Recognizing, Assessing, and Intervening With Problems of Professional Competence

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Working collaboratively, psychologist educators and trainers at the doctoral, internship, and postdoctoral levels; credentialers; practitioners; and students offer 8 proposals for psychologists to consider in recognizing, assessing, and intervening with problems of professional competence in students and professionals.

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practicing professionals. In the proposals, the authors address the following topics: definitions and categories; preparing the system; self-assessment; remediation; diversity; communication across various levels of the system; confidentiality; and ethical, regulatory, and legal underpinnings. They also propose future directions for the assessment of problems in professional competence in both students and practicing psychologists.

Keywords: competence, assessment, self-assessment, diversity, ethics

Psychology is responding to clarion calls for a paradigm shift toward a focus on competency-based education, training, and credentialing, as well as competency-based assessments from graduate school through retirement (Kaslow, 2004; Kaslow et al., 2004; Nelson, 2007; Roberts, Borden, Christiansen, & Lopez, 2005; Rubin et al., in press). Such assessments identify certain people as having problems in professional competence in one or more competency domains that are key to effective functioning (Elman & Forrest, in press; Rodolfa, 2005; Rodolfa et al., 2005; Stern, 2006). Some of these domains are foundational (e.g., professionalism, reflective practice/self-assessment, scientific knowledge and methods, relationships, ethical and legal practice, individual and cultural diversity, interdisciplinary systems), and others are functional (e.g., assessment/diagnosis/conceptualization, intervention, consultation, research/evaluation, supervision/training, management/administration). Professional competence problems exist at all levels of professional development (Huprich & Rudd, 2004), and, when difficulties are identified, strategies must be in place for remediation and/or management (Kaslow et al., in press; Kaslow et al., 2006), strategies that take into account the challenges associated with assessing competence (Lichtenberg et al., in press).

There is a paucity of information regarding the evaluation and management of competence problems. However, attention has been paid to: (a) definitions and terminology (Elman & Forrest, in press); (b) types of problems (Lamb et al., 1987; Schoener & Gonsiorek, 1988); (c) the frequency and nature of problems, distress, and impairment (Floyd, Myszka, & Orr, 1998; Gaubutz & Vera, 2002, 2006; Gisara & Forrest, 2004; Huprich & Rudd, 2004; Pope & Tabachnick, 1994; Procidano, Busch-Rossnagel, Reznikoff, & Geisinger, 1995; Sherman, 1996; Sherman & Thelen, 1998; Vacha-Haase, Davenport, & Kerewsky, 2004); (d) the impact individuals with competence problems have on their colleagues (American Psychological Association [APA] Board of Professional Affairs’ Advisory Committee on College Assistance, 2006; Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004; Rosenberg, Getzelman, Arcinue, & Oren, 2005); (e) pertinent legal decisions (Forrest, Elman, Gisara, & Vacha-Haase, 1999; Gilfoyle, 2006); (f) challenges associated with evaluating competence problems (Forrest et al., 1999; Robiner, Saltzman, Hoberman, & Schirvar, 1997); and (g) proposed strategies and timing for remediation of competence issues (APA Board of Professional Affairs’ Advisory Committee on College Assistance, 2006; Barnett & Hillard, 2001; Elman & Forrest, 2004; Forrest et al., 1999; Gonsiorek & Schoener, 1997; Lamb, Cochran, & Jackson, 1991; Lamb et al., 1987; Lamb & Swordlik, 2003; Layman & McNamara, 1997; Schoener & Gonsiorek, 1988).

Students and practicing psychologists with professional competence problems consume inordinate administrative and supervisory time and energy. Trainers, credentialers, and colleagues struggle with how to address these individuals. There is a need for more guidance regarding how to define, assess, and manage professional competence problems. Thus, in this article, we provide proposals as an initial effort to expand the psychological community’s thinking and dialogue about assessing professional competence. Insufficient consensus and empirical evidence exists for offering “guidelines” or “standards” (APA, 2002a; APA Board of Educational Affairs, 2004). However, we believe that our eight proposals have heuristic value for assessing and remediating problems of professional competence. We are hopeful that these proposals will enable educators, credentialers, and practitioners to more effectively carry out their work. The sharing of these proposals is a first step, and we anticipate that these proposals will be refined with data-based experience and wider community input and potentially developed into a set of guiding principles.

Definitions and Categories

Proposal 1: When assessing competence problems, define key terms, establish benchmarks for performance, and develop a categorization schema.

Terminology

Competence includes 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. 226). It involves "habits of mind, critical thinking and analysis, professional judgment in assessing situations and ascertaining appropriate responses, and evaluating and modifying decisions via reflective practice” (Epstein & Hundert, 2002, p. 227). This definition captures the three key elements of evidence-based practice: empirical evidence, clinical or professional expertise, and client/patient values (Nelson, 2007).

Competencies are complex and dynamically interactive clusters of integrated knowledge, skills and abilities; behaviors and strategies; attitudes, beliefs, and values; dispositions and personal characteristics; self-perceptions; and motivations (Mentkowski & Associates, 2000) that enable task performance with myriad potential outcomes (Marrelli, 1998). Competencies involve the whole person; are teachable, observable, measurable, containable, practical, derived by experts, flexible, and transferable; are required for effective performance; correlate with performance; can be evaluated against standards; can be enhanced through training; and should be continually reevaluated and redefined (Alverno College Faculty, 1994; Parry, 1996; Stratford, 1994). Minimal competencies are required for competent functioning; attainment of aspira-
tional competencies characterizes experts or masters (Schon, 1987; Skovholt, 1995).

Capability is the extent to which people can adapt skills, generate new knowledge, and improve performance (Fraser & Greenhalgh, 2001). It reflects the confluence of competence and lifelong learning (Stephenson & Yorke, 1998). It is the enhancement of competence achieved through performance feedback and through coping with unfamiliar contexts and competency challenges.

