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Advancing competency at the formative level of training : assessing the needs of practicum supervisors

Michelle S. Anderson
George Fox University

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Advancing Competency at the Formative Level of Training:

Assessing the Needs of Practicum Supervisors

by

Michelle S. Anderson

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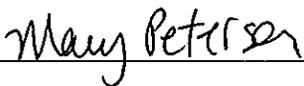
Michelle S. Anderson

has been approved

at the

Graduate School of Clinical Psychology

George Fox University

As a Dissertation for the Psy.D. degree

Approval

Signatures:

Mary Peterson

Mary Peterson, PhD, Chair

Members:

Mark McMinn

Mark McMinn, PhD

Bill Buhrow   Date: 6·10·11

Bill Buhrow, PhD

Advancing Competency at the Formative Level of Training:

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Michelle S. Anderson

Graduate Department of Clinical Psychology at

George Fox University

Newberg, Oregon

Abstract

The training literature shows significant progress in the definition of clinical competency; however, the extent to which practicum supervisors implement competency based training is not clear. This qualitative study explored practicum supervisors' perspective of the competency model including relevance, perceived confidence in their ability to implement the model, and their training needs. Five semi-structured interviews were conducted with supervisors selected to represent a variety of practicum sites. Data were analyzed using a combination of grounded theory and descriptive statistics. Results indicated that practicum supervisors consider the competency-based model "very relevant" to practicum training and are confident in their ability to use the model. Supervisors prefer training materials that are applied, include operational definitions and identified thresholds, and provide opportunities to facilitate trainees' professional development.

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Chapter 1

Introduction

A Culture of Competence

Within the last decade, there has been strong consensus that embracing a competency-based approach to the training and evaluation of students is becoming the "gold standard" in multiple fields of professional health care, including clinical psychology. In 2006, a report from a task force formed by the American Psychological Association (APA) Board of Educational Affairs described this professional movement as "culture shift within the profession toward a high value on the assessment of competence across the professional life-span" (American Psychological Association [APA], 2006).

Traditionally, clinical and professional competency has reflected a core value in the psychological discipline (APA, 2000; Belar & Perry, 1992). However, over the last 20 years a dynamic process led by multiple stakeholders has led to a more definitive understanding of clinical competence. Consensus has emerged in the definition of *competence* as a broad construct that goes beyond the acquisition of knowledge or skill to include the active use of clinical judgment, attitudes, skills, and decision making "in a manner consistent with standards and guidelines of peer review, ethical principles, and values of the profession, especially those that protect and otherwise benefit the public" (Rodolfa et al., 2005, p. 349). The definition of competence most commonly used in clinical training is "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection

in daily practice for the benefit of the individual and community being served" (Epstein &

Hundert, 2002, p. 227). This definition represents significant progress when one considers that

until recently clinical competence was a relatively abstract construct due to a lack of consensus

in the field as to how it should be operationally defined, measured, and evaluated (Roberts,

Borden, Christiansen, & Lopez, 2005).

Competence Versus Competency

Competence is a comprehensive, developmental construct that is inadequate to describe

the wide range of services provided by a professional psychologist. In 1986, the National

Council of Schools of Professional Psychology (NCSPP) led an effort to move beyond the

general construct of competence to the delineation of discrete elements or competencies

consisting of the knowledge, skills, and attitudes requisite for professional functioning (Kaslow

et al, 2004; Peterson et al., 1992; Peterson, Peterson, Abrams, & Striker, 1997). As a result of

this effort, NCSPP created a competency-based core curriculum for graduate programs in clinical

psychology.

The desire to standardize professional training maintained the momentum of what has

been described as a "cultural shift" toward competency in the field of clinical psychology

(Roberts et al., 2005). The culture shift toward competency development has encompassed the

full developmental range, beginning with the necessary requirements or competencies to enter a

doctoral training program and continuing through independent practice (Kaslow et al., 2004). In

an historical event that solidified the profession's commitment to the competency movement, the

Association of Psychology Postdoctoral and Internship Centers (APPIC) hosted the

Competencies Conference: Future Directions in Education and Psychology in Scottsdale, AZ in

2002. Following the conference, stakeholders representing academic programs, training programs, and credentialing organizations were invited to join a pivotal "steering committee" with the goal of achieving consensus on domains and levels of competence to be achieved during the course of training in professional psychology (Hatcher & Lassiter, 2007). Although much was accomplished during the conference and in the follow-up meetings of this steering committee, the formative contribution was likely the identification of major competency domains relevant to all levels of professional development. Examples of said competencies include: individual and cultural diversity, ethical practice, relationship skills, critical thinking, and knowledge of self or "metawareness." Also recognized at this conference, was a need to identify corresponding "subcompetencies," or components that would further elucidate each domain.

Conference Outcomes

The conference generated a series of important outcomes that influenced the understanding of clinical competencies by academic programs, training sites, and accrediting organizations (Roberts et al., 2005). One outcome was the identification of three core assumptions that helped to guide future discussions of competency-based education, training, assessment, and credentialing in professional psychology. These assumptions include the following: (a) core foundational and functional competencies can be identified, (b) individuals can be educated and trained to develop these core competencies, and (c) core competencies can be assessed, (Kaslow et al., 2004).

In addition to the identification of the core assumptions, the conference participants devoted a significant amount of time and effort to the definition of the multiple domains of competency. This effort led to the development of the competency "cube model" developed by

Rodolfa et al. (2005). In the model, the authors used a three-dimensional cube to illustrate the primary elements of competency. The x-axis of the cube illustrated *foundational* or baseline *competencies,* which according to the model are essential prerequisites for all other competencies. The y-axis illustrates the *functional* or performance-based competencies, (y-axis). The z-axis in the model represents various stages of professional development (Fouad et al., 2009), suggesting that foundational and functional competencies continue to develop throughout practicum, pre-doctoral and post-doctoral training.

The *Assessment of Competency Benchmarks Work Group*, another outcome from the conference, convened in September of 2005 with the central purpose of defining "benchmarks," or behavioral anchors for the foundational and functional competencies. The benchmarks would then be used to determine readiness for practice at various levels in the training and education process, (Fouad et al., 2009). After synthesizing the literature and soliciting input from multiple stakeholders, the workgroup generated the Benchmarks Document which defined 15 core competencies. The document also identified the basic components of each competency as well as behavioral anchors to indicate readiness for each of the three levels of professional development: practicum, internship, and independent practice. A complete review of the Benchmarks document is beyond the scope of this research, (see Kaslow, et al., 2009 for comprehensive review). The competencies and behavioral anchors are observable, measurable, containable, and derived by experts; thus, their applicability to professional development in this field is unparalleled (Grus, 2009).

The effort expended to create a shared language for a complex construct corresponds with the importance of the construct to the field of psychology (Rubin et al., 2007). The

Competencies Conference of 2002 has had a significant impact on graduate training in

psychology; and is likely to continue to shape our understanding of the skills, knowledge and

attitudes required of a professional psychologist.

Assuring Competence by Assessing Competency

It has been well established that traditional evaluation models may not adequately answer

the most relevant question in clinical training: "Is this student ready to practice?" Contributing to

the confusion is the fact that doctoral programs, and internships may have incongruent methods

for deciding whether or not a student is prepared for internship, (Lichtenberg et al., 2007). The

literature indicates that this lack of clarity regarding a student's independent performance in

clinical situations may be partially due to limitations of traditional evaluation methods, (Willet et

al., 2009). Traditionally, a graduate student's fitness for internship has been defined by a variety

of indicators including the number of hours accrued in various practicum settings, the assessment

of acquired knowledge via exams and the practicum supervisors' subjective evaluation (Hager &

Gonczi, 1994; Ko & Rodolfa, 2005). Despite their high utilization, these methods of evaluation

are limited and provide little information about actual performance.

One does not have to wander very far across disciplinary literature to find assertions that

traditional evaluation measures are inadequate surrogates for the assessment of clinical

performance in the profession of health-professions (Willett et al., 2009). Uncertainty as to

whether a student's knowledge, skills, and attitudes generalize to unobserved, clinician-patient

encounters creates tension on multiple levels. Included in this tension is the frustration students

express with the limited utility of some traditional training markers (e.g., the number of accrued

practicum or performance on multiple-choice tests). Rather than departing from knowledge-

based assessment, however, the literature suggests the use of competency-based assessment may provide a level of clarity traditional means lack; including an emphasis on both synthesis and application of knowledge (Hager & Gonczi, 1994).

