

Assessment of Competencies In Clinical Psychology Training

A/PROF ROCCO CRINO
SCHOOL OF PSYCHOLOGY

Clinical Competencies

- ▶ All areas of health education have moved, or are moving toward competency based assessment
- ▶ Doesn't only involve "Tell me what you know" as in essays, formal written examinations etc.
- ▶ Should involve "Tell me what you know and show me you how you do it..."
- ▶ Competency based assessment in Clinical Psychology has become a necessary requirement for registration as an Intern CP.

Assessment items for CP Interns once they leave the University setting

- ▶ Knowledge of the discipline
- ▶ Ethical, legal and professional matters
- ▶ Psychological assessment and measurement **
- ▶ Intervention strategies **
- ▶ Research and evaluation
- ▶ Communication and interpersonal relationships **
- ▶ Working within a cross-cultural context
- ▶ Practice across lifespan

Community and Professional Expectations

- ▶ That students are trained in these basic knowledge and clinical skills and are thus able to ‘hit the ground running’.
- ▶ Internship: Allows for further skill/knowledge development, but the basics must be there.
- ▶ Basic Clinical Skills:
 - ▶ Engaging the individual patient
 - ▶ Accurate Diagnosis
 - ▶ Assessment and Formulation
 - ▶ Evidence Based Treatment

Distance Education and Clinical Competencies

- ▶ DE: Limited face to face contact
- ▶ 2.5 Days per Subject (16 face to face hours approx – without tea breaks!)
- ▶ How does one teach, demonstrate and assess competencies in such a short time span?
- ▶ Focus on teaching and skill acquisition in Res School, and assessment of competencies via Skype.

Distance Education and Core Clinical Competencies

- ▶ Clinical Psychopathology Learning Outcomes:
 - ▶ Be able to discuss the history and characteristics of the major taxonomic systems (RS & OL – Essays and Forum discussions)
 - ▶ Evaluate their strengths and limitations as classificatory systems of psychopathology (RS & OL - Essays and Forum discussions)
 - ▶ Be able to outline the diagnostic features and associated characteristics of the major psychopathological syndromes. (OL - Essays and Forum discussions)
 - ▶ Be able to describe the current major theories of the aetiologies of these disorders (OL - Essays and Forum discussions)

Distance Education and Core Clinical Competencies

- ▶ Identify risk and resilience factors (OL - Essays and Forum discussions)....culminating in....
- ▶ **Being able to demonstrate an understanding of skilled practice in the assessment of psychopathology through clinical interview**

The Task

- ▶ Students will conduct a diagnostic interview with a member of staff involved in PSY 534 via Skype.
- ▶ The staff member will rely on a transcript of a clinical case to consistently answer questions posed by students.
- ▶ The interview will be audio recorded by the staff member. You are free to do the same
- ▶ The student is to complete a blank diagnostic template during the interview which is to be scanned by the student and submitted via EASTS within one week of the completion of the interview.
- ▶ The blank diagnostic interview template will be provided at the residential school and will be in the resource folder for the subject.
- ▶ Appointment times for conducting the interview will be scheduled at mutually suitable times.

The Task

- ▶ **Students will be required to elicit relevant clinical data by interview pertaining to:**
 - ▶ 1) Presenting problem
 - ▶ 2) History of presenting problem
 - ▶ 3) Past Psychiatric/Psychological treatment
 - ▶ 4) Medical History
 - ▶ 5) Substance usage and current meds
 - ▶ 6) Systemic enquiry
 - ▶ 7) Family psychiatric history

The Task

- ▶ 8) Past personal and social history
- ▶ 9) Mental state examination
- ▶ And then provide the following: on the basis of information obtained.
 - ▶ 10) Diagnostic formulation
 - ▶ 11) Provisional Diagnosis
 - ▶ 12 Differential Diagnosis
- ▶ The case is the same for all students
- ▶ Straight forward material, but embedded with the case is information that can only be obtained on further probing
(hypothesis testing - **Schizophrenia presenting as Social Anxiety Disorder**)

The Task

- ▶ Interview is conducted via Skype.
- ▶ One staff member (me!) role plays the patient
- ▶ Notes taken by student and administrator during interview
- ▶ Interview is audio recorded
- ▶ Students submit a completed template of the diagnostic interview, with formulation, PD and DD.
- ▶ Marks are allocated on the number of clinical facts elicited (with bonus marks for probing information)
- ▶ Students are also required to rate their own performance (10 marks)
– reflective task

Examiner Ratings & Self Assessment (10%)

- ▶ Unsatisfactory, Pass, Credit, Distinction and High Distinction grades defined on the marking rubric.
 - ▶ Conduct of Clinical Interview (Overall efficacy)
 - ▶ Direction and structure of Interview
 - ▶ Hypothesis Testing and Probing
 - ▶ Clinician Anxiety
 - ▶ An example....

