

**Addressing professional competency problems in clinical psychology trainees.**

**A survey of current practices in Australia and New Zealand**

Word Count: 7577 (inclusive)

### Abstract

**Objective:** Clinical psychology trainees with problems of professional competence continue to be a challenge for courses. Despite the rapid development of competency-based training models, and the impact of this shift to the identification and management of professional competency problems is unclear. This project aims to describe how clinical psychology trainees with problems of professional competence are identified and managed within the Australian and New Zealand context.

**Method:** An online survey was distributed through Australian and New Zealand universities offering clinical psychology training programs. Questions addressed approaches to monitoring progress on placements, identification and management of trainees determined to be underperforming on placements, and the perceived usefulness of a range of strategies such as the use of standardised rating tools.

**Results:** 31 responses were received, representing 40 clinical psychology training courses in 22 institutions across Australia and New Zealand. In all cases at least one trainee with a problem of professional competence had been detected in the previous five years, most commonly attributed to psychological, behavioural and developmental issues. Respondents reported the use of a range of preventive and remedial strategies, including the use of psychometrically validated competency evaluation rating forms to assist in the grading of placements.

**Conclusions:** Trainees with problems of professional competence occur on a fairly regular basis in clinical psychology training courses in Australian and New Zealand. While some processes involved in the identification and management of these students have been

refined and systematised, some opportunities to facilitate early identification and remediation may yet need further enhancement.

**Keywords:** Clinical psychology, competency assessments, field placement evaluation, practicum assessment, supervision, student placement, problematic professional competence.

Clinical supervision necessarily entails formative and restorative aspects on the one hand, and normative and gatekeeping aspects on the other (Proctor, 1988). However making decisions about another psychologist's level of professional competence has proved a challenge to training courses, registration and licensure boards, and supervising psychologists (Brear & Dorrian, 2010; Jacobs et al., 2011; Milne, 2009). The literature points to an unwelcome and consistent picture of leniency and halo biases, vague and varied criteria and assessment methods, and associated concerns about unleashing unfit psychologists into independent professional practice (Borders & Fong, 1991; Gonsalvez et al., 2013; Milne, 2009). Regardless, the supervisor's role in monitoring and addressing trainees' competence during placements, particularly in detecting those with significant problems of professional competence (PPC), is considered "crucial" (Schwartz-Mette, 2009).

In response to the issues identified above, professional psychology training has engaged in a 'competency revolution'. The 2002 Competencies Conference in Arizona, United States (US) signaled the proliferation of competency frameworks and publications (e.g., Falender & Shafranske, 2004; Fouad et al., 2009; Gonsalvez & Calvert, 2014; Rodolfa et al., 2013). Accordingly, professional psychology training has begun to move away from vague, ill-defined notions of 'good enough' practice in order to achieve registration or licensure, and toward behaviourally-anchored and clearly specified competency domains with associated assessment criteria and methods (Hatcher et al., 2013; Rodolfa et al., 2013; Schaffer, Rodolfa, Hatcher, & Fouad, 2013).

While the US dominates the publications in the field, Australia has forged ahead by adopting this approach in a number of important practical ways. The key professional bodies representing psychology in Australia have aligned the profession to a competency framework; the Australian Psychological Society *College Course Approval Guidelines for*

*Postgraduate Specialist Courses* (Australian Psychological Society, 2013) the Australian Psychology Accreditation Council *Rules for Accreditation and Accreditation Standards for Psychology Courses* (Australian Psychology Accreditation Council (APAC), 2010), and the Psychology Board of Australia through its competency-based definitions of endorsement in clinical psychology (Psychology Board of Australia, 2011). All provide clarity on the skills a graduate of clinical psychology training programs is meant to have acquired and be competent to perform.

Alongside **this body** of work, tools have been developed to permit the assessment of competency acquisition during placements, and these tools have since been adopted internationally (Gonsalvez, Deane, & Caputi, 2015). Although commendable, it is unclear how this **shift towards competency assessment** been applied to the detection and management of problems of professional competence (PPC) in the Australian and New Zealand clinical psychology training context.

### **Competency Approaches to Clinical Psychology Training**

Training in clinical psychology internationally includes undertaking a period of supervised professional practice as part of a tertiary education course to learn the application of the science of psychology, an approach first articulated by the Boulder Scientist Practitioner Conference in 1949 (Peterson & Park, 2005). While developments in the teaching and assessment of the knowledge and research components of clinical psychology training reflect conventional higher education methodologies, the practical component presents particular challenges given the reliance upon less clearly definable competencies to undertake and evaluate this aspect.