Challenges in the Assessment of Competency

The professional literature asserts that traditional methods of assessment do not adequately capture clinical competence: "Within professional psychology, our abilities to assess across the areas of knowledge, skills, and attitudes are not equal. . . . Although professional psychology does have tools for evaluating knowledge and skills, it is generally held that these often lack reliability, ecological validity, and fidelity to practice" (Lichtenberg et al., 2007, p. 476). Hence, there remains a significant need for more reliable methods of competency assessment that is clear, objective, accurate, and standardized across training settings.

Limited or variable opportunities to observe students in direct-patient interactions may also contribute to the challenges inherent in the assessment of competency. In particular, variability in the amount of direct intervention provided by each site may also partially responsible for limited opportunities to assess direct-patient intervention. In their survey of 263 practicum sites, Lewis, Hatcher, and Pate, (2005) discovered that the emphasis on service delivery and direct intervention was varied in relation to the degree of affiliation practicum sites had with the corresponding graduate program. Seventy-seven percent of university-based practicum sites reported that direct service and intervention was "very consistent" with organizational goals, whereas a slight majority (53%) of hospitals and medical settings report direct service and intervention as "moderately to somewhat" consistent. Unfortunately, the

supervisor has fewer opportunities for an ecologically valid assessment of the trainees' skill when there is limited opportunity to provide direct service.

Responding to the challenges associated with assessment of clinical competency, the Benchmarks Workgroup (described in previous section) proposed two specific recommendations for academic programs and training sites to use in the assessment of competency development. Their recommendations included: (a) a frequent assessment of individual competency to help provide trainee with the educational experiences to allow them to develop the needed competencies, and (b) a mechanism to identify and address trainee concerns about the development of competencies. Essentially, the ability to assess competency may assure its development, (Kaslow et al., 2004). Needless to say, the continual education, training, and assessment of practicum students has been described as a "particular challenge" facing graduate programs, (Hatcher & Lassiter, 2007).

Practica as a Venue for Training in Clinical Competency

Practicum training is an ideal venue for maximizing the development of clinical competency of graduate students (Hatcher & Lassiter, 2007). The practicum site is where knowledge, skills and attitude converge to meet clinical needs. Research suggests that students with "extensive" practicum experiences feel more secure in their vocational preference, and confident in their professional confidence (Carless & Prodan, 2003, p. 91). Moreover, practicum sites and supervisors that are aware of training competencies are more likely to approximate the internship training experience (Lewis et al., 2005). Despite the known benefits of a competency-based training model, research findings have indicated a discrepancy between the expected and actual training experiences of students at the practicum level (Gross, 2005). This discrepancy is

disconcerting when one considers that the majority of a graduate student's practicum training (approximately 1,500 hours) takes place in off-campus, practicum sites.

Practica Supervisors: Essential Partners in Training

Because the skills and abilities a student displays at the practicum site are more closely related to clinical competence, practicum supervisors have an optimal opportunity to assess the student within a context that holds more ecological validity. For this reason, practicum supervision has been highlighted as an integral part of competency development (Barnett, Cornish, Goodyear, & Lichtenberg, 2007). Practicum supervisors are in many ways gatekeepers of competence because they are in a position to discern whether or not trainees are fit to practice (Barnett et al., 2007). Somewhat disconcerting however, is the lack of research regarding off-site, practicum supervisor's clarity of clinical competencies (Kaslow, Pate, & Thorn, 2005; Lewis et al., 2005).

Given the far-reaching benefits one would expect from an integration of competency at the practica level, it is surprising that clinical supervisors might be overlooked in the push toward competency development. As indicated previously, because practicum supervisors are generally unclear of training expectations, their ability to evaluate progress against those expectations is consequently limited (Lewis et al., 2005). Given the ongoing training relationship, the graduate programs in collaboration with the practicum supervisors, are in a prime position to provide educational opportunities that would improve understanding, clarity, and assessment of competency in practicum students.

Challenges Associated with Advancing Competency Development at the Practica Level

Competency in supervision is a particularly complex goal because the psychologist needs to not only demonstrate skill in the supervision of the trainee; but it is also assumed that the supervisor has sufficient knowledge of the broader competency domains including both foundational values as well as the functional skills necessary to begin practice as a psychologist. Although challenging, this expectation gains increasing importance when one considers the ethical responsibility psychologists have to remain competent in the area of supervision (Harrar, VandeCreek, & Knapp, 1990; Kaslow et al., 2004), and the role academic institutions can play in this accountability (Nelson, 2007).

Despite the collaborative effort on behalf of accreditation bodies to promote awareness, definition, and tools for the assessment of competencies at the practicum level, research indicates clinical supervisors may not be aware of the competencies, which could have a significant impact on their confidence in terms of assessing them. One reason proposed for this lack of clarity is the poor communication between academic programs and external practicum sites regarding competency training goals, (Lewis et al., 2005).

It has also been hypothesized that conflicting goals for the trainee may be at the root of disparate attitudes between graduate programs and practicum sites; the former being primarily concerned with the quality of training and the later with service delivery, (Gross, 2005). In particular, the literature indicates that when practicum site supervisors are confronted with the pressure to decide whether the cost of training a graduate student outweighs the benefit of potential services, valuable training opportunities may become compromised (Lewis et al., 2005).

Confusion about Training Expectations Occurs on Multiple Levels

In a survey of 245 internship training directors (ITDs) and 148 graduate Directors of Clinical Training (DCTs), Kaslow et al., (2005) discovered significant discrepancy between perceptions of the importance of practicum training. Forty-eight percent of DCTs indicated that this was an area of "high importance" whereas only 19% of ITDs felt similarly (Kaslow et al, 2005).

The literature indicates that discrepancy extends to the training level. In a parallel study, Lewis et al. (2005) surveyed 263 practicum site coordinators representing health/ medical, community-based mental health, school, and university-based sites. Findings indicate that only 19.4% of health/medical sites, ($n = 93$), and 30.8%, ($n = 67$) of community mental health settings reported being "very clear" about the graduate programs expectations for practicum training. Despite their close affiliation with graduate programs, only 44% of 74 university-based training programs, ($n = 32$) endorse being "very clear" about training expectations, which although greater, suggests close affiliation with a graduate program does not assure clarity on training expectations.

Similar findings were also extended to site's awareness of internship requirements for practicum training, for example, only 19.4% of health/medical related practicums surveyed, ($n = 93$) reported being "very clear" on the competency thresholds required by internships. It is not difficult to imagine the resulting confusion when multiple stakeholders hold incongruent training expectations.

Current Study

The combination of increased expectations for competency development and the corresponding assessment of those competencies may challenge the limited resources of many practicum sites. This study responded to this challenge by conducting a qualitative analysis of the existing competency-based training programs offered by graduate programs in professional psychology. Given the limited number of such training programs, this study also explored the practicum supervisors' need for competency-based training. The goal of the investigation is two-fold; (a) to explore what has been attempted on behalf of graduate Directors of Clinical Training (DCTs) to educate practicum supervisors in competency-based training, and (b) exploration of the perceived need of practicum supervisors for training in the competency-based model.

Expanding on this area of research will contribute to the literature on competency development at the practica level. Because this study addresses the shift toward competency-based training, findings will likely benefit students, educators, supervisors, and consumers. Specifically, outcomes of this research may identify the training needs of practicum supervisors who have an optimal perspective from which to assess students. To this end, the ongoing cultural shift toward competency development may expand to include an essential member of the training team, the practicum supervisor.

Chapter 2

Method

Participants

Participants for this study included one Director of Clinical Training (DCT) affiliated with National Consortium of Schools and Programs in Professional Psychology graduate programs and five practicum supervisors in the greater Portland, OR region selected as part of a convenience sample to reflect different training domains and length of supervisory experience. Each participant represented one of the five, following practica domains: public service psychology (Veteran's Administration), medical environment (primary care medicine practice), school environment (rural, K-12 district), university counseling Center, and an adult forensic institution. Two of the five participants had a close degree of affiliation with the graduate program (practica supervision was funded through the university and supervisors were also part-time faculty); the other participants supervised practica that were not affiliated with the university. Participants had an average of eleven years, ($M = 11$) experience as licensed clinical psychologists; years of experience as a licensed professional ranged from 1-20. Participants represented a range of 2-10 years experience supervising, ($M = 10$). All of the participants identified as Caucasian; their stated ages were 34, 48, 50, 50, 58 and 60; ($M = 50$ years). The sample consisted of one male and five female participants. All participants were treated in accordance with the ethical standards of the APA (see Principles 6.1-6.20 in the "Ethical Principles of Psychologists and Code of Conduct," APA, 1992).

