

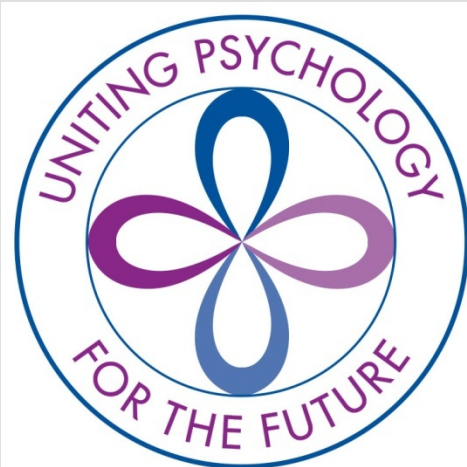
Creating a Competent Community of Psychologists



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Acknowledgments



- Our work on competent communities is a collaborative endeavor among key members of my competence constellation
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 - Jeffrey Barnett
 - Nancy S. Elman
 - Linda Forrest
 - Rebecca Schwartz-Mette

Communitarian Writing Team



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“We are citizens. It’s a word that doesn’t just describe our nationality or legal status. It describes the way we’re made. It describes what we believe . . . This country only works when we accept certain obligations to one another and to future generations; that our rights are wrapped up in the rights of others.”

**- Barack Obama, State of the Union address
February 12, 2013**

Agenda



- Competence
- Competence: A communitarian perspective
- Competence constellations
- Communitarian training culture
- Paradigm shift



got competence?

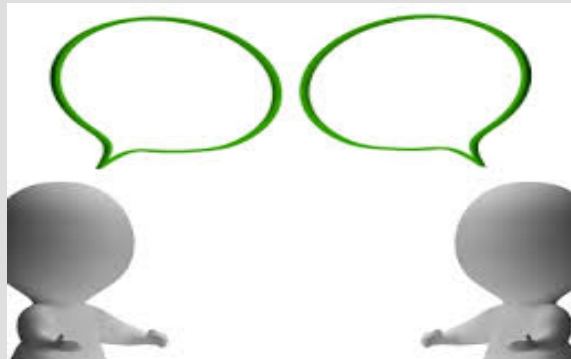
Competence



What is competence?



- **Competence is ...**
 - professional requirement
 - multidimensional, complex, and subject to human error
 - contingent upon context



What is competence?



- **Competence is ...**
 - knowledge, skills, and attitudes (and their integration) developed and maintained throughout the lifespan
 - “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 the community served” (Epstein & Hundert, 2002)



What is competence?

- Competence is NOT ...
 - permanently achieved
 - rigid or unchangeable



Historical perspective



- **Historically, competence:**
 - Conceptualization steeped in individualistic perspective and managing one's own competence is viewed as one indicator of overall professional competence
 - Maintenance and assessment has been the domain of the individual, almost solely
 - Self-assessments presumed accurate and reflective of rational self-control, even in difficult situations
 - Problems only become the domain of the community (i.e., licensure board) when serious, and when this occurs it is individualistic in focus and the community is not generally perceived as supportive or helpful



“The problem of greatest concern is that it is the psychotherapist alone who must make ongoing assessments regarding the impact of advancing age on his or her clinical competency . . . Obtaining licensure or registration in most states [or provinces] permits the clinician to practice without further supervision or evaluation until death.”

- Guy et al. (1987; p. 817)

Self-assessment of competence



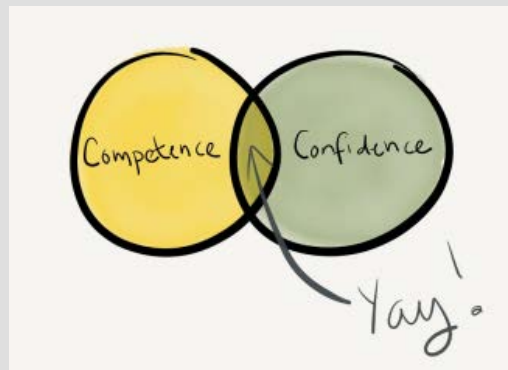
- Addressed in APA's Ethics Code (2002; 2010)
- Generally used by credentialing boards to determine acquisition of competence, with increasing attention paid to maintenance of competence



Self-assessment of competence



- Notoriously inaccurate
- Least accurate for poorest performers
- Only moderately related (at best) to objective competence measurement



Barriers to accurate self-assessment



- Social desirability – responding influenced by social norms and ideals
- Informational barriers – processing self-knowledge ineffectively due to quality or quantity of information
- Motivational barriers – misusing information due to ego-protective motives



