

**Competency-based models of supervision:
Principles and applications, promises and challenges**

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Abstract

Major changes initiated by the Psychology Board of Australia (the Board) and by professional bodies both nationally and internationally have placed professional supervision in the spot light for the practicing psychologist and supervisor. Further, within the context of a growing impetus toward competency-based pedagogies for professional training across disciplines, a recent Board document has indicated that supervisor training must adhere to a competency-based model within a best-practice supervision framework (Psychology Board of Australia, 2013a). For the practicing psychologist, the recent recommendation closely follows other initiatives including the introduction of mandatory peer consultation and supervisor accreditation. The current article seeks to clarify for the Australian psychologist the characteristics of competency-based supervision models for training and supervision, and to unpack the many implications for professional practice. The article outlines the features that distinguish competency models from other supervision models, explains the rationale for and the merits that competency-driven pedagogies promise, and discusses the challenges these changes will bring to supervision theory and practice.

Keywords: professional supervision, supervision models, competency-based approaches, professional competence, clinical supervisor

Competency-based models of supervision:

Principles and applications, promises and challenges

The notion of ‘competence’ is not new. Educators, supervisors, and practitioners have been appropriately concerned about the development and maintenance of good standards of psychology practice from early in the history of Psychology. Nevertheless, there has been a recent and dramatic surge in interest on everything related to competence and competencies. Historically, ‘competency’ has been used rather loosely in the training literature, sometimes as a synonym for skills, often leading practitioners to wonder what is new about competency models. One may question whether these are merely old ideas dressed up in new-fangled wrapping. These questions are pertinent and understandable in the context that practitioners have been subjected to a host of changes (e.g., mandatory professional development, peer consultation requirements, and supervisor accreditation), enforced top-down from regulatory authorities. The answer to the questions voiced above, of course, is an emphatic “No.” Indeed, there are several compelling reasons why the practising psychologist and supervisor cannot ignore recent changes.

First, high level international and national initiatives towards a pedagogy and culture of competence (Roberts, Borden, Christiansen, & Lopez, 2005) have underpinned and powered a radical shift in the way psychology training is conceptualised, and how practice standards are to be evaluated (Kaslow et al., 2004, 2007; Nelson, 2007; Pachana, Sofronoff, Scott, & Helmes, 2011). Regulatory authorities including the Psychology Board of Australia (the Board) and professional bodies such as the Australian Psychological Society (APS) and the Australian Psychology Accreditation Council (APAC) are influenced by these developments and, in turn, serve as agents of change. Many changes mandated by the Board (e.g., mandatory professional development, peer consultation requirements, and supervisor accreditation; 2010, 2013a) are, to a large extent, consistent with competency principles, and

mirror changes occurring other developed countries and/or other professions (Roberts et al., 2005; Pachana et al., 2011). Therefore, the wave of changes that the practitioner feels influenced by, is part of a larger tide sweeping over the entire discipline.

Evidence that concern about competence and competencies is not a passing phenomenon is hard to miss. This is borne out by a review we conducted of the current literature. Interest in and research on competence-related issues has progressively increased over the last two decades, with this trend being evident within Australia and internationally, and for psychology more than for medicine. The percentage of journal articles devoted to competencies is particularly high for two journals. For instance, 19% (46 of 242) of articles published during the last 10 years in the journal, *Training and Education in Professional Psychology*, had the word competencies in the title. For the journal, *Professional Psychology: Research and Practice*, corresponding hits for 5 year blocks were 18.2% (65/357 for 2009-2013), 5.7% (26/455 for 2004-2008), 0.6% (3/491 for 1999-2003) and 1.7% (8/454 for 1994-1998). The figures testify to the level of importance that the topic holds at the current time, especially within professional psychology in the United States.

It is also important to recognise that several changes derive from a deliberate and systemic shift of paradigm and perspective, represent outcomes of work conducted over an extended period and follow recommendations of expert committees and taskforces (Fouad et al., 2009; Kaslow, 2004; Kaslow et al., 2007). Almost two decades ago, the Commission on Accreditation within the American Psychological Association (APA) revised its *Guidelines and Principles for Accreditation* (Commission on Accreditation, 1996) to require training programmes to specify their education and training perspectives in terms of the competencies expected of their graduates. Thus, the accreditation of professional education and training programmes in psychology is based largely on the institution's ability to demonstrate the extent to which essential competencies for the profession are developed in graduates. In

2003, the APA Board of Educational Affairs convened a task force to move beyond identifying and defining competencies to the assessment and measurement of these competencies. This task force produced a report outlining the needs for competency measurement and different models of competency assessment (APA, 2006). The Commission on Accreditation's most recent *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (2007) requires programmes at the doctoral, internship, and postdoctoral stages of professional education to demonstrate how their students are assessed in various domains of competence throughout the course of their training.

