window, Corbel Window, Gable Window, Kitchen Window.
- Dimensions: 24'-0" (Roof Slope), 16'-0" (Roof Slope), 18'-0" (Front Porch), 10'-0" (Front Porch), 28'-0" (Main House), 10'-0" (Front Porch).

Competency Frameworks: Input from Regulatory Stakeholders



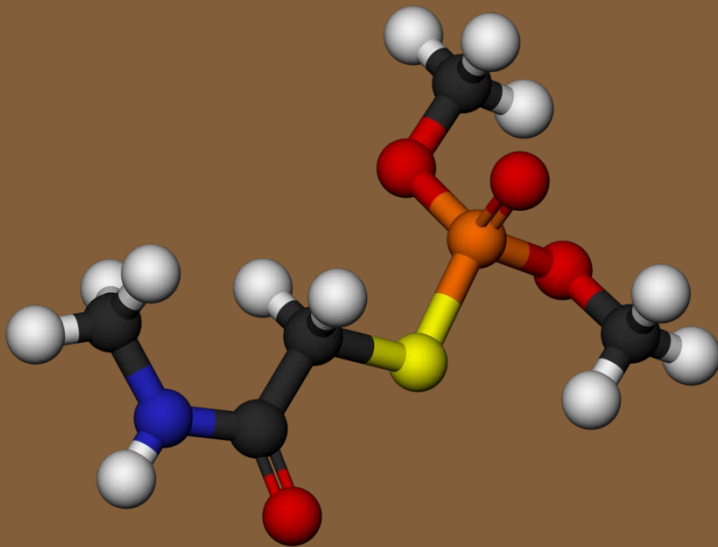
- Past: Dyadic, private and confidential
- Now: Blueprints must comply with standards, rules and guidelines
- Input from multiple stakeholders (Licensing and Professional Boards, Universities, Others)

Invasion of supervision space? Big Brother is watching you!



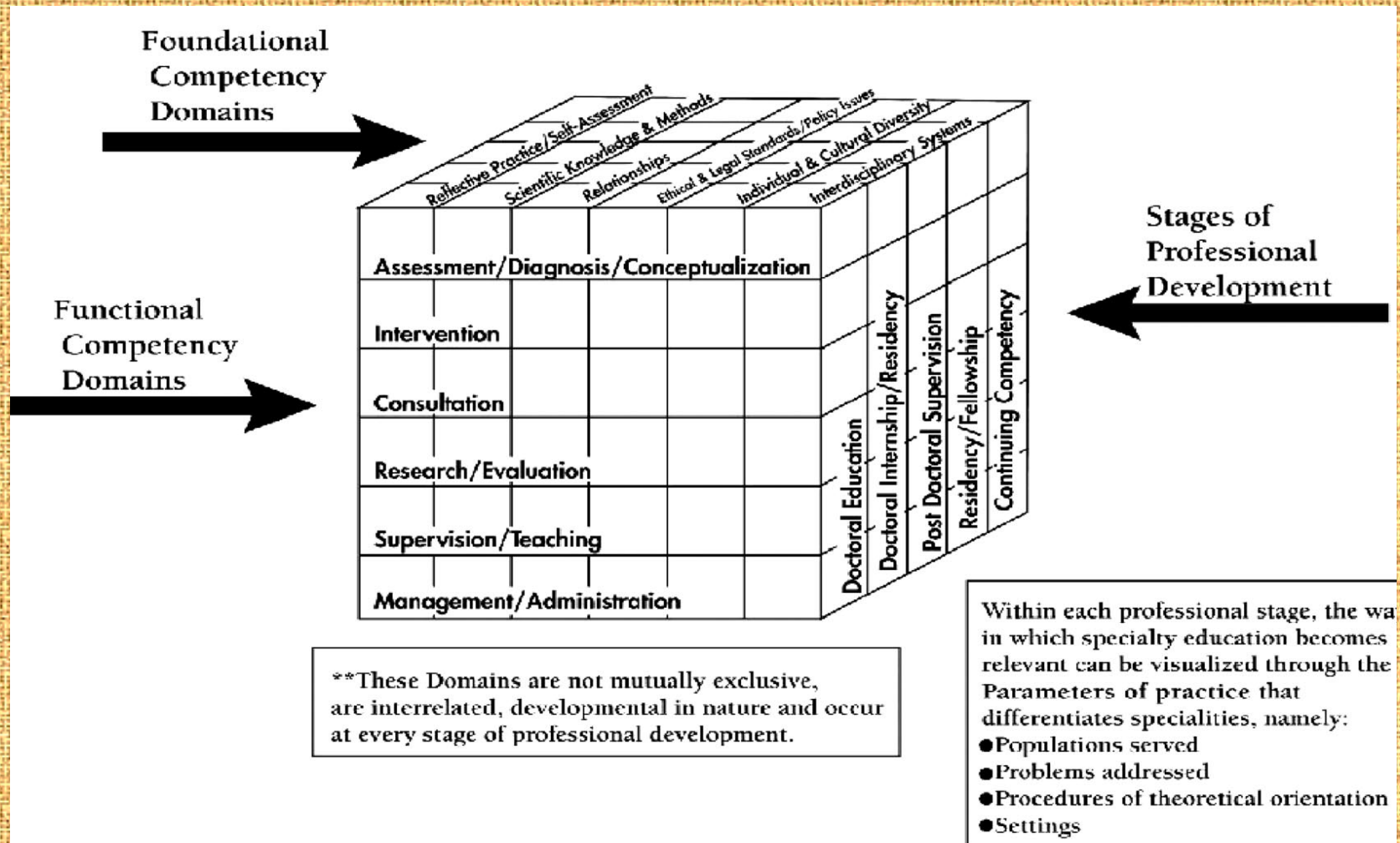
1 Features of Competency Models

b. Molecular Approach



- Accept complexity and range of applications, but best understood through a molecular approach
- Matrix of dimensions
 - Domains within dimensions
 - Many discrete competencies within domains
 - Each varying at different developmental levels

1b. Molecular Approach: Competency Cube



Core Competencies in Suicide Risk Assessment

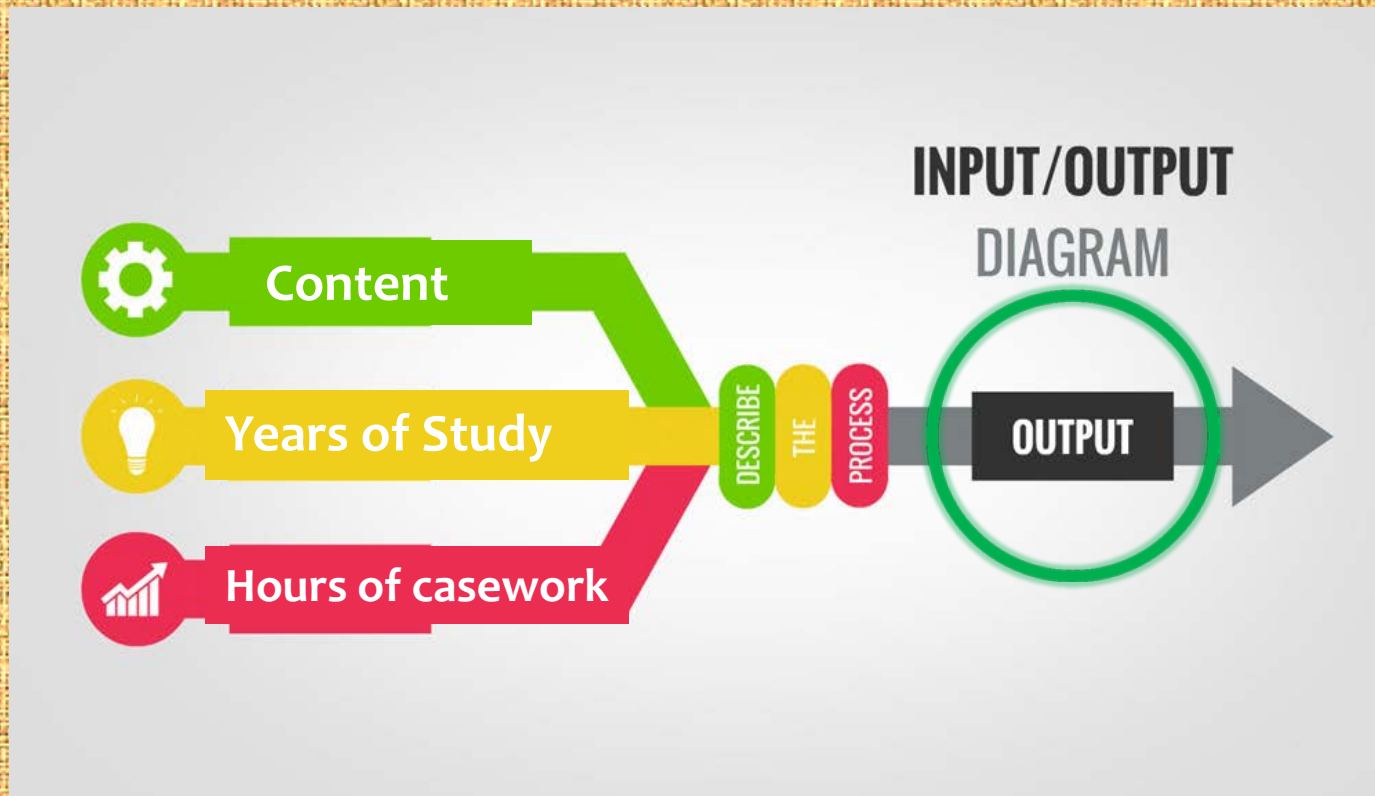
Rudd et al, 2008

Collecting accurate assessment information	
1. Integrate risk assessment for suicidality early on in a clinical interview, regardless of the setting in which the interview occurs, and continue to collect assessment information on an ongoing basis.	Skill acquisition: <ul style="list-style-type: none">■ Interviewing skills
2. Elicit risk and protective factors.	Skill acquisition: <ul style="list-style-type: none">■ Appropriate questions to address risk and protective factors
3. Elicit suicidal ideation and behaviors.	Skill acquisition: <ul style="list-style-type: none">■ Appropriate questions to elicit suicidal ideation and behaviors
4. Elicit warning signs of imminent risk of suicide.	Skill acquisition: <ul style="list-style-type: none">■ Familiarity with warning signs for suicide■ Appropriate questions to elicit warning signs for suicide
5. Obtain records and information from collateral sources as appropriate.	Skill acquisition: <ul style="list-style-type: none">■ Interviews with collateral information sources when available
Formulating risk	
1. Make a clinical judgment of the risk that a client will attempt or complete suicide in the short and long term.	Skill acquisition: <ul style="list-style-type: none">■ Use a framework for formulating risk■ Differentiate between acute and chronic risk elements
2. Write the judgment and the rationale in the client's record.	Skill acquisition: <ul style="list-style-type: none">■ Develop a consistent approach to documenting suicide risk at intake and each follow-up contact as appropriate