Recently, impairment has been characterized as a condition that interferes with professional functioning to the extent that it negatively impacts clients/patients or makes effective service delivery impossible (APA Board of Professional Affairs’ Advisory Committee on Colleague Assistance, 2006). Impairment defines disability in the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C.A. 12101; U.S. Department of Justice, 2007) and legal implications therefore ensue when the term is used (Elman & Forrest, in press; Falendar, Collins, & Shafranske, 2004, 2005). Impairment should be used only in conjunction with disabilities and not when addressing other aspects of professional competence.

Benchmarks are standards for measuring performance that can be used for comparison and to identify where a need for improvement exists. They connote task or performance indicators.

**Establishing Benchmarks for Performance**

When determining competency components and performance levels, it is necessary to delineate the tasks that comprise the competence (i.e., the benchmarks). Benchmarks must be clearly defined and measurable in order to ascertain if the competence has been achieved (Carraccio, Wolfsthall, Englander, Ferents, & Martin, 2002). The American Psychological Association (APA) commissioned an Assessment of Competency Benchmarks Workgroup to identify essential components, behavioral anchors, and assessment methods for the foundational and functional competencies over the formal education and training sequence (Kaslow et al., 2006). A model for benchmarking appears in the Practicum Competencies Outline (Hatcher & Lassiter, 2007). Benchmarks can capture the minimal level of each competency for each stage of professional development and guide our conceptualization of competent and problematic performance.

**Categorization Schema**

Competence problems, indicative of interference in functioning, may be categorized based on origin (e.g., situational, developmental, due to personality and interpersonal dynamics); severity and chronicity; potential for remediation; and manifestation. They are observable through maladaptive patterns of behavior or via critical incidents. They may occur when individuals fail to meet expected benchmarks, repeat patterns of mistakes, or acquire incompetence or impairment (ADA definition; U.S. Department of Justice, 2007) in the form of diminished functioning, with performance falling below expected minimal standards (Andersen, Van Raalte, & Brewer, 2000; Elman & Forrest, in press; Giza & Forrest, 2004; Johnson, Porter, Campbell, & Kupko, 2005).

Problems of professional competence may be exhibited when individuals do not have adequate training, education, or experience opportunities; are unable to acquire an accepted level of competency; are unable or unwilling to acquire professional standards and integrate them into a repertoire of professional behavior; fail to respond to feedback; do not continuously grow or make specific progress; lack self-awareness with regard to weaknesses; have problems with professionalism and/or interpersonal interactions; exhibit prejudicial attitudes; lack high levels of integrity; and/or have personal problems, emotional reactions, or distress (e.g., substance use, mental health difficulties, personality disorders, cognitive challenges) that they are unable to control and that affect their professional functioning (Bemak, Epp, & Keys, 1999; Lamb et al., 1987). Difficulties may reflect one etiological factor or be multidetermined.

Problems can manifest themselves in the foundational competencies; communicating/thinking critically; judgment, ethics, and professionalism (e.g., boundary violations); interacting effectively and demonstrating appropriate character or fitness; demonstrating self-awareness regarding areas of weakness; making progress toward achieving benchmarks; responding to feedback; or working with others and investing in citizenship (Bok, 2006; Johnson & Campbell, 2002, 2004; Layman & McNamara, 1997; Orr, 1997). They may be reflected in the functional competencies (i.e., the individual may fail to exhibit the expected level of knowledge, skills, and attitudes in one or more domain). Competence problems may be specific (e.g., sexual/dual relationships with clients/patients, substance abuse) or holistic and general (e.g., interpersonal problems, difficulties in supervision, unprofessional conduct/negligent practice; Elman, Forrest, Vacha-Haase, & Giza, 1999; Kirkland, Kirkland, & Reaves, 2004).

**Example:** Just as practicum competency benchmarks have been devised, the same can be done for students and professionals at various stages of professional development. Regarding recredentialing, a Self-Assessment Guide and Professional Development Plan was devised by the College of Psychologists of Ontario (2006) to assist licensed psychologists in assessing their competence. Attention is paid to current and anticipated areas of practice and/or services provided. A member creates a professional development plan to address differences between current and desired levels of competence, identified through self-assessment, and evaluates and revises the plan biannually.

**Preparing the System**

**Proposal 2:** When assessing competence problems, prepare the system so that policies are in place that permit decision-makers to undertake appropriate assessment processes and make and communicate assessment decisions.

**Criteria for Professional Competence**

Policies and practices need to be consistent with professional, ethical, and legal standards and understood by all who are involved in the system. To ensure due process and public protection, criteria and assessment/intervention strategies for professional competence must be clear and explicitly communicated in advance to everyone in the system. Criteria must be defined as professional behaviors and performance and must include not only knowledge and skills but also attitudes whose assessment is complex (Kaslow, 2004; Kaslow et al., 2004; Roberts, Borden, Christiansen, & Lopez, 2005; Stern, 2006) but which are central to effective practice (APA Presidential Task Force on Evidence-Based Prac-
Explicit criteria and appropriate methods for evaluating character, emotional adjustment, and interpersonal presentation are needed (Bemak et al., 1999), as personal and interpersonal functioning are appropriately evaluated by faculty members in their roles as gatekeepers (Ford & Strope, 1996; Forrest et al., 1999; Kerl, Garcia, McCullough, & Maxwell, 2002) and by state ethics committees and regulators.

**Best Practices: Training and Education**

Best practices include constructing policies that delineate behavioral indicators of competence criteria, minimum acceptable standards of performance, and criteria signaling the need for remediation and/or dismissal and/or reporting to ethics committees or a licensing board. A well-prepared system provides clear expectations; presents criteria and procedures (i.e., due process) in recruitment and acceptance materials, operating handbooks, professional standards, codes of conduct, and licensing regulations; and educates relevant parties. Optimal systems articulate practices for assessing competence and delineate competency requirements, assessment procedures, and decision-making processes regarding the handling of competence problems (e.g., remediation, probation, and dismissal policies). Policies and procedures must be tailored to the needs of the program’s faculty and supervisors, who are responsible for the quality of the professionals that they graduate or certify as competent. Yet they must also reflect the professional literature and best practices congruent with the APA Ethical Principles and Code of Conduct (i.e., the Ethics Code; APA, 2002b), APA’s Accreditation Guidelines and Principles (APA, 2005), APA and Association of State and Provincial Psychology Boards (ASPPB) policies, state laws, and standards of practice. The system, prepared to act as a gatekeeper, ensures that trainees with competence problems do not move toward licensure and independent practice without attention being given to issues that could impact the ability to practice safely.