Procedure

Approval for the proposed study was received from the Human Subjects Review

Committee at George Fox University. Following committee approval, the Director of Clinical

Training (DCT) of the Graduate Department of Clinical Psychology (GDCP) at George Fox

University posted a request on the National Council of Schools of Professional Psychology

(NCSPP) list-serve asking if other DCT's have provided competency-based training or materials

for practicum supervisors. Only one (DCT) responded to the posted query and she was contacted

by the researcher and asked to participate in a semi-structured interview (Appendix A) regarding

the training.

All five supervisors were initially contacted via an electronic introduction by the DCT of

the GDCP at George Fox University. Following the email introduction, the five practicum

supervisors were contacted via electronic mail and asked if they were willing to participate in a

twenty minute, face-to-face, semi-structured interview (Appendix B) with the goal of exploring

practicum supervisors' need for competency-based training. In total, six (one DCT and five

practicum supervisors) participants completed audio-recorded interviews (ranging from 20-30

minutes, X = 25 minutes) .The interviews were then transcribed and imported into an electronic

database for analyzing qualitative data (NVIVO-9).

Measures

The primary measures used in this study consisted of two semi-structured interviews: one

was designed for Directors of Clinical Training, (Appendix A), and the other for practicum site

supervisors, (Appendix B). Findings from the professional literature significantly influenced the

framing and organization of the questions. The interview for the Director of Clinical Training

(Appendix A) used a combination of closed and open-ended questions to address the following

areas: (a) perceived needs in the area of advancing competency-based supervision at the practica

level, (b) exploration of what has been attempted in the way of educating supervisors, and (c)

investigation of the outcomes of said attempts. The semi-structured interview for practicum

supervisors explored three general areas, (a) perceived awareness and relevance of the

competency-based approach to supervision, (b) perceived confidence in terms of utilizing a

competency-based model to train and assess students at various developmental levels, and (c)

and exploration of supervisor's training and resource needs in competency-based supervision.

The semi-structured interview for the practicum supervisor was piloted and revised to increase

clarity. The supervisors participating in the structured interview were asked to provide

demographic information, including years spent supervising, years licensed, therapeutic

orientation, the type of practicum site in which they provide supervision, as well as information

on age, gender, and ethnicity (see Appendix B).

Data Analysis

In essence, a whole-part-whole analysis was completed in order to compare the identified

needs of practicum supervisors with the barriers to competency training that were identified in

the literature. The qualitative software program NVIVO-9 was used to code and analyze the data.

Questions in the semi-structured interview provided a "top-down" structure which was used to

analyze the themes and patterns across site supervisors. A "bottom-up" synthesis was also

performed by analyzing each interview or source for significant themes and labeling these with

"nodes." In sum, there were 50 different node categories, with a total of 272 coding references

across five transcribed sources, ($M = 5.4$ references per node). Node categories were reviewed by

another researcher for consistency with interview content. According to a calculation of the

Cohen's Kappa coefficient, there was excellent inter-rater agreement, ($K = 0.92$).

For the central purpose of organizing the analysis, nodes with more than five coding

references, ($M = 5.4$) were considered to be main themes. The 21 main themes were clustered

within one of the three over-arching constructs in the practicum supervisors' interview

(perceived relevance, confidence and training needs) and cited within the discussion.

Three rating-scales questions on the practicum supervisor semi-structured interview

resulted in a total of 15 items of quantitative data. Descriptive statistics were performed on these

data and also presented in the Results/Discussion section.

Chapter 3

Results and Discussion

Director of Clinical Training Interview

What has been attempted to promote competency at the practica level? The single

Director of Clinical Training interviewed for this study reported that she designed a web-based,

video training for practicum supervisors associated with her graduate program. Although

continuing education units were offered, no practicum supervisors had participated in the

training at the time of this interview. This Director of Clinical Training felt strongly that

competencies need to be built more concretely into practica-level training. Specifically, she

asserted that it is the role of Clinical Training Directors to initiate this movement by (a)

educating practicum supervisors about the competency-based model, and (b) establishing

competency-based evaluations of practicum students as standard protocol. The fact that this DCT

is the only one who has attempted to provide competency-based education for practicum

supervisors, coupled with the lack of outcome data for said efforts indicates this as an area for

future endeavor and research.

Practicum Supervisor Interviews

Part 1: Relevance. Participating practicum supervisors were asked to rate on a scale of

1-5, (1 being *not at all relevant* and 5 being *very relevant*), *"how relevant do you think a*

competency based-model of training is to the activities at your site?" On average, supervisors

rated the model as strongly relevant ($M = 4.35$). When one considers the diversity of site

representation, (Public service, Medical, School, Veterans Administration, and University

Counseling), this score suggests the competency-based model is generalizable to the various

training sites represented in this study. Although the literature suggests sites with greater

autonomy from the graduate program would consider training to be less relevant to their service

provision (Lewis et al., 2005), those findings were not supported by this study. Instead,

supervisors from university-affiliated and non-university affiliated programs rated the

competency-based model for training as moderately to very relevant, ($M = 4.69$).

What are some reasons why (the competency based model) is particularly or not

particularly relevant for your site? Overall, the supervisors' responses to questions regarding

relevance encompassed several themes, including the perceived importance of the cultural shift

toward competency, the use of the competency model as a template to guide "fit" between

student and site, and the ability of the competency model to bridge training and service delivery.

Cultural shift. One supervisor reflected an attitude of open-curiosity and acceptance of

cultural shift:

> It's a different way of thinking and a different way of evaluating given my background
>
> and how I was trained. . . . This is the direction that the sort of training side of our
>
> industry seems to be going so therefore the program and the students in that program are
>
> having to shift to this model.

Another supervisor indicated that beyond the interest from accreditation bodies, the

competency-based approach to supervision is relevant for her site because of the potential for

fostering student growth:

I think because first of all (it is relevant) because organizations require it but also because

I think it's training for them [the students]. We talk a lot about multidisciplinary work

being a competency they should be able to come out of that practicum with; so the needs

of the clinic require it and hopefully, their training experience is looking for it.

Optimize training "fit." Across all interviews, practicum supervisors expressed a shared

belief that a competency-based approach to supervision would facilitate collaboration between

the supervisor and student, especially in terms of delineating mutually-shared goals: "I think it's

really important to break down our expectations for students and how they can learn and grow."

In terms of practical application, supervisors described how the "fit" between the

practicum students' training needs and the opportunities at the site are important. Noting the

diversity between the skill-sets of her practicum trainees, one supervisor reported that a

competency-based model would be particularly relevant in terms of helping to clarify individual

strengths and weaknesses, thus informing training goals as well as decisions on how to

effectively staff each site:

Because there is this variation, when I build my team (of practicum students) I need to

think-"ok, I need at least one person has a good skill set here, and I can accommodate 1

or 2 people who are struggling with other areas. . . ." Then I can ask myself, "OK what do

I need to do to facilitate their program?"

The supervisor explained that to effectively meet the training needs of students, (a) it is

important to provide an optimal developmental level of training, and (b) to be aware that

individual students can vary in their attitudes, skills, and knowledge. Together, these points

imply that a competency-based model would allow for a developmental approach that could

maximize the heterogeneity of the practicum group and provide an optimal fit between students

and site needs.

 Bridge goals for training and service delivery. In the best of circumstances there is a

parallel process in service delivery and training. In other words, a training environment should be

able to simultaneously meet patient care needs and while meeting student training needs. The

following two supervisors describe how the different needs are met at their site. The first

supervisor explained how the competency-based approach ensures a baseline understanding of a

student's competency for the purposes of reducing harm for the patient:

> While we're a training site, we also are a site that deals with very complicated patients,
>
> and they have very real issues and so their issues are systemic, they're not just the
>
> identified patient they're throughout our entire system and so our patients are very
>
> medically complicated and can't endure a lot of additional stimuli that is not
>
> necessary…so knowing what a student is capable of and knowing how or what their
>
> needs are in areas that they need to grow in while also protecting what the patients are
>
> exposed to….