Barriers to accurate self-assessment



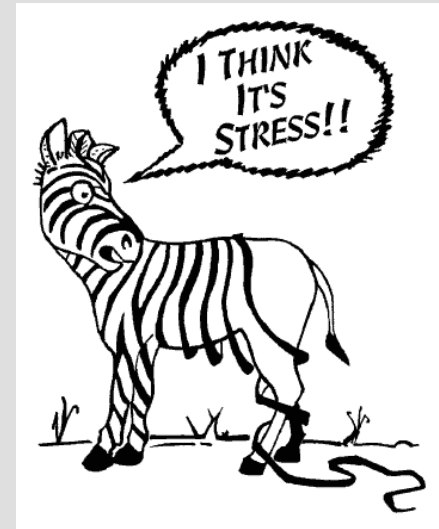
- Illusory optimism – belief that problems can be hidden from others or that they will not occur
- Avoidance – avoiding feedback that is inconsistent with self-view (or avoiding feedback entirely)
- Self-serving bias – attributing one's bad performance to external factors



Detriments to competence



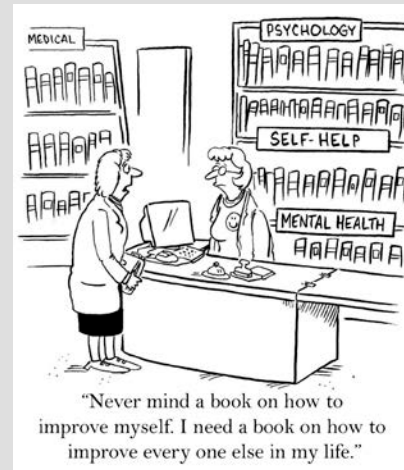
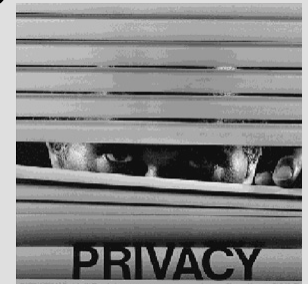
- Professional and personal stressors
- Limited social support (personal and professional)
- Compassion fatigue, burnout, and vicarious traumatization
- Anxiety, depression
- Physical illness
- Cognitive decline
- Declining retention of knowledge gained in training and practice



Addressing own competence problems



- Barriers to seeking solutions to one's competency problems (personal psychotherapy, colleague assistance program):
 - Lack of self-awareness
 - Shame/guilt/fear
 - Difficulty finding acceptable program/therapist
 - Time constraints
 - Financial limitations
 - Privacy concerns



Addressing competence in others



- **Barriers to intervening in colleagues'/trainees' competency problems:**
 - Doubts about own competence
 - Inexperience and skill at addressing issues
 - Hope problem will go away itself
 - Conflict avoidance
 - Denial of seriousness of problem
 - Uncertainty about ethical duty
 - Fear of insufficient evidence
 - Concern about being ostracized for reporting



Addressing competence in others



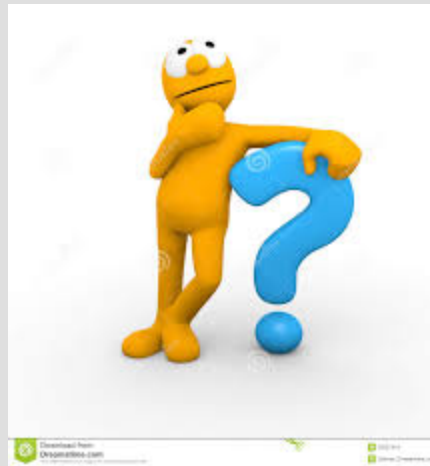
- **Barriers to intervening in colleagues'/trainees' competency problems:**
 - Resentment toward time and effort required
 - Fear of negative consequences (personal or professional)
 - Threat (or reality) of lawsuit
 - Worry about harsh or unpredictable responses by regulatory groups
 - Lack of an established collegial relationship
 - No system readiness or existing policies



Questions



- As a psychologist, what are your greatest challenges in addressing competence problems in your colleagues and/or trainees?
- How can these challenges be overcome?



Competence: A Communitarian Perspective



Communitarianism



“I am what I am because of who we all are.”

- Zulu idiom (Ubuntu philosophy)



“A person operating from an Ubuntu perspective is open and available to others and affirming of others, aware that he or she belongs to a greater whole and is diminished when others are humiliated or diminished.”