(table continues)

1. Features of Competency Models

c. Effectiveness to be judged by outcomes, not inputs





1. Features of Competency Models

d. Criterion-based standards



- Normative
 - Governed by distributions and averages
 - E.g., average body weight?
 - Vary for countries and across time
- Criterion determined
 - What is the recommended body weight?
 - Criterion based: Health-based threshold (notional absolute, invariant across communities and countries, and time. E.g., BMI)



1. Features of Competency Models

d. Criterion-based standards: Implications



- Competence can be attained and be lost
- Notion of a career-long activity to maintain competence (hence PD activities)



1. Features of Competency Models

e. Comprehensive, objective, ecologically-valid assessment



- Past: Experience = Expertise
- Now: Competence to be demonstrated, not assumed (e.g., supervisor accreditation)

Assessment

- Comprehensive
- Relevant
- Ecologically valid
- Reliable



1. Features of Competency Models

f. Developmental trajectory to competence attainment



Comp Expert

- Attainment is a journey
- Stages and milestones assumed
- Competence is not “Ideal standard”

1. Features of Competency Supervision



f. Developmental principles: Journeying to competence

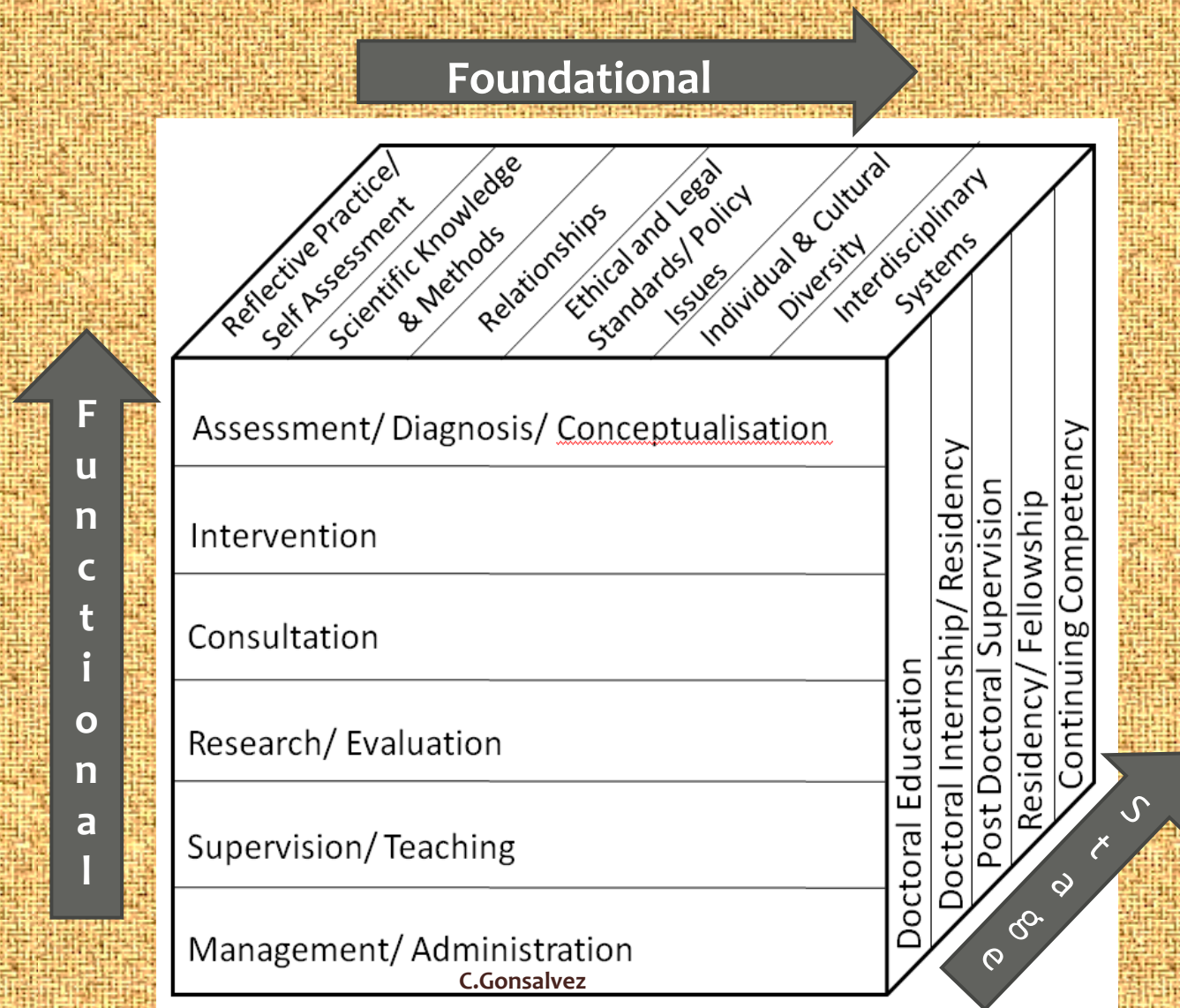


- Need for developmentally appropriate pedagogy and strategies
- Should apply for therapist and supervisor development
- Insights from developmental theories incorporated



2. Competency Models: Overarching Insights

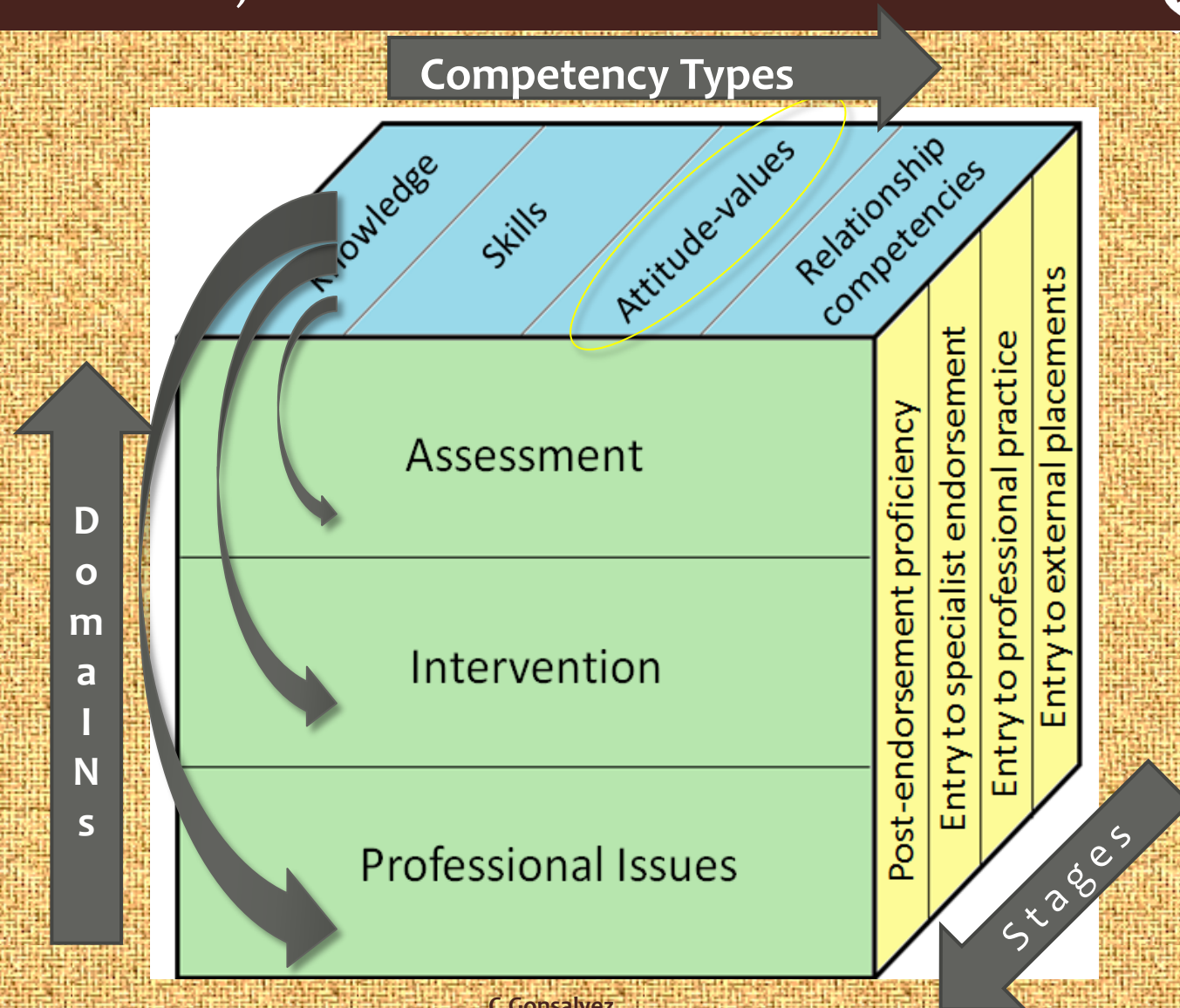
2. Structure and organization of competencies (Rodolfa et al, 2005)



2. Competency cube,

Gonsalvez et al., 2016

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Deng Thiak Adut

• <https://www.youtube.com/watch?v=buA3tsGnp2s>



- Child soldier and refugee
- Law degree and pin-up boy for Western Sydney Uni
- Best selling author
- Adut was nominated by New South Wales for Australian of the Year for 2017.

2. Importance of Attitude-Values in Supervision

- A-V are not = to Knowledge
- A-V deficiencies cannot be overcome by knowledge infusions
- A-V are not = to Skills
- Supervisees with performance problems:
 - What is the most common problem supervisors raise about supervisees?