Over the last decade there has been a dramatic shift in education and training for professional psychology away from a focus on the objectives of the learning process to outcomes based learning and competency-based assessments. Professional competency is broadly defined as that which 'a professional is qualified, capable, and able to understand and do certain things in an appropriate and effective manner' (Rodolfa et al., 2005 p. 348). The result has been a refocusing from course curriculum or objectives, often operationalised in terms of the content provided such as hours of teaching on psychological assessment, to the competencies which a student must attain to be deemed to have successfully completed that stage of training. Efforts both to articulate and to develop assessment technologies that allow for the effective measurement of these competencies in clinical psychology have burgeoned across the last decade as a result. There has been extensive work undertaken to define the domains and individual competencies which clinical psychology trainees are required to achieve. For example, publications arising from the Competencies Conference: Future Directions in Education and Credentialing held in the US in 2002 proposed a number of foundational competencies, which are the underpinning basis of the psychologist's functions, and functional competencies, or the activities which the psychologist is expected to perform in practice (Kaslow, 2004; Kaslow et al., 2004).

Highly influential within this body of work is Rodolfa's cube model (Rodolfa et al., 2005), which captured both the foundational and the functional competencies required of professional psychologists and embedded them in a developmental framework. Foundational competencies are referred to 'the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out and are cross-cutting' (Kaslow et al., 2009 p. S34). While the specific details of the foundational competencies have been refined over time, they have been proposed to include areas such

as: professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, and interdisciplinary systems (Rodolfa et al., 2013). In contrast, the functional competencies were proposed to be comprised of the specific tasks and functions carried out by psychologists, and include: assessment, intervention, consultation, research and evaluation, supervision, teaching, administration and advocacy (Rodolfa et al., 2013). Over the course of training as a psychologist, the model proposed that trainees achieve increasingly sophisticated levels of competence within each of these domains, and that benchmarks for the required level of competency required at each developmental stage of training could be identified and used as the basis for determining whether a student should be allowed to proceed or whether a deficit requiring remediation or improvement was present.

### **What are Trainees with Problems of Professional Competence?**

Historically, the nature of PPC has been only vaguely defined which has made the identification and management of such issues complex and challenging. Initially PPC were defined as a problem within the psychologist and the word “impairment” was frequently used. For example, Boxley and colleagues reported personality disorder (35%), depression (31%) and emotional problems (31%) as the most commonly cited impairments among US trainees undertaking clinical psychology internships (Boxley, Drew, & Rangel, 1986). Further, Boxley noted that 44% of programs had no plan in place to management “impairment”, although 66% of sites reported having had an impaired trainee in the previous five years. There is an acknowledgement in the literature that there are probable differences between those who are incompetent at a graduate level and those who lose competence as an independent practitioner (Huprich & Rudd, 2004; Schwartz-Mette, 2011), however no study

has tracked this development. It is nonetheless agreed that the two are distinct and so need to be separated in research.

There has further been recognition in many countries, including Australia, that care must be taken to distinguish “impairment”, with its specific connotation of disability, from other causes of problems of professional competence (McNaught, 2013). In Australia under the Health Practitioner Regulation National Law (s 5) impairment is specifically defined as “a physical or mental impairment, disability, condition or disorder that detrimentally affects or is likely to detrimentally affect the person’s capacity to practice the profession” and this is similarly reflected in legislation in other jurisdictions. Impairment, therefore, needs to be managed differently to competency issues arising from other causes and resides at least partly in the domain of regulatory authorities. These developments have led the profession to move towards conceptualising the issue of PPCs in a different way, referring to trainees with problems related to a specific competence within the standards relevant to a professional context, rather than focusing on descriptors of the person (Elman & Forrest, 2007; Jacobs et al., 2011). An example might be describing a trainee as having difficulty with empathy rather than being personality disordered.