- Desmond Tutu (1999)

Communitarianism



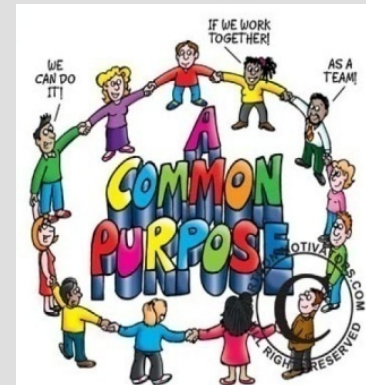
- Shares values with feminist and multicultural approaches
- Emphasizes mutual interdependence of people
- Conceptualizes ethical decisions as embedded in connections and acknowledgement of dependence on others



Communitarianism



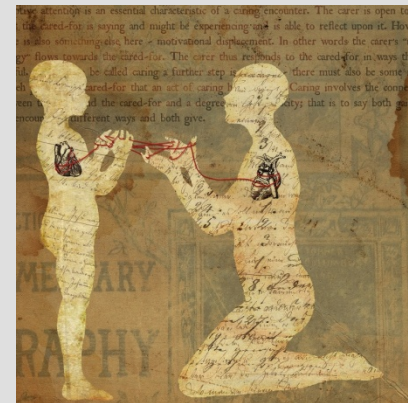
- Views responsibilities for moral/ethical behavior as residing with the individual and the community
- Emphasizes vulnerability and dependence on others
- Requires accountability for self and others to maintain function
- Gives importance to relational and emotion-based ethics in decision-making



Ethics of care



- Emphasizes interdependence and communal relationships with emotional engagement
- Requires responsiveness to ‘neighbors in need’
- Assumes that individual ethical reasoning is insufficient and that relational virtues must be incorporated as well





“I’ll do this for you without expecting anything specific back from you, in the confident expectation that someone else will do something for me down the road.”

- Robert Putnam, *Bowling Alone* (2000)



Communitarian perspective on competence



- Defines competence in a similar fashion
- Operationalizes competence in a way that depends more on community norms
- Views engagement in difficult conversations about others' problems of professional competence as an essential component of the professionalism and relationships domains



Communitarian perspective on competence



- Highlights role of peers and colleagues in assisting us in accurately assessing our own competence, helping us determine areas for improvement, having difficult conversations with us in a respectful fashion, and fostering our developing in areas in which problems of professional competence are evident
- Acknowledges and accepts dependency on others as naturally occurring and necessary

Communitarian perspective on competence



- Recognizes that by incorporating care for colleagues as a collective moral duty, each individual feels a powerful sense of accountability toward his/her neighbor
- Underscores that the creation and utilization of an intact and well-functioning competence constellation is crucial for managing competence

Communitarian assessment of competence



- Not specifically addressed or emphasized in most training programs, Ethics Code, or licensure maintenance
- Subject to fundamental attribution error (overestimation of individual traits and attitudes and underestimation of situational factors in others)
- Frequently avoided for fear of adverse outcomes (e.g., Colleague Assistance Programs (CAPs) underutilized for fear of regulatory repercussions)
- Currently difficult to find due to lack of utilization



Questions



- As a psychologist, what would be the advantages of shifting your work culture to one guided by a communitarian model from one largely informed by a more individualistic approach?
- What are the challenges of doing so and how can these be overcome?



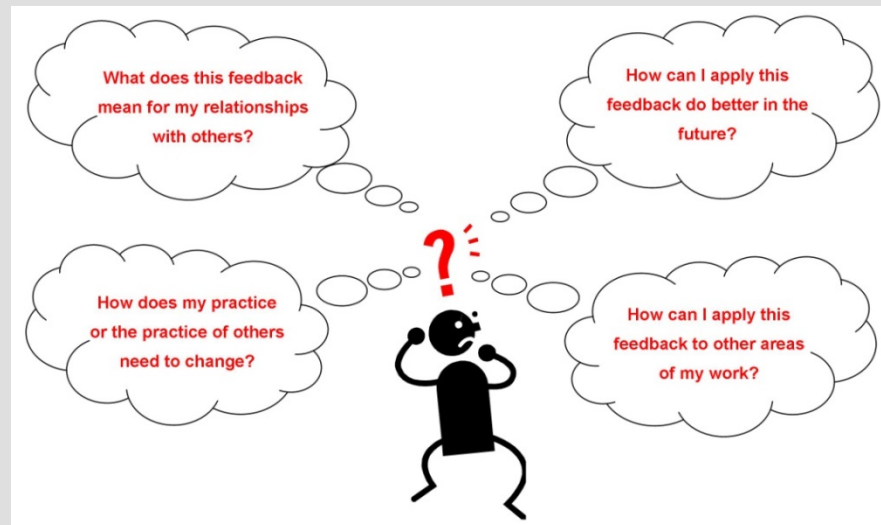
Competence Constellations



Communitarian competence



- One method for establishing and maintaining communitarian competence is through the creation, utilization, and maintenance of competence constellations



What are competence constellations?