Regular review of policies and procedures can ensure that policies and practices are congruent, fair, and consistent. Clarifying the reporting system is essential, as is providing information about communication and documentation of behavioral expectations and informed consent procedures. Dialogues must ensure that everyone accepts and agrees to abide by the policies and procedures. Disagreements can be sorted out separately for specific trainees. Strategies must be in place for faculty or site training staff to collaborate and achieve effective outcomes when dealing with institutional administrators or legal counsel at the larger level of the training system.

**Best Practices: Credentialing and Beyond**

Ongoing consultation and peer support should be more encouraged, isolation should be a concern for all practicing professionals, and continuing professional education on distress and competence problems should be available (O’Connor, 2001). Psychologists need to support and confront peers who exhibit problems of professional competence (O’Connor, 2001). Oversight bodies must provide informed, consistent, and fair treatment. Board policies must be supported by research and demonstrate awareness of the dynamics and effects of distress and impairment. They must not be unnecessarily harmful for the suspected or admitted offender, and yet they must adequately protect the public.

**Example: Training and education.** During an assessment practicum, a supervisor notices that a doctoral trainee incorrectly scores and interprets testing data and delivers raw test data without interpretation to clients/patients. Despite supervisory feedback, didactic training about assessment, and further practice, the problems persist. The individual’s performance remains below the benchmarks set for the practicum, and the midyear evaluation reveals a ranking below the expected level of competence on most ratings. If competency expectations and procedures have been clarified and communicated to members of the training community, including the trainee, there will be an explicit, criteria-based framework within which to describe the concerns (i.e., framing the problem in behavioral language), and there will be guidelines for developing a remediation plan (e.g., review the Ethics Code, write a statement about how the problem behavior did not meet the standards, retake the assessment course, obtain additional supervision). There will be a time frame for remediation, information about the roles and responsibilities of all parties will be available, and there will be an understanding of the consequences to the student if he/she fails to perform at the level of competence expected of a practicum student at his/her stage of professional development.

**Self-Assessment**

**Proposal 3:** When assessing competence problems, evaluate and, when necessary, bolster self-assessment capacity for learning and responding to feedback for the purpose of identifying and addressing competence challenges and preventing competence problems.

**Value of Self-Assessment**

Self-assessment has been highlighted by the Competencies Conference: Future Directions in Education and Credentialing (Elman, Illfelder-Kaye, & Robiner, 2005; Kaslow, 2004; Kaslow et al., 2004), the Council of Chairs of Training Councils (CCTC; Kersting, 2004), the Practicum Competencies Outline (Hatcher & Lassiter, 2007), and the Assessment of Competency Benchmarks Workgroup (Kaslow et al., 2006). A foundational competence (Elman et al., 2005), it includes self-awareness, self-reflection, self-understanding, and self-evaluation, and it is a key component of competency assessment, which needs to be taught and encouraged (Kaslow et al., in press; Kaslow et al., 2006). Methods for evaluating this construct are limited, and correlations between self-assessed and external measures of performance, and between self-assessed and observational measures of competence, are low (Davis et al., 2006; Ward, Gruppen, & Regehr, 2002). Professionals tend not to be very accurate in their self-assessment (Davis et al., 2006), and thus strategies (e.g., guided self-assessment and self-evaluation exercises early in training, self-audit used strategically in continuing professional development) need to be put into place to enhance the validity of self-assessments (Duffy & Holmboe, 2006; Wasserman, Kimball, & Duffy, 2000).

As the profession recognizes the value of self-assessment, questions of definition, criteria, pedagogy, and measurement arise (Eva & Regehr, 2005; Fletcher & Baldry, 2000). There needs to be clarification of terms; agreement on the thresholds of competence demonstrated at various professional stages; a determination of how self-assessment is best taught; and concordance regarding the
measurement of this competency. Given that self-assessment interacts with other variables (e.g., personality or stylistic characteristics, life circumstances, inculcation of professional identity over time), assessment processes for this construct must be multifaceted, psychometrically sound, and developmentally informed, and they must be implemented at various stages.

Self-awareness levels are high in well-functioning professional psychologists (Coster & Schwebel, 1997). Conversely, lacking the capacity to self-assess is tantamount to failing to attain professionalism, lacking the skill of thinking like a psychologist, and being insulated against self-corrective behavior (Belar et al., 2001; Elman et al., 2005). Individuals with limited insight may be beyond remediation (Hays et al., 2002).

Creating a Culture That Supports Self-Assessment

Psychology must establish a culture that values self-assessment and reflective practice. This culture should include self-assessment training that begins early in the educational sequence and is bolstered by monitoring and feedback from others (e.g., faculty, supervisors, peers) and by assistance integrating input from multiple sources (Roberts et al., 2005). Training should emphasize development of a capacity to examine issues that elicit discomfort, in order to master experiences and reduce the negative performance impact. This culture should encourage professionals to avail themselves of peer review/assistance, colleague support, and consultation. Help-seeking should be reinforced, as peer consultation, supervision, and colleague association are associated with more effective functioning and a lessening of competence problems. Cultivating a climate of trust and help-seeking among supervisors, mentors, and colleagues reduces the tension that often occurs when addressing competency problems. This requires more emphasis on creating an atmosphere of empathy, concern, and respect that engenders trust in the context of evaluation. This can best be achieved if evaluators and colleagues assess fairly and empathically. This culture should ensure that comprehensive assessments emphasize self-awareness, self-reflection, and self-evaluation. There are ways to foster this kind of environment and effect a paradigm change that is essential for improving psychologists’ ability to manage competency issues:

1. Include an assessment of the ability of faculty and supervisors to foster a supportive learning and work environment in the hiring and retention process.
2. Inform students of the need for competency evaluation at the beginning of their graduate coursework. This will heighten the value of this issue to professional development.
3. Encourage faculty, supervisors, and colleagues to model this behavior.

