

Canadian Professional Standard for Counselling and Psychotherapy

Entry-to-Practice Competency Assessment:

A Mixed Methods Exploration of the National Development Process

by

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### **Abstract**

Unlicensed, non-credentialed counsellors pose a substantial risk for harm to those seeking counselling in Canada. Professional associations and legislative bodies in Canada are seeking protection of the public through certification and regulation processes that require evidence of professional competence. I examine and discuss the development process for and reliability and validity measures of a prototype for a Canadian standard entry-to-practice counselling competency assessment. Unique to this study is a focus on process orientation. Using a mixed methods approach, I observe and document the steps used by a pan-Canadian test development team to create a prototype for a valid, reliable, credible, and fair national assessment of counselling competency at the entry-to-practice level. Beginning with the formation of a national competency profile that delineates a scope of practice for the counselling profession, I move through the assessment creation process from conceptual foundations and rationale to assessment blueprint, item writing, beta testing, and strategic checks for validation and reliability. The culmination of this study is a replicable process for the creation of fair, valid, and reliable test instruments for the counselling profession in Canada.

*Keywords:* counsellor competency, assessment, evaluation, mixed methods



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- p. 33, Figure 1: *The Pharmaceutical Journal*, 273/7327, McRobbie, Antoniou, Bates & Davies, Developing and validating a competency framework for advanced pharmacy practice, 2004, p. 790.
- p. 45 Figure 3: *The Lancet*, 357, Assessment of clinical competence, p. 946, 2001.
- p. 58 Table 3: Creswell & Plano Clark, *Designing and conducting mixed methods research*, 2007, p. 126.
- p. 66 Figure 5: Creswell & Plano Clark, *Designing and conducting mixed methods research*, 2007, p. 53.

## Chapter One – Overview of the Study

In most parts of Canada, almost anyone might claim to be a counsellor since there is no standard for limiting the use of the term. This lack of standard is a concern for legitimate, professional counsellors who wish to ensure the integrity of their field of practice and the wellbeing of the public. It is also a concern for legislators who have a responsibility to ensure protection for the public from potential harm. Unlicensed, non-credentialed counsellors<sup>1</sup> pose a substantial risk for harm to those seeking counselling in Canada (Student Services Administrators Association of Manitoba, 2007; Human Resources and Skills Development Canada, 2008; Psychiatric Patient Advocacy Office, 2008; Ramirez, 2007; Bryce, 2007; CBC, 2007). Harm occurs for many reasons related to lack of competence, including negligence, the failure to meet a basic standard, and ethical violations.

The search for legal, ethical, and effective assessment strategies for entry-to-practice level counsellors is becoming more urgent as the profession becomes regulated across Canada. Matters related to health (including mental health and counselling) fall under the jurisprudence of provincial legislators. One of the primary duties assigned to a regulatory college by provincial or territorial legislators is to evaluate the competence of a candidate to practice the profession. The Canadian Counselling and Psychotherapy Association (CCPA) has been very active in supporting the counselling profession and mobility of counsellors across Canada through a variety of projects such as validating a nationwide competency profile for the profession (2006), creating a national definition for the profession and constructing a national framework for a scope of practice (2010). One of

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<sup>1</sup> The term ‘counsellor’ and ‘counselling’ are used herein to represent various counselling/psychotherapy profession titles such as counselling therapist, psychotherapist, clinical counsellor, mental health therapist and the professional acts they commit.

its current projects is to create a prototype for a national competency assessment for the counselling profession. These projects are designed to support emerging regulatory colleges as they work to provide the safeguards required by legislators for regulation of the profession to occur.

Determining competence is a necessary step to licensure that provides a standard of practice to which all licensed professionals must adhere. It is the role of regulatory colleges across the nation to determine competence. There is agreement across Canada (National Symposium on Counsellor Mobility 2008; 2009) that a standardized measure with a credential as evidence is needed to address this important issue. A standardized measure would perform a gate-keeping function that increases the public's ability to discern competence, thereby decreasing the potential for public harm from unlicensed or non-credentialed counsellors (Cane, 2005; Ontario Coalition of Mental Health Professionals, 2007; Task Group for Counsellor Regulation in British Columbia, 2007). It is for this reason that the CCPA has chosen to create a prototype for a national competency assessment using a team of pan-Canadian subject matter experts.

In this study, I take advantage of this singular moment in time. The convergence of increasing movement towards regulation of the profession, the need for competency-based measures by regulatory colleges, and the commitment of the CCPA to support the profession by undertaking an assessment project has resulted in a unique opportunity to study, describe, and learn from the competency assessment development processes of a pan-Canadian team of experts.

I use a mixed methods exploratory sequential design that includes qualitative interviews with key informants and naturalistic observation of the development team

process as it is led by an external facilitator hired by the CCPA. As an international expert in test construction, his strategic leadership with and supervision of the development team is also observed. Finally, I conclude the study with quantitative psychometric measurements of the assessment prototype. Data resulting from the CCPA's beta test of the assessment instrument is analyzed to determine the degree to which the development processes have resulted in a fair, valid, and reliable competency-based assessment instrument.

In addition to a standardized assessment instrument, there is also a pressing need to provide counsellor-educators, examination developers, and the counselling profession with an assessment development framework that encourages fair, valid, and reliable measures of counsellor competency at a variety of levels. For instance, use of a competency-based assessment framework for the instruction and evaluation of counsellor-candidates in post-secondary institutions may assist in formative and summative assessments that align to professional requirements. At the level of personal self-growth, self-assessment tools that are competency-based permit effective self-reflection and increased knowledge of professional suitability.

By revealing the step-by-step processes used for developing a national prototype for a Canadian counselling/psychotherapy competency assessment and providing a description of its underpinnings and outcomes, the processes may be replicated to create other measures of competence that ultimately enhance confidence in discerning counselling competency levels. Other counselling-related professions or professions that share a regulatory history may also benefit from a process-oriented study of competency-based assessment development.

**Background**

The regulation of a health-related profession such as counselling is a provincial and territorial matter. There are two types of regulatory acts that protect the public from potential harm: (1) reserved or controlled acts, and (2) title protection. Both regulations use an identified scope of practice as one of their prerequisites for consideration. In the case of reserved or controlled acts, only individuals in regulated professions with specific competencies and/or credentials may undertake certain activities. An example of a controlled act is human surgery. Only doctors with appropriate medical degree requirements who are in good standing with their provincial College of Physicians and Surgeons may practice surgery on human beings. In the case of title protection, only those individuals in regulated professions who hold appropriate competencies and/or credentials may use the specific professional title. An example of a profession with title protection is dental hygiene. Only professionals with appropriate dental hygiene diploma requirements and who are in good standing with their provincial College of Dental Hygienists may call themselves dental hygienists.

In terms of counselling and psychotherapy, both title protection and controlled acts currently exist in Quebec and Ontario. Title protection is in place in Nova Scotia. In 2009, Quebec added psychotherapy as a controlled act to its 1963 title protection of “conseilleur d’orientation” in the province. Other jurisdictions of Canada are seeking provincial regulation of the counselling profession in the form of title protection. Affecting the development of a scope of practice for provincial title protection legislation is a national agreement, the *Agreement on Internal Trade (AIT)* (2003, 2009). The *AIT* recognizes regulated professions in Canada for the purposes of mobility of labour (Chapter 7). Its

focus is on the automatic recognition of the competence of licensed, certified or regulated workers from other jurisdictions (Article 707: Licensing, Certification, and Registration of Workers). The protection of the public from potential harm through the regulatory process of title protection combined with the mobility of labour chapter in AIT provides an important backdrop to the development and use of entry-to-practice competency profiles and competency assessments in Canada.

Between 2006 and 2008 two Canadian provinces, British Columbia and Ontario, each developed competency profiles for the counselling and psychotherapy profession to meet the first prerequisite for regulation in those provinces. At present, the competency profile created in British Columbia has been validated by five different professional groups in five Canadian provinces (British Columbia, Ontario, New Brunswick, Nova Scotia, and Prince Edward Island). The profile created in Ontario has been validated in the province of Ontario. A second iteration of the Ontario profile that replicated the development process of 2008 was created and validated in 2011. The competency profiles have been adopted by broadly based working committees of experienced counsellors, therapists and educators.

The Canadian Counselling Association (January, 2009) expressed the importance of broad, multi-dimensional approaches in counsellor competency profile development:

Since the regulation of professions is a provincial responsibility, there is likely to be diversity with respect to various components of regulatory legislation as it develops. Without a national dialogue and inter-provincial consultations we can anticipate some significant differences with respect to such core features as professional title, scope of practice, controlled or restricted acts, entry requirements, code of ethics, and professional standards of practice. (p. 6)



To address this concern, a national task force (the Inter-Provincial Mobility for the Counselling Profession Working Group) was struck by the Canadian Counselling Association (now the Canadian Counselling and Psychotherapy Association) to investigate resources, processes, and artifacts supportive of a national perspective for the counselling profession. Members of this task force were recruited from each Canadian province and territory. The results of their investigation were shared nationally to encourage open dialogue, informed decision-making, and consistent core features of regulatory standards across the country. Four national symposia on the mobility of the counselling profession to support ongoing dialogue and consultation on the matter have been held between 2006 and the present day.

Like many other professionals such as psychologists, doctors, nurses, and social workers who sought and successfully achieved regulatory protection, the counselling profession must first identify a unique and specific scope of practice and the competencies within it. Based on regulatory requirements across Canada, this action must be followed by a strategy that identifies those individuals who hold professional competence within the specified scope of practice. The strategy commonly used by other regulated professions is a large-scale gate-keeping assessment tool. The current regulatory colleges in Canada (Quebec, Ontario, and Nova Scotia) and emerging colleges (British Columbia, Prince Edward Island, and New Brunswick) have expressed interest in the creation of a national assessment of counsellor competency that focuses on the entry-to-practice level. The CCPA has undertaken the development of a prototype for this assessment using a pan-Canadian development team. The outcomes of this development team's work may address

the current lack of a national entry-to-practice standard assessment tool. Their development process is the focus of this study.

### **Purpose**

This mixed methods exploratory sequential design describes the developmental processes leading up to and ultimately used by the CCPA in its attempts to develop a fair, valid and reliable assessment of counsellor competency at the entry-to-practice level for use by regulatory colleges and certifying associations to determine the preparedness of counsellor candidates to begin independent practice. Specifically, it strives to describe

- Similarities and differences among current developmental processes for competency profile creation, the essential foundation for an assessment blueprint;
- Similarities and differences among current developmental processes used in the United States and the United Kingdom to develop competency assessments similar to the Canadian assessment prototype;
- The degree to which the Canadian assessment development team processes result in a fair, valid and reliable assessment tool.

At the conclusion of this study, I provide the Canadian Counselling and Psychotherapy Association with data to inform its current direction in creating a national standard entry-to-practice national assessment. I do so by describing how the counselling competencies that form the foundation of the assessment prototype are identified and how they are used in the assessment development process. I then describe the assessment development processes used by experts in the United States and the United Kingdom. Subsequently, I focus on the prototype creation processes used by a pan-Canadian national assessment development team, from which I collected observational data. This observation forms a

baseline description of the Canadian process to analyze how it is similar to or different from the processes used by the US and UK undertaking the same task. Finally, I determine the degree to which the Canadian development team processes result in a fair, valid, credible, and reliable test instrument by undertaking psychometric analyses of the prototype.

### **Organization of the Study**

The study is framed by two phases of research. Phase 1 is a qualitative exploration with 3 parts. Part 1 is an exploration of how the competencies that form the foundation of the assessment prototype are identified. Part 2 explores how competency profiles have been used in the assessment development process in the United States and the United Kingdom to form their national counsellor assessment tools. These data are used in part to create a baseline of common practice for the study of the Canadian national assessment development team. Part 3 focuses on the prototype creation processes used by a pan-Canadian national assessment development team, from which observational data was collected.

The second, quantitative phase of the study follows up on the qualitative phase to determine the degree to which the Canadian development team processes result in a fair, valid, credible, and reliable test instrument. In the quantitative phase, psychometric analyses are conducted on the prototype. Specific quantitative research questions or hypotheses were formulated after the completion of the initial qualitative phase. The reason for collecting qualitative data initially was that there were currently no Canadian assessment tools available for detecting counsellor competence, and a replicable process for creating a fair, valid and reliable assessment tool was required.

**Rationale/Significance of the Study**

Short term effects of this study include: increased awareness of the need for competency assessment; increased awareness of counselling standards; and a prototype for a bilingual assessment tool for use by regulators and certifying associations in Canada. These short term effects are particularly salient at this point in the history of the regulation of the counselling profession in Canada. As momentum for regulation increases, evolving regulatory colleges across the country are seeking a measure of competency that addresses the requirements of the *Agreement on Internal Trade* (AIT). In non-regulated provinces and territories, certifying Associations are seeking a standardized measure that allows freedom of professional mobility. The changing demographics in Canada in the 21<sup>st</sup> century also attest to the need for a competency measure for foreign-trained or alternatively-trained counselling professionals. Lastly, and most importantly, the public requires a method of discerning competent professional support to decrease the potential for harm.

The potential long term effects of this study include: the acceleration of counsellor regulation in Canada; increased attention to competency measures among counselling service providers; a national standard that supports professional mobility within and beyond Canada, and an ongoing, reduced potential for public harm. Over time, as replications of development processes occur, and as the prototype for the national competency assessment is refined, there is a strong likelihood that impediments to regulation and professional mobility may ease, and the formal and widespread recognition of the counselling profession as an essential contributor to the continuum of mental health service provision in Canada may result.

A clear and detailed description of this competency assessment development process is also helpful to other professions seeking regulation, since the requirements for regulatory colleges remain constant across professions. Additionally, this study may be of assistance to the Canadian Counselling and Psychotherapy Association and other counselling-related associations, counsellor-educators and other academics by adding to a very limited body of literature that addresses development processes for competency-based profiles and assessments.

### **Definition of Terms**

Throughout this study, the term counsellor is used consistently to reflect a variety of titles commonly used in the profession of counselling and psychotherapy. The generic term *counsellor* should be regarded as inclusive of such terms as *psychotherapist*, *counselling therapist*, *clinical counsellor*, and *mental health therapist*. Provincial and territorial legislative considerations direct the specific professional title designation. These professional designations relate to job titles such as: mental health counsellor, addictions counsellor, marital and family counsellor, and career counsellor. Modalities for counselling practice such as art therapy, group counselling, individual counselling, pastoral counselling, and crisis counselling are all subsumed under the term *counselling* in this study.

Other terms that benefit from definition include *competency profile* and *proficiency scale*. A competency profile is a framework that describes areas of professional knowledge, skills, or attributes. A proficiency scale is an evaluative rubric that describes the degree to which an individual possesses knowledge, skills and attributes within the professional areas. These terms are defined more precisely throughout the study.

**Limitations**

This study of development processes for a national competency assessment for the counselling profession is limited by the relatively few Canadian counsellors engaged in the activity and the very early stages of regulation of the profession. No previous research has been published that describes the grassroots competency development model being used by counsellors in Canada, nor any emerging processes for the development of a fair, valid and reliable measure of competency in the country. Related research found in human resources literature on competency modelling tends to focus on proficiency scales rather than competency profiles. Research on measures of counselling skills tend to focus on small-scale, micro-skill areas and is therefore not comparable to the more in-depth and broader assessment of professional competency that is studied herein.

Qualitative data in this study are derived from three finite sources of subject matter experts currently involved in competency and/or assessment development. Particularly restricted is the sample pool for the naturalistic observation of test development processes (Phase 1, Part 3). This pool is restricted to participants who volunteered to be members for the first assessment development team in Canada and their facilitator. While the team members represented the provinces and territories of Canada and multiple counselling modalities, the sample size was still quite small. To reduce the threat this may pose to validity, data collection was restricted to the group process without individual interaction or interviewing and was not the sole source of data for process descriptions. The data were used in combination with key informant interviews and other qualitative data gathered from competency development teams. The veracity of the development team's work and its

representativeness also were measured in part by the degree to which the test instrument was later found, through psychometric measurements, to be fair, valid, and reliable.

Quantitative data were derived from the beta testing process constructed and administered by the CCPA. Although the sample was broad and spanned a variety of geographic areas of Canada, multiple educational backgrounds, and a variety of counselling and psychotherapy modalities, the sample size was small ( $n = 55$ ). This may have affected results on the beta test of the assessment prototype.

Other limitations include the current political climate in many of the jurisdictions related to regulation of the profession. Much of the competency indicator content, while available to researchers, remains unpublished until the conclusion of the consultation phases of the regulatory process. Additionally, there have been recent changes in the *Agreement on Internal Trade* in Canada (2008) that relate directly to the mobility of professionals within the nation through the identification of nationally-accepted occupational requirements. Both of these political events may lead to changes in subsequent profile development plans and to plans for a national gate-keeping assessment for competency at the entry-to-practice level.

### **Delimitations**

The delimitations of this study were designed to narrow the focus of research to the counselling profession only and to describe their development processes only. No consideration was given to other counselling-related professions that had a history of regulation in most provinces and territories, such as psychology. This study was confined in scope to the actions of a pan-Canadian team of subject matter experts (SMEs) for a period of 6 months as they began to create a national assessment tool. This process has

never before been attempted in Canada for the counselling profession and therefore lacks historical precedent.

Although the profession of psychology holds the closest model of a related examination at the entry-to-practice level in Canada, the Examination for the Professional Practice in Psychology (EPPP), which has been in existence in the United States for almost half a century, does not test for competence. For the counselling profession, it offers little in the way of guidance for effective testing for competence since its focus is on testing at the knowledge level of Miller's (1990) assessment pyramid, using isolated recall of facts through multiple choice questions only. Additionally, there are no available publications that divulge the development process for the EPPP.

This study was also confined solely to the competency profile and assessment development processes and their purposes. Except for psychometric measures to detect content validity of the assessment prototype, no consideration was given to matters related to the content of the competency profile or the assessment prototype or to the content of any research conducted by the development team. This delimitation was required to streamline the research and control for content-related variables.

Additionally, no part of the study addressed any connections between the experiential and academic breadth and depth of the development team members and their facilitator to the outcome of their work. The study focused solely on process descriptions and the degree to which the outcomes of the processes were fair, valid and reliable.

Also beyond the scope of this study was research into areas related to competency profile content, and linkages between competency profile content and regulatory standards.



Also excluded from this study was the connection between competency profile content and the content of counsellor education programs.

Although this study included a focus on the vital linkage between competency profile indicator development and an assessment development strategy that fairly, reliably, and validly determines a candidate's entry-to-practice knowledge, skills and attributes, a comparative analysis of existing assessment strategies in related professions with an international scope was not included. Further additional studies are needed to fully determine next steps in the use of entry-to-practice counsellor competency profiles and assessment tools in Canada's provinces and territories and whether adjustments to the development processes are indicated.