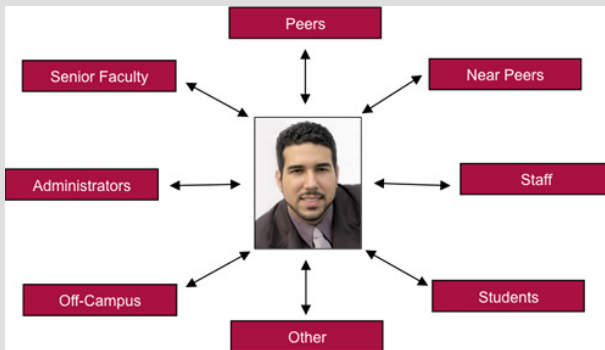
- **Network or consortium of colleagues, consultation groups, supervisors, and professional associates who**
 - Are instrumental to ongoing development, adaptive functioning, and professional competence
 - Broaden areas of competence
 - Encourage ongoing assessment of competence
 - Assess success based on broad criteria (resilience to personal challenges in addition to career development)
 - Acknowledge work/life integration challenges



What are competence constellations?



- Derived from the constructs of mentoring constellations and peer and relational mentoring
- Augments traditional mentoring relationships



Why competence constellations?



- Provide new knowledge, professional and personal
- Allow consolidation of professional identity
- Increase self-worth through mutual growth
- Encourage empowered action (applying learning)



Why competence constellations?



- Provide psychosocial support, which prevents and reduces stress by
 - Emotional support (e.g., reassurance)
 - Appraisal support (e.g., feedback about competence)
 - Informational support (e.g., advice)
 - Instrumental support (e.g., time and resource help with task)



Why competence constellations?



- **Offer**

- A safe space to be vulnerable and reveal shortcomings in order to address them adequately
- Feedback from others
- Better judgment on functioning, since close others are generally better assessors
- Opportunities for nonjudgmental discussion about vulnerabilities and dilemmas
- Lifelong connections, which are particularly meaningful in later career stages



Why competence constellations?



- Prevent problems of professional competence
- Help with the acknowledgment and handling of problems of professional competence



Structure of a competence constellation



- **Colleagues in regular contact with the psychologist, including (but not limited to):**
 - Other psychologists/psychology trainees
 - Supervisors
 - Consultation group members
 - Allied mental health professionals
 - Personal psychotherapists
 - Close family members
 - Clergy
 - Other people with a commitment to the psychologist