Example: A psychologist active in the state psychological association repeatedly loses elections and fails to recognize why others do not want her as a leader. Her peers fail to address this with her, because they feel it is not their role to do so and because they would be uncomfortable doing so. However, a client/patient submits a complaint about the psychologist to the state ethics board. The board determines that no ethical violations have occurred, but that the psychologist does not appear to be handling the therapeutic relationship effectively. Some board members are aware that the psychologist is perceived negatively by peers. Therefore, while communicating to the psychologist that no ethical principles have been violated, they provide direct feedback to her about their perception that she may not be cognizant of the ways her style impacts others, and they suggest she seek consultation. They engage in this awkward conversation because it is their belief that if the psychologist becomes more self-aware, she will be more effective with her clients/patients and in organizational involvements. The psychologist reports that she has never received such input before, nor has any attention been directed, either during or after her training, toward enhancing her capacity for self-assessment. While somewhat defensive, she agrees to seek individual consultation and peer supervision.

Remediation

Proposal 4: When assessing competence problems, remediation strategies for enhancing performance should be based upon a systematic evaluation that is balanced in terms of reliability and fidelity and designed to maximize learning, expand on self-assessment capacity, and utilize gate-keeping functions when indicated.

Full Disclosure

Individuals must be informed about comprehensive and regular competence assessments and the expectation of ongoing self-assessment prior to admission into a program or job. Informing includes providing the rationale for assessment, the specifics of the assessment system, and the potential implications of assessment information (e.g., remediation, dismissal). Information needs to be emphasized in program materials, made readily available, and discussed prior to selection. For additional information on educational and training requirements and standards, programs are encouraged to consult the Guidelines and Principles for Accreditation of Programs in Professional Psychology of the APA Committee on Accreditation (APA, 2005) and the CCTC comprehensive model of student competence (Kersting, 2004).

Methods of Evaluation

Evaluation methods should be developmentally appropriate. Early in the educational sequence, paper-and-pencil objective measures, which offer high reliability, are often best for assessing knowledge. Easy to administer and score, such tools are expedient and appealing (Halonen et al., 2003; Leigh et al., in press). With more advanced trainees and practicing professionals, method selection must consider relevance, fidelity, authenticity, and validity (Hanna & Dettmer, 2004; Leigh et al., in press). Evaluation of skills and attitudes is best undertaken through direct observation in actual or simulated situations (Kaslow, 2004; Kaslow et al., 2004, 2006; Leigh et al., in press; Roberts et al., 2005). There is a need for multiple samples of behavior, multiple evaluators, and multiple methods over time to ensure that assessments are valid and reliable, have high fidelity, and are unbiased (Stern, 2006). The intended use of results must be made explicit to the evaluator.

Formative and Summative Evaluation

Formative assessments (i.e., ongoing and regular performance feedback at specified intervals) are critical in measuring and remedying competence problems. Formative evaluation results can guide the development of learning objectives in a remediation plan...
based on strengths and weaknesses (Kaslow et al., 2006). Common formative evaluation methods include global rating scales, portfolios, and 360-degree evaluations (Leigh et al., in press). Summative evaluations (e.g., Examination for Professional Practice in Psychology; Association of State and Provincial Psychology Boards), which focus on measurement of end points or outcomes, may be less well-suited for guiding remediation but should be used to determine the success of a remediation plan. Thus, both methods need to be employed in remediating competence problems.

Remediation Plans

When competence problems are identified, remediation plans should be implemented to assist the individuals in gaining the requisite competence and, in the case of students, to avoid “gate-slopping” (Gaubutz & Vera, 2002). See the Appendix for examples. Useful plans are crafted with a constructive and educative tone, they identify specific deficit areas, and they relate these to previously communicated benchmarks. They delineate expectations for improvement: the context in which these behaviors will occur, the level at which sufficient competence will be deemed to have been achieved, and the projected timeline for achievement of the objective and/or reevaluation of both the competence and the efficacy of the plan. Each objective is followed by a description of the training methods for achieving the objective, and of the roles and responsibilities of everyone involved in providing additional training, supervision, and feedback, or providing further evaluation of the objectives (Lamb et al., 1991). If competence is so deficient as to warrant probation, changes in agency responsibilities should be communicated, along with reminders of due process procedures (Kersting, 2004). Methods of assessing competence problems should complement and be integrated into such plans and typically include behavioral observation and review of work samples. Remediation efforts are most effective when objectives, assessment, training, and evaluation are considered as a continuous process.

If remediation efforts are unsuccessful, those in authority must prevent harm to the public. For trainees, this could include probation, suspension, dismissal from the program, or counseling out of the program. Such decisions must be made in accord with due process procedures. Optimally, prior to dismissal, programs should consider counseling individuals to remove themselves voluntarily from programs or supervisory bodies. For practicing professionals, failed remediation efforts could result in licensure revocation or formal removal from professional work. Those who make such decisions must be clear about why they are taking the action and respectful of the difficulties they are imposing on another person’s life. Transparency is essential, so that all parties understand the rationale for the plan of action taken and the evaluation of the plan’s effectiveness.

Personal Psychotherapy

Personal psychotherapy may be a valuable component of a remediation plan; it positively influences psychologists (Elman & Forrest, 2004). Competency-challenged trainees and professionals often need assistance in understanding why issues reflect competency problems or require help in overcoming psychological barriers that hinder them from making required changes. Thus, they may benefit from personal psychotherapy (Forrest et al., 1999). However, there are no studies about the effectiveness of personal psychotherapy in remediating competence problems; no data on the correct balance between therapist–client/patient confidentiality on the one hand and accountability to the program and the public on the other; no guidelines regarding the role of disclosure about personal psychotherapy in training programs as a tool for determining therapy’s effectiveness in problem amelioration; and no practice standards that address the role, tasks, or expertise of treating therapists relative to the individual being treated, the training program, and the public (Elman & Forrest, 2004).