2. Practitioner Attitudes and Values

Overlap with but are not identical to relationship competencies

- Toward clients: unconditional positive regard, commitment to the client's best interest, seeing clients as having strengths and capable of change, respect for/celebration of personal/social/cultural values
- Toward supervision: Valuing vs. dismissive of feedback; Towards professional development activities: Value vs. discount opportunities

2. Practitioner Attitudes and Values

- Towards work: What attitude-values do we (supervisor and supervisee) bring to my work that have a positive influence on performance, health and other outcomes?
- Regard or disregard for Institution's/Agency's rules and guidelines, policies and procedures
- Towards oneself
 - One's competence, one's achievements
 - Self care

Paradox: Departments of Health recruit the most capable applicants yet manage to produce high levels of staff burnout

2. Importance of Attitude-Values in Supervision



- How many supervisors does it take to change a supervisee?
- Insights from the Discrimination model of supervision
 - Discriminate between roles
 - Discriminate between competency types

**HOW MANY PSYCHOTHERAPISTS
DOES IT TAKE TO
CHANGE A LIGHTBULB?**

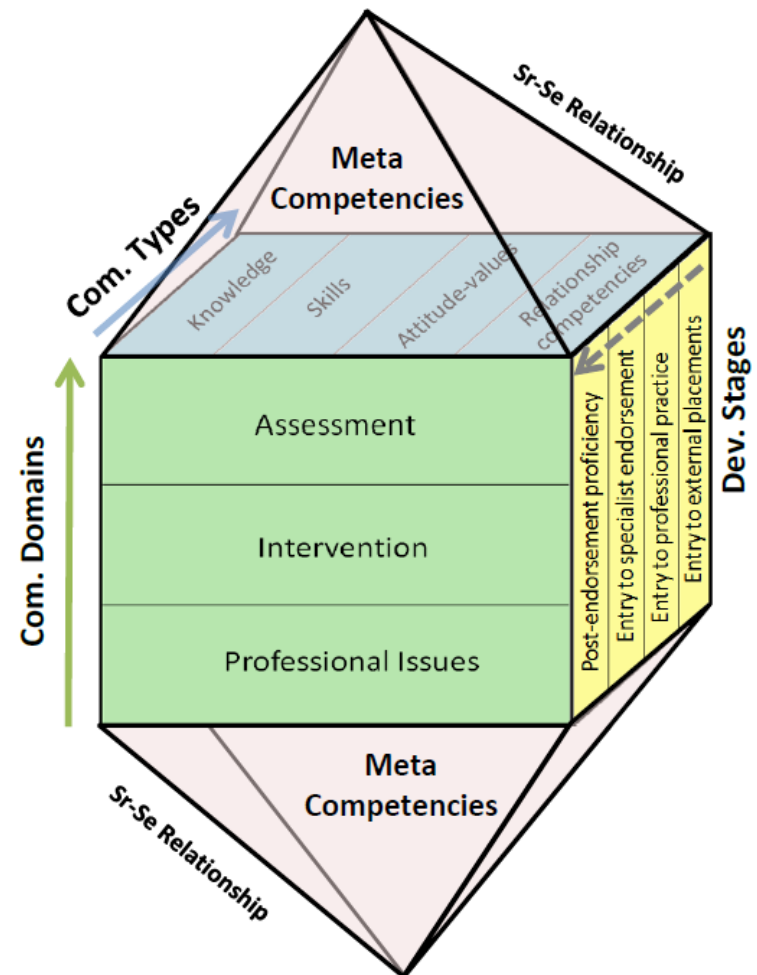


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2. Meta-competencies



- Higher order competencies
- Inform and influence other competencies
- Competency about acquiring competencies
- Competency cube to Competency crystal



2. Meta-competencies

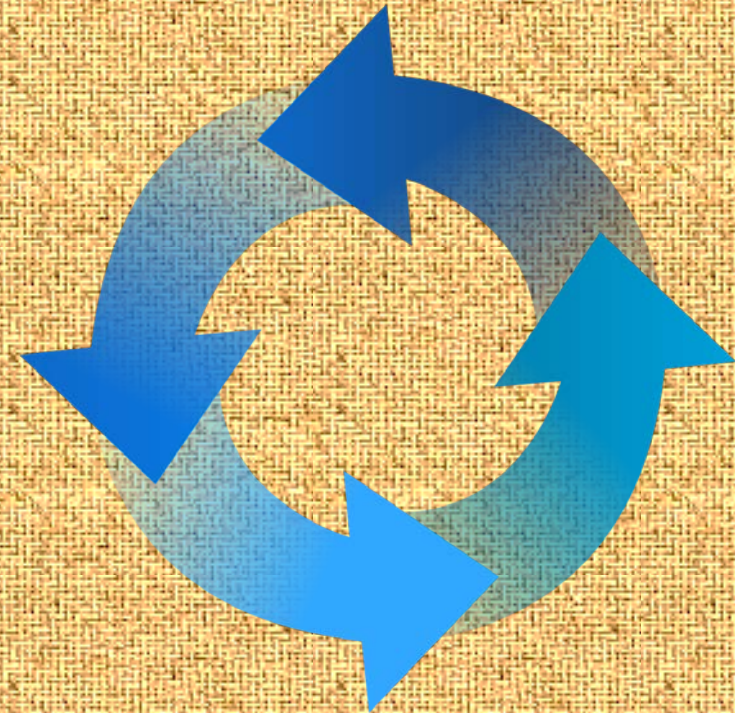
- Knowledge about knowledge
 - Half-life of knowledge?
 - Attitude toward knowledge
- Skill about acquiring new skills (e.g., surgery)
- ***Attitudes about competence?***
- Mindsets
 - Scientist-practitioner
 - Reflective practitioner
 - Ethical practitioner



2. Meta-competencies: Reflective practice



- RP is an iterative process (Mann et al., 2009)
- Reflect in action, on action, for action
- Awareness of competence and/or lack thereof



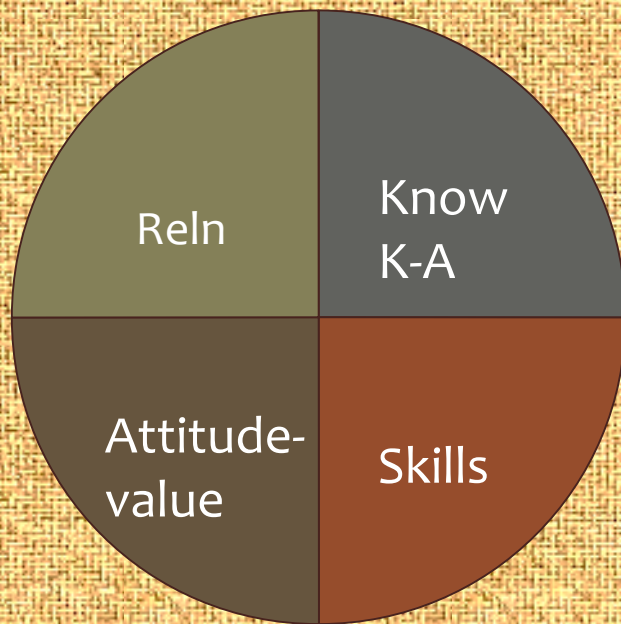
2. Meta-competencies: Scientist Practitioner Competency

- Scientist practitioner competency in psychology
- Quintessential competency of psychology training over century
- What is its essence?
 - Knowledge of empirically validated treatments?
 - Skills in conducting these interventions?
 - Evidence-based treatments change
 - Therapeutic drift
- Anything more important?

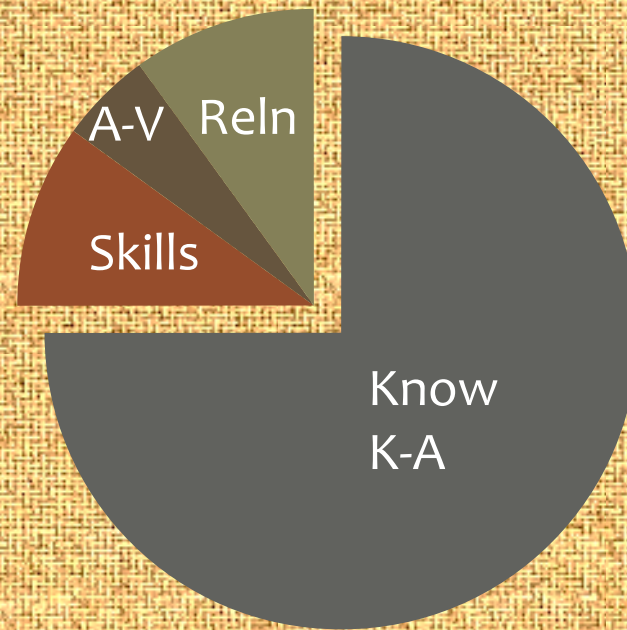
2. Supervision time as a function of competency types



Scenario 1



Scenario 2



Note: Know: Knowledge; K-A = Knowledge application; ReIn=Relationship; A-V = Attitude value



3. Supervisor Assessments of Supervisee Competence: Key Issues

3. Competency Assessment



Major concerns within all aspects of assessment

- a) What to assess?
- b) When to conduct assessments?
- c) How to assess (what methods and instruments)?
- d) Who should conduct the assessments?

Competency Assessment Challenges



3a. What to assess?

- Not a trivial question
- Agreement that assessment must be comprehensive, cover all domains
- Proliferation of competency frameworks
 - Across disciplines, within specialisations within discipline, within competency domains
- What should those domains be?
 - Expert consensus around cube model
 - Need empirical research

Competency Assessment Challenges



What to assess? Competency domains

Author	Context	Factors
Bogo et al. (2002) 8 factors	Social work field supervisors rated 80 competencies	Intervention planning and implementation; Differential use of self; Empathy and alliance; Values and ethics; Presentation skills; Assessment; Report writing – adhering to guidelines; Report writing –quality
Tweed et al., 2010 5 factors	Clin Psyc supervisors (n=19) rated DVD of assessment of standardized interview	Demonstrating professional therapeutic engagement; Creating a secure base; Formulation; Facilitating mutual understanding; Session structure
Gonsalvez et al, 2014 8 clusters	End-placement ratings of supervisees (N = 189)	Support for 9-domains used in CYPRS Cluster analysis (4 super clusters) Assessment and Intervention, Professional Conduct, Organisational skills, and Psychological testing capabilities

3. Competency Assessment



b. When to do summative assessments?