This exemplifies the importance of service delivery and patient care.

 The second supervisor represents an equally valid emphasis on training:

> You know, I don't know why someone wouldn't want to (utilize the model), regardless of
>
> whether or not you're a training site. I feel like one of the things that we're tasked with as
>
> colleagues is to pass that knowledge down to the next generation psychologist and to help
>
> them to develop their knowledge and their skill base yes, but also their *professional*

identity. Otherwise you're really just getting patient care done- without a focus on what the training is.

Taken together, these two perspectives seem to convey that the competency-based approach is relevant to the dual focus of most training sites; service delivery and training.

An objective evaluation of a trainees' skill is another part of the bridge that connects service delivery and training. Supervisors expressed optimism that a competency model facilitated a more objective and accurate assessment of a practicum student's level of competence, which in turn, would affect patient care. As one supervisor describes;

I think it (Competency-based assessment) does provide some means to attempt to objectively and quantifiably document that students are achieving certain things in their development as a psychologist. So that can be helpful if you're being asked to weigh in on or measure things that you have firsthand knowledge of versus having to guess at what you think they have assimilated into their clinical skills.

Furthermore, the supervisors noted the obvious link between building the skills that were highlighted as deficient in the objective evaluation and the corresponding potential for improvement in patient care. However, 60% of supervisors in this study reported they had experienced tension when asked to evaluate students on competency domains that were poorly defined or not associated with an objective measure. As one supervisor reported, "What's real evidence and not real evidence? When I'm asked to put a rating on a given trait or skill, what concrete evidence do I have?" The objectivity embedded in the competency model minimizes the tension inherent in general or abstract evaluation tools.

The importance of evidenced-based treatment was an emerging theme as supervisors explored the relevance between the competency model, training and service delivery.

> It (Competency-based approach) needs to be seen something as valuable and useful and not just for supervision. In my role as a site supervisor my primary goal is give service to clients, it's not training students, that's secondary and most of the time those things are complimentary enough (and) we're able to make it work but our primary goal as site supervisors is not training students it's service. …

The emphasis on service delivery at practicum sites is validated in the literature (Lewis et al., 2005), and seemed to greatly impact how supervisors in this study gauged relevancy. Generally, supervisors conveyed that they were more likely to implement the model if it improved their ability to fulfill multiple goals, including service delivery, and training:

> If the competency based supervision model is seen as something that is going to provide better service to the clients than what I'm already doing, then I'm more likely to put the time, effort and energy into learning it because the client who is my primary concern is going to be better off with it.

Part 2: Confidence. The supervisors were asked the questions regarding their confidence in using the competency model to guide assessment and training after they were primed with a definition of the foundational and functional aspects of competency, (Hatcher et al., 2007; Competencies Benchmark Working Group, September, 2006, sponsored by the APA Board of Educational Affairs; Fouad et al., 2009; please refer to definition in Appendix B).

When you think about this description, how would you rate your confidence in terms of assessing students within a competency-based frame work (1 is not at all confident and 5 is very

confident? Although all of the participants rated themselves as at least moderately confident (*M* = 4) in this domain, there were no self-ratings reflective of being "very" confident (rating of 5), which may reflect a need for training in this domain. Overall, the supervisors' responses to questions regarding confidence raised several concerns including the validity of self-report, the difficulty in assessing foundational vs. functional competencies, and the integration of broader professional development within the competency model.

   Reliance on subjective methods of assessment. Two supervisors explained that they were unable to endorse a higher confidence rating because of the lack of objectivity in their current assessment tools. Because assessment has traditionally focused on students' self –report of session content or process, supervisors' sense they are working with "filtered" information, limiting their confidence in the data used to make their evaluations. As one supervisor described her frustration with the subjectivity of student report, the need for objective measurement becomes clear; "it's their (the student's) perception of what is going on verses actual measure of what's going on." Similarly, another supervisor noted the discrepant perceptions between supervisors and students: "It can sometimes be astonishing how we can have two people seeing the same patient, hearing the same exact words from the patient, yet come away with two different understandings." These comments poignantly reflect the challenges supervisors face in the evaluation of competency and also reveal a need for "behavioral anchors" for the evaluation of competency. However, three of the five supervisors indicated that although direct observation would increase their confidence in the assessment of competency, it is not practical for them to observe students in actual clinical encounters,

Because you have limited access to them you're always sort of guessing…you're not

sitting in the therapy with them the whole time their doing therapy, (and) you don't have

time to review two days worth of video tapes every week for each student that comes

through.

The competency-based model encompasses both objective and subjective data, which is likely to

increase supervisors' confidence in the validity of the assessment. Given the emphasis on

developing objective assessment methods in the competency literature, (Fouad et al., 2009;

Kaslow et al., 2007, 2009; Leigh et al., 2007; Lichtenberg et al., 2007), the supervisors' lack of

confidence in subjective assessment is not surprising.

   Assessment of foundational versus functional competencies. One way to think about the

corresponding relationship between the foundational and functional competencies is to think

about the *foundational level* knowledge, skills, and attitudes that are necessary to *function* as a

competent clinician. Thus, foundational competencies tend to be more abstract, and difficult to

assess than functional competencies. This difficulty is supported by the results of this study in

which four out of five supervisors, (80%) reported more confidence in their assessment of

functional competencies. The only supervisor who endorsed an equivalent ability to assess

"both" domains of competency attributed it to the experience she's had in supervising students at

an APA-accredited internship, (where a competency-based model was already emphasized).

   In contrast to the challenges in the assessment of foundational competencies, supervisors

easily identified data for the assessment functional competencies: "So the (students) that know

how to do and write assessments, I've got evidence to answer that question (about functional

competencies)." The supervisor went on to explain the difficulties she experienced in evaluating

the foundational competencies;

> The competency of evaluating their knowledge and understanding of various
>
> psychotherapy modes (foundational), that's a harder one to get at. Let's take an example,
>
> all the relational components and relational dynamics, unless I'm watching a ton of video
>
> tape that's a real hard one for me to know whether a student is building a good
>
> therapeutic relationship with their client.

Findings indicating that supervisors feel more confident assessing functional

competencies than foundational competencies may reflect a general sense of confusion with

regards to who, (the academic professor or the clinical supervisor) is responsible for assuring that

foundational competencies are being attained. The research indicates that practicum supervisors

are in the most optimal position for ecologically-valid evaluation of both domains (Falender &

Shafranske, 2007), however, the findings of this study suggest that they do not perceive

themselves as being equipped to do so. One supervisor remarked that rather than independently

evaluating foundational competencies, she assumes their presence or absence based upon the

students' level of functional skill: "I see the process and the outcome, (of functional skills)

whereas in some ways the foundational competencies, I kind of assume are what the students are

coming to me with." This assumption is troublesome because the literature has not shown that

the presence of functional skills guarantees the presence of foundational competence. For

example, a student can be trained to administer an assessment, but may not have the level of

relationship competency required to provide therapeutic feedback to the patient with regards to

assessment results. Furthermore, the assumption that students "come equipped" with

foundational knowledge may not reflect an oversight by the practicum supervisor; but rather an expectation that the graduate program is a "gate-keeper" responsible for ensuring foundational competencies. In terms of impact, one can imagine the myriad issues resulting from confusion over who is responsible for competency development at the practica level.

Integration of broader professional development with the competency model. When the issues of professional development arose, all five supervisors indicated feeling strongly confident, (M = 4.6 on a rating scale of 0-5) in using a competency-based model to promote the developmental trajectories of individual practicum students. Unexpectedly, supervisors reported that traditional markers of development, (e.g., year in program, number of practicum hours, progress on dissertation) were somewhat arbitrary indicators of competency:

> I think the developmental model and the growth and learning curve is a discussion that is important for us to think about. You're always considering it because there is a developmental learning curve for each person and just because someone is a third or fourth year doesn't necessarily mean that they're learning curve is more or less. I just think that individuals have a developmental learning curve of their own.

Somewhat promising in light of recognized, individual differences, is that supervisors were confident that a competency-based model was congruent with the value they place on professional growth trajectories:

> you recognize that there is developmental progression for students and in a sense that's what the foundational functional (distinction) does; but at the same time if the student meets a competency that may be sort of a different way to look at it… if a student knows how to do an intake, then they know how to do an intake regardless of what year they are.