Even with the varying definitions and population samples, there are issues that consistently arise as the most common problems, including concerns about ethical and procedural compliance, mental health diagnoses including drug and alcohol use, and intrinsic characteristics that suggest unsuitability (such as difficulties with counselling skills, receiving feedback, self-reflection), and personal life difficulties (Henderson & Dufrene, 2012). Schwartz-Mette (2011) has suggested dividing them into four main domains: behavioural (e.g., substance use, avoiding paperwork); psychological (e.g., poor boundary management, problematic personality traits); situational (e.g., relationship breakdown,



bereavement); and developmental (e.g., inability to progress towards meeting competence, lack of education, training or clinical experience). In addition, there is an emerging general agreement in the literature that PPC need to be considered along a continuum and within context (Forrest, Elman, & Shen Miller, 2008), as well as acknowledging the presence of individual and historical factors (McCutcheon, 2009). There is the added complicating factor of separating diversity from TPPC, for example where professional competence issues intersect with culture or language in ways that faculty may not be skilled to formulate (Shen-Miller, Forrest, & Burt, 2012).

A review of the literature reveals that while not a large proportion of trainees are affected, once identified, they take up an inordinate amount of administrative and supervisory time (Kaslow et al., 2007) and the cost in terms of personal stress on course directors is high (Russell & Peterson, 2003). Supervisors have reported it as a “gut wrenching experience” (Gizara & Forrest, 2004) where they have to come to terms with not being liked in order to fulfil their gate-keeping functions. The experience of both is dependent on the amount of support they experience from faculty hierarchy, and the potential that those without sufficient support therefore may be loathed to act. Most courses (68%) have reported at least one TPPC in the last five years with 44% of courses having dismissed at least one trainee (Huprich & Rudd, 2004). 10% of sites in this survey reported ensuing legal action and some courses noted the threat of legal action had stopped them proceeding to dismissal. There are costs as well to the trainees with problems of professional competence (TPPC) themselves if not identified early, and their peers are often more aware of the problems than staff, including when programs engage in “gate slipping” (trainees who graduate with no remediation or action) instead of “gate keeping” (e.g., Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004, Brear & Dorrian, 2010). Shen-Miller and colleagues

(2011) found that trainees reported 50% of their colleagues had competency issues but only 60% of those were willing to take any action based on their knowledge. Therefore the problem is a complex and a systemic one to solve.

### **Identifying and Managing Trainees with Problems of Professional Competence**

Given the complexity of the issues, the solution is likely to be a multimodal one, comprised both of strategies to identify those trainees with potential or actual PPC as well as those to manage them (Forrest & Elman, 2014; Wester, Christianson, Fouad, & Santiago-Rivera, 2008; Wilkerson, 2006). In the first instance, it would be helpful for all parties to have a clear idea of the necessary foundational characteristics, perhaps best conceptualized as those characteristics that underpin the development of foundational competencies such as the capacity for reflective practice (Rodolfa et al., 2005; Rodolfa et al., 2013). Such an understanding could both help to inform appropriate selection processes as well as the management of trainees whose capacities in these areas are affected, for example, by an injury or illness acquired after admission to the course. Secondly, appropriate measures are required to support the assessment of competence in both foundational and functional competencies at the various stages of training. The importance of prospective students being made aware of the inherent requirements of courses they are applying to is acknowledged explicitly by the Tertiary Education Quality and Standards Agency (TEQSA) in the commentary related to admissions under the Higher Education Standards Framework 2015 (TEQSA, 2016).

**Assessment of competencies.** Assessment of competencies may be undertaken for one of two broad reasons as part of clinical psychology training. Assessments may be formative in nature, that is to provide feedback and guide the development of skills which

the student is attempting to learn, or summative, that is to evaluate whether the student has indeed attained the competency concerned (Gonsalvez, Oades, & Freestone, 2002). This is likely to influence the characteristics of the tool selected, particularly in the case of summative assessments which may be the basis for graduation or granting of entry to the profession. Such assessments should therefore be subject to particular requirements regarding fairness, validity and reliability. They will also need to be appropriate to identify the nature of the difficulties in trainees who are not progressing as required and suitable for repeated administration where a student initially does not successfully complete the assessment. While there are well-developed methodologies which are well-accepted for the assessment of knowledge, such as written examinations, few of these adequately reflect the demands of professional practice. Ecologically valid assessments methods which clearly reflect the content and context of professional practice and require demonstration of skills, are likely to be demanding of time and personnel both in design and implementation. Examples of measures that are more likely to meet this requirement include Objective structured clinical examinations (OSCEs), which are widely used in professions such as medicine but have had only limited application in psychology.