Similarly, the British Psychological Society (2006) outlined mandatory learning outcomes and core competencies within the training of chartered clinical psychologists. The learning outcomes that graduates must demonstrate at the end of a programme of training include knowledge and understanding of psychological theory and evidence; a professional and ethical value base; scientist-practitioner clinical and research skills; and personal and professional development. The core competencies for clinical psychologists espoused by the BPS are transferable skills including reflective and critical practice; psychological assessment; psychological formulation; psychological intervention; evaluation of clinical effectiveness; research; personal and professional skills such as managing burnout; communication and teaching; and service delivery skills. Analogous developments have occurred in Australia, with recent revisions of APAC standards prescribing a range of competencies to be demonstrated by psychology trainees in accredited training institutions (APAC, 2010).

It is also evident that this emphasis on competence is not restricted to psychology as a discipline. In fact, some authors argue that the competency movement has long been dominant within professional spheres such as business, education medicine and nursing, but only recently has it been placed at the forefront of psychology training and assessment

(Sumerall, Lopez, Oehlert, 2000). Others claim that psychology is currently spearheading the competence revolution (see Roberts et al., 2005). What is unequivocal is that psychology is now being influenced in salient ways by the competency movement. As a discipline, Psychology has recently been an active contributor to the movement and has made important strides towards examining the model's implications for education, training, and practice, and offering frameworks, benchmarks, tool kits and guidelines and for curriculum design, professional training and evaluation of outcomes (Fouad et al., 2009; Kaslow, 2004; Kaslow et al., 2007; Lichtenberg et al., 2007).

Rationale for and Aims of the Current Paper

As a pedagogic initiative, the competency paradigm has been the driver of a raft of changes across the many levels of professional training in psychology. There is strong support for the paradigm within psychology and across other disciplines. For several compelling reasons, the psychology practitioner cannot afford to ignore the movement or its implications. In fact, it is likely that additional changes occur as deliberate and systematic efforts are made to align standards of training, supervision and practice to competency principles. We urge practitioners to gain a better understanding of the paradigm and its principles so as to better shape the scope and direction of the changes.

Responses from supervisors attending supervisor workshops conducted by the author suggest that the scale and pace of change have taken the psychology practitioner by surprise, evoking feelings of uncertainty, concern and ambivalence. A lack of clarity concerning the rationale for and a lack of conviction regarding the merits of the instituted changes are commonly encountered. On the positive side, there has been a resurgence of excitement and energy that has fuelled new models of supervision and promising research initiatives. The existing climate, we believe, calls for a systematic articulation of the characteristic features of competency-based supervision models to help psychologists better understand theoretical

framework and underlying rationales, to more fully appreciate the true principles of the model and its far-reaching impact, and to become capable of deriving appropriate applications of these principles to enhance their supervisory practice. The current paper endeavours to achieve these objectives.

Competency Models of Supervision: Characteristics and Practice Implications

Before we outline the characteristic features of competency models and draw out their implications, it is worthwhile to briefly overview the theoretical bases of supervision models. Until recently, the variety of supervision models conveniently clustered into three broad categories (Bernard & Goodyear, 2009; Watkins, 1995). First, several supervision models have been formulated from assumptions, principles and practice implications originally derived from psychotherapies and later extended to the supervision context. Among others, these include cognitive-behaviour therapy supervision (Liese & Beck, 1997; Milne & James, 2000), psychodynamic supervision (Frawley-O’Dea & Sarnat, 2001; Watkins, 2011), narrative supervision (Crocket, 2002) and family systems models of supervision (Olsen & Stern, 1990). A second group of models, the social role models, demarcated the different roles the supervisor had to play within supervision (e.g., teacher, counsellor, consultant) and used these roles as a framework to inform supervision content, method, techniques and evaluation. The Discrimination Model (Bernard & Goodyear, 2009) is the best exemplar of such an approach. Developmental models of supervision constitute the third set of models and emphasise that both beginner therapists and supervisors transition through several intermediate stages before progressing to become expert counsellors or supervisors (Stoltenberg, McNeill, & Delworth, 1998; Stoltenberg & McNeill, 1997; Watkins, 1995). Developmental models have dominated supervision theory, training and practice for several decades, and have provided a rich description of changing needs of supervisees as they develop in competence and confidence, and highlighting the importance of adapting

supervision process, strategy and technique to match these stage-dependent needs (Bernard & Goodyear, 2009; Watkins, 1995).