### **Objectives and Research Question**

Four objectives of this mixed method research study are to: (1) describe how a competency profile is developed; (2) document assessment development processes in the US and UK and analyze them for efficiencies and convergence; (3) describe the work of the Canadian development team clearly enough for their processes to be replicable; and (4) analyze whether the resulting assessment instrument is fair, valid and reliable. More specifically, in this study I aim to answer the overarching research question of whether or not a national entry-to-practice assessment tool be created that: (a) is the basis for an assessment that is fair, valid, and reliable for discerning the competence of counsellors in Canada, (b) provides a national standard and (c) determines the foundation for a national regulatory standard of counselling measure that contributes to the protection of the public from harm.

### **Conceptual Framework of the Study**

For me, the pragmatic worldview provides a common-sense approach that encompasses several approaches. A pragmatic worldview permits the selection of any or all available approaches to fully understand the research problem. The contexts of social, historical and political life may be taken into account by pragmatists. “Pragmatism opens the door to multiple methods, different worldviews, and different assumptions, as well as different forms of data collection and analysis” (Creswell, 2009, p. 11). In the case of this descriptive exploration of development processes to create a national assessment of counsellor competency through a pragmatic lens, research focuses on any or all perceived components of the process from the perspective of the public-at-large, the observer, the client and/or the professional.

Of particular importance in the specific area of counselling process research is the consideration of current and prevalent expert opinions. According to Heppner, Kivlighan and Wampold (1999), “there is a growing consensus within (and outside) the field of counselling that the discipline is strengthened when alternative designs are used (see, for example, Gelso, 1979; Harmon, 1982; Kazdin, 1978; Polkinghorne, 1984)” (p. 53). Considering this consensus and the lack of clarity in defining counselling skills, knowledge and attributes, a mixed methods exploratory research strategy was utilized for two reasons. This strategy allows for both quantitative and qualitative strategies and is particularly well suited to subjects that have multiple variables that cannot be controlled, that have unknown variables, or that have no substantive theory or guiding framework (Creswell, 1999; Creswell et al., 2004). Creswell’s description aptly articulates the current status of knowledge pertaining to the counselling profession. Correlating quantitative and qualitative

results reduced the potential for single data source bias and had the potential to increase generalizability. While there are both strengths and challenges to this strategy, many of the criticisms of single method approaches and single data source limitations have been addressed.

## **Chapter Two – Foundational Knowledge**

The context within which a national assessment for Canadian counsellor competence at the entry-to-practice level is framed is one of professional regulation. One of the government requirements of regulatory colleges is to assess the competence of candidates for entry to the profession. The foundation for conceptualizing such an assessment requires a clear role delineation or analysis of the profession of counselling. Known as a competency profile, this itemized listing of the breadth and depth of counselling-related knowledge, skills, and attributes functions as a minimal standard of practice that protects the public from harm. It is the basis upon which the validity, reliability, credibility, and usefulness of a national assessment is judged. For this reason, three reviews of literature were required for this exploration of the national assessment development process. The first review focused on literature that challenges the concept of professional regulation and a discussion of the risk/benefit ratio for the counselling profession. The second review of literature was related to competency profile development processes. The third literature review focused on assessment strategies for the act of counselling.

### **Literature Review for the Definition of Professions and Regulation**

Almost a century ago, Abraham Flexner (1915) posited that “there are certain objective standards that can be formulated” to determine whether an occupation is a profession. These standards for professionalism, according to Flexner, involve the following conditions: 1) activities are essentially intellectual; 2) large discretionary powers and responsibilities are required; 3) there is a definite and practical purpose; 3) techniques are communicable through an orderly and specialized educational discipline; 4)

membership is organized exclusively, based on competence, and 5) the aims of the organization are partly altruistic. While much has changed since Flexner's definition, much has also remained the same, giving rise to controversy and criticism from feminists and skeptics alike (Beardwood, 1999; Clegg, 1999; Noddings, 1990).

The counselling profession has been seeking professional status through legislative regulation from 1963 (Quebec) to the present day (Ontario, Nova Scotia, British Columbia, PEI, New Brunswick). The impetus behind the search for and achievement of regulation is based on enhancing the public's ability to discern competent practitioners, thereby decreasing the potential for public harm from unlicensed or non-credentialed counsellors (Cane, 2005; Ontario Coalition of Mental Health Professionals, 2007; Task Group for Counsellor Regulation in British Columbia, 2007). It is clear that those who seek regulation of counselling as a health profession recognize it to be advantageous to the public, but it is simultaneously advantageous for the viability of those employed in the occupation. Regulated professions achieve a status that permits a variety of perks including increased public awareness, the potential for access to third party billing, reduced liability insurance fees, and exemption from Harmonized Sales Tax and/or Goods and Services Tax (HST/GST). Because regulation creates legislative and public recognition of the regulated occupation as a profession, the ease of labour mobility across the country is enhanced, through the *Agreement on Internal Trade (AIT, Chapter 7)*. There are, however, contradictory opinions regarding regulation, particularly in the health professions. Among them is a sense of dilution of professionalism and member control through the increase in the number of regulated professions, the intervention of government rules, and shifts in the

risk-benefit ratio of regulation for those in the occupation and those who receive services from that occupation.

Barbara Beardwood (1999) described the risk/benefit equation in this way: “Self-regulation is a bargain between the state and the health profession in that it confers legitimacy and consequent socio-economic status in exchange for regulation to protect the public interest” (p. 319). She asserted that “the concept of ‘profession’ has also been reconstructed.... Professional status conferred by the province has little relationship to that held by traditional professions in the nineteenth century” (p. 335). Unlike Flexner’s observations of professions in 1915, professions are now subject to more public scrutiny and governmental oversight, and the element of economic monopoly has decreased due to overlapping scopes of practice by an increasing number of health-related professions (HPRAC 1996c; RHPA 1991; Sky, 1995 in Beardwood, 1990).

This point of view is diametrically opposed to that of Smith (1987) who stated that, “the organization of professional knowledge is more than a guarantee of standards, more than a monopoly of knowledge and skill, it is a monopolization of control within a dominant class” (in Noddings, 1990, p. 394). In terms of the counselling profession seeking regulation, this point of view would challenge the altruistic stance of regulation for the protection of the public from harm. Smith would have it that by becoming regulated, the counselling profession would step into an hierarchical structure that excludes entry to many, reduces access to education to some, and controls the actions of all through governmental rules and protocols.

Sue Clegg (1999), in her consideration of the intersection of professional education, reflective practice and feminism, came to the same conclusion as Smith. She referred to

Willmott (1995) who argued that “the meaning of ‘professionalism’ is recast as it shifts from the exercise of self-regulation and collegial judgement to the effective implementation of a system that technocrats external to the institution have deemed to be more rational for achieving its goals” (Willmott, 1995 in Clegg, 1999, p. 172). Clegg continued this thought with “Reflective practice, often accompanied by accreditation, has therefore developed under circumstances that severely circumscribe the empowerment of the individual practitioner” (Clegg, 1999, p. 172).

These challenges to the professionalization of occupations that link to anticipated criticisms of the regulation of counselling form a double bind. Counsellors value reflection, caring, and social justice as tenets of their practice and find themselves confounded by regulation that reduces the opportunities for such foci. Without regulation, the same counsellors find themselves in the untenable situation of being unrecognized or misunderstood as mental health supports for the public and powerless to prevent untrained individuals from potentially harming the public or, in some cases, powerless to maintain their counselling practice for economic reasons.

This situation can be seen most readily in the realms of nursing, education, and social work, as well. In these cases, the professions hold caring in high esteem. Not surprisingly then, much of the debate has roots in feminist theory, not so much because these occupations have been attractive historically to women, but because issues of social justice and the redistribution of power transect the risk/benefit ratio in nursing, education, and social work when they are regulated. Rhodes (1988 as cited in Noddings, 1990) clarified this situation aptly.

Concerns about care, context, cooperation, and relationships historically associated with women have been undervalued in professional cultures, and changes in that value structure need to begin in professional school and continue in professional organizations (pp. 1205-1206).

The profession of nursing is particularly instructive to the counselling profession. Its history contains many of the key elements similarly contained in counselling. A major difference that must be emphasized, however, is that counsellors function independently whereas nurses generally work subordinate to physicians' or surgeons' directions. As an occupation that faces direct dominance by physicians and surgeons, it holds many similarities to counsellors who face a public perception of dominance by the medical profession in the form of psychiatrists, and long-established regulated professions such as psychologists. In fact, the public perception is inaccurate. Unlike nurses, the counselling profession does not have an hierarchical relationship with the medical profession or with psychologists. Rather, counsellors work independently and autonomously. It is the historical dominance of these professions that have contributed to the public's misperception. In fact, it is within the context of the continuum of care for the public that counsellors work with these other mentioned professionals. To use the medical model as an example, a family physician may refer a patient to a surgeon because the presenting issue for the patient is appendicitis and surgery is the best avenue for resolution of the difficulty. This does not imply a dominant or subordinate relationship between the two medical professionals. Rather, it implies a continuum of treatment based on the needs of the patient. Similarly, a counsellor may refer a client to a psychologist or psychiatrist because the



presenting issue for the client is best served by the specific skill set of the other professionals.

The public misperception that the counselling profession is subordinate to the medical profession speaks to the power and control that the medical profession has held for centuries. This misperception is paradoxical to female counsellors and male counsellors alike. On the one hand, the profession seeks regulation that will control the scope and standard of practice to reduce the potential for untrained individuals to do public harm to vulnerable people. On the other hand, this regulation will create an exclusive membership that belies the social justice stance of the profession. Noddings (1990) confirmed this point in her discussion of feminist critiques. She stated,

The paradox...illustrates the depth and extent of domination in our social structures. Just as men have dominated, and still dominate, women, so the wealthy and better educated dominate the poor and less educated. Hierarchical structures serve the continuance of domination, and thus hierarchy has become a target of feminist reform efforts (p. 396).

Given the double bind of regulation for the profession of counselling, it is important to return to the concept of risk/benefit ratio. In Canada, the regulation of health professions is under provincial jurisdiction. With three provinces currently regulating the profession and three more provinces poised to do so, there is an imminent risk of variable standards between the regulatory colleges. Variability based on cultural or contextual factors unique to the provincial setting is requisite; however, having a core foundation for the standard and scope of practice that is as inclusive as possible without negatively affecting the protection of the public from harm is one strategy to begin to balance the double bind of

regulation. Enshrining the core foundational pieces of the counselling profession by the professionals being affected by regulation is a starting point in rebalancing the risk/benefit ratio. By doing so, the dominance of power by governance structures held by politicians rather than counselling professions is reduced. These core foundational pieces are currently being created through professional consensus processes in the form of competency profiles for the counselling profession, a national assessment for entry-to-practice in the profession, and national definitions of counselling and frameworks for scope of practice and code of ethics. While these foundational pieces begin to address some of the challenges brought to bear on professional regulation, there remains substantial criticism particularly in relation to social position/status and government oversight.

### **Literature Review for Competency Profile Development Processes**

It is important to note that this literature review is confined to publications related to procedures for the development of competency profiles or proficiency scales. Although competency profiles differ from proficiency scales, the development processes for each are similar. The procedures for developing competency profiles are designed to describe areas of professional knowledge, skills, or attributes. The outcome of the development process for proficiency scales is an evaluative rubric that describes the degree to which an individual possesses knowledge, skills and attributes within the professional areas.

The literature reveals an interesting historic shift in the use of competency scales. As early as 1973, McClelland (in Watson, Stimpson, Topping & Porock, 2002) found that vocations and other non-professional occupations that did not require academic rigour were the subject of competency skills testing. The skills testing would likely have required a scale or checklist, although this is not mentioned by McClelland. Neither is there mention

of alignment of any testing procedure to the scale or checklist, something that is mentioned in Chapter 1 as necessary for the counselling profession. Although professions and governments now fully embrace the concept of competence and proficiency scales as valid methods of detecting suitability, it remains contentious (Eraut, 1994; Watson, 2001; in Watson, Stimpson, Topping & Porock, 2002). For instance, clinical competence in nursing is perceived by some to be in conflict with academic rigour. “An argument regularly aired is that all that is required to be a nurse is a good heart and that the educational preparation of nurses – especially in universities – is an unnecessary burden” (Watson, 2001 in Watson, Stimpson, Topping & Porock, 2002). This is a similar perspective to many untrained counsellors who take the position that there are no academic underpinnings required for competent practice. As recently as 2009, discussions related to competency profiles versus credentialing diplomas occurred at national conferences for counselling (CCA, 2008; CCPA, 2009; CCPA, 2010). Despite the varying points of view, the 2009 *Agreement on Internal Trade (AIT)* requires regulatory colleges in Canada to base their entrance requirements on competencies rather than credentials. It is for this reason that the development processes for competency profiles and their outcomes are vital to the counselling profession.

In 2002, a systematic review of the literature as it relates to clinical competence assessment in nursing was conducted by Watson, Stimpson, Topping, and Porock. While this review does not focus on competency scale development in nursing, it does reveal a similar gap in research identified by the current study. After consulting 13 databases, the authors of the 2002 study identified only 245 papers, of which only 212 were relevant to their study. Their findings were that “the majority of papers were concerned with

assessment of competence (35) and a small number were concerned with the tensions between competence assessment and education (8)...The majority of papers fell into the uncertain category (22)” (p. 425). The authors reached the conclusion that there was no method that had been identified in the literature to study nursing competence.

Unlike literature related to the counselling profession, the nursing profession has a limited body of literature related to job analyses and proficiency scales (Benner, 2004). The current study seeks to address this gap that was first identified by the Inter-provincial Mobility for the Counselling Profession Working Group (2009). It is this group that seeks resources, processes and artifacts supportive of counselling as a regulated profession to enhance the mobility of members of the profession.

The key components of the current literature review are restricted to locating an explicit development plan for competency profiles. While many samples of proficiency scales and maps of professions are available, the processes used to construct them are relatively absent. In terms of processes for development, DACUM, Spencer and Spencer, and Whiddett and Hollyforde represent the three basic models related to proficiency scale development. Whether one or more of these three development strategies is used for the many samples of published proficiency scales remains unknown.

Similar to the extensive review by Watson, Stimpson, Topping, and Porock in 2002, no specific development models for creating competency profiles were found during an extensive literature review in 2010. Using the database search engines for EBSCOHost and PsycInfo, a respective total of 7,104 and 112,187 entries resulted from a search of the keywords: counselling, psychotherapy, competency, assessment, and evaluation. These

search engines were selected based on their primary function of providing relevant studies related to areas including social sciences and health.

Of the total retrieved studies, no results from EBSCOHost or from PsycInfo directly related to the process of competency scale development for counsellor competency. There were, however, 149 peer-reviewed journal articles that were somewhat related to competency assessment. Generally derived from nursing research sources, these articles discussed competency-based evaluation of proficiency and provided limited insight into the background of competency scales. They did not provide information on the development process for either competency or proficiency scale creation, a process required to produce a competency profile for use by regulatory colleges for the counselling profession across Canada.

One pivotal example in the literature of a proficiency scale is a content-based study describing the Dreyfus model of skill acquisition. The model, as described by Patricia Benner (2004) in relation to clinical nursing practice, is helpful to separate proficiency levels from competency areas. The Dreyfus model is a product that shows the generic knowledge, skills, and attributes of entry-to-practice or novice practitioners and distinguishes them from those of (often specialized) experienced, advanced, or expert practitioners.

Benner stated, “The Dreyfus model is developmental, based on situated performance and experiential learning...because the practice is complex, varied, and undetermined....Good practice requires...skilful ethical comportment as a practitioner and...good clinical judgment...(that is translated) into the particular practice situation” (p. 188-189). While the model appears to have similarities to a competency profile, it is

important to clarify the important distinction between the purposes of the competency profile development work and the purposes of proficiency scale development work. Table 1 illustrates the relation of a competency profile framework to a proficiency scale. The Static Profile table and the first column of the Developmental Process table are based on The British Columbia National Entry-to-Practice Competency Profile for Counselling Therapists (2006). The Proficient, Advanced, Expert designations and descriptors in the development process table are based on the work of Patricia Benner (2004).

Table 1: Relation of Counsellor Competency Profile Framework to Proficiency Scale

COMPETENCY: STATIC PROFILE

GENERAL (Counsellor Competency Profile)	SPECIALIZED (sample) (Entry-to-Practice competencies plus competencies specific to modality of counselling or therapy)			
Entry to Practice	Marital/Family Therapy	Creative Arts Therapy	Pastoral Counselling	Clinical Counselling
Competency Area 1 - Foundational Principles	Competency Areas	Competency Areas	Competency Areas	Competency Areas
Competency Area 2 - Collegial Relationships	(descriptors of knowledge, skills, and attributes specific to unique modality of counselling or therapy)	(descriptors of knowledge, skills, and attributes specific to unique modality of counselling or therapy)	(descriptors of knowledge, skills, and attributes specific to unique modality of counselling or therapy)	(descriptors of knowledge, skills, and attributes specific to unique modality of counselling or therapy)
Competency Area 3 – Professional Practice and Ethics				
Competency Area 4 - Counselling Process				
Competency Area 5 - Applied Research				

PROFICIENCY: DEVELOPMENTAL PROCESS

ENTRY TO PRACTICE (NOVICE)	PROFICIENT	ADVANCED	EXPERT
<ul style="list-style-type: none"> <li>- recognizes and addresses routine situations in a manner consistent with generally accepted standards in the profession without supervision or direction within a reasonable timeframe</li> <li>- selects and applies competencies in an informed manner</li> <li>- anticipates outcomes and responds appropriately</li> <li>- recognizes unusual, difficult to resolve and complex situations and seeks ethical solutions within standards of practice including referring the client, reviewing research literature, consultation or supervision</li> </ul>	<ul style="list-style-type: none"> <li>- perceives and separates routine situations and their solutions from unique situations requiring adaptations or specialized skills</li> <li>- uses a combination of experiential learning and research literature to enhance effective decision-making and treatment</li> <li>- anticipates outcomes and adjusts treatment plan based on unique needs of the client</li> </ul>	<ul style="list-style-type: none"> <li>- nuanced understanding of clinical situations</li> <li>- decision-making and treatment flow effectively</li> <li>- perceives and separates important aspects of situations and addresses them effectively</li> <li>- resolves difficult and complex situations</li> <li>- uses experiential knowledge, theories, and perception to guide treatment</li> </ul>	<ul style="list-style-type: none"> <li>- leader in specialized field</li> <li>- contributes to advancement of profession</li> <li>- uses theories and practical experience in multiple ways to create advances in treatment or solutions to new situations</li> </ul>

The proficiency scale clarifies a practitioner's developmental process of increasing degrees of proficiency. The competency profile is a static table that indicates entry-to-practice areas in which proficiency may be detected. The value of Benner's scale is in its ability to clarify complex entry-to-practice or novice skill sets. The counselling profession requires an equally complex set of knowledge, skills, and attributes in the content of its competency profile at the entry-to-practice level.