Adult Interventions 1

(CB treatment of Anxiety and Depressive Disorders)

- ▶ **Adult Interventions 1 Learning Objectives**
- ▶ 1) Be able to undertake a case/problem/situational formulation and identify maintaining factors (RS, OL & forums).
- ▶ 2) Plan appropriate evidence based CB intervention strategies (RS, OL, forums).
- ▶ 3) Implement appropriate cognitive and/or behavioural treatment strategies that effectively target the maintaining factors (RS, OL, forums).
- ▶ 4) Monitor and evaluate treatment strategies with a view to effectiveness of intervention or reformulation of hypotheses (RS, OL, forums)....
- ▶ 5) **Demonstrate clinical competencies in CBT for anxiety and mood disorders (Assessed via Skype).**

Res School

- ▶ The treatment of Albert
- ▶ Complex presentation – SAD, Generalised anxiety disorder, Major Depression, occurring against a background of major life stress.
- ▶ Students (in pairs) are to use a structured intervention approach to attempt to treat Albert: CB Assessment, De-arousal strategies, Exposure, Beh Expt's, Cognitive Therapy, Sleep Hygiene, Worry Control Strategies etc.
- ▶ Students are to critique the application of the techniques and suggest alternatives if appropriate.
- ▶ Allows for the demonstration of the CB skills, critical evaluation of their application, learning where things go wrong...

The Assessment Task: Demonstrate clinical competencies in CBT

- ▶ **On Hour Skype session to complete the assessment**
- ▶ The purpose of this assessment is to develop a behavioural experiment based on a situational formulation from a case vignette that will be posted on the subject site (**Panic Disorder with Agoraphobia**).
- ▶ The role of the patient will be role-played by a member of staff and the situational analysis and experiment design will take place via Skype.
- ▶ Eliciting core beliefs/cognitions and ascertaining maintaining factors associated with those beliefs is an essential (core) element in CB assessment and treatment.

The Task

- ▶ The reason for choosing a behavioural experiment to demonstrate your skills in this area, as opposed to other CB interventions, is that the task encapsulates these core CB competencies.

The Task

► **Assessment Items (Rubric: U/S, P, Cr, D, HD)**

- ▶ Elicits target cognition/belief and maintaining behaviours
- ▶ Formulation of Hypothesis to be tested
- ▶ Describes the nature and rationale of the experiment
- ▶ Clinician's collaborative approach to development of the experiment and Dependent Variables (Outcome).
- ▶ Structure and Organisation
- ▶ Implementation/instructions for implementation.
- ▶ Completed BE to be written up and submitted via EASTS

Behavioural Experiment Instructions

Dee reported concern regarding her panic disorder not improving, after having another panic attack yesterday. She reported feeling light-headed and dry mouth after vacuuming house and moving a chair, noticed the thoughts “I’m going to collapse” and “I’m going to faint”. After leaning on the chair and sipping water, Dee decided to move the chair back, however it had gotten caught on the vacuum cord and she had to push it very hard to get the chair unstuck. This resulted in heart palpitations and catastrophic thinking regarding the meaning of panic symptoms. Dee noticed thoughts of “Oh god, I hope this isn’t a sign of heart attack” and “If I have a heart attack, I am going to collapse and die”. Dee then engaged in the following safety behaviours: sat down in chair and leaned all the way back, deep breathing, drank from water bottle, called husband for reassurance. The panic symptoms eased after approximately 5 minutes, after which Dee avoided any further activity and had her husband pack away

the vacuum cleaner and chair when he came home. We discussed the role that catastrophic misinterpretations of panic symptoms and safety behaviours are playing in maintaining Dee's panic disorder. We then designed a behavioural experiment to test out the belief that panic symptoms indicate a heart attack may occur.

The instructions for this behavioural experiment are for Dee to vacuum the house and move some furniture tomorrow morning to induce panic symptoms. She is to tolerate them and continue with her planned activities when they reduce. She is not to use any of her safety behaviours to avoid the panic symptoms. Dee is to observe what happens when she experiences her panic symptoms and does not engage in any safety behaviours. We will reflect during the next session on the outcome and what Dee has learnt from conducting the behavioural experiment. The behavioural experiment record form is attached below.

Behavioural Experiment Record Sheet

Date	Target Cognition(s)	%	Experiment	Prediction(s)	Outcome	What I learned	%
	What thought, assumption or belief are you testing? Is there an alternative perspective? Rate belief in cognitions (0-100%).		Design an experiment to test the cognition (e.g. facing a situation you would otherwise avoid, dropping precautions, behaving in a new way)	What do you predict will happen?	What actually happened? What did you observe? How does the outcome fit with your predictions?	What does this mean for your original assumption/belief? How far do you now believe it (0-100%). Does it need to be modified? How?	
25/9	<p>If I have a panic attack I may have a heart attack, collapse and die</p> <p>What if everyone is wrong about it being panic and anxiety</p> <p>Alternate Perspective: They are just panic symptoms and people don't die from panic attacks</p>	70 70 35	<p>Vacuum the house and move some furniture (chairs) around to induce panic symptoms, tolerate symptoms until they go away.</p> <p>Don't sit down, take deep breaths, drink from water bottle, or phone husband for reassurance.</p> <p>Continue with planned tasks once symptoms are gone.</p>	Have a heart attack and collapse (belief rating of likelihood 50%)			

Problems

- ▶ Occasional Skype connection problems, but certainly not frequent enough to be a concern
- ▶ Student feedback: Overwhelmingly positive, anxiety provoking task, but well aware of the benefit in terms of skill development and feedback to improve skills.
- ▶ Occasional complaint of 'artificial nature'...very quickly lost when I'm in role.
- ▶ Possible dangers to the examiner/lecturer....