Competency-based models of supervision constitute a fourth and new category, and owe their roots to pedagogical advances in education and training. In a somewhat overly simplistic sense, competency models centre around the careful and systematic formulation of competencies (or learning outcomes) for specific situations, supervision contexts and, on a larger scale, for scope of practice and discipline. Applied to supervision, competency-based approach “explicitly identifies the skills, knowledge and values that form a clinical competency and develops learning strategies and evaluation procedures to meet criterion referenced competence standards in keeping with evidence based practice...” (Falender & Shafranske, 2007, p.233). Good exemplars of competency-based models are described in the literature (see Falender & Shafranske, 2004; Gonsalvez, Oades & Freestone, 2002; Gonsalvez, 2014). In critical ways, competency models are trans-theoretical and can be integrated with other approaches including developmental and psychotherapy-based supervision models. To facilitate an appreciation of how competency models overlap and are different from other models, it is important to identify key features of the model.

Molecular Approach to Conceptualising Competence

Competency models espouse a molecular approach to the broad notion of professional competence. The approach is based on the premise that complex and integrated capabilities may be usefully examined in terms of their constituent elements, their combined and interactive effects. Thus, practitioner competence can be conceptualised as being constituted by a matrix of dimensions or domains of competence that can themselves be usefully divided into a range of more discrete competencies. The models acknowledge that several competencies can be manifested at different levels of proficiency and involve complex, higher order thinking, reasoning, judgment, skills and behaviours, but posit that

discriminations between domain types (e.g., foundational vs. functional domains; Fouad et al., 2009), competency types (e.g., knowledge, knowledge-application, skills, relationship, attitude-value; see Gonsalvez et al., 2002; Gonsalvez, 2014), and the hierarchical structure of competencies (e.g., competencies and metacompetencies; see Roth & Pilling, 2008) will help inform supervision theory and contribute to effective supervision practice. This approach to conceptualising competence has resulted in many attempts to define and describe comprehensive frameworks of competencies at various levels: for professional training, for specialisations within a discipline, and to serve more specific training objectives such as competence in a specific therapeutic approach (Fouad et al., 2009; Kaslow, 2004; Roth & Pilling, 2008). Given the competency-based initiatives pursued by taskforces and subcommittees underway it is likely that a range of competency frameworks to satisfy specific training and evaluation needs will be generated in the near future (see). Within psychology, there appears to be good consensus in favour of a three-dimensional model involving a matrix of foundational and functional competency domains across developmental stages, an aspect that we discuss in greater detail under “organisation of competencies.”

Start with the End in Mind

In contrast to the conventional axiom that “the beginning is a good place to start,” a hallmark of competency models is the critical emphasis that, for purposes of planning effective programs – be they curriculum design, or program planning for internship or supervision – one must begin with the end in mind. In this regard, competency approaches are akin to objectives-based approaches to course or subject design (Newble & Cannon, 1995), but applied more systematically and on a grander scale across courses and across the developmental trajectory of the professional’s career. The framework of end-point competencies outlined for a profession becomes central to and guides all aspects at every stage of training. In a similar but more circumscribed manner, the set of discrete

competencies carefully formulated for a placement is expected to determine supervision content, tasks and activities, methods, nature of assessment tasks, process and evaluation.

On a practical note, supervisors working within a competency framework should design comprehensive competency-based developmental plans for supervision before supervision commences (see Gonsalvez, 2014 for guidelines and tools for this task). Such a developmental plan would necessarily include a careful formulation of SMART (specific, measurable, developmentally appropriate, recommended by accreditation bodies and time-wise) supervision goals and a systematic mapping of end-point competencies onto supervision activities including supervision methods, and assessment tasks. Just as one does not finalise the blueprint of a 'dream home' after a casual brainstorm, a brief session on supervision goals would be inconsistent with competency-based supervision (Gonsalvez, 2014).

Output-Determined Performance Indicators

A key feature of the competency models is that competence is judged on output-determined indicators rather than by measures of input. For many decades, training and supervision in psychology have focused primarily on input criteria. For instance, accreditation requirements for professional psychology training at the Masters level prescribes input face-to-face teaching (about 270 hours), practicum (1000 hours) and supervision hours (180 hours; APS, 2013). Input-based models are predicated on the premise that to ensure comparable output (professional performance) it is important to ensure equal inputs (e.g. a minimum number of practicum hours). However, if competence is the desired outcome and standard, trainees should be required to demonstrate a range of competencies to an acceptable standard. The determination of what, where, how and how long the trainee took to acquire these competencies becomes relatively irrelevant.