Bridging the literature related to proficiency scales and literature focused on scale development processes are articles describing competency-based training guides. Michael Eraut (1998) provides a pertinent example. Although the limit of his discussion of process was restricted to a single comment: "The process is mainly organisation-specific", he provides a good description of job analysis by McMahon & Carter (1990, p. 131).

A job analysis is an investigation into the current job (what is?) and the future job (what ought to be?). A job analysis breaks the job down into a series of activities and analyses the relationship between each of the activities in the job. These activities are in turn broken down to duties and tasks (and sub-tasks where appropriate).

The British Columbia Counselling Therapist Competency Profile (2006) provides a specific counselling competency profile at the entry-to-practice level, which may be perceived as a job analysis of the counselling profession. The Profile, however, is a stand-alone product and does not provide details related to its development process. The preface to the Profile indicates that, "this Profile (is) a tool that can be used to evaluate the learning outcomes of counsellor education programs, thereby determining the eligibility of their graduates for licensure" (p. 2). While the Profile increases awareness of the need for



competency indicators and standards, it falls short of describing how the competency profile might be used for evaluative purposes.

As the momentum for regulation of the counselling profession gains speed, the need for developmental processes with which to create competency profiles for the profession and for established strategies to use them as foundational building blocks for appropriate assessments that detect the competence of counsellor-candidates wishing entry to the profession becomes more urgent.

The review of the literature provides only three basic models that relate to proficiency scale development that appear commonly. Proficiency scales are typically developed using a curriculum focus or a human resources lens. The DACUM approach that was first used in Canada in 1968 and remains in use with multiple adaptations (Norton, 1997), the “classic” method (Spencer & Spencer, 1993), and the building block and cluster strategy created by Whiddett and Hollyforde (2003) are representative of current practice in creating proficiency scales for a variety of settings.

**DACUM model.** The DACUM approach has its roots in 1968 as a strategy used in occupational analysis for the purpose of creating training curricula. Over time, adaptations have been made to the model based on changes in knowledge about learning, teaching, the advent of new occupations, and the commonplace use of new technologies. For the purposes of this study, the DACUM model as described by Dubois and Rothwell (2000) was used.

The DACUM approach uses a facilitator who directs teams of five to twelve experienced workers (and sometimes employers or supervisors as well) to clearly and fully define the activities related to their job. The DACUM map, the result of this facilitated

activity, is a series of job roles and requirements that moves from general tasks to more specific tasks for the purpose of creating an appropriate curriculum design to ensure proficiency as its outcome. DACUM does not include in its purpose a functional analysis of knowledge, skills and attributes. Descriptions of the DACUM process by Dubois and Rothwell are clarified in a step-by-step toolkit. The steps however, are focused on the business world and human resources management, leaving many of the steps irrelevant to the development process for a profile of a profession. In the preliminary steps, for instance, Dubois and Rothwell stated, “When competencies are aligned with job tasks...the user can more fully understand how each competency relates to the task and how important it is to performance” (p. I-6). While this linkage would not be applicable to the development of counselling competency profiles, its underlying intention of clarifying the performance indicators is helpful. Also of value to the development of a counselling competency profile is a step of the DACUM process referred to as “Performance Diagnosis Activity” which is designed to raise awareness of performance barriers. According to Dubois and Rothwell (2000) the strategy includes the following actions, “Assemble the respondents and ask them to prioritize the issue items on the list...Once unimportant items have been culled from the list...share the results with management for action” (p. I-8). The intentionality of this process has validity in reaching consensus by development teams creating competency indicators in preparation for the competency profile.

**Spencer and Spencer model.** Unlike DACUM, the Spencer and Spencer model (1993) does not have curriculum in mind when defining roles and requirements. The model is the original design for the development of a scale that describes levels of professional proficiency. Spencer and Spencer’s design is a three stage process that begins with analysis

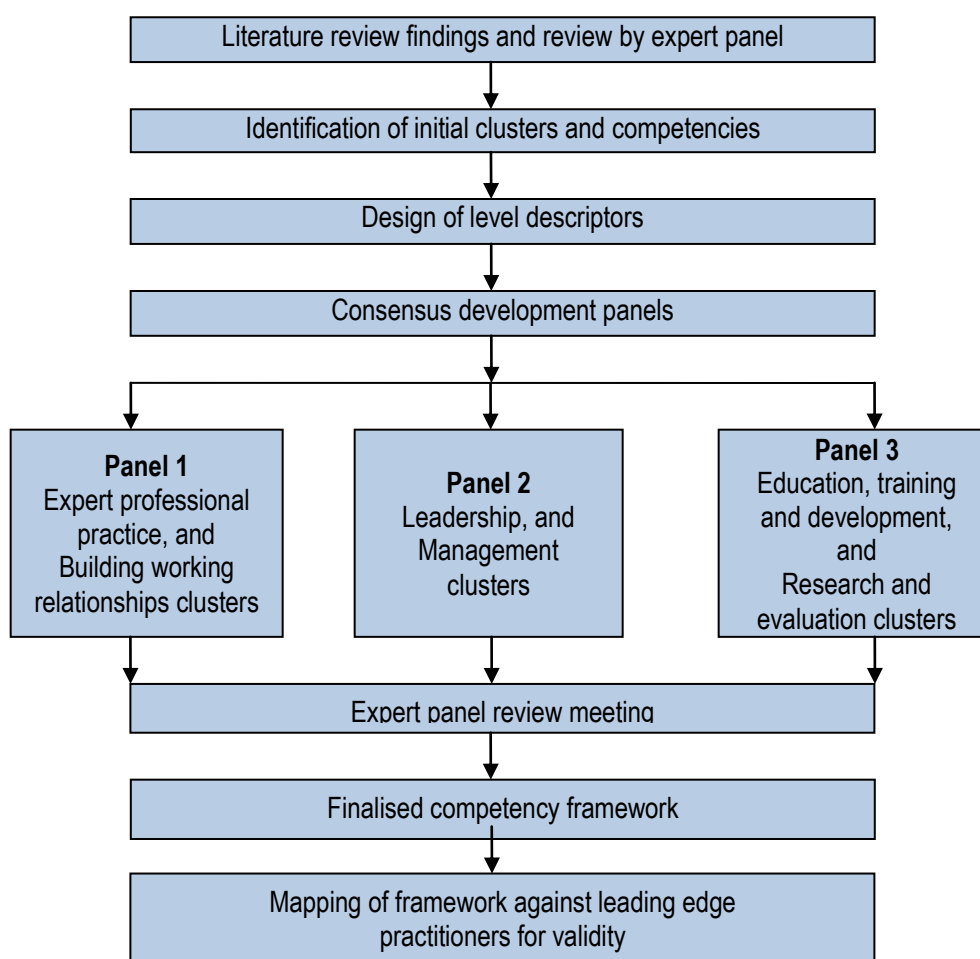
of information related to values and goals, work regulations, and other profession-related foundational components. In Stage 2, focus groups and/or individual interviews are conducted with individuals involved in the profession. Extracted from these groups and/or interviews are the design elements required for a prototype of the different levels of proficiency. Verification and documentation of the proficiency scale prototype as acceptable or correct for the profession occur during Stage 3, resulting in a model that contains proficiency types, definitions and indicators for practice. It is important to note that Spencer and Spencer designed their process with a human resources perspective in mind; their goal was to assist organizations in effective recruitment, development, and promotion. Their focus rested on proficiency levels.

John Raven (2000) has criticized the Spencer and Spencer model, saying “it is impossible to use this framework without thorough familiarity with (a) the procedures required to elicit the basic data, (b) the extensive examples of thoughts, feelings, and behaviours that do, and do not, fit into the various competence by level categories assembled....” (p. 9.2). This criticism resonates with the purposes of the current study. Disclosure of the processes that result in a competency profile are needed to provide evidence of credibility and to provide for the replication of the process as required by others, such as regulatory colleges, in the counselling profession.

**Whiddett and Hollyforde model.** A group of clinical pharmacists (Meadows, et al., 2004) used a process they refer to as “practitioner development strategies”. In the pharmacists’ study, the authors identified the Whiddett and Hollyforde strategy as the model for their methodology (p. 790). As in Spencer and Spencer’s three-stage “classic” model, the Whiddett and Hollyforde strategy is focused on human resources development.

Its structure is more complex and is multi-staged. An illustration of Meadows et al's adaptation of the Whiddett and Hollyforde development stages is shown in Figure 1.

Figure 1. Flow Diagram of Meadows et al adaptation of Whiddett and Hollyforde Design



Reprinted from *The Pharmaceutical Journal*, 273/7327, McRobbie, Antoniou, Bates & Davies, Developing and validating a competency framework for advanced pharmacy practice, 2004, p. 790, with permission from *The Pharmaceutical Journal*.

In the Whiddett and Hollyforde strategy, the practitioner development strategies are created through the use of literature reviews, expert panels, and consensus panels leading to the mapping of the framework against “leading edge practitioners for validity” (p. 790). The combination of research, experiential knowledge and consensus is used to determine professional proficiency levels. This process aligns most closely to the requirements of the counselling profession in determining a profile of knowledge, skills, and attributes that sufficiently describes the entry-to-practice level in a way that may form the foundation for a national assessment instrument. The use of expert panels is particularly noteworthy in terms of credibility, an essential component of a competency profile for the counselling profession.

Meadows, et al., (2004) concluded that the Whiddett and Hollyforde model “enabled an evidence-based competency framework to be developed, which is grounded in the literature and validated by expert opinion. A robust process was used to prepare the framework, ensuring initial content and face validity” (p. 792). Clearly, this design holds promise as a strategy for the counselling profession. As a health-related profession, the team of pharmacists who utilized the Whiddett and Hollyforde approach, provided evidence not just that creating competency indicators for a complex profession is possible, but that there is an established process that results in a credible product.

### **Literature Review for Counsellor Competency Assessment Processes**

Prior to the 1980s, the variety of assessment strategies to detect counselling skills typically ranged from questionnaires to rating scales. “Scofield and Yoxheimer (1983), in a review of these techniques, reported that only 43% provided reliability data and 12% supplied validity data” (McLeod, 1992, para. 14). Some of these early assessment measures

are listed in Table 2 below. It is not clear from the literature whether these instruments were designed to assess the skill levels of counsellor candidates or to study the effect of counselling skills on the client's well-being. What is clear according to McLeod, is that they lack "the usual requirements for psychological assessment tools...(and) there has been little research attention given to the ways in which techniques can feed into the process of counsellor learning and development" (para. 14).

Table 2. Sample of Early Counselling Competency Assessment Instruments

INSTRUMENT NAME	SOURCE/YEAR	DESCRIPTION
Accurate Empathy Scale	Truax & Carkhuff, 1967	Counting skill use by rater – 9-point scale
Counselor Evaluation Rating Scale	Myrick & Kelly, 1971	Global impressions by supervisor
Therapy Session Report	Orlinsky & Howard, 1975, 1986	Client and counsellor scales (topics, affect, relatedness)
Barrett-Lennard Relationship Inventory (BLRI)	Barrett-Lennard, 1978, 1986	Self-report – 7-point scale (regard, congruence, empathy)
Session Evaluation Questionnaire (SEQ)	Stiles, 1980; Stiles and Snow, 1984	Client and counsellor forms (depth, smoothness, positivity, arousal)
Working Alliance Inventory (WAI)	Horvath & Greenberg, 1986, 1989	Client and counsellor scales (goals, tasks, bonds)
Counselor Interaction Analysis Scale	Altekruse & Brown, 1999	Counting skill use by rater
Counseling Strategies Checklist	Hackney & Cormier, 1994	Counting skill use by rater
Skilled Counseling Scale (SCS)	Urbani et al., 2002	Counting skill use by rater – 5-point scale

There is not a lengthy history of a variety of standardized instruments designed to assess counselling skills. In 1959, Barrett-Lennard (as seen in Table 2) created "what has become the most recognized and validated therapist- or patient-self-report assessment of the core conditions" (Norcross, 2002, p. 197). Parallel forms, revised forms, and subsequent scales or rating forms based on the original Barrett-Lennard Relationship

Inventory (BLRI) were developed over time by Barrett-Lennard and by others (Horvath & Greenberg, 1994). Norcross, citing Barrett-Lennard (1978), stated that the parallel forms of the BLRI ask the therapist or client to describe his or her feelings toward the client or therapist while in session. “The original 92-item version of the BLRI included five scales: level of regard, empathic understanding, unconditionality, genuineness, and willingness to be known. This last scale was merged into the congruence scale in the 64-item 1964 revision” (as cited in Norcross, 2002, p. 197).

Despite this lack of variety or history of multiple assessment instruments for detecting counselling skills, there have been various attempts to study relational processes. Generally, these studies were quantitative in approach. Even in studies where self-reports or rating scales were used, the focus was on the quantity of facilitative responses (Alberts & Edelstein, 1990; Sexton & Whiston, 1994) rather than on the qualitative, contextualized appropriateness of counselling responses. Further, although at least 12 different assessment methods for skills in counselling exist (Horvath & Greenberg, 1994) the methods focus on isolated skills; none of the methods contextualize relational skills within broader competencies of helpfulness, most are derived from the original BLRI, and none consider other elements of counselling competence, such as ethical decision-making or appropriate consultation and referral.

Most of the assessments fall into two broad categories: (a) subsets of instruments or questionnaires originally developed to measure a different, usually broader, construct, and from which researchers have extracted data thought to be relevant to the counselling alliance (e.g., Frank & Gunderson, 1990; Kolden, 1990, Hune;

Saunders et al., 1989); (b) new scales developed specifically to measure counselling alliance (e.g., Agnew & Shapiro, 1988; Barends, 1992).

(Horvath & Greenberg, 1994, p. 261)

These previous studies of counselling skills are therefore unreliable and insufficient to use as the sole bases for assessments of counsellor competency. In contrast to these skills-based assessments found in counselling-related literature are knowledge-based test instruments used by all jurisdictions in the United States.

The United States has both a national certification (through the National Certification Examination [NCE]) and state licensure examination system that requires standardized assessments.

The purpose of the NCE is to assess knowledge, skills, and abilities viewed as important for providing effective counseling services. The NCE is designed to be general in nature. It is intended to assess cognitive knowledge which should be known by all counselors regardless of their individual professional specialties.

(National Board for Certified Counselors, 2010)

The NCE includes testing for eight domains in the content area. The examination is multiple-choice in design and does not provide for the broader contextualization of skills, nor for evaluation beyond the knowledge level on Bloom's (1958) taxonomy or Miller's (1990) framework of clinical assessment. State licensure examinations, while unique across the various states, generally adhere to the national standard of multiple-choice formats. Additionally, a formative standardized examination for counsellor candidates is available to more than 280 universities and colleges in the United States. Known as the Counselor Preparation Comprehensive Examination (CPCE), it is "designed to assess counseling



students' knowledge of counseling information viewed as important by counselor preparation programs" and provides students feedback on their comparative strengths and weaknesses as compared to national longitudinal data (Center for Credentialing and Information, 2010).

Three other standardized tests in the United States are recognized as comprehensive examinations for the purposes of American licensure (APA, 2008): the National Clinical Mental Health Counselor Examination (NCMHCE), the Certified Rehabilitation Counselor Examination (CRCE), and the Examination of Clinical Counselor Practice (ECCP). Of these three examinations, the NCMHCE is most closely aligned to competency assessment and is therefore the most helpful as a guide for the Canadian prototype. This is particularly true since its format strays from the traditional knowledge-based multiple-choice structure of the other American standardized tests. The test blueprint for the NCMHCE however, is specifically focused on clinical competency areas to the exclusion of all other competencies. All competencies that are ancillary to the case conceptualization, treatment planning, and the counselling process are not assessed. Competencies related to applied research and collegial relationships, for instance, are not included. The Canadian prototype requires an approach that aligns to a more comprehensive, competency-based profile of the broader counselling profession.

**Linking entry-to-practice counselling competencies and assessment.** Between 2006 and 2008 two Canadian provinces, British Columbia and Ontario, each developed competency profiles for the counselling and psychotherapy profession. The Ontario profile has been validated for use by the Ontario Transitional Council (the precursor to the 2012 Ontario Regulatory College). In 2011, the Transitional Council developed a second

iteration of the profile for use as a regulatory standard in the province. The British Columbia profile has been validated by the Canadian Counselling and Psychotherapy Association and five Canadian provinces (British Columbia, Ontario, New Brunswick, Nova Scotia, and Prince Edward Island). It is from these competency profiles that the blueprint for a Canadian entry-to-practice assessment tool must be derived.

The validated National Entry-to-Practice Competencies Profile for Counselling Therapists (2006) is based on the novice level of experience and contains five areas of competence: foundational principles; collegial relationships; professional practice and ethics; counselling process; and applied research. Assessing these domains links the competencies required of the counselling profession to the gate-keeping function of the national assessment prototype.

A recent movement in medical student assessment is instructive when considering strategies for assessing the competency domains (both formatively and summatively). The medical community is moving assessment strategies towards an integrative approach; a movement that aligns well to the contextual knowledge, skills, and attributes required in the profession of counselling. VanderVleuten and Schuwirth (2005) described this change in instruction and assessment.

Essentially, this movement follows insights from modern educational theory, which postulates that learning is facilitated with tasks that are integrated. Instructional programmes that are restricted to the ‘stacking’ of components or subskills of competencies are less effective in delivering competent professionals than methods in which different task components are presented and practised in an integrated fashion, which creates conditions that are conducive to transfer. (pp. 312-313)

This point of view was previously confirmed by other medical researchers (Epstein & Hundert, 2002; Harden, 2002; Smith, Dollase, & Boss, 2003). VanderVleuten and Schuwirth concluded, “Compared with a few decades ago, today’s (test) items are contextual, vignette-based or problem-oriented and require reasoning skills rather than straightforward recall of facts” (Ibid, p. 313). Vignette-based, contextualized assessments align well with the development-based role play and case study constructs commonly found in counsellor education programmes.

**The importance of context in assessment of counselling skills.** The very nature of the counselling act makes assessment of counselling knowledge, skills and attributes at any level complex. Whether the assessment is formative or summative, designed for gate-keeping purposes or for ongoing learning, the importance of validity, reliability, fidelity, and practicality in assessment tools cannot be overstressed.