- Currently: At end-placement, often mid- and end-placement
- Recommended: Monitor competence attainment and progression
 - So beginning, mid- and end-placement
- Consistent with developmental Stages
 - Are developmental trajectories context or domain-specific?

3c. Competency Assessment: How to assess

- Pedagogic imperative: Assessment methods must match competency type (Gonsalvez et al., 2013, 2014)
 - Knowledge competencies to be assessed through knowledge tests (e.g., essay, MCQs)
 - Knowledge application through scenarios and case studies
 - Skills through observation in-vivo or simulated contexts
 - Relationship competencies through reflection, observation and behaviours
 - Attitude-values through self-report, observation and behaviours
- Practice does not align well with pedagogy

3. Competency Assessment



d. Who should conduct the assessment?



- Supervisors occupy vantage positions
- Hold clinical and supervisory experience and expertise

Past:

- Knowledge tests by training institutions
- Knowledge application, skills, attitudes: best conducted by supervisors
- Supervisor ratings are credible.
- Are they reliable and valid?



4. Competence Assessments: Inadequacies and Challenges

4. Are summative assessments conducted by supervisors biased?

- Do you believe that other supervisors' summative assessments are biased?
- Yes
- Not sure
- No

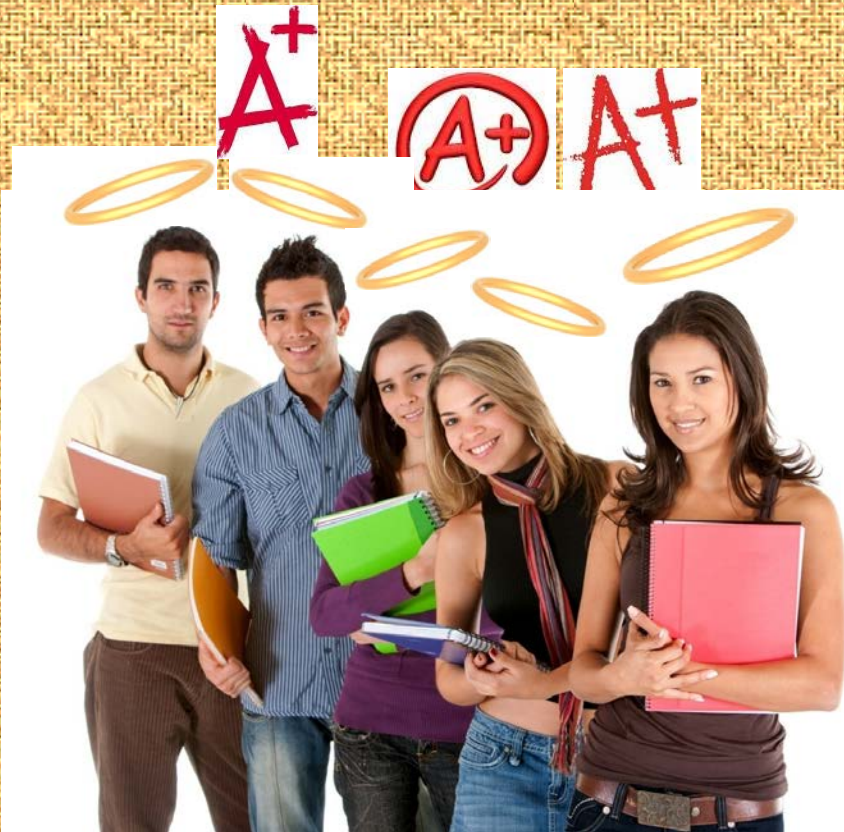
4. Are supervisor assessments biased?

Item	Yes (%)	Not Sure	No (%)
Belief that other supervisors are biased in rating interns	58%	31%	11%
Supervisors who believed that their own ratings of interns were biased	58%	32%	10%

4. Competency Assessment



Are supervisor assessments reliable and valid?



- Strong evidence for leniency and halo biases
- Similar results across disciplines
- Serious problem and implications

4. Reasons for leniency bias



1. Guilt or fear of damaging supervisee's career (60%)
2. Difficulty providing negative feedback (50%)
3. Awareness of subjectivity inherent in evaluation (49%)
4. Fear of potentially diminished rapport (48%)
5. Personal identification with supervisee's problems (32%)
6. Legal and administrative issues (10%)

Robiner et al. 1997

4. Rating Biases: Halo



- General impression of the person or thing rated influences evaluation
 - Widely researched; clear and robust findings (e.g., blinded peer-reviews, The Voice)
- In supervision:
 - Supervisee's "likeability" may colour ratings of their competence
 - Outcomes of halo: Similar ratings across independent competencies, true differences are blurred
 - Across domains, among items within same domain



4. Potential Rating Biases

Halo bias: evidence

- Supervisors' evaluations were guided by their “dominant impressions of the therapists.” (Dohrenbusch & Lipka, 2006)
- Relationship variables were the dominant predictors (Lazar & Mosek,)
- For ratings of same supervisor: Gonsalvez et al., 2007, 2014)
 - Very high correlations between overall domain ratings
 - Very high correlations between items within domains
 - Lower correlations when items were presented randomly



5. SUMMATIVE ASSESSMENT Best Practice Guidelines

5. Summative Assessment: Best Practice Guidelines

- Assessments must be comprehensive
- At the very least, assessment must be representative, capture competencies across domains and across types and align with relevant competency frameworks.
- Use of multiple samples, tasks, and raters reduce help reduce common rater biases

5. Summative Assessment: Best Practice Guidelines

- Assessment tasks should be pedagogically informed and ecologically valid (be capable of capturing important competencies)
- To monitor attainment and growth of competence, assessments should occur at commencement, mid- and end of placement
- Assessment tasks should be developmentally appropriate

5. Summative Assessment: Best Practice Guidelines

What methods should be used?

- Use psychometrically validated instruments where available
- Assessments tasks, methods, reporting authorities, timelines and procedures should be discussed early during the supervision process before supervisee consent is obtained.
- Design due-process guidelines to cover fairness, transparency, consistency and appeals processes where applicable

5. Summative Assessment: Best Practice Guidelines

- Outcomes of assessments should be delivered clearly and in an interpersonally sensitive manner
- Records of assessment processes should be maintained to allow for audit and cross-validation
 - DVDs clips of performance is particularly useful
- Do we need to separate the formative from summative roles?

5. Summative Assessment: Best Practice Guidelines



Foster accurate appraisal of supervisee competence



Enhancing Self-Awareness

- Novice trainees are usually self-critical and self-disparaging
- Supervisors?

5. Summative Assessment: Best Practice Guidelines - Final Word



Have trainees rate their competence, compare agreement/disagreement between ratings by self- and others



Some supervisees over-estimate their competence

Experience reduces anxiety, increases fluency and confidence

May have no effect on competence



6. Competence Assessments: New Approaches and Innovations


6. New Approaches and Innovations

- Standardised case scenarios
 - Calibrated by experts
- Trained “Standardised” clients used to simulate specific problems
- Assessment portfolios
- Objective Structured Clinical Examinations (OSCE)
 - Multiple stations
 - Multiple raters
- Vignette-Matching Assessment Tool



Rating competencies: Likert scales (CERFs)



Domain	Stage 1 Novice	Stage 2	Stage 3	Stage 4 Comp
D1. Relational competencies	<div>Overall Rating</div> <div> <div>Stage 1 Beginner</div> <div>Stage 2</div> <div>Stage 3</div> <div>Stage 4 Competent</div> </div> 			
D2. Clinical assessment	-	-	-	-
D3. Case formulation	-	-	-	-
D4. Intervention competencies	-	-	-	-
D5. Psychological testing comp	-	-	-	-
D6. Scientist-practitioner comp	-	-	-	-
D7. Ethical practice	-	-	-	-
D8. Professionalism	-	-	-	-
D9. Reflective Practice	-	-	-	-
D10. Response to supervision	-	-	-	-



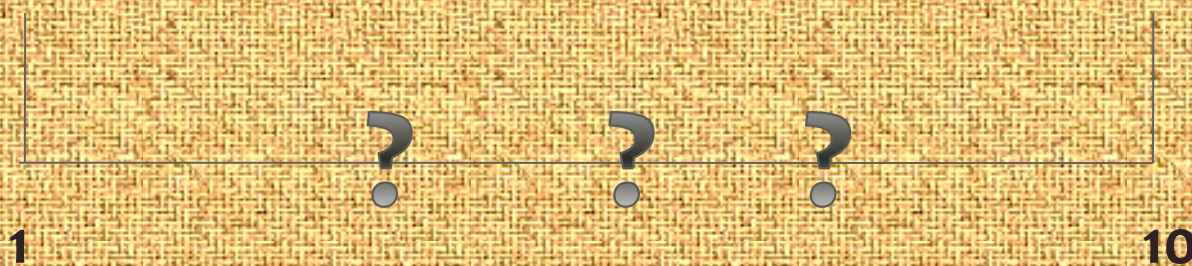
6. The Vignette-Matching Assessment Tool (V-MAT)



How sweet is a mango?



Not sweet
at all





The V-MAT

Is a mango less sweet, as sweet as, or sweeter than honey?