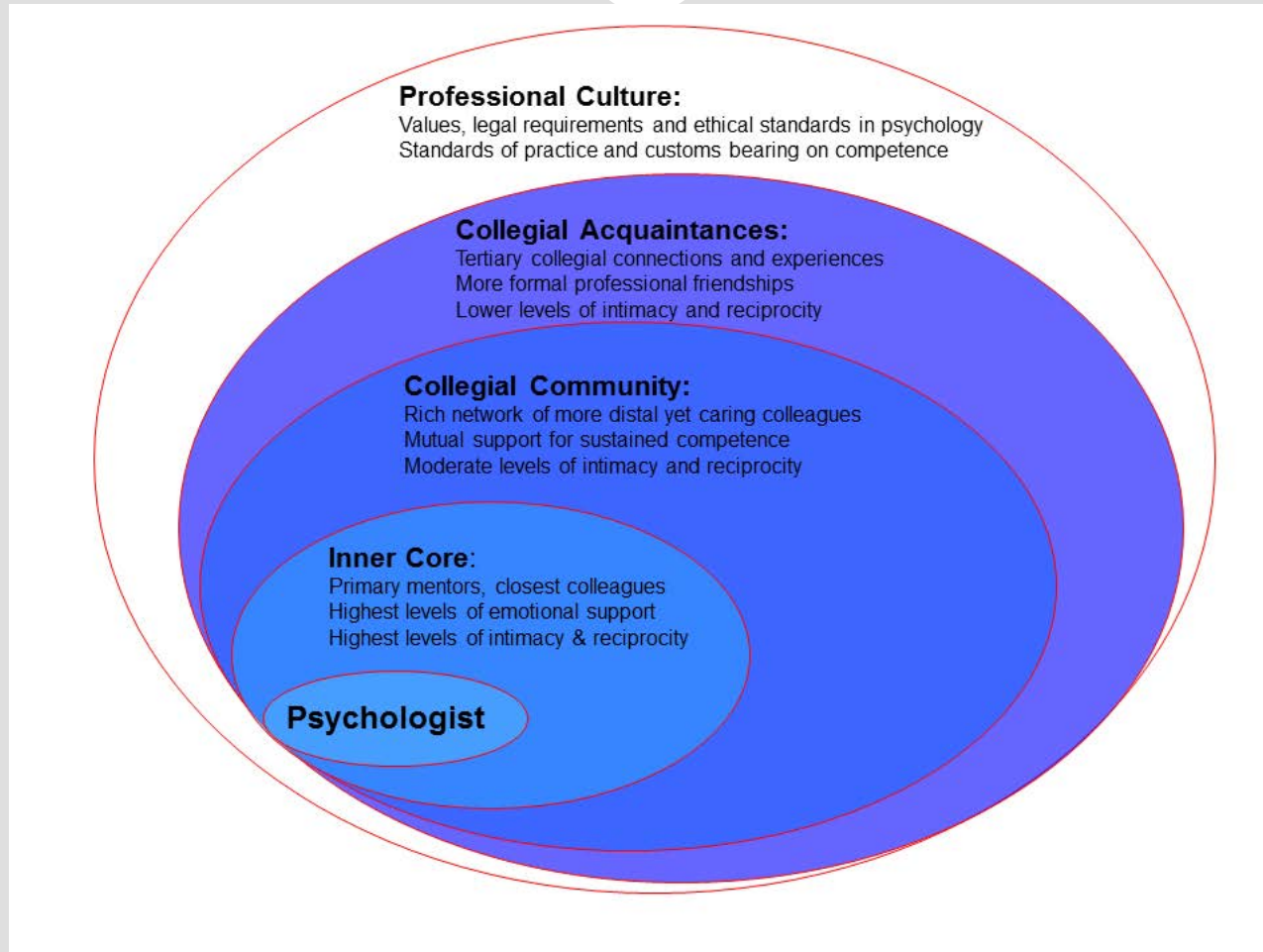
Structure of a competence constellation



- Inner core – small, select group of closest mentors and colleagues
- Collegial community – broader, caring but less intimate network of professional relationships
- Collegial acquaintances – more formal professional friendships, collegial connections and experiences
- Professional culture – values, ethics, laws, and standards of competence



Structure of a competence constellation



Competence constellations



- **Inner core**
 - Ideally 5-8 colleagues (maximal diversity in support without problems of social loafing)
 - Ideal number and selection impacted by issues of diversity, personality, and geography
 - Intimate, cohesive relationships best for social support and efficacy (close professional friends, mentors, personal therapist, partner/spouse)
 - Members tend to provide high levels of social support and lower levels of career support
 - Members tend to remain emotionally engaged over many years and change less than members of outer circles

Competence constellations



- **Collegial community**
 - Rich network populated by individuals from a variety of professional settings, including coworkers, consultation groups, professional associations, and community organizations
 - May include individuals without in-person interactions (cohesive professional communities communicating electronically)
 - Engaged in terms of relational mentoring, mutual care, and support for competence
 - Less available than inner core in terms of relational intensity, duration, availability, and frequency of engagement

Competence constellations



- **Collegial acquaintances**

- Compared to inner core and collegial community, more formal, less emotionally supportive or reciprocal, and/or limited in interaction
- Contributions to development and maintenance of competence are less potent and/or less consistent than members of inner circles
- May include continuing education instructors, occasional co-authors, or professionals with engagements limited to annual meetings or during professional board services

Will U Be
~~My Friend?~~
(Acquaintance)

☒ YES

☐ NO

Competence constellations



- **Professional culture**
 - “Macro” dimension that shapes priorities in competence development and community engagement
 - Includes ethical principles and standards, legal statutes, credentialing requirements, and cultural norms about competence and interdependence



Competence constellations over time



- Over time, composition and size of each layer shift and change
- Cultural background and values shape manifestation and development of competence constellations for each individual
- Constellations with high-quality relationships rather than large-quantity relationships are more likely to be effective in maintaining competence over time



Forming competence constellations



- **Constellation diversity**
 - Diversity in sources of support, social arenas of supporting colleagues, cultural background and privilege experiences, worldview, professional training, and theoretical perspective
 - Greater diversity related to more effective problem-solving, innovation, and performance



Forming competence constellations



- **Constellation density**
 - Degree to which members of the constellation know each other
 - Greater density related to more immediate and transparent feedback