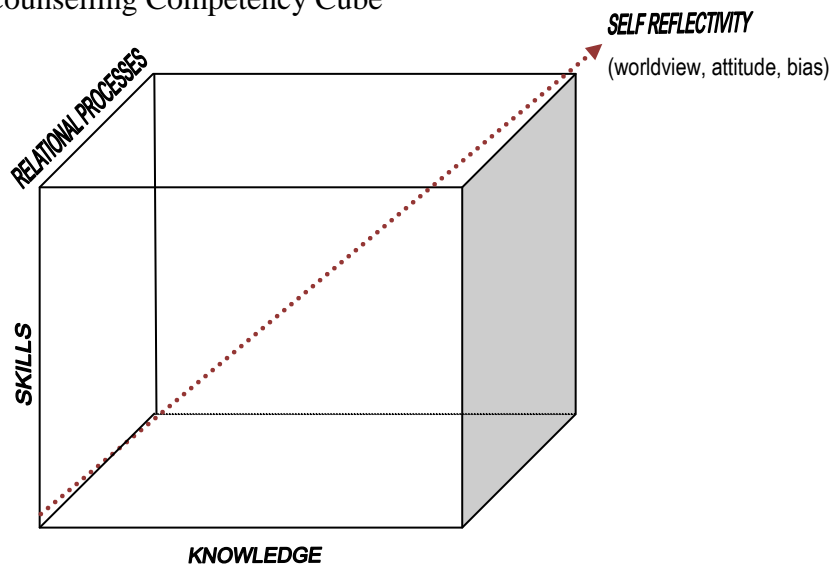
Any assessment that attempts to isolate counselling skills from other knowledge-based or value-based counselling competency areas loses its validity at a practical level. Also, gathering evidence that a specific skill is known in no way provides evidence that the counsellor candidate has the ability to contextually use the processes skilfully when faced with a client. As Epstein and Hundert (2002) stated,

Professional competence is more than a demonstration of isolated competencies, ‘when we see the whole, we see its parts differently than when we see them in isolation’....Competence is context-dependent. Competence is a statement of relationship between an ability (in the person), a task (in the world), and the ecology of the...systems and...contexts in which those tasks occur. This view stands in

contrast to an abstract set of attributes... – knowledge, skills, and attitudes – that are assumed to serve...in all situations (pp. 227-228).

Based on this recurring expert point of view, an effective assessment of entry-to-practice counsellor competence therefore relies on a methodology that allows for a multi-dimensional, contextualized, and integrated approach. Figure 2 provides a visual representation of the breadth and depth of counselling competence within the context of relational processes, knowledge, skills and attributes.

Figure 2. Counselling Competency Cube



The counselling competency cube represents the three dimensions of the counselling act. Placed within the context of the client and the counsellor, the knowledge and skill levels, while orthogonal, are insufficient. The third dimension, relational processes, allows the depth for the counsellor and client together to create the facilitative conditions for growth, change, and development. Self reflectivity, which is imbued throughout all dimensions of the counselling relationship (represented by the dotted arrow),

is the component of the counselling act that prompts the use of relational processes to make effective adjustments in pacing, goal-setting, and deeper understandings.

It is the multiple dimensions, or the contextual nature of counselling to which assessment strategies must be particularly attentive. It is insufficient to know what counselling is, or to know what skills are required. It is quite a different level of competence to use self reflectivity to prompt relational skills to move together with knowledge and skills in a way that helps a client in the context of the here and now. This contextual feature is particularly important to skills that are value-based or based on ethical reasoning, such as beneficence and maleficence. For these reasons, a multiple-choice, knowledge-based test instrument is insufficient to achieve the gate-keeping capacities of assessing entry-to-practice competence for the counselling profession.

In other health professions (e.g., medicine, nursing), competence in ethical reasoning....has been shown to be the single best predictor of clinical performance – better than scores on standardized tests, grades in school, or scores on credentialing examinations. (Institute of Medicine, 2002a). Therefore, assessments of competence in ethics should be theoretically-grounded and multimodal rather than mainly focused on knowledge of ethical codes. (as cited in APA, 2006, pp. 114-115)

Fortunately, the counsellor competencies contained within the National Entry-to-Practice Competency Profile for Counselling Therapists are constructed in such a way as to allow for flexibility in creating such contextualized and integrated assessments at multiple levels.

Miller's framework for assessing clinical competence (1990) is helpful to conceptualize increasing levels of competence, even at the entry-to-practice level. Similar

to Bloom's taxonomy (knowledge, comprehension, application, analysis, synthesis, evaluation), Miller's pyramid (knows, knows how, shows how, does) focuses on assessment of the increasing complexity of human development and understanding as movement occurs between the cognitive level and the behavioural level.

Miller's pyramid of clinical assessment is, in many ways, equivalent in the medical community to Bloom's taxonomy in the educational community. Schuwirth and VanderVleuten (2003) described Miller's pyramid as "a currently popular model of medical competence" (p. 65) and base their work on clinical simulations in assessment on the importance of moving upward in Miller's pyramid towards the categories of "does" and "shows how". Norcini (2003) also used Miller's pyramid as his guide in discussing the importance of moving assessment of clinical competence away from the lowest level of the pyramid ("knows"). He stated, in part, "For the public, outcomes assessment is a measure of accountability that provides reassurance that the doctor is performing well in practice...For doctors, it offers reassurance that their assessment is...based on real work performance" (p. 753). The increased use of simulations, clinical vignettes, and multi-station laboratory examinations (OSCEs) in the medical profession show agreement that assessing at the higher levels of Miller's pyramid is advantageous. The counselling profession, like the medical profession, has noted the advantages of using multiple strategies to assess competence at Miller's increasing levels, including the use of supervision and internship to provide authentic assessment at the highest level of Miller's pyramid; and role playing and performance assessments at the "shows how" level in counsellor education programmes.

**Measuring counsellor competence using Miller’s assessment framework.** In the 1970s, George Miller, a medical doctor and researcher devised the pyramid structure mentioned earlier and shown in Figure 3 that is currently in common use by the medical professions. Miller described the structure as a framework for clinical assessment. Forty years later, the framework continues to be used as a visual representation of the levels at which assessments may be focused. According to Miller (1990), assessments that test at the base of the pyramid provide only that the candidate “*knows* what is required in order to carry out those professional functions effectively. There are many who appear to believe that this *knowledge* base is all that needs to be measured. And it is unquestionably measurement of knowledge, largely through objective test methods, that dominates current institutional and specialty...examination systems” (p. S63).

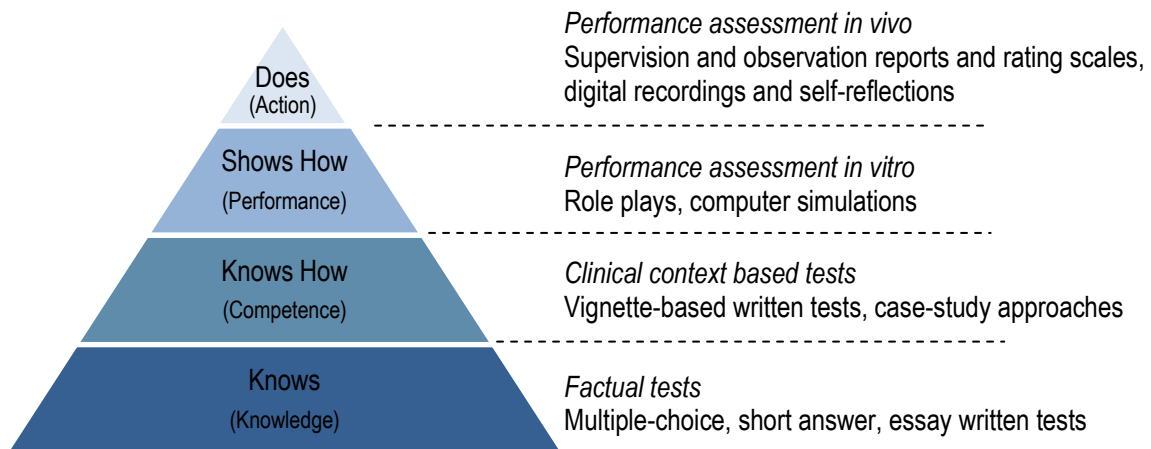
The second level of the pyramid is the area in which measures of competence are typically found. Assessing a candidate’s ability to move beyond simple ‘knowing’ to the more functional ‘knowing how’ is critical to detecting the beginnings of competence in an individual. Still, at this level of assessment it remains possible for measurements to leave undetected the equivalent of an “armchair quarterback”; the person who is able to retrieve information and recognize essential required skills but who is unable to perform or take action based upon this knowledge in the real world.

Assessments that measure the third level of Miller’s pyramid contain procedures that cause the candidate to demonstrate (to “show how”) or to perform specific competencies. At this level, the “armchair quarterback” is detected and is unable to successfully complete the assessment. Finally, assessments that measure the apex of the pyramid are the most complex, the least used, yet the most effective in determining the

fuller competence of the counsellor candidate. These measures are real-world assessments (not simulations as may be the case in the previous level of measurement) and are typically conducted through supervision and observational record-taking in contextualized settings.

Figure 3 shows the most commonly used measures at each level of Miller's framework for clinical assessment. These measures are appropriate to both the medical profession and the counselling profession.

Figure 3. Assessment of Entry-to-Practice Relational Skills in Counselling



Adapted from *The Lancet*, 357, Assessment of clinical competence, p. 946, 2001, with permission from Elsevier.

### Current assessment practices

Consideration of the balance between the importance of measuring competence at each level of Miller's pyramid and the practicality of the measurement of entry-to-practice skills in counselling is essential to create a comprehensive and developmental assessment strategy that is both psychometrically sound and feasible in terms of time and cost.

The American Psychological Association (APA) has wrestled with this balance between time and cost effectiveness and recently struck a Task Force to consider the



current state of assessment in professional psychology. The 2006 Final Report of the APA Task Force examined alternatives to their large-scale multiple choice examinations that assess only knowledge based information (the lowest level on Miller's clinical assessment pyramid). The Report found that "assessment models used across the professional development continuum...can be grouped into four categories based on what they purport to measure and/or are best at measuring: (1) measures of knowledge, (2) measures of professional decision-making, (3) measures of practice performance including professional attributes, and (4) integrated assessments of practice-based skills and tasks" (p. 61). This four-part construct, when considered in the context of Miller's framework, is helpful to the review process for discerning appropriate assessment strategies for the counselling profession. Clearly, APA has recognized, as has the medical profession through its use of simulations and internships, that assessment of their profession must exceed the lowest level of knowledge for assessing clinical competence.

It is important to consider the direction taken by professions most closely aligned to the counselling profession. Professional psychology is such a profession. According to the American Psychological Association (2006, p. 56),

Assessments should be: (1) developmentally-informed through multi-method and multi-informant processes; (2) conducted through the use of reliable and valid methods for the evaluation of multiple traits; (3) formative and summative; and (4) matched to education and training goals. There need to be performance-based measures of the integration of knowledge, skills, and attitudes (Belar, 2004)....Special attention (should) be paid to context and individual and cultural diversity in competency assessment. Evaluators must be trained in the provision of clear and

accurate formative and summative feedback in a collegial, comprehensible, and meaningful fashion. (Kaslow, 2004; Peterson, 2004).

As a closely aligned profession, these findings are particularly helpful in the decision-making process to select appropriate assessment strategies for detecting competence in counselling.

### **Summary**

A review of the literature reveals supportive studies related to profile development and standardized testing based on professions such as pharmacy, medicine and clinical mental health counselling. The use of the proficiency model of Whiddett and Hollyforde (2004) by the profession of pharmacy, the recent Task Force findings of the American Psychological Association and the American National Clinical Mental Health Counselor Examination (NCMHCE) programme combine to provide an informative guideline for an exploration of development processes for a national counselling competency assessment prototype in Canada. These related health professions also identify a need to expand the current levels of assessment beyond the knowledge-based focus of historic testing programmes.

A gap analysis of the literature reveals that few researchers have specifically focused on development processes. Most studies are based on products rather than on the formation of those products. Similarly, proficiency scales are somewhat common in the literature, but the processes to develop them are rare (Whiddett and Hollyforde being a strong exception). Competency profiles are absent from published literature over the past decade as are studies that align standardized measures to professional competencies. The professions of medicine and nursing contribute strongly to academic literature that

discusses proficiency and assessment strategies. With the exception of the competency profile developed by the BC Task Group (2006) and the Canadian Counselling and Psychotherapy Association which, through its counsellor mobility initiatives (2008, 2009, 2010) endorses the development of competency profiles and a competency-based assessment that is greater than knowledge-based, the counselling profession in Canada remains silent on these issues, prompting an urgent need to increase awareness of and research into competency profile development and the alignment of assessment strategies to competency indicators.

### **Chapter Three – Methodology**

The Canadian Counselling and Psychotherapy Association (CCPA) is poised to provide Canada with its first entry-to-practice national competency assessment for the counselling profession. The initial planning stages for a national assessment began in 2008 after the need for such an instrument became evident through discussions with emerging regulatory colleges. As the national voice for counselling in Canada, CCPA formed a four-year development commitment to an assessment project in 2010 with assessment developers beginning their work in the autumn of that year. The commitment of CCPA to this assessment was “to provide a single, national standard of competency assessment that may be used to evaluate the preparedness of individuals to provide safe, caring, ethical, and professional counselling and counselling-related services to the public” (CCPA, 2010).

The Canadian Counselling and Psychotherapy Association has provided self-regulation for counsellors for more than 45 years and currently assesses over 360 candidates for certification per year. The CCPA offers the only nationally-based professional credentialing process for Canadian and internationally-educated professionals wishing to work as counsellors in Canada. The Association is expanding and enhancing this process by creating a national competency-based assessment for candidates to assist provincial regulatory colleges in their regulatory functions, and to provide a reliable, fair, and valid measure of competence for all candidates, regardless of the regulatory environment in which they choose to be employed or their geographic location.

The commitment of the CCPA to this national assessment project is strong. It is part of a broader initiative related to counsellor mobility in Canada that began in 2007. The CCPA mobility projects include a national definition of counselling, a national framework

for a scope of practice for the counselling profession, and a national dialogue on professional regulation.

While the national conversation regarding regulation and the need for a competency-based assessment tool is generally in its infancy, three provinces are significantly advanced in the regulation of the counselling profession (Quebec, Ontario, Nova Scotia). Two provinces (British Columbia and Ontario) are significantly advanced in the formulation of counselling competency profiles, the essential precursor to a reliable and valid assessment tool. This moment in time creates a unique opportunity to document how the development process from competency profile to competency assessment occurs.

While there is a lack of published information about how such competency assessment tools are developed, the United States has a lengthy history of development and application of national competency assessment tools in the counselling profession over several decades, and the United Kingdom is five years into their development and beta testing process for a national assessment. Thus, Canada can learn from their histories and this study may be informed by their experienced assessment developers.

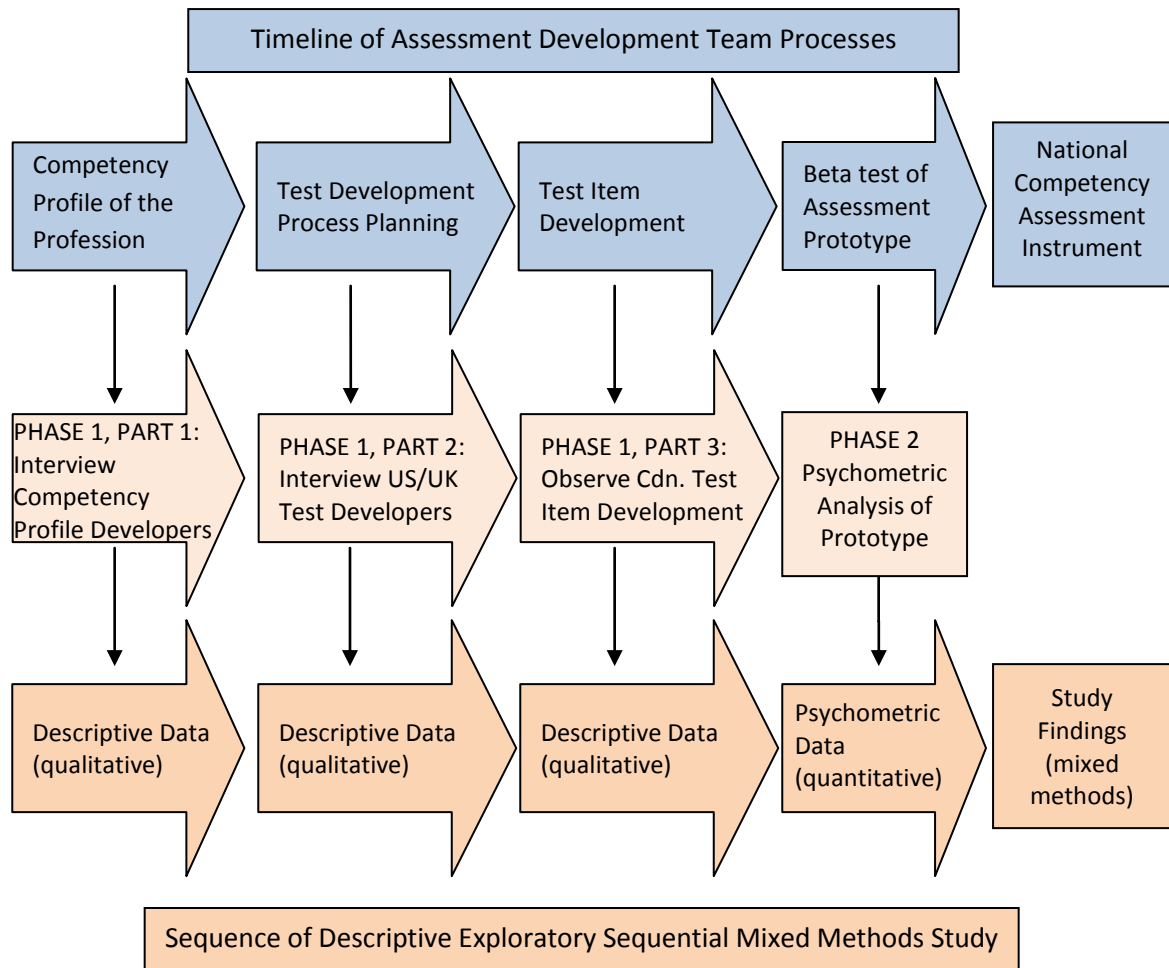
This study of the development processes for a Canadian standard entry-to-practice counselling competency assessment therefore follows the development process timeline of the CCPA assessment development team in its creation of the first Canadian national competency-based entry-to-practice assessment for the counselling profession. The process begins with the counselling competency profile and moves to the creation of a test blueprint that aligns with the competency profile, followed by test-item development and review, and ends with the beta testing of the prototype for the national assessment tool. To fully explore the process required both qualitative and quantitative research methodologies:

qualitative methods to capture and to provide a full exploration of expert knowledge from the Canadian competency profile developers, the US and UK test developers who have experience in competency-based assessments, as well as the actions of the Canadian development team; and quantitative methods to analyze the beta testing of the prototype of national competency-based assessment that the Canadian development team creates.

**Overview**

I used a descriptive exploratory sequential mixed methods approach that was organized into two phases in this study. The methodology mirrored the developmental processes of creating a competency-based assessment instrument. Figure 4 illustrates this alignment within the study.