The shift to outputs in terms of demonstrated competencies has important implications for training and supervision. For instance, current differentiations between the two tiers of Medicare endorsed psychologists are primarily based on input-criteria (years and nature of training), as is the membership among the nine APS Colleges (determined by training and supervision inputs accrued at a past time, when the degree was awarded). If *output measures at the current time* became the sole determinant of membership, the number and boundaries of the Colleges are likely to be revised. A vestige of an input-based system is the assumption that experience will be associated with a growth of competence. There is better support for the notion that experience begets confidence, and less support for the assumption that experience begets competence and expertise (Gonsalvez & Milne, 2010). The Board proposals to mandate final exit examinations for trainees who have satisfactorily completed input requirements (2013b), and to ensure that even experienced supervisors satisfy accreditation requirements (2013a) appear to be designed to include competency-based outcomes within a system that is largely input-driven.

The implication for supervision is that competency-based supervision should provide the flexibility for different individuals to reach endpoints with different levels of time and input, based on factors of capability, effectiveness, innovation and efficiency. Thus, evaluation of a supervisee's competencies before a placement commences (an output measure) may provide a more reliable framework to inform a supervision plan and should be considered along with measures of input (e.g., previous practicum hours completed). Several implications flow from the imperative that competencies should be *demonstrated* rather than merely assumed. APAC has already amended its accreditation guidelines (APAC, 2010) to forewarn training institutions that they will need to monitor demonstration of key competencies and offer documentation to support claims. In the future, it is likely that

supervisors will be required to assume a larger role in the summative evaluations of trainee competencies.

Objective, Credible, and Ecologically Valid Assessment

Competency-based approaches also advocate a greater transparency, objectivity and ecological validity of assessment and evaluation processes. It is incumbent on the training institution and the supervisor to choose valid assessment tasks that are capable of capturing the competency being measured. Essays, short-answers and multiple-choice examination formats frequently used by training institutions, may be sensitive to knowledge competencies but may be unsuited to measuring skills and relationship competencies. On the other hand, objective structured clinical examinations and viva voce examinations may better capture knowledge integration and skills competencies (Pachana et al., 2011) and evaluation of video tapes of therapist-client interactions may yield more accurate indices of therapy and relationship skills. In a similar vein, the widespread use of self-report by supervisors to assess practitioner competencies would be inconsistent with the competency paradigm (Gonsalvez et al., 2002; Townend, Iannetta, & Freeston, 2002).

Criterion-based standards of competence

In terms of assessment, competency approaches deliberately advocate a shift from a relative and normative standard to a criterion-based anchor of competence. In other words, it is recommended that the performance of trainees and professionals be evaluated against a predetermined standard (e.g., professional conduct and practice that will be deemed adequate, acceptable and effective) rather than merely be ranked in comparison with other trainees (Falender & Shafranske, 2004; Gonsalvez et al., 2013). Educators, supervisors, and trainees should note that an unsatisfactory grade when a criterion-based standard is applied (failing to meet a competence requirement) and obtaining a fail grade when normative standards are employed, mean different things. Trainees who are used to receiving high grades when

judged in relation to their standing within a large group in university examinations often react with dismay if they fall short of a competency requirement. However, competency barriers may be set at a level at which most trainees require several attempts to pass. Leniency effects observed so commonly on supervisor competency ratings (Gonsalvez & Freestone, 2007) may, in part, stem from an inaccurate appreciation of differences between criterion-based competence and normative standards.

Researchers have begun to create and empirically validate methods of criterion-based assessment of competence. For instance, a team of researchers have designed and empirically tested a suite of vignettes representing a predetermined competency standard against which trainees may be evaluated (Gonsalvez et al., 2013). Clinical supervisors used a conventional rating scale as well as the vignette matching procedure developed as part of the study to assess trainee competencies. Pilot and follow-up data suggested that the vignette matching procedure reduced leniency and halo biases compared with the conventional rating scale.

The shift to criterion-based evaluations has other implications. The maintenance of competence has become a career-long pursuit. Criterion-based standards may be changed. A cardiovascular surgeon declared competent a decade ago may lack competence today, not because his or her skills have diminished, but because the person has failed to acquire new skills relevant to the use of more sophisticated instrumentation. Mandatory and career-long professional development to maintain one's level of competence is applied across all professions and is guided by these competency principles. The requirement that psychology supervisors must complete an update/refresher course every five years (Psychology Board of Australia, 2013a) to maintain their supervisor accreditation is an application of the same principle to the psychologist's situation. It is important for the practitioner to discern pedagogic principles behind the many changes recently instituted, and to differentiate between principle and application. One may see value in competency-based principles but

disagree with the interpretation, timing, or manner in which regulatory authorities choose to enforce these principles.