Forming competence constellations



- **Strength of ties**
 - Emotional closeness and frequency, depth, and honesty of communication with constellation members
 - Stronger ties related to more honest and helpful feedback regarding competence



Forming competence constellations



- Actively and deliberately initiating and maintaining collegial relationships (development-seeking behaviors) can increase efficacy and reward of competence constellations
- Effective competence constellation members are those who are both *able* and *willing* to monitor professional competence specifically and emotional health and wellness generally



Forming competence constellations



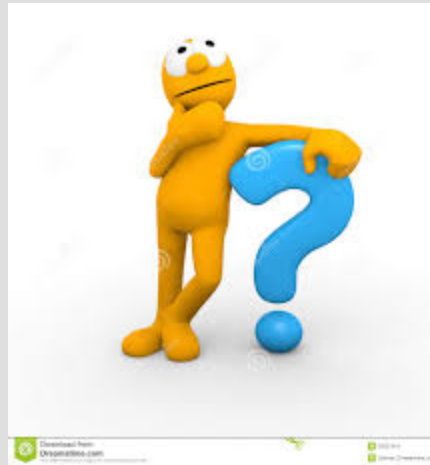
- **Effective competence constellation colleagues are skilled with:**
 - Fluid expertise
 - Emotional intelligence
 - Authenticity, self-awareness, and self-reflection
 - Vulnerability and nondefensiveness
 - Self-care
 - Effective communication
 - Empathic listening
 - Other-oriented empathy and compassion
 - Collegial assertiveness



Questions



- Take a few minutes to write down the members of your inner circle
- What are the qualities of your inner circle?
- What type of people do you need to add to your inner circle to optimize it?



Communitarian Training Culture



Communitarian training culture



- **Communitarian training cultures must be created to**
 - Embrace and support the evolving culture of competence in psychology
 - Infuse our training ethos with a distinctly interdependent and communal character
 - Prepare trainees for lifelong competence
 - Instill a responsibility of the training community to the professional community



Culture/program changes



- Use an ecological model to emphasize systemic interdependence and interaction starting early in career development
- Foster discussions about ways to improve community-oriented training
- “Train the trainers” in communitarian ethics and encourage ongoing development and training in collegial relationships among trainers

Culture/program changes



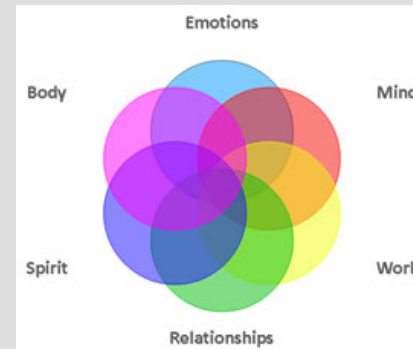
- Develop program-specific models (e.g., clinical or research-oriented) for team building and collaboration with reduction in competition
- Teach and model communitarian ethics
- Streamline connections between training and practice whenever possible to emphasize ongoing, continuous development



Culture/program changes



- Model transparency in care, self-care, and maintenance of competence
- Teach and promote self-care for increased quality of life and minimize modeling poor habits



Culture/program changes



- Teach and model how to address competence issues in trainees and colleagues
- Require ongoing learning and competence in difficult conversations and feedback for faculty/trainers to ensure appropriate intervention and modeling



Culture/program changes



- Shift toward a transparent approach for addressing competency problems among trainees
- Implement programs to assist trainees with common issues, such as anxiety, fear of failure, avoidance, and stress (e.g., mindfulness techniques)

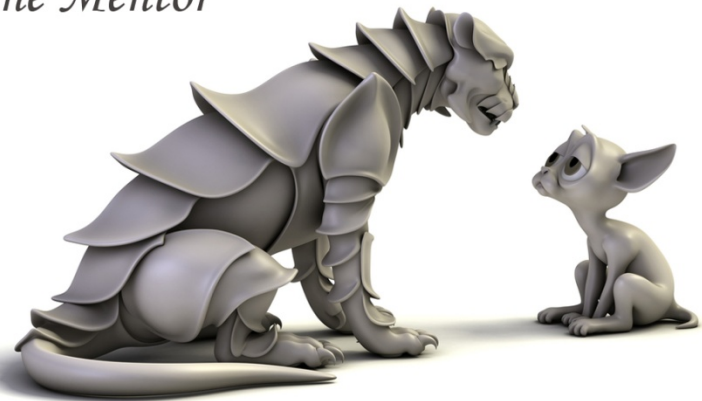
Changes in mentoring and relationships



- Use transformational leadership techniques to
 - Shape positive mentoring schemas for future collegial relationships
 - Promote a relational cache cycle that allows for development of high-quality relationships