Not
sweet at
all

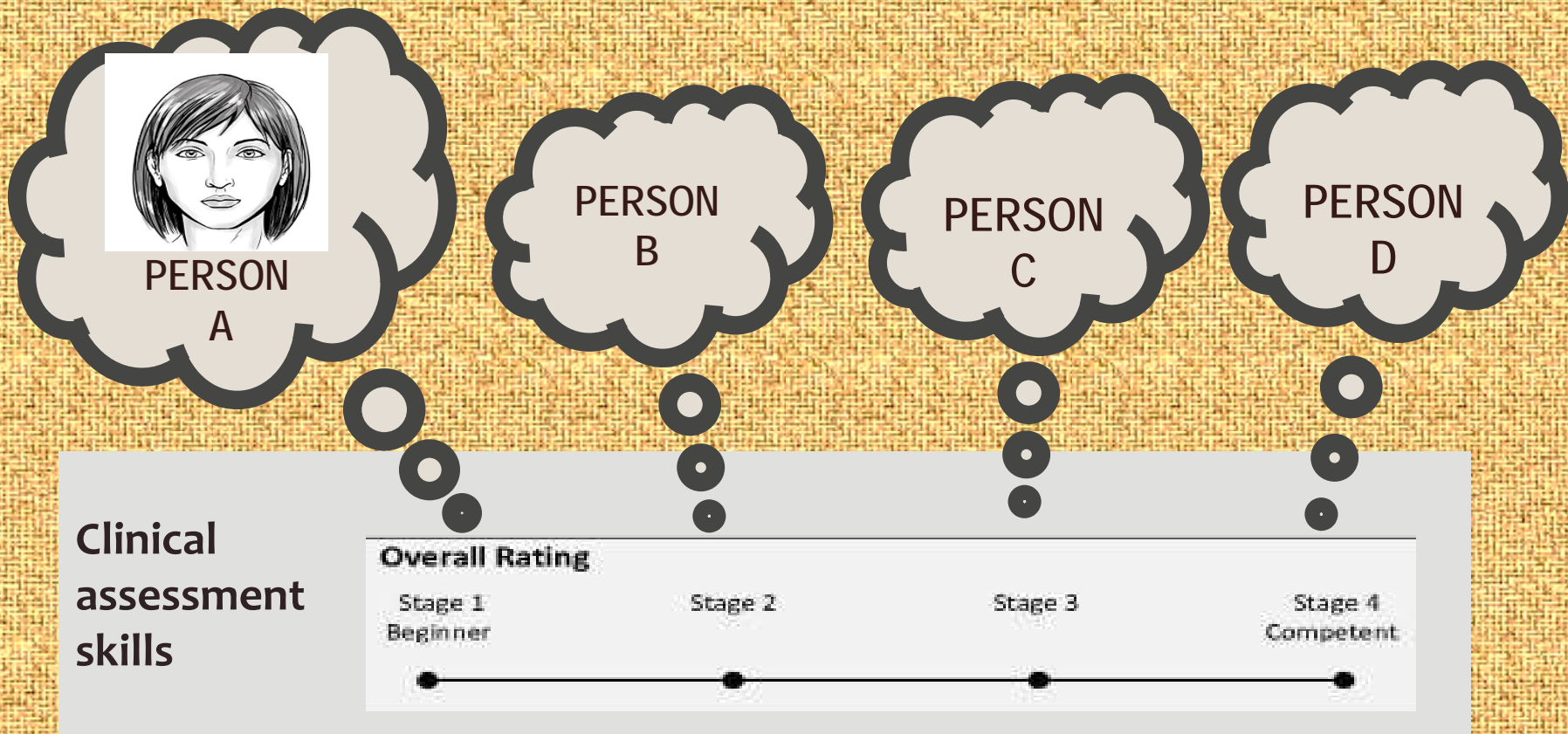


Very sweet



The V-MAT

Challenge 1: Designing vignettes





The V-MAT

What is a vignette?



- Brief narrative (100-150 words)
- pen-picture, capsule summary
- Identify key features that the trainee can and cannot do



The V-MAT

Vignette example: intervention competencies (CBT)

Trainee XB demonstrates a good knowledge of rationales for and good skills to conduct a fairly large range of CBT techniques. She/he efficiently identifies unhelpful cognitions and beliefs, and poses relevant Socratic questions after appropriate preparation. A collaborative style ensures that modest gains within and across sessions are typically achieved. When this does not occur it is because of client resistance or because an implicit or more subtle belief was not targeted for change. Despite demonstrating good CBT skills, aspects that could improve include fluency, timing, and improved consolidation of high impact moments during sessions.



The V-MAT

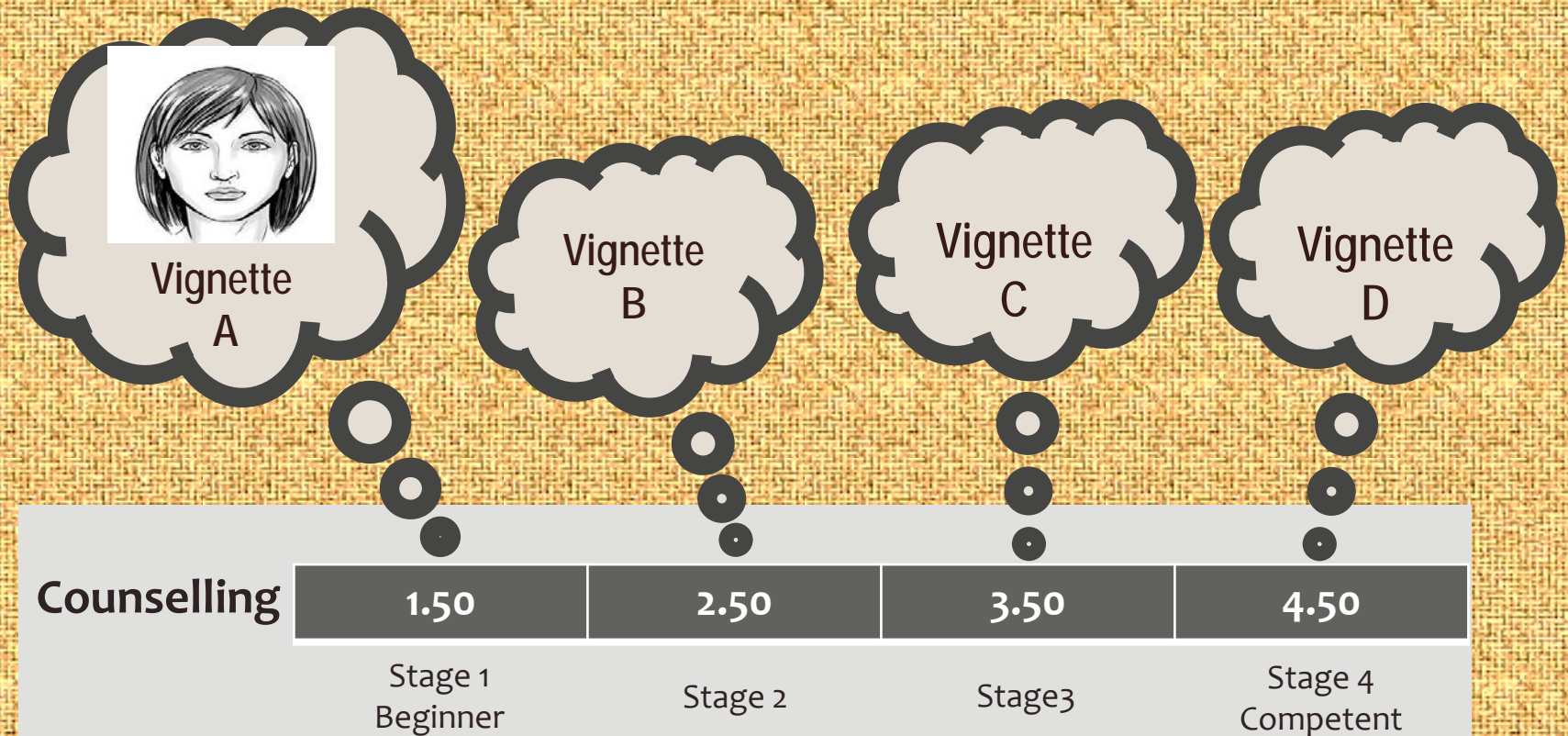
Challenge 1: designing vignettes 10d X 4s

Domain	Stage 1 Novice	Stage 2	Stage 3	Stage 4 Comp
D1. Relational competencies	<div>Overall Rating</div> <div> <div>Stage 1 Beginner</div> <div>Stage 2</div> <div>Stage 3</div> <div>Stage 4 Competent</div> </div>			
D2. Clinical assessment	-	-	-	-
D3. Case formulation	-	-	-	-
D4. Intervention competencies	-	-	-	-
D5. Psychological testing comp	-	-	-	-
D6. Scientist-practitioner comp	-	-	-	-
D7. Ethical practice	-	-	-	-
D8. Professionalism	-	-	-	-
D9. Reflective Practice	-	-	-	-
D10. Response to supervision	-	-	-	-



The V-MAT

Challenge 2. Calibrating vignettes: Ideal ratings

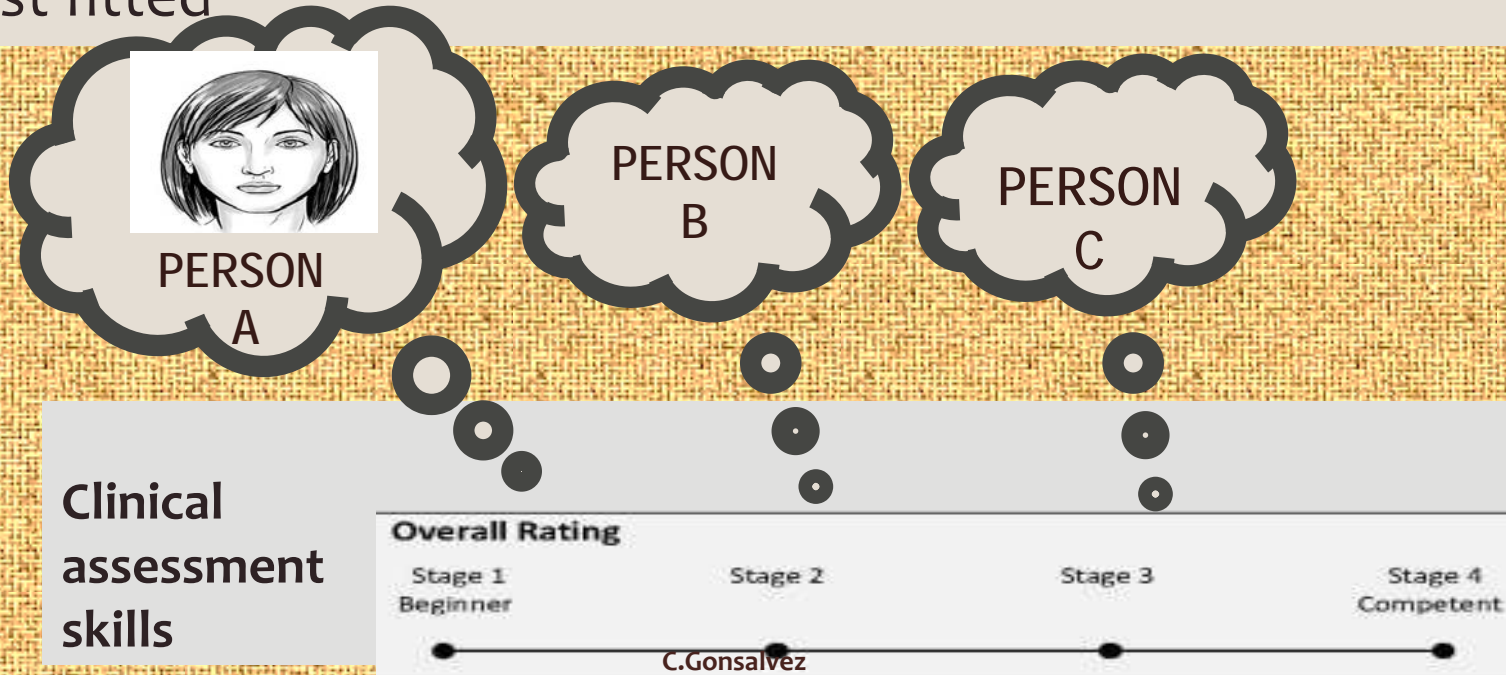




The V-MAT

Calibrating vignettes

- Expert Panel (N=21 Clinic Directors)
- Reviewed sets of vignettes (each domain separately) and to anchor them to a point along a continuum where the vignette best fitted