Stages of Competence

Competence models are developmental in the sense that they assume that practitioners follow a developmental trajectory towards the attainment of competence. Competence is not posited as the ideal standard. It is an important milestone but not its end point or destination. Most models assume five or six stages: Unskilled, Beginner, Advanced Beginner, Competent, Proficient, Expert/Master (e.g., Blackburn et al., 2001). The criterion of competence is set as the minimum acceptable standard for independent practice. The model assumes that some, but not necessarily all professionals would progress to more advanced stages (proficient and expert). It will be exciting to determine if different domains, for instance foundational and functional domains, follow similar developmental trajectories and to examine factors contributing to differences, should they exist. For instance, data from a multisite study in Australia compared field supervisor ratings of competencies attained by trainees after one, two, three, and four placements in clinical psychology training (Gonsalvez et al., 2014). The data suggested that at the same cross-sectional point in time, trainees were rated higher on Appropriate Practitioner Attributes and Conduct (e.g., Ethical Practice, Personal Capacities, Response to Supervision) than on Assessment and Intervention and Psychometric competencies. The authors indicate that there is at least preliminary evidence to support the notion that the developmental progression towards competence may be non-linear and characterised by rapid initial progress toward competence followed by a flatter trajectory at later stages. Additionally, developmental trajectories may be competency-specific, with some capabilities attaining competence earlier than others.

Structure and Organisation of Competencies

A landmark development in the history of competency development is the conceptualisation of competence using a three-dimensional model designated as the competency cube (Rodolfa, Bent, Eisman, Nelson, & Ritchie, 2005; see Fig. 1a). The model derived from the efforts of a work group associated with a Competencies Conference in the USA. The foundational competency domains are defined as the building blocks of what psychologists do, and knowledge, skills, and attitudes in these foundational domains underpin, inform, and support the acquisition of functional competencies (Rodolfa et al., 2005). Six foundational competency domains were identified including scientific knowledge and methods, relationships and ethical and legal standards (see Fig. 1a). Functional competency domains include the knowledge, skills, and attitude-values necessary to perform the range and types of professional activities performed by the psychologist. Six domains were described including Assessment, Intervention, and Supervision.

It is assumed that foundational and functional domains interact in an orthogonal manner. Thus, competencies in each of the six foundational domains could influence a psychologist's functional competence in Assessment. The assessor's knowledge about diagnostic criteria would inform diagnostic decisions, the assessor's relationship skills would determine the sensitivity with which the interview is conducted, and the assessor's commitment to ethical values will help ensure that the client's values are respected and confidentiality protected. In other words, for each of the functional domains, six different foundational competencies (and sub-competencies) could be delineated. Further, competence thresholds for each cell of the two dimensional interaction (e.g., assessment x relationship skills, or the ability to conduct assessment interviews in an interpersonally sensitive manner) could be set at different levels for the different developmental stages (the third dimension). The cube is a useful template that helps classify and categorise domains and within-domain competencies, and to conceptualise how domains may overlap and interact with each other.

This model was further expanded (seven foundational competency and eight functional competency domains) and elaborated to provide useful benchmarks for evaluation of these competencies (Fouad et al., 2009). The framework will help educators design competency curriculums pertinent to their respective situations and to map them against a framework that has good expert consensus.

Insert Figure 1 here

It should be noted that the above model, whilst having implications for clinical supervision was primarily designed for professional training institutions in the USA where doctoral training and post-doctoral residency are common. The large number of domains/stages in each of the three dimensions makes the cube difficult to use in supervision. This is particularly so within the Australian context where the task for most supervisors is to plan supervision for trainees early in their developmental progression. Simpler versions of the cube with fewer domains in each of the three dimensions and tailored for more specific purposes have recently been published (e.g., Hatcher et al., 2013; Rodolfa et al., 2013). A user friendly and simpler version of the cube, designed to provide a pragmatic framework for ongoing clinical supervision is presented in Figure 1b. Because competency-type (knowledge, skills, relationship, attitude-value) are critical to the determination of supervision activities, methods, and the nature of summative and formative evaluation, competency type is represented as an independent dimension. The framework is particularly useful for the design of competency-based developmental plans for supervision (Gonsalvez, 2014).

