Training in Professional Psychology in the US: An Increased Focus on Competency Attainment

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Professional psychology training in the US is moving toward a competency based model rather than the traditional exposure to training opportunities model. The competencies perspective in education of professional psychologists has strengths in refocusing the evaluation of training on outcomes rather than on arbitrary, traditional processes. A challenge is the development of assessment tools for the evaluation of competencies in professional psychology. Using the competencies approach can help to guide training in professional psychology and help assure public safety by focusing educators and clinical supervisors on our gatekeeping functions as well as on our aspirational desire to turn out the best possible professional psychologists.

Key words: assessment; competency; cumulative; gatekeeper; sequential; training.

In the USA, training in professional psychology has been moving towards a competencies model, with a national conference on the topic in 2002 (Kaslow, 2004) and an increasing focus on competencies in the accreditation process at all levels of training (Commission on Accreditation, 2009). Rodolfa et al. (2005) describe the array of competencies in a cube model, with a focus on the knowledge, skills, and attitudes needed to function competently as a professional psychologist on one dimension, the domains of practice (e.g., assessment, treatment, and consultation) on another, and the levels of training on the third.

The focus on competency development moves the training field away from the traditional measurement of training activities in terms of courses, credit hours, contact hours in professional development, and the number of hours of practical experience and/or supervision time. The actual content of such training is generally unspecified, and the quantitative criteria are arbitrary. How many assessment courses should a trainee have? How many hours of supervised practicum experience?

In principle, the change to a focus on competency changes the discussion from how much training should the student be exposed to into a discussion of what competencies has the student acquired. Training programs thus become more outcome oriented and have to account for how they know that trainees are becoming competent in the array of knowledge, skills, and attitudes expected of a psychologist.

The change reinforces the long standing expectation in the US accreditation system for psychology training that programs of training be sequential, cumulative, and graded in complexity. Programs have always been expected to show this degree of organisation and focus on the developmental trajectory of students’ learning. However, the focus on competency development encourages a more detailed analysis for each competency goal as to the order in which students need to acquire competencies, the ways in which later training builds on the competencies acquired earlier in the sequence, and being certain that the learning activities of more advanced students are in fact more complex than those of beginners.

In general, it is likely that knowledge competencies need to be acquired before related skills are taught. For example, one needs a knowledge base concerning psychological tests and how to evaluate them before learning the skills of administering the tests. More complex assessment skills like neuropsychological evaluation should come later in the students’ training than the use of simpler cognitive assessment screening tests and basic intelligence assessment. Attitudinal competencies are likely to be taught concurrently with both knowledge and skills acquisition.

In my experience, educators tend to focus largely on the better trainees that finish their programs. We are proudest of these graduates, and they are the basis for “bragging rights” about how good our training is. Accreditation and certification programs, however, focus in large part on the protection of the public and future clients of our trainees and so frame the evaluation more in terms of the lower end of the distribution. In competencies terms, the question posed becomes: What is the lowest level of competency that we are willing to graduate from our programs and so attest to the public that they are ready for the next level of training or for independent practice of psychology?

This focus is a sobering reminder of the gatekeeper function of trainers of professional psychologists. Many educators in psychology are uncomfortable with this role and seem to resist failing students who are clearly not performing at expected minimum levels of competency. These failures may be motivated in part by liking our students, by avoidance of difficult conversations, or by the hope that future training will remedy the problems that we see. This reluctance on the part of
individual trainers can be exacerbated by institutional reluctance to fail students from programs, uncertainty by non-psychologist administrators about failing students based on failure to demonstrate appropriate skills and attitudes rather than academic performance alone, and by fear of lawsuits.

A key issue facing the future of the competencies movement is the nature of competencies assessments (Kaslow et al., 2007). American medical training has been in the lead on the assessment of competencies and has used sophisticated assessment strategies including the use of 360° assessment strategies in which the trainee is evaluated by patients, other trainees, support staff, faculty, and a self-evaluation, and also the use of standardised patients: live actors following branching scripts and/or virtual patients in interaction assessment programs. Psychology has lagged behind, with skills assessment often relying on Likert ratings of performance that are widely acknowledged to be unreliable across clinical supervisors and sometimes on the use of narrative descriptions of performance, but with little standardisation.

The competency evaluation is meant to be formative as well as summative. In the US system of training psychologists, the competency evaluations while in doctoral program training should show increasing development of competency across years of training, with future training focusing on the competencies that need further development. One could imagine finding that a given student had achieved or surpassed the level of competency needed to effectively treat depressed adults to the level expected of a trainee ready for internship, and that future training would focus on treating anxious adults, acquiring skills treating depression in the elderly, etc. By the end of the doctoral program, the trainee should have a summative evaluation showing that she has the range of competencies and the level of knowledge, skills, and attitudes expected of a beginning intern.

The competencies perspective should also guide the student’s planning across levels of training. Not all programs can train all competencies. A student might acquire a high level of competency in several skills in the doctoral program, some perhaps to a level ready for independent practice. But other areas would be relatively weak, and so the student would need to seek internship training that would focus on those weaker areas.

In summary, the competencies perspective in education of professional psychologists has strengths in refocusing the evaluation of training on outcomes rather than on arbitrary and traditional processes. A challenge is the development of assessment tools for the evaluation of competencies in professional psychology. One model for this in the USA is the competencies developed for professional geropsychology (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009) and the development of an assessment tool for evaluation of those competencies (Karel, Emery, & Molinari, 2010). Using the competencies approach can help to guide training in professional psychology and help assure public safety by focusing educators and clinical supervisors on our gatekeeping functions as well as on our aspirational desire to turn out the best possible professional psychologists.

References