The success of any assessment measures used to evaluate acquisition of competency depends on a number of factors, and this is made more complex when the trainee being assessed is showing PPCs. First agreement about the nature and extent of competency demonstration that is required at different stages of training. Second supervisors' competence needs to be adequate to effectively undertake the process of assessment. This may be dependent on a number of factors, but in the case of an assessment of a TPPC, the availability of sufficient time and specific competencies in areas such as providing feedback effectively, planning and implementing remediation measures, and managing the

supervisory relationship effectively are crucial (for examples see (Bernard & Goodyear, 2009; Forrest & Elman, 2014). Third the preparation of trainees to participate effectively in supervision and respond effectively to any PPC they may identify independently (Gilfoyle, 2008). Finally, appropriate processes must be in place within an institution to support the effective use of the assessment measures, including respect for due process (Jacobs et al., 2011).

Competency evaluation rating forms (CERFs) are a commonly used assessment tool utilised by training institutions, and can be used at both mid and end placement to evaluate the achievement of an agreed set of competencies. Frequently these tools are developed in house by institutions to measure competencies during clinical psychology training courses with little psychometric validation conducted. However, in Australia a number of training institutions collaboratively developed a common CERF (known as the CYPRS) which was embedded in a developmental competency framework and has since been subjected to a series of refinements to enhance its psychometric properties. It has since been adopted for use widely across Australia and New Zealand, and increasingly in other parts of the world (Gonsalvez et al., 2013).

### **The Current Study**

The current study seeks to describe the problems in professional competence identified during clinical psychology training, and the approaches used by Australian and New Zealand institutions in identifying and managing PPC in their trainees, such as the use and utility of psychometrically validated CERFs.

## Method

**Participants:** Individuals were eligible to take part if they were the director of a psychology training clinic and / or had responsibility for grading of placements in an educational institution offering clinical psychology training in Australia or New Zealand. 31 individuals commenced the survey, and it was completed in full by 24 respondents, representing 19 Australian (one of which was multi-campus) and three New Zealand institutions, with one respondent not specifying their institutional affiliation. This represented 52% of all institutions contacted.

**Materials:** A purpose designed online survey was developed by a group of four clinical psychology training program staff including course coordinators, psychology training clinic directors and supervisors (the authors) based upon a review of the existing literature and common issues encountered by the group in the identification and management of TPPC. Survey questions included a combination of closed questions (yes/no), open-ended questions and response-selection items, in which respondents were able to choose multiple responses from a list of options provided. It was administered via the Qualtrics online survey software in February and March 2016, and was comprised of questions relating to the organization of placements, the causes, identification and management of PPCs, as well as the use of placement rating tools (including the CYPRS) to identify or manage such problems (see Appendix 1 for examples of the questions).

**Procedure:** The study received approval from the xxx Human Research Ethics Committee.<sup>1</sup> An invitation to participate was sent via email to a range of academic and professional training networking groups with a request to distribute it to directors of psychology training clinics and / or individuals with responsibilities for the grading of

internal and external placements undertaken as part of clinical psychology training courses.

Prospective respondents could review the information about the survey provided online, and then complete it if they wished to participate.

**Statistical analysis:** Descriptive analyses, such as mean and mode, were conducted using Microsoft Excel.

### Results

The respondents provided data regarding practices on a total of 40 courses, of which 20 (50.0%) were professional masters, 15 (37.5%) a professional doctorate or masters combined with a research degree, four (10.0%) were professional doctorates, and one (2.5%) a post-graduate diploma of clinical psychology (only available in New Zealand). The mean number of trainees admitted annually to each course was 15.8 (range 8 – 30) and 60.0% of courses had been established for more than five years.

Information about the structure of placements was reported for 38 of the courses, which indicated that there was a range of ways in which this component was organised. The most common structure, comprising half of responses, was a separate unit comprised of placement activities alone, whereas in nine cases (23.7%) placement activities were combined with other activities, such as coursework, and in the remainder there were a combination of the two. The modal number of placements undertaken was three with a range of three to five.

### Problems of Professional Competence in Clinical Psychology Trainees

The frequency of significant competence problems among clinical psychology trainees in the institutions represented was low. On average program directors reported

three occasions in the previous five years, and less than two failed placements. However, all respondents indicated that at least one clinical psychology trainee with a PPC had been identified in their course in the past five years and 59 trainees with a PPC were reported in total. Respondents were asked to indicate the nature of the PPC observed in their trainees in the past five years, including in the behavioural (i.e. lateness), psychological (i.e. personality), developmental (i.e. experience) and situational (i.e. stressful life events) domains. As a percentage of the total number of PPC encountered in the past five years, respondents indicated that they had observed trainees most commonly with psychologically (19, 32.2% of total number reported), behaviourally (18, 30.5%) and developmentally (16, 27.1%) based competence problems. A minority also reported observing situationally based competence problems (6, 10.2%). A number of respondents provided examples of the kinds of issues encountered, among which inadequate reflective capacity, inability to respond to supervisor feedback, low resilience in the face of high workload or conflicting demands, and common psychological disorders, such as depression, featured frequently.