Finally, the notion of metacompetence may come to play a pivotal position within competence-based models of psychology practice. Metacompetence may be defined narrowly as the ability to assess what one knows and does not know, or more broadly as pivotal capabilities that promote and underpin the development of other more peripheral

(from a structural view) competencies. The scientist-practitioner, reflective practice, and problem solving capabilities, are metacompetencies that have gained attention in both the scientific and professional literature. It is salient that most metacompetencies are mindsets, comprising primarily of salient and relatively enduring attitude-values that have the potential to shape the growth of other competencies. Continuous professional development involves the integration of new knowledge with existing competencies and relies greatly upon self-assessment and self-motivation. The definition, assessment, and research into whether, which, and the extent to which key metacompetencies can mediate change in other foundational and functional competencies has the potential to make a major contribution to professional training. For instance, it will be valuable to determine if outcomes derived from supervision programmes focussed on key metacompetencies are more effective, enduring, and efficient than programmes that focus on a large number of discrete competencies. However, such evaluative research is yet to be conducted.

Challenges

The understanding, acceptance and implementation of a new paradigm for training and supervision constitute a major change that will inevitably raise many challenges. Admittedly, consensus around the framework, domain elements, and organisation of competencies constitute good progress for a profession, but agreement about what needs to be evaluated is no more than the first step towards effective training and supervision. A more challenging aspect is the reliable and valid assessment of competence across the diverse domains, developmental stages, and assessors. Unfortunately, there is a growing body of evidence that suggests that evaluations of competencies is complex and difficult, may be seriously compromised by leniency and halo biases (Borders & Fong, 1991; Gonsalvez et al., 2013; Gonsalvez & Freestone, 2007; Robiner, Saltzman, Hoberman, Semrud-Clikeman & Schirvar, 1997), or may require a disproportionate investment of resources (Keen & Freeston,

2008). Further, instruments that are the most popular, such as Likert-type rating scales, appear to be particularly vulnerable to biases. What is obvious is that there is an urgent and essential need to development new, more reliable and more efficient tools for competency measurement (Gonsalvez et al., 2013; Kaslow et al., 2007; Simons, 2013).

As mentioned previously, competency models tend to espouse a molecular approach to the conceptualisation of competencies and their evaluation. Such an approach has served psychology well in other areas including in the assessment of personality and intelligence, but may also harbour dangers. The process of differentiating and dividing complex skills into a number of components, then differentiating and dividing again, may lead to a maze of competency domains and a proliferation of sub-domain items that will serve to obscure rather than to accentuate the true character of the competent practitioner. Indeed, a more comprehensive scale is not necessarily a more effective scale and not everything that can be measured is worth measuring. In our zeal to court improved reliability and more accurate measurement, there is a risk of embracing the peripheral and losing the true character of the psychology practitioner. For instance, some researchers have argued that a competency approach that focuses on the development of specific knowledge and skills, does not capture the true essence of competence (Talbot, 2004). For instance, Talbot (2004) argues that a competency approach that focuses on the development of specific knowledge and skills does not capture the true essence of competence. According to Talbot, competency-based approaches run the risk of negating deep and reflective engagement within professional practice, as competence is value-neutral whereas clinical practice is not. Similarly, some researchers have expressed concern that a competency-based approach does not accurately capture the balance between professionalism and the artistry of practice (Fish & de Cossart, 2006). Of course, such a view is not shared by all. Falender and Shafranske (2007) assert that far from reducing the complexity or eliminating the artistry from clinical practice or

supervision, competency-based approaches usefully specify the core competencies to be enhanced and uniquely gathered to perform specific clinical tasks in individual cases.

The competency paradigm has an education-based lineage and a cognitive pedigree. In the past, advances in curriculum development have had seemingly little impact on the way professional supervision was delivered. Supervisors have felt, with some justification, that the teaching-education paradigm was designed to focus on facts and concepts through the mechanics of cognitive processes. On the other hand, psychological therapies are concerned with subjective truth, and attend to feelings, attitudes, conflicts and relationships, through the mechanics of emotional processing. To be of relevance to psychology, the competency paradigm must go beyond knowledge and cognitions to embrace the data of emotions and relationship interactions. To the extent that these processes become legitimate competencies and are given pride of place within competency matrices, we will have taken the first steps towards ensuring we don't flush out the baby with the bath water.