Figure 4. Visual Overview of the Study



In Phase 1 of the 2 phases of study, I began with semi-structured interviews with Canadian competency profile developers and undertook a reductive analysis (the identifying, coding and categorizing of data into meaningful units) of the nationally validated competency profile to obtain descriptive data. I then conducted semi-structured interviews with key informants who played a lead role in the development and study of counselling competency examinations in the United States and the United Kingdom. Phase 1 ended with a non-participatory observation of a pan-Canadian team of counselling professionals and their facilitator to explore assessment development processes. After the CCPA development

process had advanced in their timeline to the point of beta testing their instrument, Phase 2 of the study began. In Phase 2, I used established quantitative methodologies for analysing face, construct and predictive validity and reliability.

To summarize, the study design was primarily descriptive (a combination of interpretation and analysis) in Phase 1, utilizing qualitative methods. Once the development team moved to the stage of beta testing the assessment prototype, I began Phase 2 of the study. Phase 2 was weighted more towards analysis and used quantitative methods.

**Philosophical Foundations and Rationales for the Methodological Design.** In this study, I used a descriptive exploratory sequential mixed methods design through the lens of pragmatism.

*The rationale behind the use of a pragmatic lens.* While there are many forms of pragmatism dating back to the early 1870s, the pragmatic worldview as described by Creswell (2009) was my definitional basis. Creswell summarized the pragmatic lens in research to 8 points. Based on his summary, the pragmatic researcher:

- Is not confined to any one system of philosophy and reality;
- Is free to choose the methods, techniques, and procedures that best meet the research needs and purposes;
- Looks to multiple approaches to collect and analyze data;
- Defines truth as what works at the time and uses both quantitative and qualitative data because they work to provide the best understanding;
- Look to the *what* and *how* to research, based on intended consequences;
- Recognizes that research always occurs in social, historical, political and other contexts;



- Believes in an external world independent of the mind as well as that lodged in the mind (with a preference to stop asking questions in this vein);
- Opens “the door to multiple methods, different worldviews, and different assumptions, as well as different forms of data collection and analysis” (pp. 11-12).

This study was designed to research a process that heretofore had not been readily available through literature reviews. It was therefore critical that as many information sources as possible were available to me to clearly describe a previously unknown development process. Equally important was the ability to focus on the *what* and *how* of a process by using both qualitative and quantitative methodologies.

***The rationale behind the use of descriptive research.*** In the absence of literature on the subject or the previous creation of assessment tools in Canada for the counselling profession, the use of a descriptive approach as the means of bringing awareness to the process was most useful. According to Sandelowski (2000), “qualitative description is especially amenable to obtaining straight and largely unadorned (i.e., minimally theorized or otherwise transformed or spun) answers to questions of special relevance to practitioners and policy makers” (p. 337). Since a primary goal of this study was to provide a comprehensive summary of events that led to a national assessment tool, the qualitative descriptive approach was most appropriate. Sandelowski (2000, p. 336) described the advantages of descriptive research.

Qualitative descriptive studies offer a comprehensive summary of an event in everyday terms of those events. Researchers conducting such studies seek descriptive validity, or an accurate accounting of events that most people

(including researchers and participants) observing the same event would agree is accurate, and interpretive validity, or an accurate accounting of the meanings participants attributed to those events that those participants would agree is accurate (Maxwell, 1992).

It is important to note that while descriptive research is focused on providing data to the reader as a summary of events, like all qualitative research, it contains analysis based on the researcher's interpretation of the experience being described. Description is, after all, a process of inclusion and exclusion of detail that requires analysis and interpretation. In the case of this study, I compared the described development processes of different experts using an analytical process of categorization and codification that used grounded theory (Charmaz, 2006; Strauss and Corbin, 1990, 1998, in Creswell, 2009), although this was neither the focus nor the philosophical underpinning of the study.

Through its sequential structure, the study was designed to provide an accurate rendering of events in the order in which they occurred. The focus on qualitative description in Phase 1 required me to make sense of data and to provide the reader with a culminating vision that was an accurate accounting of the developmental processes. In Phase 2, psychometric analyses occurred in order to clearly describe whether or not the prototype assessment was fair, valid and reliable.

***The rationale behind the use of an exploratory sequential mixed methods approach.*** Essentially, I studied what it takes to develop an entry-to-practice assessment tool, a product that has no development history or literature base in Canada. To describe the process, an exploratory sequential mixed methods approach was the best fit. Creswell and Plano Clark (2007) in their discussion of designing and conducting exploratory mixed

methods research, wrote that “this design is based on the premise that an exploration is needed for one of several reasons: Measures or instruments are not available, the variables are unknown, or there is no guiding framework or theory” (p. 75). The exploratory sequential mixed methods approach was an efficient way to collect data that described the assessment development process and to address the lack of existing literature to inform such development processes. Creswell’s exploratory sequential mixed methods approach was designed in 2 phases. I used the Creswell and Plano Clark (2007) templates as the structure for my study (Table 3).

In Phase 1 of the study, I used qualitative methods to obtain raw data related to the processes used by experts. Part 1 explored how the counselling competencies that formed the foundation of the assessment prototype were identified in Canada. Part 2 explored how competency profiles were used in the assessment development process in the United States and the United Kingdom to form their national counsellor assessment tools. I used these data in part to create a baseline of common practice for the study of the Canadian national assessment development team. This phase of the study was essential to my description of a process that was not readily described through published articles. Part 3 focused on the prototype creation processes that were used by a pan-Canadian national assessment development team from which I collected observational data.

The second, quantitative phase of the study followed up on the qualitative phase. In this phase I determined the degree to which the Canadian development team processes had resulted in a fair, valid, credible, and reliable test instrument. In the quantitative phase, I undertook psychometric analyses of the assessment prototype. It was only after the completion of the initial qualitative phase that I was able to formulate specific quantitative

research questions or hypotheses. The reason for collecting qualitative data initially was that there were no Canadian assessment tools available for detecting counsellor competence, and a replicable process for creating a fair, valid and reliable assessment tool would have been required.

*Timeline for the mixed methods study.* Collection, interpretation, and analysis of data in this study spanned a period of approximately 18 months and mirrored the Canadian assessment team process timeline. The qualitative parts of the study took 12 months to complete. The quantitative phase of the study was bounded by the timing of the CCPA beta testing of the assessment prototype. The analyses of the psychometric properties of the assessment took approximately 4 months.

To begin the mixed methods study, I sought the permission of the Education and Nursing Ethics Review Board at the University of Manitoba. Once I was in receipt of approval certificates for each phase of the study, I began active research. The methodological processes I used began with standard procedures used in qualitative studies and ended with psychometric analysis of a prototype national competency assessment instrument. Table 3 (below) shows a summary of the procedures utilized throughout the mixed methods study. These procedures are described in more detail in the following pages.

Table 3. Procedures for the Exploratory Instrument Design Mixed Methods Study

TIME LINE	RESEARCH PHASE	RESEARCHER PURPOSE	RESEARCHER ACTIVITY	RESEARCHER METHODS	RESEARCHER PRODUCTS	CCPA DEVELOPMENT TEAM FOCUS	
PHASE ONE							
QUALITATIVE METHODOLOGIES	8 months	PHASE 1 Part 1 Preparatory Research (STEP A)	Detect processes for creation of test blueprint foundation	qualitative data collection and analysis	4 in-depth interviews with competency developers	Interview Schedule + blueprint process	1. Determine what to measure
		PHASE 1 Part 2 Preparatory Research (STEP B)	Detect established processes for test creation	qualitative data collection and analysis	Key informant interviews: 4 international test developers	Interview Schedule + development process	2. Determine development process
	6 months	PHASE 1 Part 3 Primary Research (STEP C)	Detect components of development process	qualitative data collection and analysis	Observation of test development process	Field Notes and memos	3. Generate item pool 4. Expert review to refine instrument
							Phase 1 beta version of instrument ready for testing
PHASE TWO							
QUANTITATIVE METHODOLOGIES	4 months	PHASE 2 Primary Research (STEP D)	Detect whether development process creates a valid, reliable test	quantitative data collection (beta test of instrument)	1. Sample identified (by external agency) 2. Beta test administered (web-based) by external agency	Sample data (recruited by external agency)  Data from completed beta test	6. Administer beta test to sample
				quantitative data analysis	Factor analysis and item correlation using I-MAP	Results available	7. Evaluate items 8. Refine test instrument

Adapted from Creswell & Plano Clark, *Designing and conducting mixed methods research*, 2007, p. 126, with permission from Sage Publications.

*Participants.* In Phase 1 of this study, I used separate pools of participants for each of the three parts. The first pool of participants derived from two groups in Canada who have created a profile of counsellor competency. To obtain qualitative data for Part 1, I recruited 2 participants from The Task Group for Counsellor Regulation in British Columbia. The selection process was purposive, in that I sought participants solely from an “expert” group; however, it was a convenience sample from within the 14 contributing members of this Task Group that I recruited participants. I similarly recruited 2 participants from the 13-member competency development task group of the Ontario Coalition of Mental Health Professionals. The participants’ positions were leadership positions within counselling modality-based associations and organizations in Canada.

The second pool of 4 participants derived from well-established organizations that were developing assessment protocols for the counselling profession in two other countries. The sampling method was clearly expert in nature. The Center for Credentialing and Education (CCE) in Greensboro, North Carolina is a corporate affiliate of the National Board for Certified Counselors in the United States. It is internationally renowned for its assessment tool development for the purposes of licensure and credentialing over the past 25 years. To recruit study participants from this organization, I contacted the President of the organization who suggested and provided access to individuals within the organization who were best able to speak specifically to assessment development processes and were interested in participating in the study. Similarly, the British Association for Counselling and Psychotherapy is undertaking development processes for a national assessment for counselling and psychotherapy. The Association has been in existence since 1970 and is the largest and broadest counselling and psychotherapy association in the United Kingdom.

As with CCE, I approached the Chief Executive Officer of the Association and he suggested and provided access to individuals within the Association best able to speak specifically to their assessment development processes who were interested in participating in the study. The subjects in the second participant pool of international experts were highly trained, experienced, and respected professionals in the field of assessment for the counselling and psychotherapy profession.

The third participant pool consisted of all 12 members of the assessment development team of the Canadian Counselling and Psychotherapy Association. There is a single development team working on a national assessment for counselling in Canada. There were, therefore, no options to the sampling method. I contacted the Chief Executive Officer of the Canadian Counselling and Psychotherapy Association to obtain permission for a research assistant to naturalistically observe one meeting of the test development team.

In Phase 2 of the study, there were no participants as it was the quantitative portion of the mixed methods study. I undertook a psychometric analysis of the results from the beta testing for the prototype for a national assessment instrument.

**Data Collection.** I collected both qualitative and quantitative data, which included semi-structured interviews, observations, and standard psychometric measurements of the beta test of the assessment prototype.

*Qualitative data collection using semi-structured interviews.* A semi-structured interview approach is well-suited to data collection of competency development processes due to its exploratory nature, the complexity of the information being shared, and the flexibility to probe for additional information or clarification related to a respondent's point

of view. Barriball and While (1994, p. 331) discussed the value of semi-structured interviews:

The semi-structured interview, therefore, not only gives interviewers some choice in the wording to each question but also in the use of probes (Hutchinson & Skodol Wilson, 1992). Probing, in particular, can be an invaluable tool for ensuring reliability of the data as it:

1. Allows for the clarification of interesting and relevant issues raised by the respondents (Hutchison & Skodal Wilson, 1992);
2. Provides opportunities to explore sensitive issues (Nay-Brock, 1984; Treece & Treece, 1986);
3. Can elicit valuable and complete information (Gordon, 1975; Austin, 1981; Bailey, 1987);
4. Enables the interviewer to explore and clarify inconsistencies within respondents' accounts;
5. Can help respondents recall information for questions involving memory (Smith, 1992).

After obtaining permission to conduct semi-structured interviews from the Education and Nursing Ethics Review Board of the University of Manitoba, I made initial contact with the professionals through a recruitment letter indicating the details of the study, its purpose, its duration and researcher contact information. Once prospective professionals contacted me by letter, e-mail, or telephone to indicate their interest in participating in the study, a letter describing details of the study, including the eight semi-structured interview questions and a consent form were provided to each professional who



then chose to reject the offer of participation or to become a participant in the study. Once the offer to participate was accepted, a subsequent telephone call from me to confirm a convenient time, date and location of interview then occurred. The use of a digital recorder during the interview process facilitated accuracy in reporting while freeing me to take memos and field notes while the interview was underway. I transcribed the digital audio recording of each interview and the transcription was provided to each participant for a period of two weeks to verify accuracy. Participants in the study spent approximately one hour for the interview process and a further one hour to review their interview transcript for accuracy.

*Data interpretation and analysis of semi-structured interview transcripts.* The processes for data interpretation and analysis were designed to facilitate the categorization and codification of information located in interview transcripts. The method I used in this study was based on the work of Bogdan and Biklen (2007), Burnard (1991), and Creswell and Plano Clark (2007).

At the completion of data collection (semi-structured interviews) I began the process of converting the raw data from memos and digital recordings to an organized format that allowed ease of review. This entailed transcribing the audio recordings and attaching any memos or field notes to events in the transcript. I read each transcript in succession, then reread each transcript individually with a view to recognize broad trends in responses. Because the interview was loosely structured around eight interview questions, this was the first place to begin taking note of emerging ideas, content areas, reflections, and issues. I noted commonalities across transcripts, and data were merged to create a single document whilst retaining their codes to indicate original sources. Once the

single document existed, I began a reviewing process in which I referred back to the original transcript to ensure that context had not been lost through migration to the merged document and its categories and subcategories. The process ended with validity checks both through member checks and through my own process of checking for any inconsistencies across data and exposing them to fully understand each data source and what it represented, including when and why any differences might exist, and whether any differences had an impact on the commonalities across data.

Because this descriptive study was mixed methods using an exploratory and sequential approach, the findings from the semi-structured interviews were retained for later use to inform the findings of Part 3 and to address the linkages between the first phase and second phase of the study.

***Qualitative data collection using naturalistic observation.*** In Part 3 of the study, I focused on the competency assessment development. A research assistant observed the activities of the test development team during one of their scheduled meetings. The study did not include interviewing or any other direct interactions that involved data collection. Instead, the use of an observation form (Appendix C) created a semi-structured data recovery system. The research assistant's activities in this study ended with the submission of her observations, field notes and memos to me.

The data from the naturalistic observations underwent the same categorization and codification processes used for each of the semi-structured interviews in Part 1 and Part 2 of the study. I then compared the findings with findings from other parts of the study to determine the degree to which the observed development processes in Canada were similar

to or different from the US and UK processes and whether the process led to a reliable and valid assessment tool.

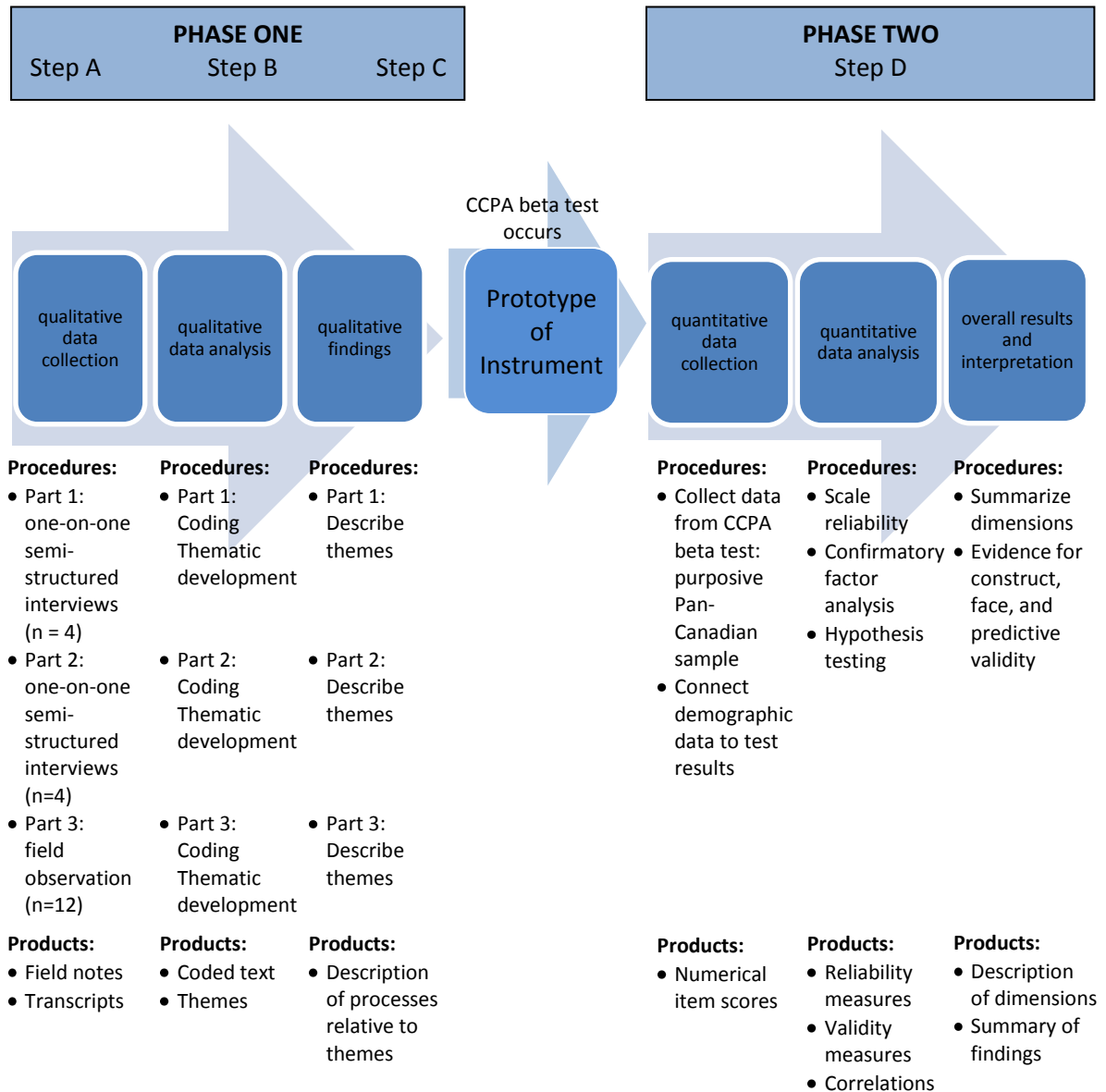
*Quantitative data collection using psychometric measures.* The final phase of the study focused on the product that was created through the processes studied in Phase 1. The qualitative data in the previous Phase had provided a glimpse of the perspectives of the respondents during the process of test development. In this Phase, I investigated the effectiveness of the test instrument that had been created. In essence, I was determining whether or not a fair, valid and reliable test instrument resulted from the study participants' processes. I analyzed the raw data from the beta test of the prototype assessment to determine raw score frequency distribution, total score descriptive statistics, and to conduct item analysis. The mean performance scores by total test, by content area, and by problem were also calculated. I also determined the reliability of the prototype (alpha) by section and by problem. Finally, I undertook a check on the degree of match between the competency profile, the test specifications, and the problems to determine whether or not the development processes resulted in a valid and reliable test of established counselling competencies.