Supervisors reported their confidence in using the model for professional development increased when developmentally-appropriate expectations were established. Supervisors suggested that in addition to establishing shared training goals, it would be helpful if they knew which skills and the level of expertise in those skills that the students would bring to the site. Lines of thought across interviews converged around the desire to clarify appropriate expectations for competency at various "stages" in professional development:

> They talk about how each of these competencies have been defined for specific outcomes, almost something like that but for years of training; what does intervention look like for a second year versus a fourth year? How does professional development look different in a first year versus a fourth year?

> Echoing this point, another supervisor added that clarification of thresholds would be

especially important for supervisors who may have forgotten what might be developmentally appropriate expectations for students: "…you forget what it is you had to learn and you just expect students to know certain things."

Part 3: Training needs. If there were a training on competency-based assessment and supervision, what would make it most useful? When supervisors were asked a series of questions about their interest in a competency-focused, continuing education event, they expressed preferences for training that promotes communication about competency-based development by establishing a "shared language," delineates concrete behavioral anchors and thresholds, and is focused on "real-life" application of the model to training and evaluation. Finally, supervisors expressed an interest in learning how the competency model can facilitate the overall professional development of their practicum students.

Communication using a shared competency language. Practicum supervisors indicate a desire for fluid and bi-directional communication with graduate programs regarding student progress toward competency: "The schools are moving to set up student evaluations based on the competencies and we're being asked to consider these competencies … I just don't know if we have the shared language yet." This supervisor's observation is reflected in the literature, which indicates a need for more consistent communication between practicum sites, and graduate programs, (Lewis et al., 2005). Across all of the interviews, supervisors emphasized the need for a means for facilitating student collaboration in their competency development. The literature mirrors a similar desire on behalf of students, who indicate they would appreciate being able to communicate about training expectations with their supervisors, (Gross, 2005).

Supervisors also reported that clarification of terms is an essential pre-requisite to application: "I guess maybe starting out with what the competencies *are* so just maybe a good description of what the competency is that you're looking for."

Training should delineate concrete behavioral anchors and thresholds. A desire for concrete behavioral anchors and thresholds was a prevalent theme throughout the interviews: "in essence it's really operationally defining the specific items that I am asked to evaluate that would be helpful- the anchoring points or the operational measure." Consistent with responses to a prior questions, supervisors articulated they would appreciate special emphasis be placed on the foundational competencies. This emphasis might include clear definitions and behavioral examples of the relatively abstract concepts included in the foundational competencies. As one supervisor noted, "The foundational competencies probably need more attention because they are still kind of hard to get at that are not very tangible or concrete." The two supervisors with over

15 years of supervising experience added that a review of the functional competencies may be

redundant in light of their years of experience:

> The technical functional competencies are important but I think as a supervisor that is
>
> something that I have always done and after a certain amount of time supervising you're
>
> pretty good at teaching someone how to do the actual work, but working with people on
>
> those foundational competencies and helping them in that regard and I think that needs a
>
> lot more attention.

> Supervisors wanted to understand the behavioral anchors and expected thresholds

necessary to demonstrate competency at the different levels of training. Although supervisors

expressed general familiarity with the competency-based approach to training, a collective desire

"to really distinguish those different competencies, the composition of the competencies, and the

difference between what they [students] should come in with and what they should leave with."

The desire for concrete thresholds expressed at this most fundamental of training reinforces the

work on behalf of the Task Force, (Leigh et al., 2007) to establish "behavioral anchors" for the

assessment of competency. Consistent with the training literature, our supervisors expressed a

need for concrete thresholds: "In essence what's the evidence that I should use to respond to

certain items? What kinds of things are we looking for?"

> *Focus on "real life" application.* Most of the supervisors, (80%) highlighted "real life"

application of the competency-based model as desired element for training.

> I think several vignettes might be nice, and then being able to work in smaller groups to
>
> discuss because I think a lot of it (learning) is discussing how this (model) applies to a

real person, rather than just spending more time and reviewing and getting into the

information.

Some supervisors acknowledged that a brief content review would provide a helpful base

of information: "Because it's relatively new and I've been through a couple of things now that

have exposed me to it, but review is good because it's not second nature to me like other things

are in my supervision." Furthermore, supervisors expressed an interest in applying their clinical

skills to the supervision context and the assessment of competency; "As psychologists our power

of observation is one of our most honed skills, and as supervisors we obviously need to use that

power of observation to help our students with these competencies."

Training should facilitate ongoing professional development. Not surprisingly, a theme of

"generativity" or a sense of investing in future clinicians was conveyed by all respondents as an

important element to competency-based training: "it would be helpful if a training could focus on

assisting the supervisors in how to develop competency-based learning goals for the students

they were supervising." Here it becomes apparent that supervisors recognized the importance of

enfolding competencies within a developmentally appropriate, professional trajectory that is

graded, and sequential. This recognition is consistent with the Benchmarks document that

highlighted the integration of competency development with a trainees' overall   professional

developmental (Fouad et al., 2009).

The competency model brings an additional benefit to the training domain; it provides a

template or frame of reference that can be used by students for reflective self-evaluation. The

majority of supervisors (80%) indicated it would be essential for students to achieve a level of

"meta-awareness" with regards to their own competency. One supervisor shared her observation

of discrepancy in this area: "I think there may be times when where a student feels they're at and where I feel they're at may be two very different things." If the competency model (including behavioral anchors) is used as a rubric for professional development, students and supervisors would have a coherent and relevant framework to guide training expectations and assessment. The desire to foster preparation toward internship was a prevalent theme, reflecting its importance in the eyes of practicum supervisors. Trends in responding indicate supervisors have a sense of responsibility for the practicum student's preparedness for future stages of professional development. A supervisor representing a non-university-based site (forensic adult population) expressed a desire for "a really good in depth understanding of the competencies and the distinction between readiness for practicum and readiness for internship…" The literature indicates practicum sites would like a better understanding of internship expectations, (Lewis et al., 2005) so this finding is not surprising.

Summary

The strong convergence across responders indicated that practicum supervisors consider a competency-based approach to training and assessment relevant to their sites, are confident they would be able use this model to assess competency in students, and identify specific training needs that can be addressed by a graduate-program initiated training.

Relevance. Practicum supervisors are aware of the competency-based approach and recognize it the "gold standard" in terms of professional training and education. Because they fulfill multiple roles beyond training of practicum students, supervisors indicated that adopting a competency-based approach to supervision and training would be relevant if it enhanced their ability to meet multiple demands of training and service delivery. Broadly, supervisors'

perceived that a competency-based model effectively gauges a student's baseline level of foundational and functional competency, especially in light of establishing training goals and determining readiness for practice. Supervisors' openness to the competency-based approach to practicum training suggests this is a favorable time to shift from an academic discussion of the competency model to an applied training context.

Confidence. Supervisors convey that they are confident in terms of being able to apply a competency-based model to supervision, yet have reservations in terms of being able to assess students within this model. Reasons given for a less confidence in the assessment of competency revolved around two main points. The first indicates that supervisors question the validity of student self-report, yet do not have the time to gather evidence for the acquisition of particular thresholds. When asked what would improve their confidence in this area, supervisors expressed a need for objective methods by which to effectively, and efficiently evaluate students. The second theme captured a sense of weakness in the area of assessing the foundational (vs. the functional) domains if competency. Supervisors indicated that knowing concrete thresholds for the more abstract, foundational skills, (i.e., relationship) would improve their overall level of confidence.

Finally, supervisors noted that they feel very confident integrating goals for broader professional development within the competency model. They also indicated that clarification of developmentally-appropriate thresholds for competency would improve their overall sense of confidence in terms of facilitating professional growth.

Training. Themes in responding reveal that a training would be most worthwhile if it emphasized strategies for applying the model in real-life situations. Supervisors expressed a

desire for a dynamic training, involving opportunities to practice and discuss application strategies. Additionally, responses indicated a desire for a shared, competency-based language, including clarification of terms, concrete thresholds, and active participation of the student in assessment of their own level of competency. Supervisors spoke to the need for objective, operationally defined, behavioral anchors that can be used in the assessment, shifting to a competency-based model for the training and evaluation at the practica level makes sense in light of the overall trajectories of the student and the field. Findings from this study reveal supervisors do not consider traditional markers (e.g., year in graduate program) to be reliable measures of competency. Considered broadly, this recognition on behalf of practicum supervisors seems prescient in light of the fact that traditional "measures" of competency, (i.e., progress toward degree, hours accrued in direct intervention, and or scores on a standardized test) may soon become obsolete in light of the movement toward competency-based evaluation.