Also, it is worth noting that at the heart of many practitioner competencies are healthy attitude-values: healthy attitudes towards oneself manifested in appropriate self-care, unconditional positive regard towards clients, their diversity and their values, non-defensive attitude towards positive and negative feedback. The problem at the root of most unethical behaviour is not a knowledge inadequacy. It takes no more than a couple of minutes to inform a psychologist that it is unethical to engage in a sexual relationship with a client. However, having an ethical mindset is not a knowledge competency. At the heart of unethical behaviour is a disregard for ethics principles and a lack of genuine commitment to client welfare, both attitude-value competencies. Similarly, the highly regarded and loudly proclaimed scientist-practitioner metacompetency is not determined by one's knowledge of evidenced based treatments. One might be familiar with the evidence but fail to put it into practice. Core aspects are respect for empirical evidence and a deep-seated regard for the

scientific method. To make a meaningful and enduring contribution to Psychology, competency approaches to supervision and training must give due weight to attitude-value competencies, including due recognition to contextual factors such as power, privilege and culture (Falender et al., 2007).

A further challenge concerns “supervision space.” In the past, the supervision space was, in a sense, hallowed ground, a private and confidential space shared between the supervisor and supervisee. Competency-based models have ushered into the supervision room, a third, commanding presence: regulatory and professional stakeholders. Whilst some supervisors have welcomed regulatory oversight over supervision processes, others have resented the intrusion. Common concerns are that having ‘Big Brother’ poring over the supervision process may change the delicate dynamic within the supervisor-supervisee relationship, and undermine supervision effectiveness. At the very least, supervision has become more complex. Whereas most supervisory relationships in the past entailed the management of two agendas (supervisee and supervisor), competency-based supervision incorporates a third agenda: recommendations from regulatory authorities concerning what competencies need to be prioritised, which supervision methods and techniques are best adopted, and which assessment processes should be used and when they should be administered.

Promises

Despite the many challenges inherent in the implementation of a competency-based approach to psychology training and supervision, there are strong reasons why such approaches have gained momentum. Despite some valuable contributions by developmental and psychotherapy based models of supervision, there has been lack of adequate progress on crucial aspects, including inadequate evaluation of supervision mechanisms and its outcomes (Ellis & Ladany, 1997; Gonsalvez & McLeod, 2008). Supervision has a long history and

dates back to the origins of the earliest psychotherapies (Bernard, 2005). Whilst there is modest evidence to suggest that supervision produces positive effects, the mechanisms and processes of change are poorly understood (Milne & James, 2000). It would be easy to offer compelling evidence to support the claim that we are delivering psychotherapies more effectively and efficiently than we were a hundred years ago. We would find it difficult to do the same to support supervision (Ellis & Ladany, 1997). Moreover, previous theories failed to provide us with the theoretical scaffolding to test basic but important hypotheses, and thereby advance the science and practice of supervision (Gonsalvez & McLeod, 2008).

Competency-based models provide us with such a structure. The definition and description of competency domains, competency types, and individual competencies establish a foundation and framework for a systematic charting of their independent development trajectories. The promise is that sometime in the future, reliable milestones and valid criteria for their evaluation will be established to benchmark progress. The establishment of a grid of coordinates across domains and stages of development will greatly help measure progress for individuals and cohorts, and make comparative evaluation of supervisory strategies and approaches feasible. In effect, a clearer conceptualisation of relevant dependent measures and potential mediating variables facilitates planning and execution of randomised control trials to compare specific effects of supervisor methods and strategies on a range of competencies. Competency approaches can also claim some credit for effecting some positive changes in supervision including a much increased focus on the development of reliable and valid assessment tools (Kaslow et al., 2009), the greater use of effective supervisory methods and the greater use of ecologically valid assessment (e.g., observation methods are now mandated by most regulatory bodies, including the Board).

It is also hoped that the matrix of competencies that appears cumbersome, and somewhat impracticable, may yield a simpler, clearer and more efficient structure of factors

or clusters in a manner analogous to progress achieved by personality trait research. Moreover, the competency model offers a theoretical foundation for the generating and testing of hypotheses including the evaluation of metacompetencies: investigation into their hierarchical structure and their potential as mediating variables influencing down-stream effects on other competencies. Taken together, the model has established an exciting platform for future research that may help provide an answer to a basic question that has remained unanswered in supervision: Which supervision strategies, under what circumstances, would most advance which competencies at what time frame?

Conclusion

Competency-based approaches in training and supervision have gained considerable momentum. Their impact on the practitioner has been palpable, their effects are likely to endure, and additional changes in the foreseeable future are almost a certainty. Some authors even refer to the movement as a revolution (Roberts et al., 2005). Providing supervision is the most resource intensive component of practitioner training in psychology, but probably also the most neglected (Gonsalvez & Milne, 2012). There are major challenges ahead of us, but also huge opportunities. We don't chance upon the power of a revolution every now and again. When the annals of history are written, it is likely that the current period will be identified as a pivotal time. Whether for good or bad is yet to be determined. We have a window of opportunity to harness the powerful winds of change in the pursuit of meaningful progress.