The Mentor



People who grew up in difficult circumstances and yet are successful have one thing in common; at a crucial juncture in their adolescence, they had a positive relationship with a caring adult
- Bill Clinton, President of the United States

Changes in mentoring and relationships



- **Use relational mentoring in all training program relationships to support:**
 - A holistic view of development that includes identity, self-efficacy, emotional intelligence, and work-life balance as well as professional competencies
 - A focus on both career and personal development
 - Reciprocal influence, growth, and learning
 - Complementarity in domains of functioning and competence
 - Transparency in vulnerability and needs

Encourage competence constellations



- Encourage, model, and consistently support early competence constellation construction among trainees
- Discuss the importance of emotional and interpersonal functioning and connection to effective utilization of competence constellations
- Demonstrate competence constellations by disclosing key moments of collegial relationships in the maintenance of competence during difficult times and/or introducing trainees to a constellation member

Changes to assessing competencies

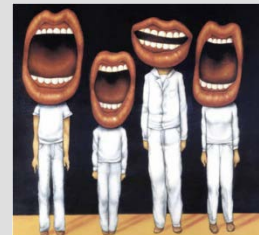


- Expect communitarian attitudes in trainees as both an entrance requirement (aptitude) and exit requirement (knowledge, skill, and attitude development)
- Infuse competency benchmark assessments with communitarian elements (e.g., collegial assertiveness and authentic caring in professional relationships)
- Use a community-centered model for assessing competence, including communitarian knowledge, skills, and attitudes, and peer mentoring networks

Changes in addressing competencies



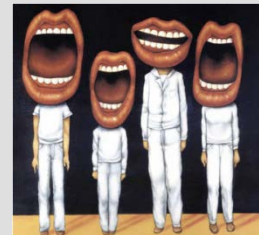
- Create a written notice for standards and procedures for managing competence problems, and keep written records related to those proceedings
- Add guidelines to assist trainees in addressing peers' problems of professional competence
- Enforce standards and procedures consistently and respond when any members of the community (faculty, staff, supervisors, trainees) do not follow



Changes in addressing competencies



- Assist trainees in anticipating problems of competence (in self and others) and encourage proactive behavior
- Teach and require demonstrated competence in peer review and in difficult conversations with colleagues
- Act preventatively and proactively to minimize progression of competency problems and to model early intervention



Changes in addressing competencies



- Consider ecological context for competencies and address problems related to entire system or to issues of diversity
- Form a consistent, collaborative approach for addressing trainee competence problems (at all levels of training), including a comprehensive remediation plan
- Take an active approach to trainee remediation (vs. “hands off”) to model appropriate community intervention

Changes in addressing competencies



- Focus on professional behaviors linked to training goals, not personal problems or causes
- Minimize isolation, negativity, shame, and avoidance in addressing competence problems in trainees
- Address reactions of other trainees toward peers with problems of professional competence (anger, fear, confusion, concern)

Changes in addressing competencies



- Remember legal and ethical concerns related to privacy and confidentiality (e.g., FERPA, ADA)



Challenges for communitarian training



- Lack of fundamental competence or confidence in one's competence among faculty members and trainers, particularly surrounding consultation, difficult conversations, and communitarian responsibilities
- Mismatch of trainers with communitarian ideals and ethics (e.g., willingness for transparency and vulnerability)
- Resistance to change, particularly for highly individualistic training cultures



Challenges for communitarian training



- **Balancing**

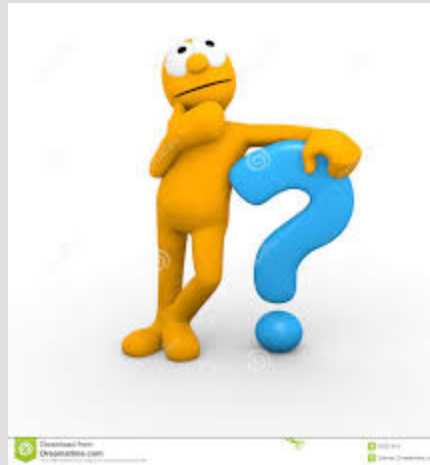
- Individual requirements for maintaining competence with communal accountability
- Mutuality and reciprocity with professional boundaries
- Expectations for transparency with respect for privacy