Consideration must be given to ethics and due process rights in ascertaining if a referral for psychotherapy is an appropriate component of a remediation plan. Guidance offered by APA with regard to personal therapy as part of professional training may apply to its being required in the course of remediation. This guidance underscores the importance of informed consent, of an avoidance of dual relationships, of attention to the cultural background of the parties, of the use of qualified providers, of clarification regarding confidentiality, and of financial considerations. It has been recommended that training programs establish written plans regarding the recommendation of psychotherapy for remediation purposes and develop remediation plans that address strategies for evaluating the outcomes of personal therapy as they relate to program requirements (Elman & Forrest, 2004).

Diversity

Proposal 5: When assessing competence problems, consider the impact of beliefs, values, and attitudes about individual and cultural differences on decisions regarding problem identification, assessment, and intervention.

Diversity and Competence Problems

Inattention to diversity in remediation and dismissal is likely to perpetuate divergence between cultural and professional norms, especially when considering individuals whose approaches to the profession do not match conventional expectations (Elman et al., 1999; Forrest et al., 1999; Miller, Forrest, & Elman, in press). Trainers and professional supervisors might over- or underidentify problematic behavior because of cultural naiveté, fear of appearing racist or sexist, difficulty in addressing the complexity involved in the intersection of cultural differences and competence problems, inverted positional power, differential standards based on conscious or unconscious bias, and/or fears of litigation (Forrest et al., 1999; Gizara & Forrest, 2004).

Research on the intersection between diversity and competence problems is sparse. Early studies of prevalence rates were equivocal. Investigators have found that cultural differences among trainers and between students and trainers complicate the identification of trainees with competence problems, decision-making with respect to such trainees, and the management of these individuals (Gizara & Forrest, 2004; Miller et al., in press; Vacha-Haase et al., 2004). The limited size of the literature base compounds existing impediments to successful interventions, leaving trainers and work supervisors with few resources for examining the manner in which problems of professional competence might intersect with cultural, gendered or religious experiences (Forrest et al., 1999; Miller et al., in press).
Multicultural Supervision

The view that the intersection between diversity and competence problems might exacerbate the faculty/supervisor confusion, discomfort, and stress associated with remediation is bolstered by data on cross-cultural supervision that reveals differential outcomes based on gender in terms of process (Granello, 2003; Granello, Beamish, & Davis, 1997; Sells, Goodyear, Lichtenberg, & Polkinghorne, 1997), support (Nelson & Friedlander, 2001; Wester, Vogel, & Archer, 2004), and evaluation (Chung, Marshall, & Gordon, 2001). In addition to potentially causing culturally normative behaviors that are within the standards of the profession to be mistakenly identified as problematic, lack of attention to multicultural issues in the supervisory relationship leaves subordinates feeling frustrated, cheated, or disregarded (Ladany, Brittan-Powell, & Pannu, 1997) and negatively affects their development (Wester et al., 2004). Further, cross-gender or cross-race concerns have been associated with mentorship dysfunction (Johnson & Huwe, 2002). Although perceptions of supervision vary by racial/ethnic group, supervisor inquisitiveness, openness, and support around cultural issues enhance supervisee satisfaction with the supervisory relationship (Ladany, Brittan-Powell, & Pannu, 1997; Ladany, Inman, Constantine, & Hofheinz, 1997). Because cultural differences are a potential source of misunderstanding and power in the training milieu is weighted in favor of trainers (Vasquez, 1999), educators need to be cognizant of the role individual and cultural differences may play in identification of, or action taken with, students perceived as having competence problems.

Example: In a peer supervision group of practicing psychologists who are at relatively early stages in their careers, a few of the other group members notice that a male group member consistently approaches cases discussions in an affectively constricted fashion. When he presents process notes from his work with a high-powered female client/patient, the notes show her expressing concerns that he is not empathic or emotionally attuned. The therapist attributes her perception to her cold and distant father. While his colleagues concur that this may be a key factor in the therapeutic dynamic, they encourage him to address the fact that he appears to them to manifest restricted emotionality, which is characteristic of many male therapists in relation to powerful figures (Wester et al., 2004; Wester, Vogel, Pressley, & Heesacker, 2002). To address this as a potential competence issue, the consultation group considers whether or not this is a pattern for the therapist and, if so, in what contexts. They read and discuss the literature on gender and emotion. The therapist ultimately seeks individual consultation to address his reluctance to explore emotional content in therapy and his defensive posture in the face of emotion. A few months later, he informs the group that this consultation has revealed unconscious gender biases regarding powerful women, and that, as a result, he has sought personal psychotherapy to address these subtle underlying dynamics that may be negatively impacting his work.

Communication Across Various Levels of the System

Proposal 6: When assessing competence problems, communicate across levels of training, professional organizations, and credentialing boards, as appropriate.

Ethical Considerations

Although all five general principles of the Ethics Code (APA, 2002b) are pertinent, Principle B (Fidelity and Responsibility) is particularly relevant to communication about trainees or graduates across levels of the professional system. Principle B asserts that psychologists establish trusting relationships, clarify roles, and uphold professional conduct in keeping with their responsibilities in society. Supervisors should therefore outline their roles at the outset of supervision; a process that aids in the development of trust. At all levels of training, supervision should clearly define trainees’ areas of growth, and this information should be shared with program and/or training directors when appropriate. This is particularly key when improvements are not made or problems are not amenable to intervention. Trainees should be made aware that their behavior (positive and negative) is fair game for evaluation within supervision and for being included in reports to training programs, current and future, as part of the supervisor’s efforts to uphold standards of professionalism and responsibility and fulfill the role of teacher. That said, respect for student rights is important, and judicious, balanced, thoughtful communications are essential.