### **Description of Study Environments and Procedures**

This study occurred in multiple environments over two phases. The preparatory research in Phase 1, Parts 1 and 2 were conducted at locations at the convenience of the study participants. The primary research of Part 3 was conducted on-site at the location of the test development team meetings. In Phase 2, the collection of data from the assessment prototype beta test occurred via web-based technology administered by the Canadian Counselling and Psychotherapy Association. The administration process was conducted by a third party provider experienced in secure, web-based test delivery systems in

collaboration with IT personnel at CCPA. Following the administration of the beta test of the assessment prototype by the CCPA, raw data was provided to me for analysis. Stripped from these data were any identifying information of the study participants. A visual description of the study procedures and their resulting products is provided below in Figure 5. Specific information related to the procedures and their products shown in Figure 5 are detailed in the “Specific Steps in the Method” section.

Figure 5. Visual Diagram of the Procedures Used to Measure Exploratory Qualitative Results with Quantitative Data



Adapted from Creswell & Plano Clark, *Designing and conducting mixed methods research*, 2007, p. 53, with permission from Sage Publications.

### **Specific Steps in the Method**

Each step in the method is chronologically sequenced, based on the progression of activities and information needs of an assessment development team. A summary chart of these steps is located in Table 3. The sequence of procedures used in the method is visually mapped in Figure 5.

**Step A: Development of national competency profile blueprint.** The competency profile forms the foundation of the assessment instrument. It is through the competency statements in the profile that the assessment team determines what to measure in their test.

**Research phase.** I began Step A in Phase 1, Part 1 with a study of competency profile development processes. This step took approximately 4 months to complete.

**Researcher purpose.** The purpose of the exploration was to determine the processes used for development that were not available in literature reviews, and to describe a singular process that may be used to create the foundation for subsequent competency-based assessments.

**Researcher activity.** I interviewed participants using a semi-structured, 8-question guide (Appendix A) that provided general consistency in the questions and discussion topics while allowing for individual and contextual differences. Each participant was asked to check the transcript of their 60 minute oral interview to verify accuracy and to make any additions or deletions.

I conducted reductive analysis of all interview data (identifying, coding, and categorizing data into meaningful units) to identify themes and patterns. I developed and identified linkages between the theoretical core concepts and data. My analyses included the codes for categorizing, details, and implications of categories, and memos of my

thoughts and ideas that evolved throughout the study. The analysis of the coding process resulted in clusters of data that I compared later in the study to existing literature-based development processes, the contents of the national competency profile, and the Canadian prototype examination development processes.

Data related to procedural elements disclosed during the interviews were compared against literature-based models to ascertain whether the development processes were grounded in an existing theoretical framework or whether they were unique.

*Researcher methods.* This phase was framed in naturalistic enquiry, using an iterative process that began with 8 generative questions (Appendix A) as guides to identify core theoretical concepts “with the researcher’s insight being the key instrument for analysis” (Bogdan & Biklen, 2007, p. 4). I designed the questions to support a reflective process in the interviewees as they recalled the processes in which they were involved. The questions moved from internal reflection to outward conceptualizations. These questions helped to uncover the breadth and depth of the process from a developer’s point of view. After conducting the interviews, I transcribed the discussions with the 4 competency profile developers and searched for thematic patterns that existed through qualitative identifying, coding and categorizing of data.

*Participant selection.* Research participants were professionals who had most recently played a leading role in orchestrating the development of counselling competency scales. These individuals were well-known for their expertise in counsellor education and/or counsellor competency appraisal. Because the participants in this phase of the study played leadership roles in the counsellor and psychotherapist competency profile development process in British Columbia and Ontario between 2006 and 2008, their

perspectives may have differed from those individuals who were involved in the process without leadership responsibilities.

*Sources of data.* This part of the study was primarily interpretive in that it was both descriptive and analytical. I used qualitative interviews to obtain data. The interviews provided primary data that were aggregated to describe a single step-by-step development process that encompassed the experiences and perspectives of all study participants.

During the interview process, participants were asked to describe the competency development process used by their respective development teams and to highlight strengths and challenges to both the process itself and resulting products. Their responses were based on their professional histories and included both abstract, reflexive processes, and concrete, experiential incidents.

*Researcher products.* Step A in the study required the following products:

1. Eight-question semi-structured interview guide (Appendix A);
2. Transcriptions of each interview;
3. Codified and categorized data describing the competency profile development process;
4. A synthesized description of the competency profile development process.

**Step B: Investigation of assessment development components.** This part of the study followed up on Part 1 with interviews of key informants internationally experienced in competency-based test development.



**Research phase.** This step was the second part of essential preparatory research designed to provide sufficient background to determine key assessment development processes. It took approximately 4 months to complete.

**Researcher purpose.** My purpose in this part of the research study was to detect established processes for the development of competency-based assessments. The primary data I collected from key informants were critical to an understanding of effective strategies for assessment development used in other countries that may inform or align with the Canadian processes.

**Researcher activity.** As in Step A, I interviewed participants using a semi-structured, 8-question guide (Appendix B) that provided general consistency in the questions and discussion topics while allowing for individual and contextual differences. I asked each participant to complete a member check by reviewing a transcript of their 60 minute oral interview to verify accuracy and to make any additions or deletions.

All interview data underwent reductive analysis (the identifying, coding, and categorizing of data into meaningful units) to identify themes and patterns. I developed linkages and verified the theoretical core concepts and data. Strategies included coding for categorizing and for describing implications and details of categories, and memoing for recording thoughts and ideas as they evolved throughout the study. Parallel to Step A, the coding process resulted in clusters of data that I compared later in the study to existing literature-based development processes, the contents of the national competency profile, and the Canadian prototype examination development processes.

During the interview process, I asked participants to describe the test development process used by their respective development teams and to highlight strengths and

challenges to both the process itself and resulting validity measures. Their responses were based on their professional histories and included both abstract, reflective processes and concrete, experiential incidents.

**Researcher methods.** As in Part 1, the interviews were framed in naturalistic enquiry based on 8 generative questions (Appendix B) as guides to identify themes and constructs. I designed the questions to parallel the questions in Part 1. The questions moved from internal reflection to outward conceptualizations. These questions helped to uncover the breadth and depth of the test development process from a developer's point of view.

As in Part 1, I transcribed the interviews with the four competency-based test developers and searched for thematic patterns that existed through qualitative identifying, coding, and categorizing of data. I used these compiled data as comparators to the processes used in developing the Canadian assessment prototype. A gap in literature related to test creation processes for competency-based measures made primary research the optimal choice for this part of the study.

**Participant selection.** Research participants were active developers or coordinators of competency-based assessments in the United States and the United Kingdom. These individuals had been immersed in specific examination development for counsellor competency over several years on a national basis and therefore had a broader perspective of the role of assessments in detecting counsellor competency over time than most Canadian study participants. Variation in the ethos of the counselling profession in their country of origin and a differing cultural history of national testing may have factored into their perspectives of competency assessments.

*Sources of data.* As in the previous step, this part of the study (Part 2) was primarily interpretive (both descriptive and analytical). I again used qualitative interviews to obtain data. The interviews provided primary data that I used as a backdrop or comparator to the naturalistic observation in the next step.

***Researcher products.*** Step B in the study required the following products:

1. Eight-question semi-structured interview guide (Appendix B);
2. Transcriptions of each interview;
3. Codified and categorized data describing the competency assessment development process;
4. A synthesized description of the competency assessment development process.

**Step C: Development of a national entry-to-practice standard tool.** It is at this point in the study that the CCPA assessment development team was generating test items, reviewing and refining them, and preparing for the beta testing of the prototype assessment. This part of the study concluded with the release of the prototype for beta testing.

***Research phase.*** This part of the study (Part 3) focused on the development processes being used by the Canadian team creating a competency assessment prototype.

Step C took approximately 6 months to complete.

***Researcher purpose.*** My purpose in Step C was to explore the competency assessment development processes and their potential benefits in producing a fair, valid, reliable, and credible national assessment of counsellor competency. It was only possible to describe these processes and consider the degree to which they were beneficial after I combined an understanding of the participants' perspectives (that is, their meaning-making

of the process in situ), the significance of their context (where, how, and under what circumstances they engaged in the process), and a description of the steps in, rationale for, and results of actions during the development process.

***Researcher activity.*** In this part of the study, observational data were collected. I confined this component of the qualitative study to directly observable strategies and constructs during the prototype development process. I used this approach for a pragmatic reason: to provide a wider lens of study beyond the experiences and perspectives of participants as described in semi-structured interviews. The use of observational data had both advantages and disadvantages. One advantage was that data were not filtered through the lived experiences of participants. Rather, a third party researcher observed activities and described events from an outsider's point of view. While this strategy may have provided opportunities for rich data that may not have been noticed or potentially unspoken by participants immersed in the process, a disadvantage was that uncovering the rationale behind activities was lost. Additionally, direct comparisons between stated experiences and perspectives of UK and US participants with Canadian participants was not possible. With naturalistic observation of the Canadian participants, only the lived experience as observed over a two-day meeting and the artifacts used during the meeting were available as data. In the case of this study, the advantages outweighed the disadvantages, since my purpose in this phase of the study was to detect whether or not the activities described by the UK and US participants were visible in the Canadian context.

Strategies used by the research assistant included a pre-established observational form (Appendix C) that included columns for observations, field notes and memoing at the time of observation and immediately following the session. As in Parts 1 and 2, all

observational data underwent reductive analysis to identify themes and patterns. I then used the data to provide a descriptive account of test item construction and prototype development with a process orientation.

**Researcher methods.** The study was based on naturalistic observations over two days that relied on the use of a pre-established observational form that included columns for the observer's field notes and memoing. This completed form became the data record of the strategies and actions of the development team and their facilitator as they constructed test items for an assessment prototype. A research assistant who had prior experience in naturalistic observation and who had signed a confidentiality agreement conducted the observation and completed all notes and memos on the form on site as events unfolded. Prior to the observation I conducted a training session and question-and-answer period in which I provided the research assistant with:

- the purpose of the study;
- a framework for the observation based on data from Part 1 and 2 of study;
- summary description of test development activities by other international development teams as a sample;
- the layout of the meeting room;
- the agenda for the meeting, and
- a naturalistic observation guide (Appendix C)

The instructions and question-and-answer period was a sensitizing experience to focus the research assistant on noticing the *what* and *how* of observed activity over the two-day development team meeting. The observational form was an open-ended recording sheet designed to provide space for the research assistant's description of events, processes and

products without being directive. It included space for reflective comments. As stated by Creswell and Plano Clark (2007), the observer should provide “a description of events and processes observed, as well as reflective notes about emerging codes, themes, and concerns that rise during the observation” (p. 115).

In the absence of a literature base or a pre-established development strategy for the creation of an entry-to-practice counsellor competency assessment, an inductive process of analysis was well-suited to the research task. Subsequently, I synthesized the observations to formulate a description of a Canadian test development process. This description became critical after Step D, when the measure of the success of the process was determined by the results of the beta test of the committee’s assessment prototype.

*Participant selection.* Research participants were a pan-Canadian team of experts and their facilitator who met face-to-face twice a year in eastern Canada to develop the prototype for the first *Canadian Professional Standard for Counselling and Psychotherapy: Entry-to-Practice Competency Assessment*. The team members were selected by CCPA based on a call for volunteers from the membership and reflected all geographic regions of Canada, both official languages and genders, a variety of counselling modalities, and a diversity of experience. The facilitator was an experienced and renowned international test developer hired by the CCPA to lead and supervise the development team.

Because of the CCPA criteria for the assessment development team, members held extensive education, training, and/or experience in areas related to competency development or assessment, and counselling, mental health, or psychotherapy. Each participant had a unique history that placed him/her in an organization or agency with

particular interest in competency development processes and the profession of counselling. The perspectives of the study participants therefore may have been affected by the depth of their involvement in and advocacy for the creation of an entry-to-practice competency profile and the regulation of the counselling profession, as well as by the multiple memberships they held in a variety of counselling-related associations and organizations.

*Sources of data.* Observations were conducted with the team of Canadian counsellors and their facilitator as they create the prototype for the Canadian assessment of counsellor competency. The observations provided primary data that I used to describe their strategy to develop the assessment prototype in Canada. I compared procedural elements against literature-based models and descriptions provided by international test developers to ascertain whether the development processes were grounded in an existing theoretical framework or whether they were unique.

***Researcher products.*** Step C in the study required the following products:

1. A summary sheet containing the purpose of the study;
2. A framework for the observation;
3. A summary description of test development activities by other international development teams as a sample;
4. The layout of the meeting room;
5. The agenda for the meeting;
6. Naturalistic observation guide (Appendix C);
7. Field notes and memos;
8. Codified and categorized data describing the assessment development process;

9. A synthesized description of the Canadian competency assessment development process.

**Step D: Analysis of beta test of competency assessment prototype.** At this point in the study, the Canadian assessment team was awaiting the results of the beta test before beginning evaluative work to determine which test items would require adjustment or revision, which test items or components of test items should be rejected, and which test items may be inserted into the assessment instrument, based on psychometric data. Step D took approximately 4 months to complete.

**Research phase.** Step D marked the beginning of Phase 2 of the study in which raw data from the beta test of the assessment prototype (at the conclusion of Step C) were available.

**Researcher purpose.** This phase of the study completed the data collection and analysis required to answer the overarching research question of whether or not a national entry-to-practice assessment tool could be created that: (a) is the basis for an assessment that is fair, valid, and reliable for discerning the competence of counsellors in Canada, (b) provides a national standard and (c) determines the foundation for a national regulatory standard of counselling that contributes to the protection of the public from harm. I used psychometric data from the assessment prototype to provide evidence of the degree to which the development processes had met their objectives.

**Researcher activity.** The quantitative methodologies undertaken in this study must prove the defensibility of the competency assessment as a true measure of the candidates' competence in the counselling profession at the entry-to-practice level. There are four main areas in which assessments are typically challenged. These are: reliability, validity,



fairness, and cut scores. The psychometric measures I used in this study therefore focus on these four areas. Pope (2007) stated the importance of defensibility unequivocally.

The consequences of not having defensible practices – both to participants and to the testing organization – are great. In high-stakes assessment, participants who are inappropriately certified can jeopardize the stakeholders they serve....Participants who deserve to be certified but are turned down may have grounds for legal action against the certifying body. It is also a loss to the participant's profession...if qualified people are not being certified (p. 4).

Most psychometric analyses are based on mathematical formulae devised over the past century. In the case of this study, these formulaic equations were embedded into the I-MAP Software that was used to store, sort, retrieve, analyze and refine the prototype assessment. I utilized I-MAP reporting software to determine reliability and validity measures described below.

*Reliability measures.* According to Thorndike, Cunningham, Thorndike and Hagen (1991) “reliability refers to the accuracy and precision of a measurement procedure” (in Suhr, D., 2009, p. 1). Reliability may be assessed in multiple ways, including using a test-retest protocol, using parallel test forms, or subdividing a single test administration and measuring internal consistency. Commonly used reliability measures include estimates of split-half reliability (Spearman-Brown Correction Formula), estimates of error variance related to internal consistency (Kuder-Richardson Reliability), and error variance on inter-item correlation that occurs from content sampling (Janda, 1998; Pope, 2007; Suhr, 2009; Traub, & Rowley, 1991). In this study of the assessment prototype for counselling

competency at the entry-to-practice level, I subdivided the single beta test to administer reliability measures.

*Validity measures.* While validity generally refers to the assessment's ability to measure what it is designed to measure, there are a variety of types of validity that are of interest to best practice in psychometrics. Face validity and intentional validity refer to the degree to which the assessment appears to measure what it is designed to measure. It is here that credibility is determined. Measures for these types of validity rest predominantly with the test developers having opportunities to review items and to determine their alignment to the constructs upon which they are based. Predictive validity includes a determination of the correlation between performance on an assessment and real-world performance. This latter form of validity is particularly important to developers of gate-keeping assessments, such as the counsellor competency assessment in this study. In this study, I used the correlation between entry-to-practice demographic information from the beta candidates and their scores to determine predictive validity.

Non-statistical measures of the degree to which the assessment content represents the competency domains (content validity) is also important. In this study, I used factor analysis, as is commonly used to ascertain validity of assessment tools.

Item analysis plays a pivotal role in determining whether the components of the assessment and the assessment as a whole are psychometrically appropriate and defensible. Item analysis refers to an analysis of test item performance within a test. Essential components of analysis include measurement of the number of results, the number of questions not answered, question difficulty (p-value) and question discrimination (Pope, 2009). Pope indicated that "these statistics provide information about whether the internal

consistency reliability (e.g., Cronbach's Alpha) will increase if the question is deleted from the assessment. An increase in the reliability value indicates that the question is not performing well psychometrically" (p. 6). Other statistics helpful to item analysis include corrected point-biserial correlation, biserial correction or corrected biserial correlation. Each of these statistical measures is designed to increase the researcher's ability to detect the role each test item plays in the validity and reliability of the test as a whole. Each of these measures is embedded in the I-MAP Software that I used in this study to evaluate the validity of the assessment prototype.

*Fairness.* Measures of fairness relate predominantly to test administration protocols and the content of questions. Particularly in high-stakes, gate-keeping assessments, the need to control for bias is vital to defensibility. Assessments are considered to be fair if diverse populations are able to perform on the assessment without bias. I used a subset of test scores obtained by persons educated beyond Canada or through private institutions to those of a subset of persons educated within Canada through AUCC-approved universities to detect fairness levels.

*Cut score.* The cut score refers to the minimum level of performance required to pass an assessment. A provisional cut score is based solely on considerations related to specific subject matter prior to the beta testing process. An operational cut score refers to the minimum pass rate that is created following test administration. It is obtained when the provisional cut score is modified based on the actual beta test results. The required level of performance for provisional cut scores is typically set by experts who are knowledgeable in the subject matter and familiar with the characteristics of the potential test takers. In the beta test of the national competency assessment, a modified Angoff methodology was used

by ten subject matter experts on the test development committee to obtain both the provisional and operational cut score.

The modified Angoff method of determining a cut score is based on the premise that a team of subject matter experts is able to estimate the expected average score of minimally competent test takers. Through a consensus approach, the average scoring estimates across all subject matter experts become a single estimated score to create the provisional cut score. Once beta test results are available, the process is repeated using the beta test scores to confirm or modify the provisional passing level. In this study, I used the operational cut score as determined by ten subject matter experts on the test development committee during item analysis.