Key points

1. A recent shift towards competency-based approaches have changed the way psychology training and supervision are conceptualised, and how practice standards are evaluated
2. Recent guidelines for supervisor training by the Psychology Board of Australia emphasise that supervisor training must adhere to a competency-based model
3. Most Australian psychologists have not had the opportunity to become optimally informed about these new models of supervision and their implications
4. The current paper explains the theoretical underpinning and key features of competency-based models
5. The principles and implications of competency models for supervision are explained
6. The potential merits of the model and its limitations and challenges are discussed.

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Figure legends

Figure 1. Competency cubes. The left cube depicts foundational (top), and functional (cube face) domains across developmental stage (height). The right cube depicts competency types (top), domains (cube face) and developmental stage (height).

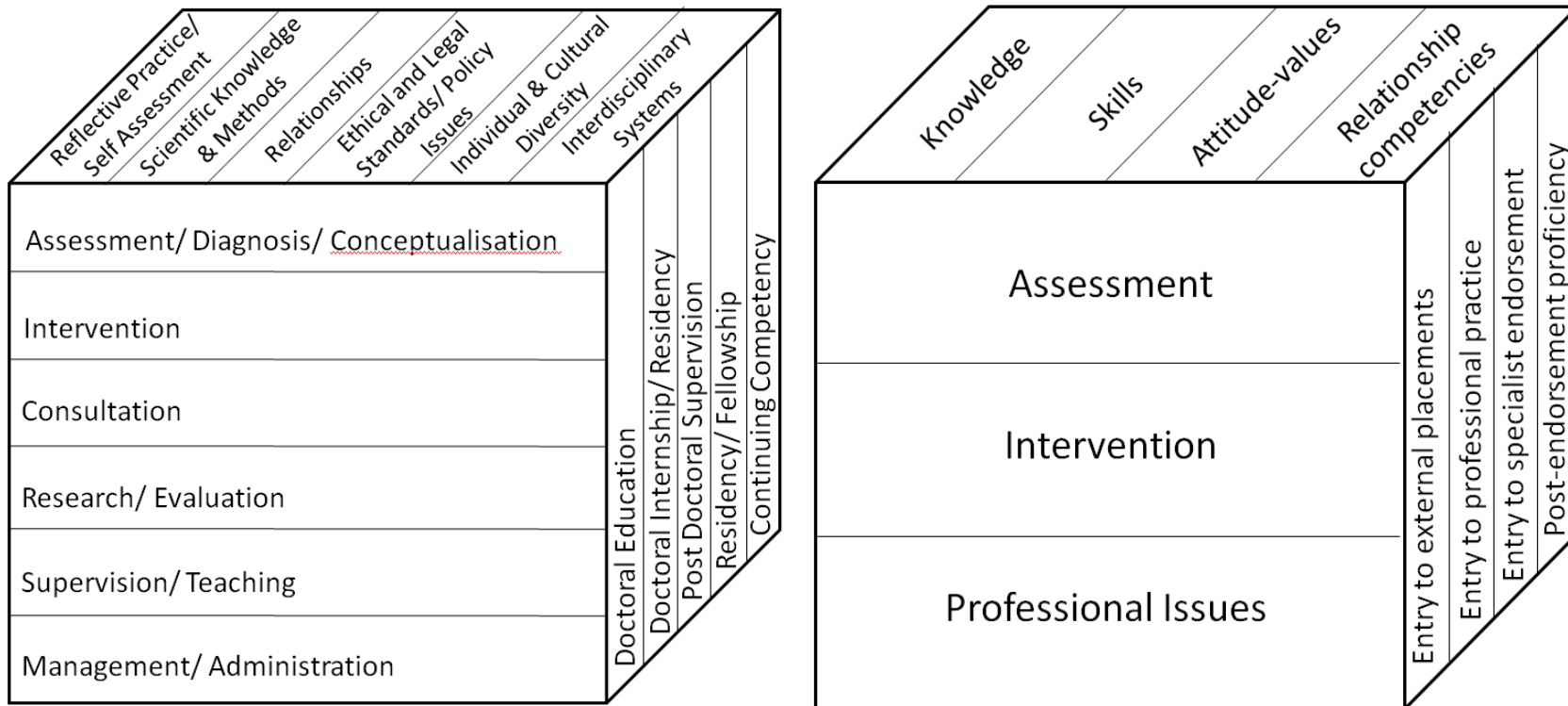


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