Recommendation Letters

Via the recommendation letter, across-level communication occurs at every step of the training, credentialing, and employment sequence. Such communication may be most frequent and challenging with regard to internship selection. Internship recommendation letters are often constrained by social desirability and needs of the various stakeholders. The current norm for letter writers in the United States is rarely to include negative qualities, and “faint praise” may be a most telling feature of some letters (Megargee, 1997). Most internship letters describe the trainee as “in the top 10% of those with whom I’ve worked” (Miller & Van Rynbroek, 1988). Following the advice of training manuals (Williams-Nickelson & Prinstein, 2006), trainees often ask letter writers if they can write “strong letters,” meaning glowing letters without negative qualities, as their desired outcome is to gain entry to a preferred program or assume a preferred position or credential. Letter writers may feel pressure to describe applicants in only positive ways, due to factors such as a desire to support the student, a desire to maintain a relationship with the agency, and a desire to have successful programmatic outcomes (i.e., high internship match rates). However, recipients (e.g., internship directors) want truthful and complete evaluations. The Canadian Council of Professional Psychology Programs (CCPPP) has developed guidelines for competency-based letters of recommendation to internship settings (CCPPP, n.d.), in which evaluators comment on students’ current professional and personal skills in terms of core competencies, work skills, communication skills, other interpersonal skills, personal resources, and professional conduct, as well as covering specific areas for growth and development. A broader use of such guidelines could be encouraged, as could the use of such guidelines for other professional transitions.

Increased Communication

More communication across levels is desirable under ordinary and extraordinary circumstances. In addition to the goal of greater honesty in recommendation letters, internship and doctoral programs need to communicate more directly. In accord with recommendations from the CCTC (Council of Chairs of Training Coun-
cils, 2001, 2004), when problems arise, in-person or telephone communications should occur promptly. Graduate and internship trainers should collaboratively address students’ problems in the area of professional competence.

Communication across levels is also valuable when psychologists experience distress of a sufficient magnitude to impact their professional work. It is often difficult for psychologists to seek assistance and for others to intervene with their colleagues directly or via licensing boards (Pope, 1988; Vandenbos & Dutchie, 1986). A recent report offering guidance in developing colleague assistance programs assumes that such programs work best with open collaboration between psychological associations and licensing boards (APA Board of Professional Affairs’ Advisory Committee on Colleague Assistance, 2006).

Example: An internship program includes an intern who is not performing at the expected level of competence in the relationship/interpersonal domain, as evidenced by problems in negotiating differences and conflicts, in understanding and maintaining appropriate professional boundaries, in working collegially with fellow professionals, and in providing and receiving helpful peer feedback. The internship training director discusses with the student the potential value of communication between the internship and graduate school training directors, with the goal of contextualizing the intern’s struggles in light of her training history, to ascertain whether her behavior reflects internship adjustment stress or a pattern of concern. Such a contact could offer the internship faculty/staff valuable information about how to most effectively help, and if necessary remediate, the intern. It could alert the graduate program officials to the fact that the intern is struggling, so that they could support her, be active in the remediation process, and be fully informed that if such problematic behavior continues, successful completion of the internship will be questionable. The intern agrees to the communication between the sites, allowing such communication to occur freely.

Confidentiality

Proposal 7: When assessing competence problems, maximize transparency through the identification and communication of limitations to the individual’s rights to privacy and confidentiality.

Ethical, Legal, and Regulatory Standards

Limitations to individuals’ rights to privacy and confidentiality must be publicly identified in advance of any actions, must be appropriate, and must be sensitive to ethical, legal, and regulatory standards (e.g., Family Educational Rights and Privacy Act [FERPA], ADA, Health Insurance Portability and Accountability Act). The APA Ethics Code (APA, 2002b) provides guidance as to the conditions under which students may be required to disclose personal information (i.e., the program identifies in its materials when such exceptions might occur, and the information is needed in order to evaluate, or obtain assistance for, students whose personal problems prevent them from competently performing or pose a threat to others; section 7.04). Appropriate use of confidentiality should not interfere with assessment of or intervention with those who have competence problems. Such limits on confidentiality protect the public and the profession. Psychology needs to distinguish between real and presumed constraints on confidentiality that apply to the training of psychologists and interventions with professionals who have competence problems. Once the limits of confidentiality for trainees and professionals have been determined, such clarifications should be communicated through informed consent processes that provide due process to those involved.

Transparency

Enhancing transparency means that psychologists should not use the cloak of confidentiality to create barriers to assessing and remediating competence problems. Although we support and honor the right to confidentiality as a vital aspect of professional development, when problematic professional behavior jeopardizes professional standards, the right to confidentiality needs to be limited because of the substantial consequences to the public and the profession.

Increasing transparency in addressing problems associated with professional competence requires changes in our system that facilitate increased openness about assessment of competence of self and others, and that distinguish between psychotherapy that is part of a remediation plan and other uses of personal psychotherapy in training and practice (Elman & Forrest, 2004; Forrest & Elman, 2005; Geller, Norcross, & Orlinksy, 2005). Faculty, supervisors, administrators, and regulators need to understand ways they can intervene with trainees and professionals, without overemphasizing confidentiality in a manner that promotes an atmosphere of silence and secrecy and does not adequately inform those who need to know.

Confidentiality and Intervention

Concerns about protecting the confidentiality of individuals with competence problems frequently contribute to a failure to intervene in a way that prevents or remediates problems, until they are severe and/or have caused harm. In training programs, failure to intervene when trainees evidence problems of competence is often blamed on real or presumed limits to confidentiality and on an absence of any plan that specifies who should know what under what circumstances. In six studies (Forrest et al., 1999), personal psychotherapy was the most frequent intervention when trainees showed signs of competence problems. Yet trainees often choose not to seek psychotherapy because of confidentiality concerns (Dearing, Maddux, & Tangney, 2005), and, if they do, the program may or may not know if the remediation took place or was successful (Elman & Forrest, 2004). The low usage rate of colleague assistance programs developed by many state, provincial, and territorial associations is attributed in part to concerns about confidentiality and fears that an individual who uses the program will be reported to the licensing board (or, in some states, actual requirements to this effect; APA Board of Professional Affairs’ Advisory Committee on Colleague Assistance, 2006). Without a more public awareness of professional standards of competence and what happens when they are not met, trainees cannot learn the benchmarks, or the behaviors that are used to approach peers and colleagues about competence challenges. If they do not acquire this during training, then we are not preparing them to intervene, as licensed psychologists, with their colleagues in practice.