The process of evaluating psychometric properties of measurement instruments has a lengthy history. Hambleton and Jones (1993) stated “classical test theory and related models have been researched and applied continuously and successfully for well over 60 years, and many testing programs today remain firmly rooted in classical measurement models and methods” (p. 253). I used these theories and their associated psychometric measurements to form the basis for determining the reliability, validity, fairness, and cut scores of the prototype for the counselling competency assessment at the entry-to-practice level.

In summary, in Step D (Phase 2) of the study, I collected the quantitative data necessary to provide evidence that the development process resulted in a viable assessment tool. The assessment prototype was beta tested by a purposive sample population of 53 Canadian counsellors and counsellor-candidates. A minimum sample of 50 participants was required to have reasonable control over sampling error. I conducted an analysis of the

prototype, including an estimate of reliabilities and standard errors of measurement of the assessment, results of the analyses, and interpretation of findings. Standard item analysis also occurred during this phase of the study, including estimation of classical item difficulties and discrimination values and identification of any test items for which estimated parameters were in undesirable ranges. Proprietary software (I-MAP) provided by the Centre for Credentialing and Education (CCE) was used as the platform for data analysis at this stage of the study.

***Researcher methods.*** Phase 2 of the study used the quantitative methodologies of psychometric measurement including validity and reliability, errors of measurement and related considerations. Particular attention was given to test validity. I analyzed the beta test results to answer key questions. To what degree does the test appear to measure what it is designed to measure (face validity and intentional validity)? To what degree does test performance correlate to real-world performance (predictive validity)? I also undertook non-statistical measures of the degree to which the test content represents the competency domains (content validity) as well as statistical analysis of the internal structure of the test and its correlation to the criteria located in the national entry-to-practice counselling competency profile (construct validity, item analysis). The outcome of this phase was a summary of the validity and reliability of the assessment prototype to function as a national assessment of counsellor competency at the entry-to-practice level.

***Data selection.*** Statistical analyses of the prototype assessment results were based on data derived from a purposive sample of volunteer test-takers. The sample frame consisted of 53 counsellors and counsellor-candidates across Canada. The Canadian

Counselling and Psychotherapy Association administered the beta test using a pan-Canadian call for volunteers using a secure web-based platform.

*Sources of data.* This phase of the study was primarily statistical. I considered the degree to which the process met its objective of creating a fair, valid, reliable and credible entry-to-practice counsellor competency profile and assessment by analyzing the results of the assessment prototype beta test conducted by the CCPA.

***Researcher products.*** Step D in the study required the following products:

1. Estimate of reliabilities;
2. Standard errors of measurement;
3. Item difficulties and discrimination values.

The combination of the two phases of the study (Steps A through D) was designed to provide a robust description of whether the CCPA development model resulted in a valid, reliable, credible and fair assessment of counsellor competency at the entry-to-practice level.

### **Researcher Positioning**

The perspective or position of any researcher shapes their research. My perspectives, background, experience, and position affected what I chose to study, the methodology I selected, and the manner in which I discerned which findings were most salient and how to communicate those findings. This insight into self and its potential to affect the study permitted me reflexivity that enhanced my critical decision-making processes in an ongoing, contextualized manner. It is important to clarify my position as a researcher to illuminate any preconceptions I may have had during the research study.

I am a former provincial government consultant for guidance and counselling, a Certified Canadian Counsellor, a counsellor-educator, certified teacher, and a doctoral student.

**Perspective.** I bring to the study a background in the development and assessment of provincial standards tests, educational outcome measurement, curriculum development, and the creation of counselling-related resources and materials. Immersed in the academic, political and professional environments of a province that currently is not involved in advocacy or development processes for competency profiles or counsellor regulation, I take the position that regulation of the counselling profession is essential to the protection of the public from potential harm. This position may affect the direction of the research process and conclusions.

**Engagement.** My long-standing interest and involvement in the Canadian counselling profession creates in me a state of theoretical sensitivity. Strauss and Corbin (1990) defined this state as “a personal quality of the researcher. It indicates an awareness of the subtleties of meaning of data. ...[It] refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't” (in Hoepfl, 1997, para. 18). With this theoretical sensitivity comes a responsibility to conduct ongoing self-reflective activities to ensure as neutral and unbiased a stance as possible when I collected data, and when I rendered descriptions of the development processes.

It is through the Canadian Counselling and Psychotherapy Association that I was granted access to study developmental processes related to the prototype for a national counsellor competency assessment tool. The research study is independent of the CCPA

activities; however, the final results at the conclusion of the study were shared with the CCPA to begin an iterative process of refinement that informed subsequent development processes that extended beyond the scope of this study.

**Bracketing and Safeguards.** Throughout the study, I engaged in a process of bracketing to assist me in setting aside my assumptions and used safeguards to reduce other potential avenues of bias. Fischer (2009) clarified a dual process of bracketing that fit well for my purposes. The first instance of bracketing began with temporarily “shelving” preconceived notions to permit a clearer view of data as it unfolded. The second bracketing was “the hermeneutic revisiting of data and of one’s evolving comprehension of it in light of a revised understanding of any aspect of the topic. Both of these processes were ongoing, and they included the careful development of language with which to represent findings” (p. 583). With the assistance of self-awareness during interviewing, memoing during codification and categorization of qualitative data, and self-reflective notetaking, I regularly checked whether I may have imposed meanings on the data that were a result of my positioning rather than the participant’s words or actions. Fischer concluded that “bracketing is...a mindfulness that one brings to bear regularly, asking about assumptions that have gone into what one saw and into how one has ‘language’d’ what was apprehended. It is not possible to view without viewing from somewhere. We do our best to become aware of what that somewhere is, questioning it, owning it or changing it, and including it in our reports” (p. 586).

In addition to bracketing, there were safeguards that I required during this study. I was an Executive member of the CCPA (a volunteer position). As a member of the Board of Directors for the Association, I was part of a group of individuals from across Canada



who sit on a volunteer policy Board. The Board employs a Chief Executive Officer to implement the Board's policies and to manage the day-to-day business of the Association. The Association has an established protocol regarding conflict of interest and I abided by this protocol. I safeguarded against undue influence or conflict of interest by declaring a conflict of interest and absenting myself at any point when the agenda or the discussion of the policy Board related to the national assessment project. To further reduce the potential for any perceived conflict, the project was led and supervised by an international test developer who was not associated with the CCPA. He was the expert to whom development and test-specific queries were directed. The Board of Directors is quite separate and distinct from the development team. The development team members were experts volunteering their knowledge and time. They variably played prominent leadership roles in other counselling-related associations and organizations. My volunteer role as President-Elect, and later, President of the CCPA was therefore not, nor perceived to be, in any way as a power or supervisory position in this study context.

### **Confidentiality and Ethics**

The preparatory research components of this study that involved direct interaction with study subjects (Phase 1, Parts 1 and 2) were approved by the Education and Nursing Ethics Board of the University of Manitoba (Appendices A and C). In Phase 1, Part 3, formal ethics review approval was received for the naturalistic observation of the assessment development committee. Phase 2 of the study involved the use of artifacts containing cumulative quantitative data collected by a third party. Written permission to access, analyze and report on data found in the artifacts in a manner that maintained the assessment prototype integrity was sought. I did not have access to beta test participants

nor was information that may have identified the study subjects' identities or specific locations used in the study.

### **Anticipated Outcomes / Contribution to the Advancement of Knowledge**

Short term results of this research directly affect the Canadian Counselling and Psychotherapy Association. The findings will be used to determine next steps in the development of a national assessment of counselling competency at the entry-to-practice level. Refinements to the development process and the assessment instrument will involve an iterative process between the Association and me once the study has concluded and findings have been released. In particular, refinements to the test item development processes may occur based on the qualitative portions of this study. The findings from the psychometric measurement of the assessment instrument will inform subsequent assessment construction and standard setting processes.

Long term results of this research will produce substantive new knowledge and applications for standardized competency assessment of counsellors wishing to practice in Canada. A gap in the literature related to the developmental processes for competency scale development will be addressed. The results of this study will also extend research and action into the regulation of counselling to protect the public from harm. Through the Canadian Counselling and Psychotherapy Association, regulatory colleges will have access to a tool to assess counsellor-candidates on a competency basis as required by the *Agreement on Internal Trade (AIT, 1995)* that has been thoroughly researched.

The findings will provide a developmental strategy for the creation of a fair, valid, and reliable measure of counsellor competency. The findings will enhance the portability of credentials and contribute to increased mobility of counsellors by addressing tenets of

the *AIT* that reduce and eliminate barriers to the free movement of persons and services across Canada. Additionally, workshops, articles, and products based on the findings will provide counsellors, counsellor-educators, legislators, researchers, and the public with detailed information and recommendations for the profession of counselling and its standards of practice across Canada.

### **Summary**

For a study of the development processes for a Canadian standard entry-to-practice counselling competency assessment to be credible, both qualitative and quantitative research methodologies are required to capture adequately and to provide a full exploration and analysis of data. The identification of the core competencies for the counselling profession is the first step towards developing a national assessment of entry-to-practice counselling competency. It is the action that is the foundation for all subsequent actions in the development process and requires a process orientation for which qualitative methodologies are well designed. Using qualitative methodologies to detect the process for developing a competency profile at the entry-to-practice level in Canada allows for data collection that considers the study participants' experiences in addition to a description of the product generated by the process.

The use of quantitative methodologies to discern the validity and reliability of the resulting assessment prototype offers a window into test construction seldom described. When the test development process and the test design become more transparent, credibility may be increased. By describing both the process and the product, the possibility for replication is more feasible.

The exploratory design for a mixed methods study provides a flexible, multiphase strategy well suited to the study of competency assessment for a profession such as counselling that, with contextualized knowledge, skills and attributes, has never before attempted the creation of a standardized entry-to-practice gate-keeping examination in Canada.

## Chapter Four – Competency Profile Development

Between 2006 and 2008 two Canadian provinces, British Columbia and Ontario, each developed competency profiles for the counselling and psychotherapy profession to meet the first prerequisite for regulation in those provinces<sup>2</sup>. In 2011, Ontario developed a second iteration of their profile for use as a regulatory standard. At present, the competency profile for counsellors and psychotherapists created in British Columbia has been validated nationally by the Canadian Counselling and Psychotherapy Association and by five different professional groups in five Canadian provinces (British Columbia, Ontario, New Brunswick, Nova Scotia, and Prince Edward Island). The profile created in Ontario has been validated in the province of Ontario. Each competency profile has been adopted by broadly based working committees of experienced counsellors, therapists and educators.

The interviews in Phase 1 of this study provided primary data that I aggregated to describe a single step-by-step development process that encompassed the experiences of all study participants. I compared the procedural elements described by participants against literature-based models to ascertain whether the combined British Columbia and Ontario development process was grounded in an existing theoretical framework or whether it was unique. I also considered the degree to which the process met its objective of creating a valid entry-to-practice counsellor competency profile.

During the interview process, I asked participants in the study to describe the competency profile development process used by their respective development teams and

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<sup>2</sup> Quebec has a ten-year history of title protection regulation based on a credentialing process. In 2009, Quebec also regulated the practice of psychotherapy, based on the same credentialing process. Nova Scotia achieved title protection regulation in 2008 on a credential basis; however, Nova Scotia has also validated the competency profile created in British Columbia. The Agreement on Internal Trade in Canada indicates that while title protection is possible through credentialing, the credentials must be based on a set of competencies.

to highlight strengths and challenges to both the process itself and to the validation of the competencies. Their responses were based on their professional histories and included both abstract, reflective processes and concrete, experiential incidents.

### **Qualitative Interviews**

I asked study participants to reflect on their recent experiences with competency profile development teams. Their responses clustered into two general themes, each with three thematic patterns. The experiences and perspectives of respondents focused on the themes of process and content.

Data in the process area provided insight into the actions and considerations for a specific, consensus-based, step-by-step model for competency profile development. Three thematic patterns emerged in this area: the distinction between competency profiles and scales of competence; the absence of literature-based procedural models for development; and descriptions of the development process.

Data in the content area also revealed three thematic patterns: the capacity of the competency profile to increase the likelihood of counsellor regulation; the capacity of the profile to reduce the likelihood of significant differences in counsellor competency levels in other Canadian provinces and territories; and the linkage between competency indicators and future assessment protocols for entry-to-practice counsellors.

**Process Theme.** The responses of participants clustered into three thematic patterns within the area of the development process: (1) the importance of focusing on competencies rather than proficiency levels, (2) the search for literature-based source documents, and (3) the steps in the creation of the competency profile.

**Competency profile vs. scale of competence.** Study participants noted the important distinction between the terms “competence” and “competencies”. Their counsellor competency profile development focused on “competencies”. According to participants, competencies are the areas of professional activity in which counsellor knowledge, skills and attributes are “visible”. They answer the question “what” in terms of activities within a scope of practice. One participant from British Columbia described this profile by saying that the competencies are clustered into “five major domains that are similar to job skills” and that these domains form “a scope of professional practice”. All study participants clarified that the competency profiles are “not designed as evaluative tools”.

Responses of study participants indicated that “competence” is a value-laden term that refers to “the degree to which an individual is proficient” at a particular task. Competence answers the question “how well” in terms of activities within a scope of practice. A scale of competence was therefore viewed by participants as an evaluative tool to determine proficiency. As one study participant in British Columbia indicated,

A lot of people...think that competency is an absolute; that people are either competent or they're not. People think that when you write a list of competencies, then that means a competent person does all of these things perfectly all of the time, which is clearly unrealistic. Nobody does everything perfectly all of the time. (The counsellor competency profile) says nothing about how well you (perform).

According to participants, the focus of the creative process for an entry-to-practice competency profile in both British Columbia and Ontario was describing the specific areas of the profession that formed “a generic scope of practice”. It was distinctly different from creating a scale of competence. The former was considered to be a blueprint for the foundation of the profession; the latter as an assessment tool for determining the degree of proficiency in the profession.

While the assessment of skill development over time and/or as a result of education, training, or experiential learning was not part of a competency profile, study participants indicated that the British Columbia and Ontario profile development teams of experts (hereafter called ‘expert panel’) required a “mental construct of basic counsellor proficiency” to begin their development work to identify competency areas. Participants said that this mental construct was essential to determine which knowledge, skills and attributes (competency domains) were immediately required of counselling professionals as they entered practice in order to protect the public from potential harm. These areas would form the basis of the profile, according to study participants.

To clarify, the task of the expert panel as described by the study participants was a process of filtration and distillation. In everyday terms, it was equivalent to describing literacy (a scope of practice), then determining the essential components of literacy such as reading books (a domain of literacy) to create an organizational structure for the actions that are part of book reading, such as decoding words (a reading indicator). In order to achieve this task, there is a need to consider the actions of a proficient reader. There is not a need to indicate the degree to which someone is literate (i.e., how well does one read?).



The same was true of the counsellor competency profile development process. As one participant from BC explained, “You need to take a job skill that’s defined in a competency statement and break it down into more detailed components.” An Ontario participant said, “You got a broad variety of people that would have an interest in what those competencies looked like and would be expert enough to say, ‘This fits.’ ‘This doesn’t fit’ for the range (of counselling modalities).” This paradigm of fit/no fit was confirmed by all participants.

*Absence of literature-based development processes.* Study participants reported finding proficiency-related documents in their literature review (products with content), but no documents providing approaches to development (processes) that were helpful to their defined purpose of articulating the counsellor competencies required for entry-to-practice that could protect the public from potential harm. One participant from Ontario noted, “(At first we) tried to use a process that really wasn’t working....An alternate process...worked a lot better...and then we (knew) what the scope of the work was”. Another participant, one from BC, said, “There is nothing out there that is a standardized approach. You need an organizational methodology.” Another BC participant indicated, “You tend to just get the product, not the process.” To each participant, the development process was a “home-grown” or grassroots procedure that was created specifically with their facilitator to address their unique purpose.

*The development processes in British Columbia and Ontario.* The participants interviewed in this study described counsellor competency development processes that structured work packages and created a means to ensure that the competencies being

developed were truly reflective of the breadth of knowledge, skills and attributes of entry-to-practice counsellors.

All participants described a steering committee that spearheaded the development project. Their actions were described by one Ontario participant as “pull(ing) together an expert group of counsellors with multiple backgrounds” and locating a facilitator. Once this expert group met with the facilitator, participants described an education and clarification process. From the BC perspective, “First of all we needed to develop a clear understanding of the purpose of the document we were going to generate” and a consensus process was adopted as the decision-making model. Then, “you have to do a bit of a research project around what’s out there in the profession”.

Study participants described extensive literature reviews of counselling-related artifacts to inform the content for domains of practice and professional indicators. This was followed by a process of synthesis in which, as one BC participant claimed, “you actually have to go through a process that...comes up with...the competencies...that belong.”

To make the task of writing competency indicators manageable, sub-panels were created. “Groups of two or three...would take a piece and go work that up, then we would...bring it back to the whole group for further discussion and acceptance” said another BC participant. The results of their work became the foundation for the actual design of the competency indicators. “This is very detailed, analytical work in the end. You need the knowledge, but you need to keep focused (on the detailed components of the job skill)” declared an Ontario participant. One BC participant added,

Specific competencies...get complex because you need to be very consistent and very sure that you’re using words in the same way in different statements and if a

competency is written differently, then you have to be clear that it means something different.... You always have to put yourself in the frame of an external reader who comes across the document for the first time and try and make it as clear to that person as possible.

The next phase of development was the actual creation of the competency profile framework, described by an Ontario study participant as, “dealing with a potential regulatory competency profile.... It’s a broad ranging statement that people can relate to.” This phase was followed by the validation of the expert team’s work. “In the validation process we also gave people an opportunity to suggest things they thought were missing” according to one BC participant. “We sent it out once it was finalized for validation (to members of provincial counselling-related organizations)” said another. An Ontario participant summarized what all study participants concluded: “the validation process helped us improve on the competencies.”

However, there were some concerns voiced by participants regarding the profiles themselves. As one study participant in Ontario stated, “There were a lot of comments (from the respondents to the validation survey)... that there was nothing about minimal educational standards in the competency (profile), which is where people... missed the point of the competencies.” Another Ontario participant said, “(Some) people just didn’t see (the competency) in precisely the language that they wanted to see (it) in... We did review some of the language.” A participant from BC echoed this procedure by saying, “the language was occasionally confusing to people, so we tried to deal with those sorts of matters.... In a validation survey, you don’t get a lot of change at that point, not if you’ve done a thorough job.” One study participant from Ontario summarized the process this

way, “The validation process helped us improve on the competencies, because we did get feedback from our members, and it did tell us what was needed to be changed in the wording or suggested wording....we did not get any additional competencies from the members (who took part in the validation process).” Lastly, the expert panel revised the profile according to validation results and prepared it for publication.