### **Management of Problems of Professional Competence**

Respondents described the use of a range of strategies designed to prevent the occurrence of PPC in their trainees. Two strategies were reportedly used by all institutions, and these were: creating and modeling a culture of self-care, ethical practice and openness about these problems; and completion of pre-requisites prior to commencing any placements. Other commonly used strategies were: publication of clear, fair, consistent and well-articulated competencies to be achieved (91.7%); ongoing training on ethical practice (87.5%); and completion of internal placement prior to commencing external placement (83.3%). Seven respondents reported the use of a range of other strategies in their

institutions, including: supervisor training, written feedback on areas where the student risks falling below the required level of competence, and a key role for placement staff in monitoring trainees and providing remedial interventions where required.

Twenty respondents indicated that their institution had a written policy that determined what constituted a failed placement (83.3%) which was common to all clinical psychology training courses offered by the institution, and this mostly applied to both internal and external placements equally. Only three (12.5%) of respondents indicated that a failed placement could not be repeated in their institution, and of those where it could be repeated (87.5%) the modal response was that the failed placement could only be repeated once. However, in many cases more than one placement across the period of training could be failed prior to the student being judged as unable to continue with the course, with the responses ranging from one to four placements.

In the event that a student failed a placement, 19 (90.5%) of respondents indicated that in their institution remedial processes were used prior to the student being permitted to commence another placement. In institutions where these remedial processes were in place, more than half of the respondents indicated the use of: an additional period of supervised practice outside standard placement arrangements, mentoring and / or tutoring, deferral of studies or a leave of absence, and referral for psychological assessment or treatment. Less commonly used strategies were additional coursework, written reflective tasks on ethical issues, and increased frequency of review meetings. Assessment of the student's readiness to return to placement included two broad themes: that the decision was team-based including supervisors, placement coordinators and / or directors of training and that the student had to demonstrate specific competencies to the satisfaction of a reviewer who may or may not be independent of the original placement. In addition, where



referral for psychological assessment or treatment had been made, a report from the treating psychologist regarding the student's suitability to recommence placements may be sought. One respondent noted that the policy of their institution was that the decision was left entirely to the student with no input from course staff, and this was a significant deviation from practices described by other respondents. Support for staff dealing with placement failure was reported to come mainly from other staff involved in the clinical psychology training program, with relatively little perceived support received from the wider institution. A small number of respondents reported that legal issues had arisen for their institution from the failure of a placement (3, 13.0%), with court action threatened in one case and complaints made against staff in others. In one case, this prompted the formalization of policies related to placement failure.

### **Use of the CYPRS**

Sixteen (66.7%) respondents indicated that their institution used the CYPRS as part of the assessment of trainees' progress on placements. In all cases this contributed to the grading (including failure) of placements at some stage of training, although in one case this only applied in the internal placements and in another only in the external placements. Of the eight respondents who indicated that their institutions did not currently use the CYPRS, six reported that they thought it would be a useful tool in the grading or failing of student placements.

The 16 respondents that indicated the CYPRS was utilised in their institution were asked to rank the domains in order of frequency with which they were the area of concern among TPPC. The three domains most commonly ranked in the top three were professionalism, ethical attitude and behaviours, and reflective practice competencies. In

contrast, scientist practitioner and psychological testing competencies did not rank in the top three for any of the respondents. Respondents reported that the CYPRS was used in a variety of ways in decisions concerning placement failure. Just over a quarter of respondents using the CYPRS in their institution indicated that the overall rating was regarded as most significant (such as an unsatisfactory rating), whereas in others the pattern of responses in domains was considered most significant (for example, a rating below a certain level on three or more domains). There were further variations in the weighting given to the different domains, with respondents indicating that in 73.0% of institutions the scores on individual domains were taken into account in determining whether a placement was failed. More than 50% of these respondents indicated that failure to perform to the required standard on the following domains was specifically considered: counselling, intervention, response to supervision, ethical attitudes and behaviour, case conceptualization, and scientist practitioner competencies. When rating individual domains on the CYPRS, a score ranging between zero and four can be given, where zero represents someone with a competency level consistent with a beginning trainee and four is the equivalent of a newly graduated psychologist. Respondents indicated that where ratings on individual domains were considered, that different standards of attainment were required for internal and external placements, with modal ratings of two required for all individual domains in internal placements, except in the case of professionalism competencies where the modal rating was three in contrast to modal ratings of four across all domains in external placements.