Challenging Endeavour



Multisite project on assessment of practicum competencies in psychology and other disciplines

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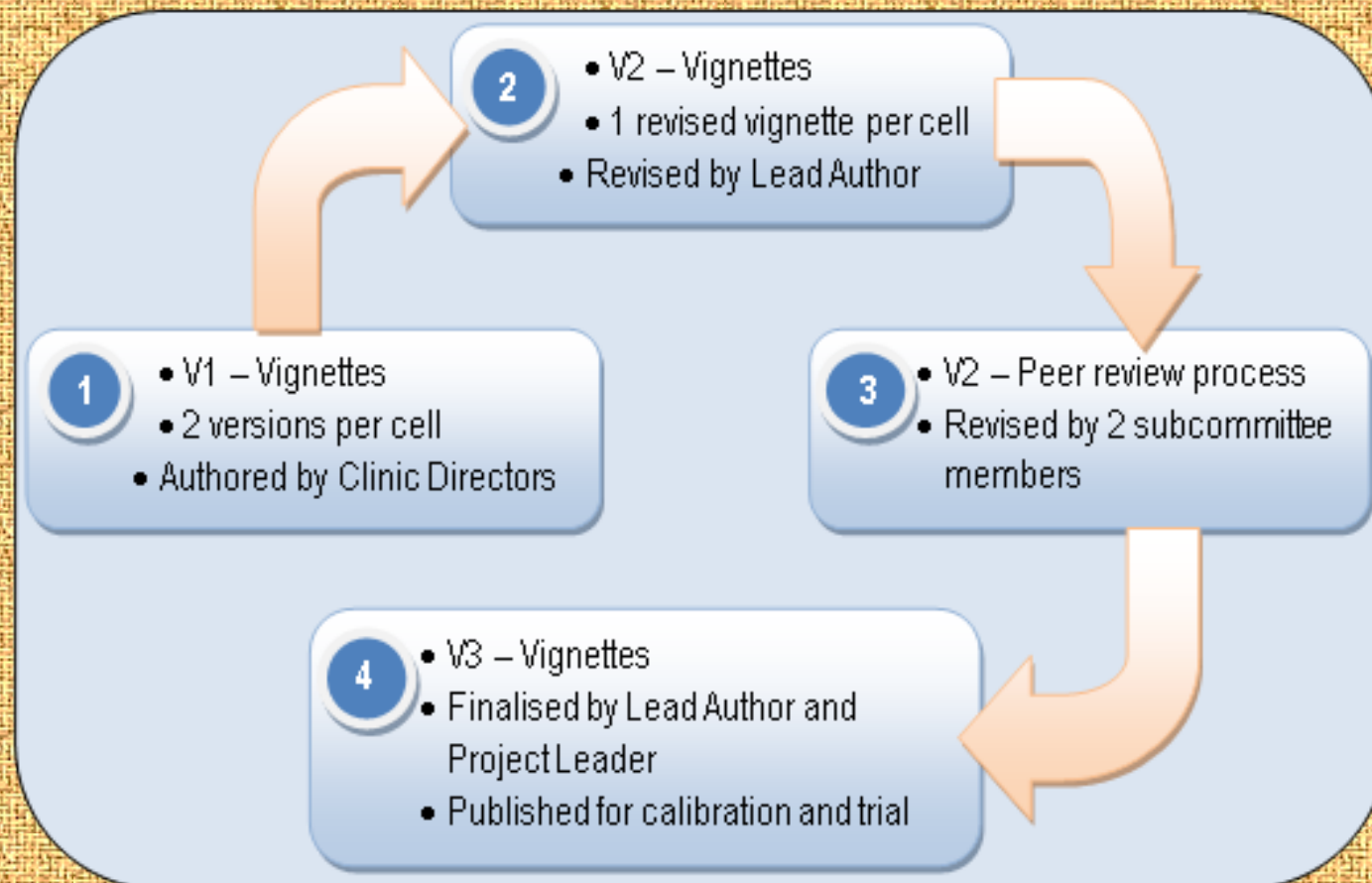
Linda Billich-Eric
Australian National University

Hamish McLeod; Gavin Robinson
University of Glasgow, UK



The V-MAT

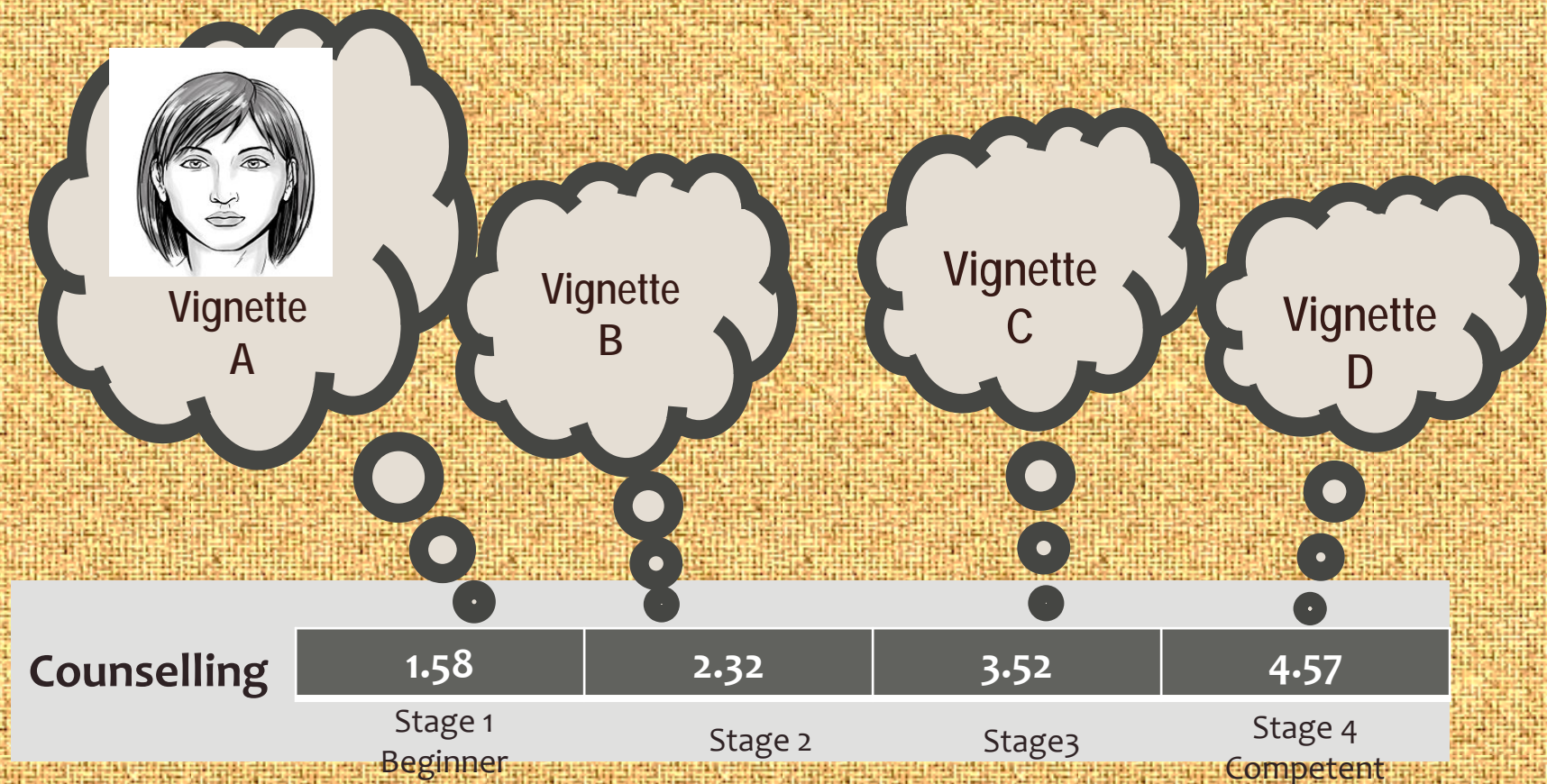
Method





The V-MAT

Calibrating vignettes: Expert panel ratings





The V-MAT

Calibration scores

Domain	Stage 1	Stage 2	Stage 3	Stage 4
Ideal	1.50	2.50	3.50	4.50
Counselling	1.58	2.32	3.52	4.57
Clinical Assessment	1.35	2.30	3.34	4.65
Case Conceptualisation	1.73	2.37	3.29	4.54
Intervention (Psychodynamic)	1.60	2.56	3.65	4.31
Intervention (CBT)	1.58	2.79	3.55	4.46

N = 21; Scores to be located within band +/- 0.25 of the mid-point are **highlighted**

V-MAT Procedure

- Online administration of vignettes
- Random presentation of domains
- Once domain selected the four vignettes are presented either in ascending or descending order
- The supervisor is asked to make a simple comparison as shown in the next slide
- Results from 90 trainees evaluated at the end of their placement by both instruments, the Likert rating scale (CYPRS) and the VMAT.

VMAT: Online administration

Ethical Attitude and Behaviour

Please indicate whether at end-placement your trainee attained a developmental stage that is higher, equal to, or lower than that depicted in each vignette.