Conclusions and Recommendations

According to this study, supervisors believed that the use of a competency-based model could facilitate a collaborative discussion of training goals. Collaborative discussion of training needs also promotes a level of meta-awareness on behalf of the student that will benefit them throughout their careers. Thus, supervision that is grounded in a competency model encourages reflective self-evaluation early in the training sequence.

As health-care professionals, it is imperative that we hold ourselves to a level of accountability that begins at the most fundamental level of training. The collective energy directed toward creating a "culture shift needed for the assessment of competence to become more routine, systematic, and institutional" (Roberts et al., 2005, p. 356) over the last two

decades reflects the value placed on developing clinical psychologists who consider competency

a multidimensional aspect of their training, ongoing education, and professional performance.

Findings from this study support the likelihood that a graduate program- initiated training

would help supervisors feel more confident implementing the competency-based approach at the

practica level. In light of the findings of this study, it is recommended that future training

endeavors provide education in the following areas:

1. Broad-based review of the competency-based model, highlighting the evidence-based

   rational for its development.

2. Demonstration of how the model can be used to facilitate training as well as service

   delivery.

3. Clarification of definitions and terms distinctive to the competency-based model.

4. Provide examples of concrete behavioral anchors and thresholds distinctive to the

   competency-based model .

5. Discuss ways of establishing a shared communication around competency development

   between practicum supervisors, directors of clinical training, and students.

6. Establish competency-based evaluation as a standard protocol.

7. Demonstrate strategies for applying the competency-based model in "real life" through

   hypothetical case vignettes, and promote an atmosphere of continued education and

   support.

Limitations of the Study.

The most striking limitation of this study is the small sample size and lack of diversity of

participants. Moreover, because practicum supervisors were sought in affiliation with one

graduate program in the Pacific Northwest, there are natural limitations to the degree conclusions from this study can be generalized.

Future Directions in Research.

It is not inconceivable to imagine a time in the near future when graduate programs, students, practicum sites, and internship sites are utilizing a cohesive strategy to ascertain competency. If competency-based supervision is to be adopted as a standard, there will be foreseeable need for outcome and application studies. Further research in this area would certainly impact the future in terms of how students are prepared for internship, and beyond. One possible adaptation to include the development of a standardized assessment with developmentally-appropriate norms that could be used to determine whether or not a student has the level of competency requisite for internship, and eventual licensure. Although this would be a dramatic departure in the selection and training of students, the confidence with which competent practice could be assured would have far-reaching benefits. Continued research endeavors in this area will certainly advance competency as the new standard in professional education and training.

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Appendix A

Semi-Structured Interview: Director of Clinical Training

Pre-Interview Questionnaire: Director of Clinical Training

1. How long have you been a Director of Clinical Training?

2. At what type of professional psychology program are you currently coordinating clinical training?

3. Are you familiar with the movement toward competency-based approach to supervision?

Semi-Structured Interview: Director of Clinical Training

PART I: Clinical Supervisor Education

1.How long have you been emphasizing competency development in your program ?

2.In your emphasis on competency development in your program, which competencies are highlighted ?

3.Would you mind sharing what you have done in the way of communicating about and educating practicum supervisors in competency-based assessment?

PART II: Outcomes of supervisor education

1.How effective do you think attempts to train practicum supervisors have been (1 being not at all effective and 5 being very effective)?

2. How do you think you would know if a training was "very effective" for a practicum supervisor?

3.What challenges, if any, come to mind when you think about teaching practicum supervisors to assess a student in the functional and foundational competency areas while taking their developmental level into consideration?

 The following definition was used to prime participants for responding to the following questions.

Foundational competencies refer to the students' baseline knowledge, attitudes, and values; foundational competencies are also the necessary prerequisites on which functional or skill-specific competencies will be built.

Functional competencies refer to the functions, activities or services provided by the professional psychologist including assessment, intervention, consultation, research, supervision, and management. Each of these competency areas has been defined and specific outcomes

regarding the expected knowledge, skills, and attitudes have been established(Competencies Benchmark Working Group, September, 2006, sponsored by the APA Board of Educational Affairs; Fouad, Grus, Hatcher, Kaslow, Hutchings, et al., 2009).

4.What areas do you think you would be most important for practicum supervisors to know how to assess?

5.To what extent do you think practicum supervisors know what it is expected at various levels of professional development, (i.e., predoctoral, internship, advanced licensure)?

PART III: Education and training needs

1.You responded to the list-serve stating that you have attempted a competency-based training for practicum supervisors affiliated with your graduate program.

2.Would you mind sharing how you did this training?

3.What were the outcomes?

Appendix B

Semi-Structured Interview: Practicum Supervisor

Pre-Interview Questionnaire- Practicum Supervisor

1.How long have you been a licensed psychologist?

2.How long have you been providing supervision for practicum students?

3.At what type of site are you currently supervising students?

4.How would you describe your orientation?

Semi-Structured Interview for Practicum Supervisors

PART I: Relevance

1.On a scale of 1-5, How relevant do you think a competency based-model is to the supervision you provide at your site? "One" being not at all relevant and "five" being very Relevant.

2. Why it is competency-based supervision particularlyor not particularly relevant for your site?

3. If there were a training on providing competency-based supervision, what would make it most relevant for supervisors at your site?

PART II: Confidence
I am going to read you a APA description competency and ask you some questions.
The following definition was used to prime participants for responding to the following questions.

"Major accreditation bodies within the discipline including APA and the NCSPP have refined the construct of competency to include both "foundational and functional aspects" (Hatcher, 2007).

Foundational competencies refer to the students' baseline knowledge, attitudes, and values; foundational competencies are also the necessary prerequisites on which functional or skill-specific competencies will be built.

Functional competencies refer to the functions, activities or services provided by the professional psychologist including assessment, intervention, consultation, research, supervision, and management. Each of these competency areas has been defined and specific outcomes regarding the expected knowledge, skills, and attitudes have been established(Competencies Benchmark Working Group, September, 2006, sponsored by the APA Board of Educational Affairs; Fouad, Grus, Hatcher, Kaslow, Hutchings, et al., 2009)."

1.When you think about this description, how would you rate your confidence in terms of assessing students within a competency-based frame work? One is not at all confident and five is very confident.

2.What would have to be different for you to feel more confident in your ability to utilize a competency-based model in your supervision and how could a training help you do this?

3.When you think of this description, do you feel more confident assessing a student's foundational competencies or their functional competencies?

4.What could a training do to make supervisors feel more comfortable assessing functional and or foundational competencies?

5.How confident do you feel assessing a student in these domains while taking their professional developmental level into consideration?

6.What would make it easier to apply this model to promoting a student's level of professional development?

PART III: Training Needs

1.Given all the demands on time both on and off the practicum site, what would have to happen for practicum supervisors to be more likely to utilize a competency-based model in supervision?

2.How could a graduate program best facilitate practicum supervisors in utilizing a competency-based model?

3.If there a training was provided emphasizing competency-based training what would make it useful for you? What would you want to walk away knowing?

Appendix C

Curriculum Vitae

CURRICULUM VITA

Michelle Anderson, M.S., M.A.
414 N. Meridian St V265 • Newberg, OR 97132 • PHONE (805) 748-6920
EMAIL Manderson08@georgefox.edu

EDUCATION

Student in a Doctor of Psychology Program   *2008-present*
Graduate School of Clinical Psychology (APA Accredited)
George Fox University, Newberg OR
Cumulative GPA 3.95
Projected Graduation Date: 04/2013

Master of Science, Psychology (CACREP Accredited)   *2005 - 2007*
Concentration in Marriage and Family Therapy
California Polytechnic State University, San Luis Obispo, CA
Cumulative GPA 3.75 Suma Cum Laude

Bachelor of Arts, Psychology   *2002 - 2005*
University of California, Santa Barbara
Cumulative GPA 3.6, Graduated with Honors

AWARDS

Richter Scholar Research Grant Recipient   *2009-2010*
George Fox University

Multicultural and Diversity Scholarship Recipient

                                                                 2008-2009

George Fox University, Newberg, OR

Undergraduate Creative Research Grant Recipient

                                                                 2004-2005

University of California, Santa Barbara

Deans Honors
University of California, Santa Barbara   *Three semesters 2003-2004*

SUPERVISED CLINICAL EXPERIENCE: *Doctoral Level Clinical Psychology*

Behavioral Health Consultant in Primary Care: Internal medicine, Family Medicine and Pediatric clinics.
Providence Medical Center, Newberg and Sherwood, OR   *April 2010-present*
Supervisor: Mary Peterson, PhD, ABPP/CL.