### Discussion

Overall, the results are consistent with previous research findings from other countries and programs, and underline the importance of this issue with all respondents reporting that their institutions had experienced at least one TPPC per course in the last five years. The problems identified could be largely be accounted for within three of the four domains identified by Schwartz-Mette (2011) with psychological, behavioural and then developmental being most commonly reported. Situational issues were not as prevalent an issue in this study. It may be that in Australia and New Zealand institutions are more inclined to encourage a leave of absence from study when situational issues make study ineffective, rather than grading as incompetent. There was relatively the same number of cases that had resulted in escalation to legal action as reported in the literature (13% as opposed to 10%; Huprich & Rudd, 2004). However, respondents reported feeling supported by their teams, even if less so by their institution.

It was encouraging to note that the greater majority of courses represented in this study had clear written guidelines on satisfactory academic progression, with procedures to manage TPPC outlined. There was also consistency in the use of remediation strategies prior to trainees being allowed to repeat practical placement opportunities, which were predominantly of a supervision / mentoring / tutoring approach or suggested leave of absence, to no doubt consider their career choice or make necessary changes. There was less consistency on how frequently someone with TPPC could fail to meet competency standards before they could not progress in the course.

Overall, in terms of moving to a competency-based assessment processes, the majority of institutions reported using the CYPRS although not necessarily at all stages of training. The most commonly identified areas of concern identified among TPPC assessed

using the CYPRS were in the psychological and behavioural domains of professionalism, ethical attitude and self-reflection. Selection processes for clinical psychology training courses, for which entry remains highly competitive, are implicated as an important point for identifying those individuals who may demonstrate less capacity for these competencies. There is good evidence that effective training approaches can enhance trainees' performance of at least some of these capacities (Bennett-Levy et al., 2001). However they are also appearing as part of inherent requirement statements for clinical psychology and other health practitioner training courses published on higher education provider websites, suggesting that assessing for the presence of a minimum level at the point of selection for courses may be required (Bialocerkowski, Johnson, Allan, & Phillips, 2013).

The key areas of PPCs identified in trainees measured by the CYPRS fall within foundational competency areas, and this is consistent with the types of competency problems in registered psychologists reported to regulatory authorities in Australia (Grenyer & Lewis, 2012). This raises the question of whether presentation of these issues post-registration is an indication of 'gate slippage' during the provisional registration period, and thus whether more attention may therefore need to be paid to the identification and management of such issues during the training period to ensure protection of the public in the longer term (Parker, 2014). However, while the nature of this study may raise this question the design is inadequate to answer it, and further longitudinal studies are required.

The reported use of the CYPRS among the respondents reflects its status as a widely accepted tool which has evidenced some utility in terms of capturing competencies and ameliorating the halo effects that are seen in review of placements. However, there appeared to be very wide variation in the situations and ways in which it was used to assist with decisions regarding the grading of a placement. The development of a consensus

around, for example, which domains should be regarded as flags for potential PPC and what cut off scores are appropriate for use at which developmental stage would likely be immensely helpful to guide decision-making processes, and reduce the chances of appeals and legal challenges. It is designed as a developmental tool and as such there seems to be variation in how it assists placement supervisors to pass or fail a placement

### **Limitations**

Regulatory authorities in many jurisdictions require that psychologists who are potentially impaired are subject to notification. In the present study we did not ask whether any of the PPC identified were considered impairments that justified notification, or how many of those (in Australia only) took the step of reporting their TPPC to the regulatory authority as possibly impaired. Mandatory notification includes conduct such as practicing while under the influence of alcohol and other drugs, engaging in sexual misconduct and placing the public at risk of substantial harm due to an impairment, which clearly overlap with some of the reported areas of concern amongst the TPPC encountered by the respondents. While it is important not to conflate impairments with PPC, it may be that there is an overlap between the two and care should be taken to discriminate and manage each through the appropriate processes. Further research could consider the added complexity of mandatory reporting and whether institutions are taking adequate gate-keeping steps in this direction as well. The difficulty in separating incompetence, impairment and disability remains a struggle for institutions to navigate (Schwartz-Mette, 2009).