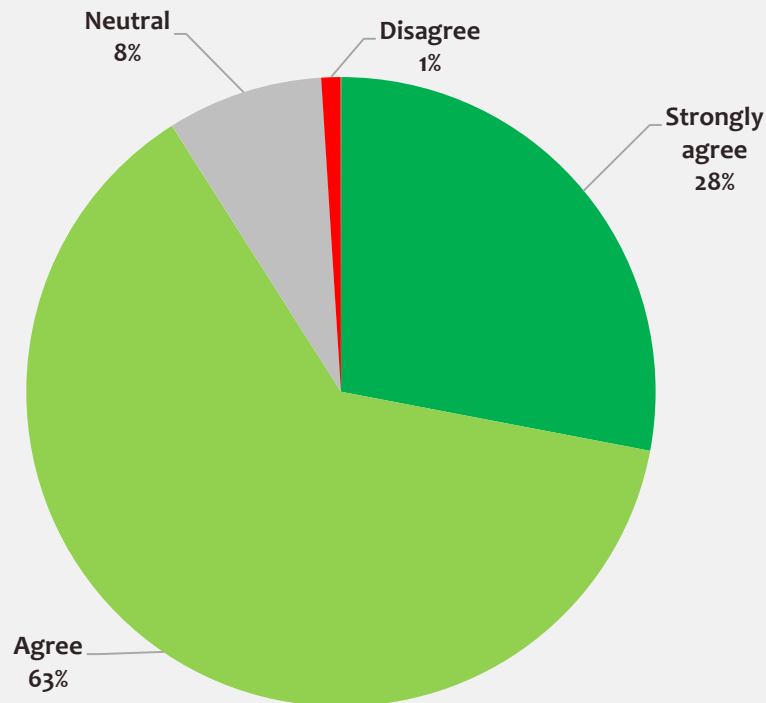
Trainee EH is aware of the need to observe relevant legal, professional and cultural ethical guidelines, but tends to see these guidelines as proscriptions of flagrant misconduct. Consequently, she/he has a less than clear recognition of how ethical principles translate to case scenarios and how they should inform their day-to-day clinical practice. Although the trainee may be relied on to not commit serious ethical violations, she/he is not consistently thoughtful, leading to conduct that occasionally falls short of professional standards (e.g., issues involving professional boundaries or confidentiality). The trainee requires more careful supervision because they may miss ethical nuances in complex cases and fail to raise these matters in supervision.

My trainee has reached a developmental stage that is:

- ☐ Higher than depicted in this vignette
- ☐ Equal to that depicted in this vignette
- ☐ Lower than depicted in this vignette

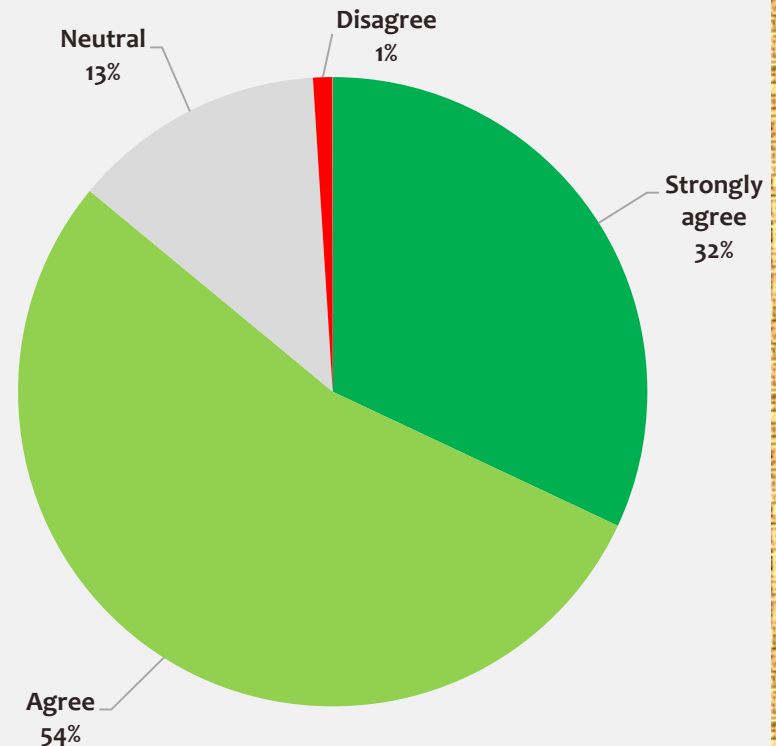


Supervisor preferences



Compared to CΨPRS, VMAT better facilitated accurate and valid judgements of competencies

C.Gonsalvez

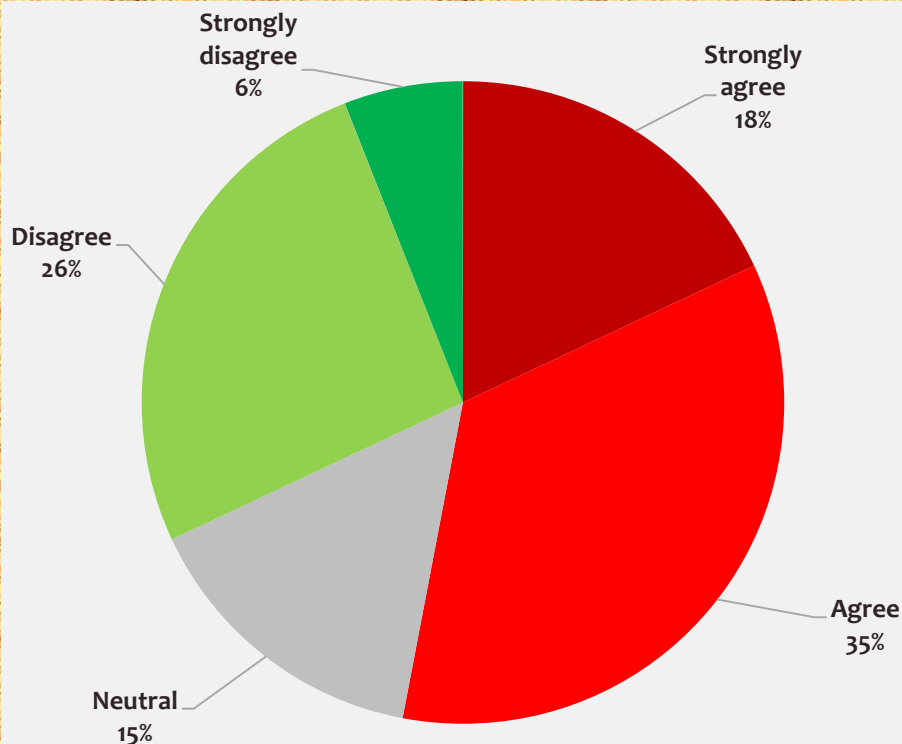


If trainee evaluated by myself and colleague, VMAT likely to be more reliable than CΨPRS



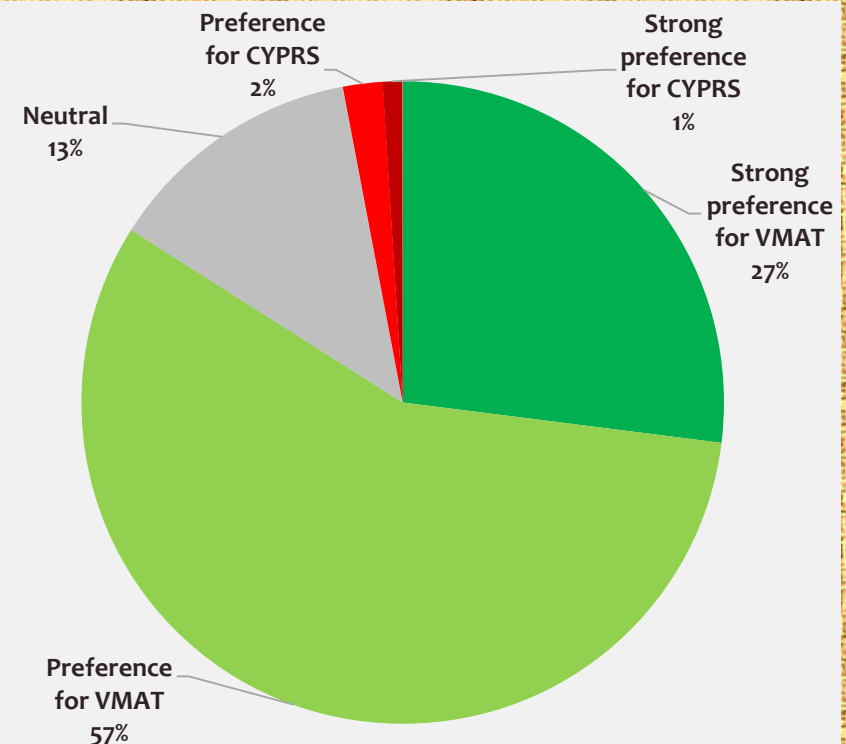
VMAT and CYRPS

Supervisor preferences



Compared with VMAT, CYPRS made it easier to differentiate between developmental stages

C.Gonsalvez



Preference between VMAT and CYPRS

V-MAT vs. CYPRS

In a nut shell



- Does V-MAT reduce leniency?
Yes, marginally, only for specific stages and domains
- Does V-MAT reduce halo?
 - Yes, CYPRS is vulnerable to Halo effects and VMAT reduces halo bias.
 - Correlations between domain scores were lower for V-MAT (mean r of .55) compared to CYPRS (mean r of .80).
 - **For more info on project, <http://www.uws.edu.au/vmp/home>**
- **One key outcome: HYBRID that includes V-MAT for overall competency scores and separate CYPRS ratings for individual items will produce better outcomes**



7. Summary and Conclusions Pitfalls and Challenges, Progress and Promises

7. Pitfalls and Promises: Digital technologies

- Digital revolution is here to stay, increasing sophistication
 - MOOCS and Online Degrees
 - Huge merits, in terms of scope, capability, flexibility of delivery
 - Great medium to propagate knowledge and knowledge-application competencies
- BUT, what about skills/relationships/attitudes/e-values competencies?
 - Because knowledge competencies can be disseminated easily, the temptation will be to disregard, discount or diminish other competency types

7. Pitfalls and Promises: Old vs. New

Unhelpful attitudes

- “OUT with the OLD; IN with the NEW”

- OLD is GOLD

- Great wisdom in the past, especially in past supervision theory and research

- Resistance to change can be debilitating and stifle progress

7. Pitfalls and Promises

Oversight by regulatory stakeholders



- Growing regulation and influence from (Licensing and Professional Boards, Universities, and other stakeholders)
- Over-regulation can stifle innovation and creativity
- Make supervision overly structured and rigid, legalistic and less effective

Invasion of supervision space? Big Brother is watching you!