As a behavioral health consultant I am granted full-medical staff privileges including access to patient medical records. My responsibilities include consulting with physicians, providing direct Behavioral Health interventions to primary care patients, performing psychodiagnostic assessment to inform medical treatment, and working on multidisciplinary teams in the service of integrated patient care. Patients represent a variety of demographic and presenting biopsychosocial issues including mood disorders related to a general medical problem, insomnia, hypertension, obesity, substance dependence, neurological disorders, (e.g., Parkinson's Disease, Epilepsy, and Dementia), autoimmune disorders, unspecified chronic pain, and chronic pain secondary to general medical problems, undifferentiated somatoform disorder, Attention Deficit Hyperactivity Disorder, Learning Disabilities, child behavioral issues, phase of life problems, and relationship issues; including intimate partner abuse, bereavement, and caregiver support.

Coordinator and evaluator for on-call risk assessment team for Emergency Department
Providence Medical Center, Newberg, OR   *March 2010- present*
Supervisors: Mary Peterson, PhD, ABPP/CL, Bill Buhrow, PsyD, and Joel Gregor, PsyD

My duties include coordinating an on-call schedule and ensuring that there is emergency consultation coverage 24 hours a day, seven days a week. As a member of the consult team, my responsibility is to be immediately available by page, (24 hours or more a week), to provide immediate risk assessments for physicians in the ED. A full risk-assessment includes conducting a psychiatric evaluation, documenting the results of the evaluation in the patient's medical chart, and providing attending physician with recommendations to maximize patient safety and reduce hospital liability. Patients referred for risk evaluation present as a risk of harm to self and or others due to issues of suicidality, homicidality, substance overdose, failure to thrive, psychosis, and cognitive impairment.

Psychotherapist for George Fox University Health and Counseling Center
George Fox University Health and Counseling Center   *September 2009- May* 2010
Supervisors: Bill Buhrow, PsyD. & Kristina Kays, PsyD

My duties included providing individual outpatient therapy and assessment with adult students, (ages ranging from 17-64) with a variety of presenting

biopsychosocial issues including substance abuse, sexual health issues, identity issues, phase of life issues, bereavement, relationship issues, adjustment disorders, insomnia, Attention Deficit Hyperactivity Disorder, learning disabilities, anxiety, and mood disorders. I was also responsible for consulting with student health medical staff in the service of integrated patient care. Support activities included weekly didactics, and individual supervision with review of videotaped sessions.

Behavioral Health Psychotherapist, Evaluator, and Group Facilitator in a Rural, Community Mental Heatlh Clinic.
George Fox Behavioral Health Clinic, Newberg, OR   *January 2009- July 2009*
Supervisor: Joel Gregor, PsyD

My responsibilities include providing behavioral health intervention to under-insured individuals, couples, families, and children in a rural, outpatient community clinic. Patients presented with a broad-range of presenting issues including mood disorders, severe mental illness, substance abuse, Attention Deficit Hyperactivity disorder, child behavior issues, and relationship issues. Training emphasis was placed on providing evidence-based treatment for a variety of emotional and behavioral difficulties, providing comprehensive assessments for a variety of referral questions, as well as facilitating a weekly, Parenting Skills group.

Advanced Psychotherapy Pre-Practicum Training
George Fox University, Newberg, OR   *September 2008-May 2009*
Supervisor: Clark Campbell, PhD

Activities included applying foundational clinical skills in weekly, videotaped, individual psychotherapy with undergraduate students. Sessions video-tapes were reviewed in weekly supervision meetings with an advanced-level doctoral student receiving supervision from a licensed, clinical psychologist.

Coordinator and Group Facilitator for a Psychoeducational Depression Support Group
Providence Medical Center, Newberg, OR   *October 2010-December 2008*
Supervisor: Tamera Rodgers, MD

Responsibilities included coordinating a team of group facilitators to provide twelve, weekly support groups for patients diagnosed with Major Depressive Disorder within a family, medical care clinic. Support activities included weekly didactics for depression support as well as weekly consultation with the participating patients' primary care provider.

SUPERVISED CLINICAL EXPERIENCE: *Marriage and Family Therapy*

Substance Abuse Psychotherapist and Group Facilitator for an adolescent substance-abuse recovery day-treatment program.
Private Contractor with San Luis Obispo Office of Education, CA   *August 2007-July 2008*
Supervisor: John Elfers, PhD

> My position entailed working as a psychotherapist on a multidisciplinary team in an day-treatment program for adjudicated adolescents at risk for substance-abuse disorders. Specific duties included facilitating daily substance abuse groups, weekly art therapy groups, weekly individual therapy, and family therapy serviced as needed for youth between the ages of 14 and 18 with histories of substance abuse. As a part of the standard intake process, my duties included administering the Substance Abuse Subtle Screening Inventory (SASSI), conducting a comprehensive psychological interview, and presenting cases in daily, multidisciplinary team meetings, and individual supervision. Support activities included didactics on motivational interviewing, adolescent bullying, and administering and providing feedback on the SASSI.

Community Mental Health Youth and Family Psychotherapist
South County Mental Health, Arroyo Grande, CA   *August 2006 –August 2007*
Supervisor: Sara Cress, LCSW

> Responsibilities included providing school-based individual and family therapy for children between the ages of 4 and 12 presenting with a variety of psycho-social issues including Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, adjustment disorders, Fetal Alcohol Syndrome, and problems with primary support. Specific duties included direct intervention, conducting intake interviews, developing treatment plans, case management, presenting cases in multidisciplinary meetings, and attending adoptions, family-court, and mediation meetings as a representative on behalf of the patients. Training emphasis was placed on providing evidence-based practice play therapeutic techniques, working on interdisciplinary teams, and family systems therapy.

Co- Facilitator: Social Skills group for adults with severe mental illness
Transitions Outpatient Services, San Luis Obispo, CA   *June 2006-September 2006*
Supervisor: Kelly Moreno, PhD

> Responsibilities included facilitating 12 week, social skills training group for adult patients with severe mental illness, (i.e., schizophrenia) in a day-treatment program. Duties included providing psychoeducation on various topics including self-care, medication management, effective communication, developing coping skills, as well as processing change, grief and loss. Case management duties

included writing weekly process notes, consulting with day-treatment staff, and discussing group presentation in weekly supervision meetings.

Marriage and Family Therapist- Community Mental Health Clinic
Cal Poly Community Counseling Clinic San Luis Obispo, CA   *March 2006 - August 2006*
Supervisors: Michael Selby, PhD, Lisa Sweatt, PhD, & Kelly Moreno, PhD

My responsibilities included providing psychotherapy to under-insured individuals and couples on a weekly basis, conducting intake interviews, developing treatment plans and maintaining patient charts. Common presenting issues included mood disorders, adjustment disorders, phase of life problems, and relationship issues. Therapy sessions were observed from behind a 2-way mirror and videotaped; videotapes were reviewed in weekly supervision with a licensed, clinical psychologist. Cases were discussed in weekly group supervision. I received specialized training and supervision in CBT, Family Systems, and Psychodynamic approaches to psychotherapy.

RESEARCH EXPERIENCE: *Research Assistantships*

Social Psychology Undergraduate Research Assistant
U.C. Santa Barbara   *2004-2005*
Supervising Researcher: Heejung Kim, Ph.D.

Involvement in multicultural psychology and psychophysiology research investigating the cultural influences on psychological processes. In particular, this research examined 1) cultural differences in the perception and the effect of speech, 2) cultural differences in the use of social support, and 3) the role of emotion in the acculturation process. Secondary research included investigating the role of culture and genetics in shaping social behaviors, as well as addressing the implications of these culturally specific cognitive, affective and behavioral tendencies for health and educational outcomes.investigating how culture influences differences in the stress response and cortisol secretion. My responsibilities included working closely with Dr. Kim, running participants through experiments, and collecting physiological (i.e., cortisol samples), subjective, and behavioral data.