This study also did not seek to understand the student perspective of the use of the competency model, and how well it is understood or perceived to be applied by this group

of stakeholders. Since previous research has indicated a significant difference between student and staff perception, as well as the legal imperative for fairness, it would be useful for further research to capture the alternate viewpoints.

### **Future Questions**

While only a minority of trainees in clinical psychology training courses are identified as presenting with PPC, academic staff and supervisors are, as yet, not well equipped with either the articulation of competencies or assessment tools that support their management of these individuals. Better understanding of which individual competencies, or profiles of competencies, are associated with PPC in qualified practitioners would be extremely helpful in determining what standards to apply during the training process. **Potentially the emerging use of inherent requirements will make** explicit the requirements needed to complete training and have the potential to ensure that students do not unknowingly enter a course of study where completion and professional registration would be unlikely or impossible to obtain. McNaught (2013) however argues that there is a particular challenge for universities; to ensure that inherent requirements if adopted are used with particular care, noting their potential for harm or misuse. The systematic use of these inherent requirement policies is yet to be widely adopted and further information about how they might best be used in this regard requires further exploration.

### **Conclusions**

Problematic professional competence is a small but significant issue in Australian and New Zealand training courses, consistent with the experiences reported in other parts of the world. The systematization of processes regarding failure of placement and both

preventive and remedial strategies appears to be a strength of the courses. The availability of a psychometrically valid competence evaluation rating form seems to be well-received and being applied in various ways to assist with the grading of placements, although further refinement of the use of this tool would be beneficial. Other potential contributors to the management of PPC, particularly in the context of impairment, such as inherent requirements, have potential that is as yet untapped.

<sup>1</sup> Name removed for peer review

## **Key Points**

### **What We Already Know**

Internal and external supervised clinical psychology student placements are a critical facet of clinical psychology training

The identification and management of trainees with problematic professional competence is a key role of supervisors

There is little consensus about effective ways in which to identify and manage trainees with problematic professional competence on placement

### **What This Research Told Us**

A small, but significant number of trainees with problematic professional competence are reported in Australian and New Zealand clinical psychology training courses

The use of the CYPRS (a psychometrically valid competency evaluation rating form) is common and frequently used to assist in grading of clinical psychology placements

Inherent requirements are only available for a small number of courses, and are currently not used frequently to assist in the management of trainees with problematic professional competence



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## Appendix 1: Survey questions

The following is a selection of some of the key questions included in the survey. For a full copy of the survey, please contact the corresponding author.

1. Please indicate how student placements are organized as part of the course at your institution:
  - a. They form a separate unit where the outcome is based purely on performance on the student placement
  - b. They are integrated with other activities into a unit where the outcome is based on both performance on the student placement and other assessment items
  - c. They are a combination of the above
2. In the past 5 years, how many occasions are you aware of where a trainee has exhibited significant professional competence problems as part of your course?
3. On average, how many student placements would be failed each year on your course?
4. In the past 5 years, how many student placements would you estimate have been failed by students undertaking your course?
5. What sorts of strategies are used to prevent professional competence problems from occurring on student placements? Please click all that apply and provide information about how they apply for your course.



- a.* Creating and modelling a culture of self-care, ethical practice and openness about these problems, such as introducing reflective practice training or identifying competences and potential issues with achieving them early on
  - b.* Publication of clear, fair, consistent and well-articulated competencies to be achieved
  - c.* Ongoing training on ethical practice
  - d.* Completion of hurdle requirements prior to commencing any placements, including internal placements (this may be individual coursework units or assessments)
  - e.* Completion of internal placement (or a portion of) prior to commencing external placements
  - f.* Other
6. Which of the following types of professional competence problems have been observed in the past 5 years (please indicate as many as applies).
- a.* Behavioural
  - b.* Psychological
  - c.* Developmental
  - d.* Situational
7. What sorts of remedial processes are used? Please click all that apply.
- a.* Additional period of supervised practice outside standard student placement arrangements
  - b.* Mentoring and / or tutoring

- c. Referral for psychological assessment or treatment
- d. Additional coursework
- e. Leave of absence
- f. Deferral of students
- g. Other