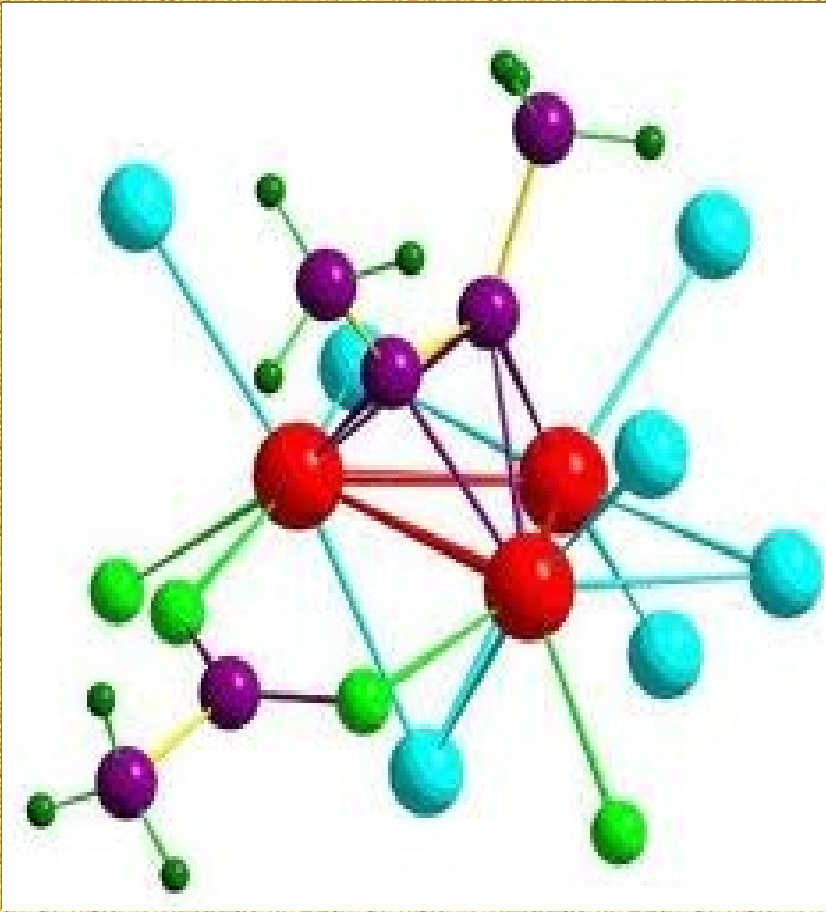
7. Pitfalls and Promises: Focus on metrics



- The obsession to measurement and metrics
- Not everything that can be measured easily and reliably is worth measuring
- Not everything that cannot be easily and reliably measured should be ignored (e.g., examination of practitioner competence by knowledge-examinations)



7. Pitfalls and Promises: Molecular approach of competency models



- Molecular is one small step away from becoming atomistic
- To counter the threat, we need to balance over analyses with integration
- Go beyond the micro (e.g., focus on meta-competencies does this)

PROGRESS

- Multiple frameworks and models, across disciplines, specialisations within disciplines
- Supervision guidelines that are informed by competency principles
 - E.g., APA Guidelines (2015)
- Expert consensus on main domains for practitioner training and supervision
- Increased number of journal articles and research on topic

Competency-based supervision in the scientific literature

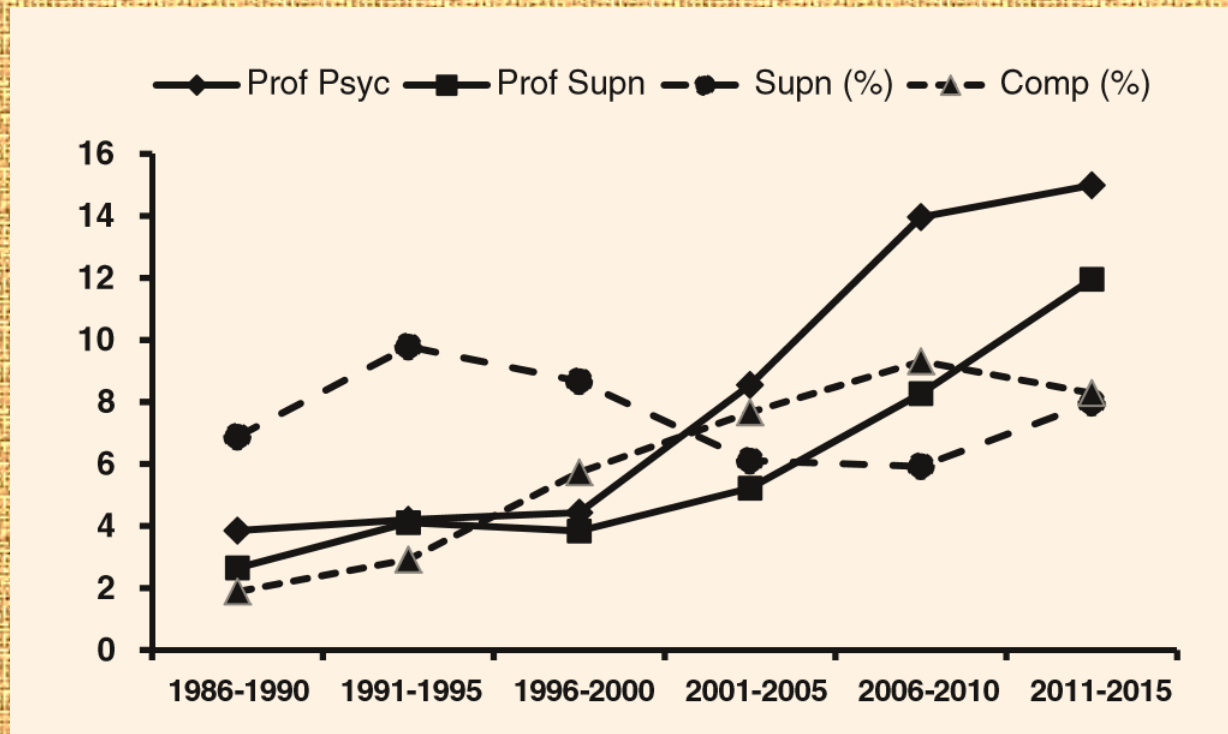


Figure 1. Number of journal articles on Professional Psychology (Prof Psych in 1000s) and Professional Supervision (Prof Supn in 100s), and number of articles on Professional Supervision (Supn%) and Competencies (Comp%) relative to number of Professional Psychology articles. C.Gonsalvez

PROGRESS

- Increased emphasis on and improved uptake of supervisor training
- A growing catalogue of new resources to inform supervisory practice
 - Supervisor training programs, including mandated supervisor accreditation in some countries
- We have a theoretical framework that can inform research, especially practice-orientated research

7. Promises



- Ambitious goals
- Define boundaries between disciplines
 - Specialisations within discipline
- Establish economies of training
- Inform effectiveness research
- Foster innovation

7. Promises



- Maintenance of uniform, basic standards
- Accountability and transparency
- Interest and engagement => progress
- Research: Trigger, scaffold and foster research initiatives
- Improved effectiveness and efficiency
 - Clients, profession, training institutions
- Meta theoretical and integrative

7. Conclusions: The competency revolution is here

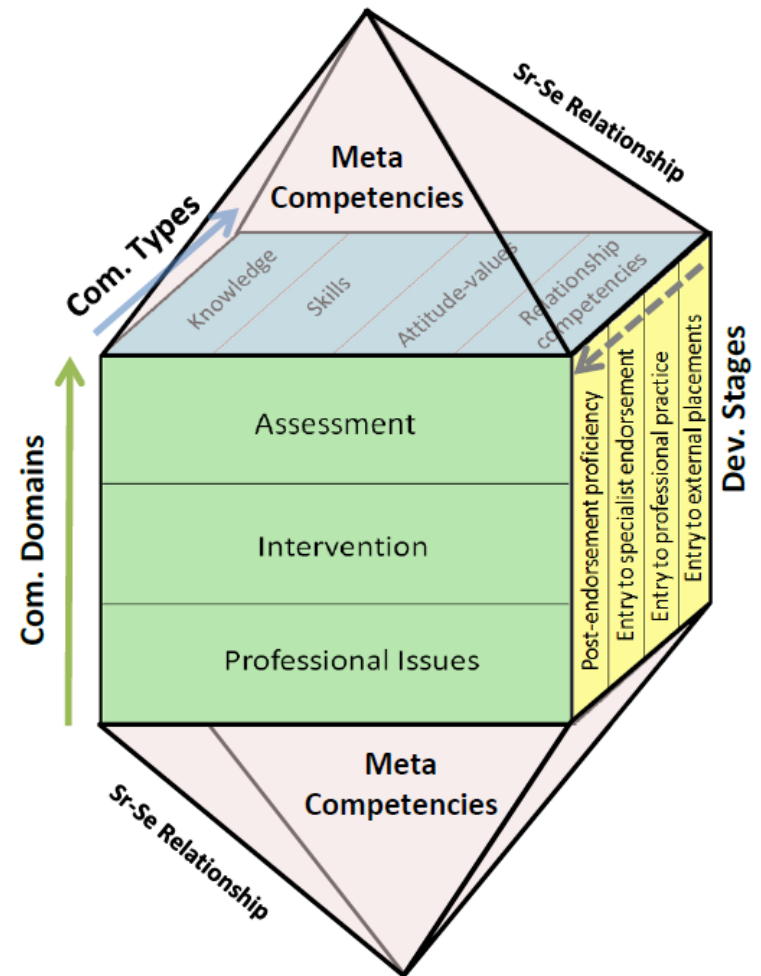
The strong winds of revolution don't blow past our bow often.
We can fight it or use it to our advantage





Conclusions

- Competency paradigm = new lens
- High-impact potential
- Avoid pitfalls
- Build on wisdom of the past
- Capitalise on its strengths
- Above all: holistic and integrative





One Last Message?

The importance of attitude-value and meta-competencies in supervision



Thank You

Here' to thriving to you as supervisor and to
your supervisees!