Clinical Competence: Essential Obligation and Ongoing Activity

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Clinical competence is an essential element and overarching aspect of all that psychologists do in our professional roles. Yet, understanding just what competence is, how to establish or develop it, how to maintain and preserve it, and how to increase or expand it, is not always clear. What typically is easier to determine is when a colleague or trainee is exhibiting insufficient competence. But, how do we determine how much competence is enough? What are the threats to competence that exist and how do we protect against them? These and other important questions about competence are addressed in this brief article that is intended to provide an introduction to this important topic in the hope of stimulating further thought and discussion among colleagues.

What is Competence?

A review of the literature on competence yields a range of working definitions of competence. Yet, despite some wording differences, there is significant consensus on how to define and describe competence. Epstein and Hundert (2002), for example, describe competence stating: “Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community served” (p. 226). Others have described competence more generally as involving possessing knowledge and skills along with the attitudes, values, and judgment needed to implement them effectively (e.g., Haas & Malouf, 2005; Rodolfa et al., 2005).
As Barnett, Doll, Younggren, and Rubin (2007) describe, clinical competence is not an all or nothing phenomenon; one is not either competent or incompetent. Instead, competence should be viewed as existing on a continuum. Additionally, as is highlighted within the APA Ethics Code (APA, 2010) competence is both an enforceable standard with minimal expectations that we must not fall below and an aspirational ideal that can never fully be achieved, but that should guide us in our quest to provide the best possible services to all with whom we interact professionally.

Key issues relevant to clinical competence that each psychologist should be mindful of include that competence must be established and maintained, we must actively work to prevent its deterioration and degradation over time, we should always practice within our scope of competence and take active measures to expand our competence when seeking to work in new areas of practice or with clients with needs outside of our existing competence, and we should be familiar with and follow the relevant aspects of the APA Ethics Code (APA, 2010).

**Elements of Competence**

Psychologists should take a very broad view of the elements that comprise competence. It is important that we not limit our focus to the more technical aspects of competence such as knowledge and skills regarding the application of specific techniques (e.g. CBT for depression). Instead, we must also consider the unique aspects of each individual and how their differences, beliefs, values, and background may influence the presentation and meaning of their mental health difficulties and symptoms and impact how we implement our knowledge and skills. It is vital that we not view multicultural competence as something separate or in addition to clinical competence but as an
essential aspect of it overall. The application of a certain technique in a specific manner may be appropriate and helpful for one client, yet it may be inappropriate and even harmful for another client. In order to competently apply our knowledge and skills (and to successfully address each client’s clinical needs) we should consider all relevant individual differences to include those highlighted in Principle E, Respect for People’s Rights and Dignity, of the APA Ethics Code (APA, 2010).

Knowledge is obtained primarily through formal coursework, continuing education activities, reading of the professional literature, and more informally through interactions with colleagues. Clinical skills are developed primarily through supervised clinical experience, although of course we obtain knowledge from clinical supervisors as well and it is important that knowledge and skills are integrated with each other to be applied effectively.

**Expanding Competence into New Areas**

When expanding our practices into new areas, such as working in new settings, with new types of clients, using new techniques, or working with disorders that are new to us, it is vital that we first go through a process of thoughtful deliberation to determine what steps are necessary to ensure our continued competence. For some changes in practice such as learning to use a newly revised version of a psychological test that we have competently used for years, the actions needed to competently utilize the new version may not be extensive. Depending on the nature of the test and the extent of the revisions it is possible that a one-day or weekend workshop along with focused readings and practicing administering, scoring, and interpreting the test will be sufficient. For other changes in practice such as integrating a new area of practice into your repertoire
the education and training needed may be much more extensive. For example, deciding to add neuropsychological evaluations, forensic evaluations, psychopharmacology consultations, health psychology, etc. to your practice when you previously had not been trained in these areas will require a significant amount of education and training to obtain the necessary knowledge and skills essential to competent practice.

In each of these areas of practice it is clear that formal education as well as supervised practice provided by an experienced colleague with recognized competence in that area of practice are necessary. To determine the extent of the education and training needed it is recommended that this or other expert colleague(s) be consulted with. Additionally, it is essential that any available practice guidelines relevant to the area of practice under consideration be reviewed. These may be found on the APA website at: http://www.apapracticecentral.org/ce/guidelines/index.aspx. These include general guidelines applicable to every psychologist’s practice and needed competence such as the Record Keeping Guidelines and the Guidelines on Multicultural Training, Research, Practice and Organizational Change for Psychologists. Additionally, they include guidelines relevant to specific areas of practice. Examples include APA’s Specialty Guidelines for Forensic Psychology, Guidelines for Child Custody Evaluations in Family Law Proceedings, and Guidelines for Psychological Practice with Older Adults, among others. While guidelines are not enforceable, they are consensus statements from recognized experts in the profession that are endorsed by the APA regarding the requisite knowledge, skills, and experience (among other issues) that a competent professional in that area of practice will possess. Thus, these guidelines can be invaluable in assisting
psychologists to determine the nature and extent of education and training needed to competently work in that area of practice.

**Assessing Our Competence**

When deciding if and when we possess sufficient competence to provide particular services independently it is essential that we not make these determinations on our own. In those situations when we are expanding our competence into new areas, this decision should be made in collaboration with our expert colleague or clinical supervisor. Beyond this, it is important that psychologists remain aware of their levels of competence and be vigilant for signs on impaired functioning. These may arise as a result of lack of practice of particular clinical skills, failure to stay current with the relevant literature, or even the effects of challenges and stresses in one’s life that may adversely impact ones professional competence (Elman & Forrest, 2007; Johnson & Barnett, 2011).

It is important to realize as Johnson, Barnett, Elman, Forrest, and Kaslow (2012) point out, that like other health care professionals, psychologists are very poor at accurately self-assessing. Therefore, while self-monitoring and self-awareness are important for maintaining competence, they are wholly inadequate for preventing the degradation of competence over time. We must establish ongoing relationships with colleagues, either one-on-one through constellations of competence that we develop or in groups such as peer consultation and supervision groups. Further, we must actively utilize these colleagues and openly share about the challenges and stresses we each face, the struggles we experience, and their effects on our functioning. It is also essential that we each provide each other with direct and honest feedback, doing so in an understanding and supportive manner. This will hopefully encourage open sharing with each other about
the challenges we face as well as to help compensate for our own professional blind spots and self-assessment limitations.

**ABPP and Competence: Some Concluding Thoughts**

It will hopefully be clear that merely meeting minimal professional standards is not consistent with the aspirational spirit of striving to establish and maintain the highest possible standards of competence. Psychologists who are board certified through the American Board of Professional Psychology (ABPP) have demonstrated a desire to develop and demonstrate the embodiment of this aspiration. While no one credential can guarantee competence, and as has been highlighted, our competence is always at risk and effort must be expended continually to maintain and enhance it, participation in an assessment of one’s knowledge, clinical skills, and decision making by expert peers goes a long way to promoting the ideal of a lifelong commitment to provide the best possible services.
References