Psychophysiology Undergraduate Research Assistant
U.C. Santa Barbara   *2004-2005*
Supervising Researcher: James Blascovich, PhD

Involvement in the empirical investigation of Dr. Blascovich's biopsychosocial model of challenge and threat. This research validated patterns of cardiovascular responses, subjective, and behavioral measures as markers of challenge and

threat. Additional experiments have applied the biopsychosocial model to various social phenomena including internal and external processes such as attitudes, stigma, stereotypes, social comparison, and social facilitation. My responsibilities included writing research grants, running participants through experiments, and collecting physiological, subjective, and behavioral data.

Development and Evolutionary Psychology Undergraduate Research Assistant
U.C. Santa Barbara   *2004-2005*
Supervising Researcher: James Roney, PhD

Assisted in the empirical research on human mating psychology; broadly focused on mapping the evolved design of the psychological adaptations that regulate human social interactions. This research provides evidence that men show a suite of psychological, behavioral, and hormonal responses to potential mates that is consistent with the possibility that similar neuroendocrine mechanisms may in part regulate human courtship. This research has been extended to projects investigating hormonal correlates of mate attractiveness and the effects of ovarian hormone concentrations on women's mate preferences. My responsibility was to run participants through experiments, and collect physiological, subjective, and behavioral data.

SPECIALISED TRAINING AND WORKSHOPS

Cognitive Assessment

Assessment of ADHD in
Children and Adults Steven J.
Hughes, PhD, LP, ABPdN
June, 2011

Best Practices in Multi-
Cultural Assessment
Eleanor Gil-Kashiwabara,
PhD
October 27th, 2010

Substance Abuse Subtle
Screening Inventory (SASSI)
Administration, Clinical
Interpretation and Feedback
Pamela Smithstan, M.F.T.
August, 2007

Trauma/PTSD

Neurobiological Effects of
Trauma
Anna Berardi, PhD
March 16th, 2011

*Substance Abuse/Dual
Diagnosis*

Substance Abuse and Dual
Diagnosis
South County Mental Health
San Luis Obispo, April 2006

Evidence-based Treatments

Advanced Motivational
Interviewing
Pamela Smithstan, M.F.T.
San Luis Obispo County
Office of Education
August, 2007

Dialectical Behavior Therapy
(DBT) for Individuals
Michelle Connolly, LPC,
CADCI
Portland DBT, March 13-14th
2009

Medical Psychology

Primary Care Behavioral
Health: Where Body, Mind
(& Sprit) Meet
Neftali Serrano, PhD
George Fox University
October 6th, 2010

Certificate Program in
Primary Care Behavioral
Health
University of Massachusetts
Medical School
September 2010-Feburary
2011

*Multicultural/Diversity
Training*

Multicultural Counseling: An
Alternative Conceptualization
Carlos Taloyo, Ph.D.
George Fox
University, September, 2009

Current Guidelines For
Working With Gay, Lesbian,
and Bisexual Clients: The
New APA. Practice
Guidelines
Carol Carver, PhD.
March 17, 2010

PROFESSIONAL AFFILIATIONS and CERTIFICATES:

Primary Care/Behavioral Medicine Certification   *April 2011*
University of Massachusetts Medical School
>   The Certificate Program in Primary Care Behavioral Health is a training
>   opportunity for behavioral health professionals who wish to fill the gaps left by
>   traditional mental health training in order to be successful practitioners in primary
>   care settings. This training is particularly targeted to prepare behavioral health
>   professionals for the Patient Centered Medical Home model.

American Psychological Association Student Affiliate   *2008-present*

PSI CHI National Psychology Honor Society   *2004-present*

RESEARCH EXPERIENCE:

Grant-Funded Dissertation: Anderson, MS (2011). *Advancing Competency at the Formative Level of Training: Assessing the needs of practicum supervisors.* Defended June 10th, 2011, currently in submission for presentation at APA 2012, Orlando, Florida.

>   I conducted original, qualitative research exploring practicum supervisor's
>   confidence in the utilization of the competency-based model for training, as well
>   as their needs for professional education in this area. Findings from my research
>   are informing a professional training module for practicum supervisors, and are
>   hoped to expand the competency-based literature at the practica level.

Committee Chairperson: Mary Peterson, PhD, ABPP/CL. Committee Members, Mark McMinn, PhD, ABPP/CL, & Bill Buhrow, PsyD.

Research Projects in Submission

Anderson, M. S., (2011). *Advancing Competency At the Formative Level of Training: Assessing the needs of Practicum Supervisors.* Poster session submitted for presentation a the annual meeting of the American Psychological Association, Orlando, FL.

Anderson, M. S., & Bruschwein, H. (2011). *Professional Education for Practicum Supervisors: Competency-Based Supervision.* Poster submitted for presentation at the annual meeting of the American Psychological Association, Orlando, FL.

Anderson, M. S., & Chung, T. (2011). *Investigating the Effects of Multidisciplinary Didactics and Policy Adherence in Emergency Department Management of High Utilizing, Drug-Seeking Patients.* Poster session submitted for presentation at the annual meeting of American Psychological Association, Orlando, FL.

Anderson, M. S., Knows His Gun, K. (2011). *Investigating the Impact of a Risk Assessment Didactic on the confidence of therapists in a rural-school consortium*. Poster submitted for presentation at the annual meeting of Western Psychological Association, San Francisco, CA.

Presented Research

Anderson, M. S., Heyne, L., Turgesen, J. N. (2011). *Behavioral Health Consultation in Primary Care: Overcoming barriers by facilitating relationships with providers.* Poster presented on behalf of Division 13: Consulting Psychology, at the annual meeting of the American Psychological Association, Washington D.C.

Peterson, M. A.; Anderson, M. S.; Becker, T. S., Doty, E. A., Gregg, K., Jurecska, D., Schneider, N., & Turgesen, J. N. (2010). *Starting Well: Using evidenced-based practice in practicum training.* Group symposium presentation on behalf of Division 49: Evidence-Based Group Intervention, at the annual meeting of the American Psychological Association, San Diego, CA.

Peterson, M. A., Jurecska, D., & Anderson, M. S.(2010). *Effectiveness of the Incredible-Years Parenting Program in a Latino Sample*. Poster presented at the annual meeting of the American Psychological Association, San Diego, CA.

Chao, B., Anderson, M. S., Mock, R., Kerns, R., & Buhrow, W. C. (2010). *The Relationship Between Alcohol Use and Sexual Activity on Faith-Based Campuses.* Poster Presentation at the annual meeting of Christian Association of Psychological Studies.

FACILITATED WORKSHOPS AND DIDACTICS

Anderson, M. S. (2010). *Until death do us part? Ten steps for building a successful relationship: Learning from the masters.* Material presented based on Gottman, J.R. (1994). The Marriage Clinic: An Evidence Based Therapy. Presented: October 17th, 24th, and November 7th, 2010.

Anderson, M. S. (2011). *Risk Assessment for Rural Youth: Didactic for therapists working in a rural-school consortium who have limited access to resources for evaluating risk.* Presented to Yamhill Rural School Consortium, Newberg, OR, October, 2011.

Anderson, M. S. (2011). *Pain Management Policy Adherence for Emergency Department Staff and Behavioral Health Consultation Team.* Didactic focused on educating Emergency Department Staff on Pain Management Referral Program. Presented to Providence Emergency Department and Behavioral Health Consultation Team, Newberg OR, October, 2011.

TEACHING EXPERIENCE

Teacher's Assistant   *September-December 2010*
Course*:* Advanced Counseling **Professor**: Kristina Kays, PsyD
Undergraduate Department of Psychology
George Fox University, Newberg, OR

> Responsibilities included teaching and supervise undergraduate students in the
> development of advanced counseling skills. Specific duties included
> demonstrating, reviewing, and practicing counseling skills, facilitating dyad role-
> plays, reviewing videotape of counseling sessions, providing individualized
> feedback to students, and discussing student progress during weekly meetings
> with a supervising, clinical psychologist.

Guest Lecturer: Introduction to Psychology   *April 2011*
Course: Psychopathology
Undergraduate Department of Psychology
George Fox University, Newberg, OR

Guest Lecturer: Child and Adolescent Development   *April 2009*
Course: Psychological and Behavioral Problems in Adolescence
Undergraduate Department of Psychology
George Fox University, Newberg, OR