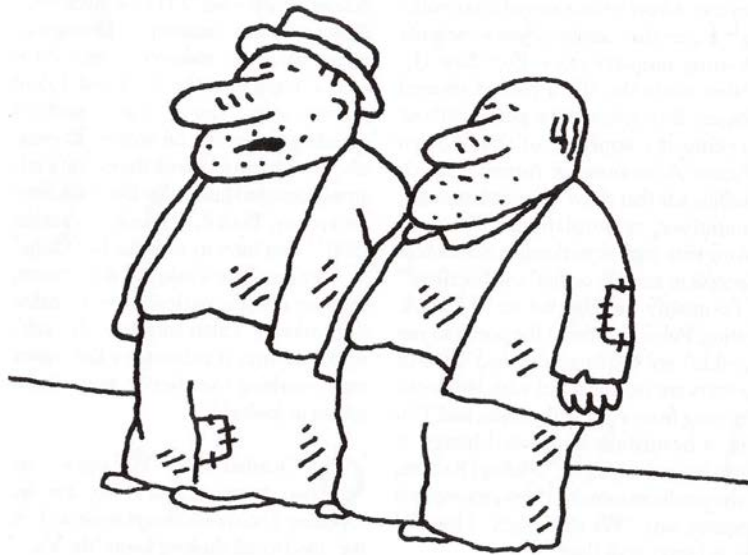
Questions



- What are your top 3 priorities for changing your work culture to a more communitarian one?
- What strategies can you used to make such a change?



Paradigm Shift



"Good news—I hear the paradigm is shifting."



Changing community norms



- Create empowering environments to increase civility, collegiality, trust, respect, and agency
- Incorporate dynamic, relational models of collaborative mentoring and transformational supervision to enrich professional relationships and development

Changing community norms



- Highlight care and compassion for others as vital, which expands the competencies expected for health service providers
- Extend compassion to an interdependent community as a norm to enable members to flourish and assist struggling colleagues due to an increased sense of accountability

Changing community norms



- Respond with compassion, social support, and honest consideration of personal and systemic factors to ensure that when members struggle they are surrounded by a caring community
- Keep relational virtues/values at the core and encourage people to act as “my neighbor’s keeper” to prevent competence problems and assist with earlier interventions

Changing community norms



- Add accountability for addressing issues with colleagues to decrease shame and distress when discussing imperfections and needs and increase willingness to expose vulnerability
- Erase the dichotomy between “competent” trainees/psychologists and “trainees/psychologists with competence problems to emphasize that trainees/ psychologists remain in a community even when problems of competence occur

Changing community norms



- Train psychologists to lead teams using a communitarian model
- Facilitate the creation of roles for psychologists as team leaders in various settings to ensure that more communitarian teams are created

Recommended changes to accreditation



- Enhance APA accreditation requirements to match communitarian values in training to ensure that a new generation of psychologists works as a community



Recommended changes to APA Ethics Code



- Modify and amplify principle of beneficence to include care and compassion for professional community (or create a separate principle)
- Reframe Standard 2 to incorporate communitarian ethics, such as an obligation to maintain collegial consultation and to intervene in colleagues' problems with competence

Ethical Principles of Psychologists
and Code of Conduct
Including 2010 Amendments



Recommended changes to APA Ethics Code



- Add guidance about how to address ethical concerns with colleagues (caring and compassionate vs. provocative and confrontational)



Recommended changes to credentialing



- Adapt competency requirements to better suit developmental changes of psychologists across the professional lifespan
- Require periodic recertification of the maintenance of competence for psychologists
- Ask about strength and diversity of collegial relationships during initial credentialing
- Require ongoing peer consultation and review (e.g., case presentations) to maintain credentials



Recommended changes to credentialing



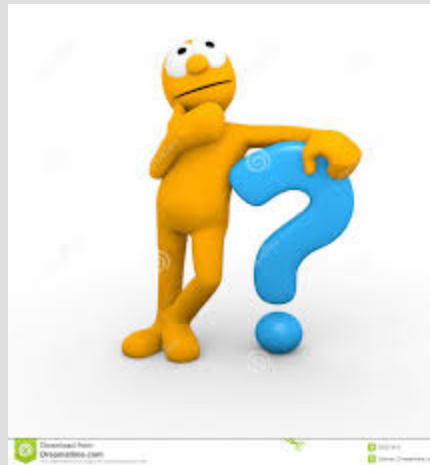
- Promote competence and actively prevent problems through emphasis on communitarianism
- Deemphasize acting only when serious competence problems arise (e.g., complaints)



Questions



- What changes do you think should be the top priority in the profession/discipline?
- How can you be involved in advocating for such changes?



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Questions?