Recommending or requiring personal psychotherapy requires determining and understanding in advance what information from
the therapy is to be shared with the training, supervisory, or credentialing body. This needs to be agreed upon in advance by all of the relevant parties (e.g., trainee or practicing psychologist, faculty and supervisors, regulators, treating therapist). Selection of a treating therapist needs to occur in a manner that follows the Ethics Code and avoids potential dual relationships. Disclosures made by a treating therapist to faculty, supervisors, or regulators about attendance and the fact that issues potentially influencing professional functioning are being addressed (though not the content of these discussions) differs from sharing information about private experiences that should remain confidential in the therapy relationship. When decisions need to be made about a person’s emotional well-being as it relates to his or her capacity for competent performance, it typically is advisable to secure an evaluation from an outside party rather than the individual’s therapist, to avoid a conflict of interest and a negative impact on the therapeutic relationship.

Several aspects of ethical and legal standards that affect confidentiality are important. The current Ethics Code (APA, 2002b) addresses (a) the balance between concerns about privacy and due process rights and the need for accountability, to protect the profession and the public; (b) the fact that students do not have to disclose personal information unless it is a program requirement or the information is needed to ensure competent functioning; and (c) the fact that if therapy is mandated, students can opt for therapists unaffiliated with the program, and those who evaluate students cannot be their therapists (Elman & Forrest, 2004). Two principles described by Behnke and colleagues (Behnke, Perlin, & Bernstein, 2003), for guiding behavior when circumstances warrant disclosure of information from clients/patients, may clarify the role of confidentiality in assessing individuals with problems in professional competence: the law of no surprises (i.e., people are informed in advance of what will be disclosed and to whom), and the parsimony principle (i.e., what is disclosed is limited to what is required to achieve the purposes of the disclosure). Only information needed for addressing questions of professional competence should be disclosed, and only to those who need to know. For treating therapists to make disclosures to faculty or supervisors about attendance and the examination of issues relevant to competent professional functioning differs from sharing information about private experiences or fantasies that should remain confidential in the therapy relationship.

Third, FERPA regulates access to and disclosure of information about student progress and grades, and requires that consent be obtained to release student records to a third party, with certain exceptions contained in the law. One exception is that an institution may release information without consent to school officials with legitimate educational interests (Duncan-Daston & Culver, 2005). Training programs need to identify in their policies who has legitimate educational interests when a trainee is identified as having problems of professional competence. (See the Full Disclosure subsection of the Remediation section.) Such policies need to be reviewed and approved in advance by institutional administrators and attorneys. A consent form, signed and dated by the student, that addresses the appropriate release of information might read as follows:

I (name of student) hereby give permission for the representatives of (name of academic institution) and representative of (name of practice) or internship site) to mutually release information to each party regarding domains of my competence for the purpose of coordinating efforts toward helping me develop appropriate professional competence.

Ethical, Regulatory, and Litigation-Based Underpinnings

Proposal 8: When assessing competence problems, ethical, regulatory, and legal implications must be considered.

The concept of competence is recognized in codes of ethics; state, provincial, and territorial psychology board regulations; and civil lawsuits claiming negligence or malpractice, illustrating its interrelated clinical, ethical, and legal underpinnings. These underpinnings reflect different “lenses” through which to examine the role of competence in training and the regulation of psychology in public venues (e.g., courts, psychology boards) and private venues (e.g., association ethics committee proceedings). Failing to provide competent services falls outside the bounds of what is acceptable because the risk of harm is so great and the likelihood of benefit so small.

Ethical Principles

Competence is a cornerstone of ethics. The 2002 Ethics Code (APA, 2002b) devotes an entire section to competence and highlights the role of competence throughout a psychologist’s career. Only by practicing competently can psychologists fulfill the first principle, Beneficence and Nonmaleficence, which begins, “Psychologists strive to benefit those with whom they work and take care to do no harm” (General Principles section, para. 2). Psychologists provide a benefit and avoid harm by being competent at what they do; by contrast, incompetence increases the risk of harm and minimizes the likelihood of benefit.

Regulations

Competence is central to the regulations adopted by jurisdictional psychology boards. Regulations (a) set forth the conditions by which to determine if applicants for licensure have achieved the necessary competence to practice independently, (b) may provide continuing education requirements for licensed psychologists to maintain competence and identify areas for attention, and (c) dictate the adjudicatory processes that govern allegations of incompetence in the provision of services and the consequences that follow when psychologists fall below the necessary standard of competence. These emphases are consistent with psychology boards’ mission to protect the public from harm. Regulatory focus on competence reflects the recognition that incompetence is a primary cause of harm to the public.

Legal Implications

Actions in malpractice or negligence lawsuits are based on a breach in the standard of care. Psychologists owe a duty to their clients/patients to exercise reasonable care, the legal “gold standard” they must meet. When psychologists fall below this standard and cause clients/patients harm, they may be liable in malpractice actions. The standard of care may be considered the standard by which a competent psychologist practices. By contrast, to practice
Future Directions

When psychologists do not perform competently, it is detrimental to the welfare of consumers of psychological services, it can lay the groundwork for malpractice lawsuits, and it can result in a loss of trust in the field. Psychologists need centralized, national efforts to define competence problems; to develop and share best practices for management of these problems at various stages of the professional life span; and to devise strategies for seamless and coordinated efforts to address competence problems across systems. They need to be held more responsible for identifying and addressing their own competence problems and those of peers and colleagues (Orr, 1997). Psychologists are encouraged to use self-awareness, seek the assistance of trusted colleagues, and participate in stress-reduction activities to minimize their risks for competence problems and be certain they are cognizant of warning signs indicative of such problems (Coster & Schwebel, 1997). Psychologists must be mindful of the tension inherent in balancing the value of educating and remediating individuals with competence problems against the goal of protecting the public, which may necessitate sanctions (O’Connor, 2001).

A competence framework, associated terminology, and a common commitment to the assessment of professional competence, starting early in training and continuing throughout professional practice (e.g., application for license, colleague assistance committees, monitoring by licensing boards), may enhance communication across organizational lines. One example comes in the form of efforts on the part of APA’s Advisory Committee on Colleague Assistance (APA Board of Professional Affairs’ Advisory Committee on Colleague Assistance, 2006) to create a seamless connection across training, state professional associations, and licensing boards. And efforts have been made by licensing boards, via ASPPB, to clarify categories of behavior that spawn complaints and board actions (Kirkland et al., 2004; Van Horne, 2004). To date, a clear association in psychology between competence problems during training and in professional practice is lacking, though some data indicate the existence of this connection in medicine (Papadikis et al., 2005) and law (Baer & Corneille, 1992).

As a profession, psychologists must put into effect a systems approach to addressing problems associated with professional competence (Firth-Cozens, 2001). Such an approach must take into account organizational influences, stressors, individual personality and coping styles, and psychological symptoms commonly reported by psychologists. It also must ensure that appropriate attention is given to the identification, intervention, and prevention of competence problems. Doing so will reduce ethics violations and litigation.

We do not intend for our proposals to be construed as mandates. We recognize the potential harm to students and practitioners if our proposals are used more forcefully than intended. We do not want to present in a fashion akin to “Big Brotherism,” in which people receive sanctions that exceed the level of the competence problems they actually exhibit. We do not want institutions to feel compelled to terminate rather than remediate and assist individuals with problems of professional competence. We do not want institutions held accountable for not following our proposals, nor do we want our openness to discussion to be abused by those outside the profession (e.g., attorneys). These proposals should not be used for abusive oversight. Rather, our work is intended to begin a dialogue that will lead to a blueprint for effectively assessing and addressing problems of professional competence, and it is not designed to reflect guidelines or standards. It is premature to develop such guidelines and standards, and doing so may not even be in the best interests of the profession. It is our hope, however, that the proposals offered will move forward efforts to advance the profession, demonstrate the profession’s openness to addressing problems of professional competence, and protect the public, without creating unnecessary challenges for our students, our colleagues, and ourselves.

Assessing and managing problems of professional competence requires agreement in the area of identifying and defining competencies needed for professional practice; performance benchmarks; determinations with regard to the achievement of competence; assessment tools that effectively evaluate outcomes; training for evaluators in competency-based assessments; delineations of best practices in remediation; and buy-in from relevant constituency groups for every step in the process (Carraccio et al., 2002). It can be aided by guiding principles for the assessment of competence (Kaslow et al., in press) and by the proposals herein for the assessment of problems of professional competence.


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(Appendix follows)
Appendix

Sample Remediation Plans

Scenario 1

Trainee A has completed 2 months of practicum. The program’s training model states that trainees will achieve competence in administering academic achievement tests. Competence is rated using a Likert scale on which trainees must be rated as 3 (the expected level of competence for stage of professional development) or higher. Trainee A regularly makes scoring errors, despite her supervisor’s bringing the errors to her attention. This behavior will result in a rating of less than 3 if it persists, and thus a remediation plan is developed, as follows:

Identified concern: Frequent scoring errors continue to occur.

Program expectation: Assessment protocols, when turned in to supervisor for review, will be scored accurately and completely.

Training method(s): Assign readings on academic achievement tests that address scoring; assign reading of relevant sections of test manuals; review scoring with a protocol.

Performance indicator(s): Completed protocols will reflect a reduction in scoring errors over time, with 100% accuracy to be demonstrated on a majority of protocols.

Assessment method(s) and timeline: The supervisor will review scoring with Trainee A during weekly supervision sessions and provide verbal feedback regarding errors. A decline in errors is expected in 1 week and error-free protocols on a majority of occasions within the month. In 1 month, the supervisor and Trainee A will review the progress and determine if the plan has been successful or needs to be renegotiated.

Scenario 2

Psychologist B is a relatively new psychologist at an inpatient psychiatry unit. The unit provides services utilizing a team-based approach to care. The team meets formally to discuss progress on the identified goals in the client’s/patient’s treatment plan. It is expected that team members will coordinate services outside of meetings as well. The attending psychiatrist and numerous team members have reported that Psychologist B takes clients/patients for sessions when other disciplines are scheduled to be with the client/patient and is avoidant when asked to discuss care plans; and several clients/patients have described Psychologist B as being rude to them.

Identified concern: Psychologist B does not demonstrate evidence of competence in relationship skills

Program expectation: “Ongoing effective working relationships with clients/patients and team members” is one of the items on the yearly staff evaluation process, which includes supervisor, peer, and patient feedback. Overall performance is determined by averaging the scores from the multiple informants; adequate performance is defined as 4 or above on a 7-point Likert scale. Scores of less than 4 require a remediation plan.

Remediation method(s): Assign and discuss readings on developing rapport and working with other disciplines; observe Psychologist B interacting with team members and clients/patients and discuss this in ongoing, weekly supervision.

Performance indicator(s): Psychologist B will display increasing levels of engagement with team members and clients/patients and will honor the schedules of colleagues and patients by no longer taking patients when they are scheduled for other disciplines.

Assessment method(s) and timeline: Formal assessment of “ongoing effective working relationships with clients/patients and team members” will be conducted monthly by multiple informants, until Psychologist B is rated as attaining 4 or greater on the item. If this is not demonstrated after 6 months, then due process procedures will be implemented.