Study participants from both British Columbia and Ontario described substantially similar development processes. The steering committee in both provinces contracted a profile development facilitator and together, the structure and timing for the development processes were created. In both cases, the result was a validated, provincially-created, entry-to-practice competency profile.

**Content Theme.** Participants’ responses clustered into three thematic patterns related to the competency profile in terms of its content: (1) its role in professional regulation, (2) its potential as a national standard of care, and (3) its use as a blueprint for the foundation of an assessment instrument.

*The role of professional regulation in competency profile development.* The decision to create competency profiles in British Columbia and Ontario was directly related to a legislative need for a defined scope of practice in order for the profession of counselling to be considered for potential regulation by the respective provincial governments. One Ontario participant clarified this need by saying, “One of the uses...for that competency profile (is) to become an effective (tool) for the regulatory standards.” Because a defined scope of practice with competency indicators is required prior to a profession becoming regulated, some consideration about how to craft a reliable and

effective process for the development of indicators needed to be considered. This perspective was voiced by another participant in BC as:

You are writing a competency profile that's for use by a regulatory body. (What) you're interested in doing is developing competencies that work for an individual practice and competencies that are defensible of their interests.

This point of view was confirmed by another participant in BC who indicated, "the biggest challenge for the committee (was) to select a group of competencies that clearly defined a substantial level of achievement... (that was) defensible relative to the (yet to be formed) College's public protection mandate."

*Potential for a national competency standard of care.* The *Agreement on Internal Trade* (2003, 2009) also informed the decision-making process for the content of the profile according to participants. The combined view of study participants was that the provincial competency profile that resulted from the identification of a scope of practice had to have the capacity to serve as or meet a benchmark for professionalism across the country. In other words, because counsellors have neither a reserved act nor title protection in the majority of provinces and territories in Canada, participants believed that it was essential for the counsellor competency profile to reflect indicators that would not only be useful to a particular modality of counselling in a particular province or territory of Canada, but that would also "assist in the regulation of the profession" as a whole in unregulated jurisdictions. This, they thought, would ultimately support the mobility of a variety of counsellors and psychotherapists across the nation. This view was summarized by a participant in Ontario this way,

The government, HRSDC<sup>3</sup> got...regulatory bodies together to look at the changes in AIT....The biggest issue that all of these people had was measurement. They said that you have to be able to measure...for their regulatory body....It's so hard to develop these competencies and make them consistent and measureable. To do it three or four times doesn't make sense to me. I would absolutely advocate for some national competencies...some cross-Canada standard.

Participants commented that the use of a consensus model with an expert panel “reflecting multiple modalities of counselling” as a development strategy was an essential component of the design and creation of the content for the competency profiles in British Columbia and Ontario. Both provincial development teams included an expert panel member or observer who held a national perspective.

Study participants noted the decision to develop a competency-based profile rather than a credential-based scale supported the mobility requirements of the *Agreement on Internal Trade* (AIT), was more inclusive of multiple paths to a career in counselling, and addressed the concern that academic learning in theory does not always translate to skills in practice, particularly in the counselling profession which relies heavily on inter- and intrapersonal skill development. As one BC study participant said, “The value of a competency profile really comes into play when you think of the ability to assess somebody's level of proficiency related to those competencies...and we felt that...to be specific about proficiency levels, we needed to get to a proficiency environment.” According to participants in both provinces, simply providing a statement on what education or training had been achieved by an individual (a “credential” approach) missed

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<sup>3</sup> Human Resources and Skills Development Canada

the protective factors associated with knowing what had been learned and was actually being applied by the professional in practice.

Study participants reiterated the importance of maintaining a focus on competency areas and not on proficiency levels. This point of view was exemplified by a respondent in BC who suggested:

It's important to recognize that for any given competency profile you can come up with different levels of proficiency. What's acceptable to entry-to-practice is one question. What you would expect from an expert in the field is an entirely different question....First of all you have to...develop the competency statements – the job skills.

According to participants, only after the scope of practice and competency areas are articulated is it possible to determine proficiency levels, and only once proficiency levels are created from those competency areas is it possible to assess a professional's ability to provide an established standard of care. As one study participant in BC said, "Regulatory bodies...want competencies that are basically job skills or what we typically call occupational competencies...The value of a competency profile really comes into play when you...assess somebody's level of proficiency related to those competencies...where you observe them working with a patient in a real situation."

Study participants agreed that once the details of proposed legislation are known in each province, the competency profiles may have the capacity to form the foundation for minimum standards of care in counselling-related professions. Together, their comments reveal this perspective as voiced by an Ontario participant. "Currently there are nuances in the way legislation is being developed in different provinces. They are going to be very

careful to take that into consideration for assessment purposes...It's just my hope that we can come up with a national competency standard". Another Ontario participant concluded, "The way (the counselling profession) is regulated in B.C. or anywhere else is not the same as in Ontario (at present)...If you are practicing as a counsellor or a psychotherapist, those foundational principles or competencies should be there."

Analysis of participants' comments suggests that what remains after the advent of regulation for the profession is a two-pronged educational process. They seem to see one component of the process as the identification of multiple pathways to the profession that takes into account a combination of competencies, credentials, professional assessment and continuing professional development. The second component they alluded to alerts the public to the standard of care that should be expected when undergoing counselling or psychotherapy.

*Assessment of entry-to-practice competencies.* While the profile development work focused on generic competency areas (equivalent to job skills in other professions) that created a baseline counsellor profile for the entry-to-practice level, it was also important in the views of participants to ensure that the profiles they developed had the capacity to be the foundation for a provincial or national assessment tool and/or the framework for the subsequent creation of a proficiency scale for the counselling profession. One Ontario participant described the need for this longer term perspective during the development process in this way, "You need to be looking at the big picture about who could come into your province through non-traditional means and make sure you have appropriate assessments for them." In this person's perspective, anybody practicing in a province (and by extrapolation, territory) must have competencies at least equal to and not less than the



standard of entry-to-practice. This need was also mentioned by other participants. “You need to look at a combination of certain educational credentials as well as passing a registration exam on the understanding that the registration cannot test everything....(you need to select) competencies (that are) important for safe and effective practice”, concluded a participant in BC. This viewpoint was confirmed when another BC participant said, “You have to look at the proficiency environment relative to the statements of entry-to-practice (competency). And you’re going to have to come up with some performance indicators that would basically signify an acceptable level of proficiency.”

The responses of all study participants included plans beyond the validation of the competency profile. They described the creation of proficiency levels and assessment strategies for the entry-to-practice level based on their counsellor competency profile. As one BC study participant articulated, “One of the uses of the competency profile for counselling is to drive an assessment mechanism....The regulatory bodies are going to have to figure out how competencies will be assessed.” Another participant from BC said, “It’s something that we know has to be addressed.” And, “(That’s) what we want to do after we’ve spent all this time developing these core competencies.” The BC perspective sums up the assessment issue this way: “I think it’s a College’s job to take that on...I think we were finished...we weren’t really ready to go on and do more. (What we accomplished) would just give somebody who was doing an exam or whatever was going to be, some ideas.” Together, the study participants described the movement towards assessment as the movement from a competency profile to a proficiency scale.

**Profile Development Process: Relation to Literature-Based Development Models**

Of the three literature-based approaches that are related to competency profile development, only one is closely aligned to the processes observed in this study – Whiddett and Hollyforde’s approach (in Meadows, et al., 2004). The counsellor competency profile development processes in British Columbia and Ontario are only similar to the DACUM approach (in Dubois and Rothwell, 2000) in the use of a facilitator and a team of individuals who have experience in the occupational role under discussion. Although the three stages of Spencer and Spencer’s model (Spencer and Spencer, 1993) were incorporated into the process observed in this study, further adaptations to include an expert consensus panel and a facilitator created a very different development design. Based on the descriptions by the study participants, these modifications to the Spencer and Spencer design would have been necessary for their development teams to reflect the unique purpose of their competency profiles. The Whiddett and Hollyforde model was a closer fit to their process, but retained a human resources or proficiency perspective. The processes began to diverge at the “design of level descriptors” stage.

The three literature-based development models researched for the purposes of this study were not available to the expert panels in British Columbia and Ontario and may or may not have been helpful to them during their development process. The focus of the approaches of DACUM, Spencer and Spencer, and Whiddett and Hollyforde was proficiency levels and tasks for human resources or training purposes. The counsellor competency development teams in British Columbia and Ontario had a perspective of mapping the profession of counselling at the entry-to-practice level, describing indicators

for the generic knowledge, skills, and attributes that would adequately protect the public from potential harm.

This decision to focus on competencies (“what” knowledge, skills and attributes are within the scope of practice) rather than proficiency (“how well” the knowledge, skills and attributes are observable in a practicing professional) was a purposeful, fundamental, and critical perspective-taking on the part of the expert panels in British Columbia and Ontario and a feature that separated their development processes from those of human resources/proficiency scale perspectives. The study participants clarified this position particularly well when they discussed matters related to assessment. Assessment of counsellor proficiency was not part of their task in developing competency profiles. The competency profiles could create the foundation for assessment for proficiency but were not sufficient in themselves to serve as that assessment.

### **Profile Content: Relation of Competencies to Proficiency Levels**

A proficiency scale known as the Dreyfus model of skill acquisition was mentioned by one study participant as a particularly helpful product to use as a starting point for determining the content of counselling competencies. According to the participant, the model, as described by Patricia Benner (2004) in relation to clinical nursing practice, was helpful to separate proficiency levels from competency areas. This was true even though the purpose of the counsellor competency profile was different from that of Patricia Benner’s proficiency scale. The Dreyfus model was a product that showed the generic knowledge, skills, and attributes of entry-to-practice or novice practitioners and distinguished them from those of (often specialized) experienced, advanced, or expert practitioners.

Benner states, “The Dreyfus model is developmental, based on situated performance and experiential learning...because the practice is complex, varied, and undetermined....Good practice requires...skilful ethical comportment as a practitioner and...good clinical judgment...(that is translated) into the particular practice situation” (p. 188-189). As in Benner’s American studies in nursing, Canadian study participants confirmed that the expert panels writing the competency indicators in British Columbia and Ontario used their extensive knowledge as expert counsellors to consider the particular situational and developmental components of counselling that spanned the diversity of counselling specializations. Based on the comments of the study participants then, the diversity of counselling-related professions and counselling specializations were used to determine the generic knowledge, skills and attributes at the entry-to-practice level in the British Columbia and Ontario development processes. This strategy was similar to Benner’s American study that took into consideration the diversity of nursing specializations.

While the two products appear to have similarities, it is important to clarify the important distinction between the purposes of the competency profile development work and the purposes of proficiency scale development work.

The proficiency scale clarifies a practitioner’s developmental process of increasing degrees of proficiency. The competency profile is a static table that indicates entry-to-practice areas in which proficiency may be detected. Based on the participants’ responses, the value of Benner’s scale was in its clarification of complex entry-to-practice or novice skill sets. The counselling profession was seen as requiring an equally complex set of knowledge, skills, and attributes in the content of its competency profile.

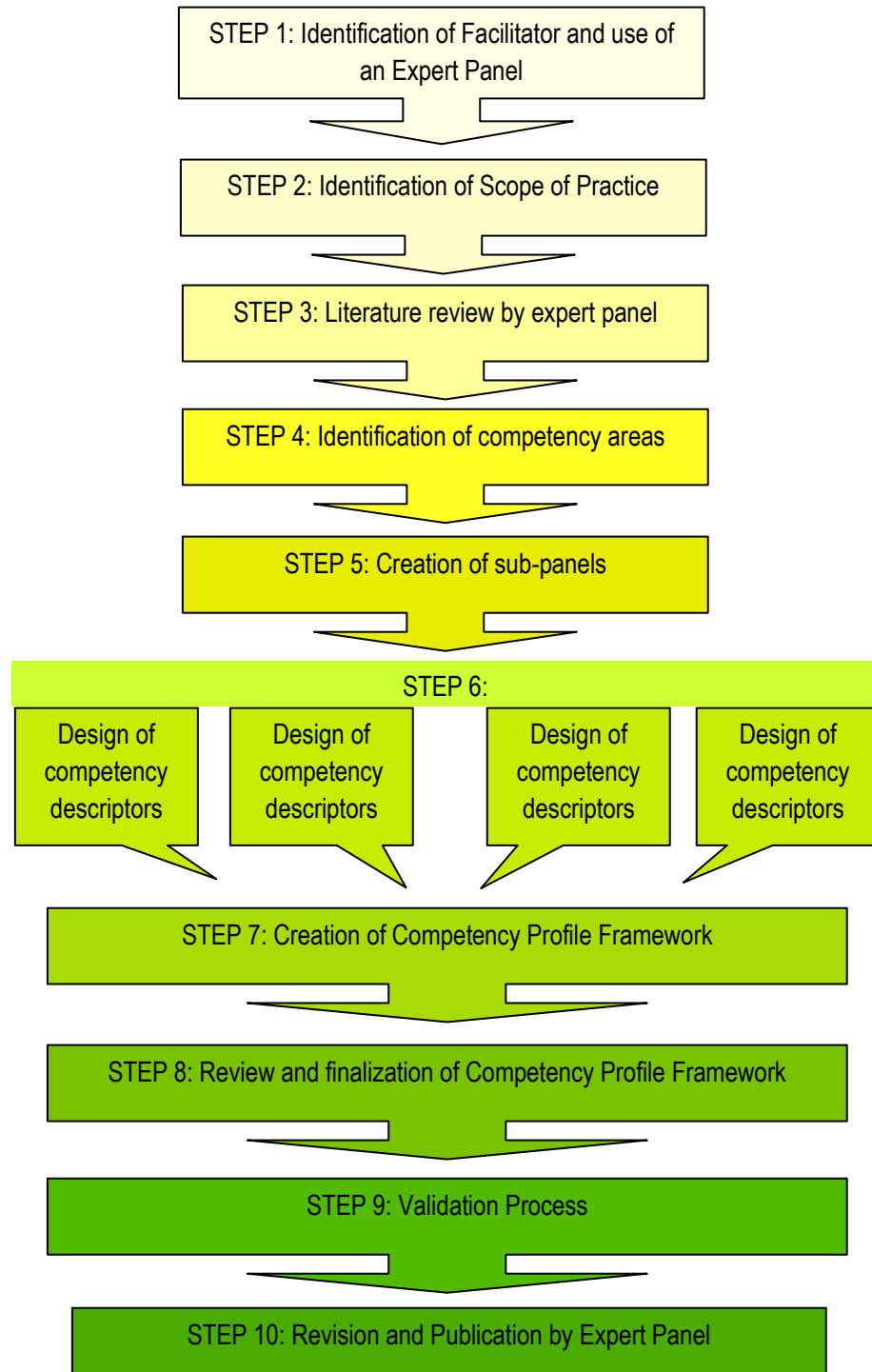
### **A Ten-Step Model of Competency Profile Development**

In this study, the four professionals I interviewed described a development model that appears superficially to be a combination of Spencer and Spencer's classic approach and the Whiddett and Hollyforde method. An indepth observation reveals a truly unique development process designed specifically for the mapping of a profession. It can be organized into a ten-step process. Figure 6 illustrates this process.

Prior to any of the development work, study participants described steering committees that were struck in both British Columbia and Ontario to make critical decisions regarding the need for a competency profile, the timing, associated costs, and recruitment of subject-matter experts and a facilitator. In British Columbia, this steering committee had its inception through the British Columbia Task Group for Counsellor Regulation that was comprised of six professional organizations representing approximately 2500 counsellors and therapists in the province. In Ontario, this steering committee was the Ontario Coalition Steering Committee, a body that represented five counselling-related organizations, representing approximately 3000 mental health professionals. Study participants in both provinces indicated that the use of a steering committee that represented a variety of counselling-related fields streamlined the process of recruiting experts who could reflect the different modalities and stakeholder organizations from across their province. In both BC and Ontario, organizations whose membership potentially would be affected by a competency profile and professional regulation were approached to nominate a representative to sit on the expert panel that would develop the competency profile. This approach also assisted in diffusing the costs associated with development. Development team members in both provinces were

volunteers; however, costs associated with travel, accommodations, teleconferencing, document production, and facilitation were divided amongst all participating organizations on the steering committee.

Figure 6: Flow Chart of Competency Profile Development



**Step 1- Identification of a facilitator and use of an expert panel.** The starting point for the competency profile development process in British Columbia and Ontario was the identification of a facilitator who was well-versed in competency development and consensus decision-making models. This was followed by the recruitment of expert panel members who were sufficiently knowledgeable about the profession and sufficiently detail-oriented to identify and write descriptors for the component parts of the counselling profession. Additionally, the panel was representative of a variety of counselling specialties and professional experiences in order to capture the breadth and depth of the profession at the entry-to-practice level. Study participants indicated that an effective, workable number of panel members ranged between 10 and 15 experts.

In the British Columbia and Ontario development processes, this variety of counselling specialties included: art therapists, marital and family therapists, school counsellors, career counsellors, clinical counsellors, grief counsellors, psychotherapists, and many more. According to study participants, a major challenge in recruiting an expert panel was attempting to increase inclusivity while maintaining a panel size that was workable. Of particular note was that, although study participants described processes in two different provinces of Canada, both provinces purposefully included a member on their development team with a national perspective through the Canadian Counselling and Psychotherapy Association.

In both provinces, each stage of the competency development process began with an informational session that included background, purpose, and strategy, followed by a work period. The facilitator offered structure and support to reach consensus at each development step, including activities related to research tasks, mapping exercises, whole



panel writing tasks, editing processes, decision-making opportunities, and sub-panel tasks. The counsellor competency profile, then, was built on a consensus model not just at the preliminary planning stages but at every stage of development. Participants noted that there was no literature-based development model that assisted them in finding an appropriate procedure for development. Rather, the process was created by consensus.

**Step 2 - Identification of scope of practice.** Identifying the scope of practice for the counselling profession is not as straightforward as many other professions because of its diversity. Unlike some other professions such as engineering and accounting which have relatively standard, well-established attributes that have their foundation in pure sciences, counselling is a generally ill-defined profession, based on a combination of applied social sciences with specialities within it. There is an established and universally accepted body of knowledge and scope of practice upon which the profession of engineering or accounting is based. In engineering, the body of knowledge is based predominantly upon the laws of physics and chemistry. In accounting, it is fundamental mathematical and arithmetical principles that define the scope of practice. In the case of the counselling profession, study participants indicated that it was necessary to complete an occupational analysis prior to competency development. By beginning the profile with an occupational analysis, the expert panels were able to more quickly discern the general clusters of activities (or domains) required for Step 4 that, when combined, accurately reflected the component parts of the counselling profession at the entry level of practice.

Study participants indicated that the expert panel reached consensus on a scope of practice framework within hours with the assistance of a facilitator. They mentioned that the facilitator was very helpful in assisting team members to separate specialized practice

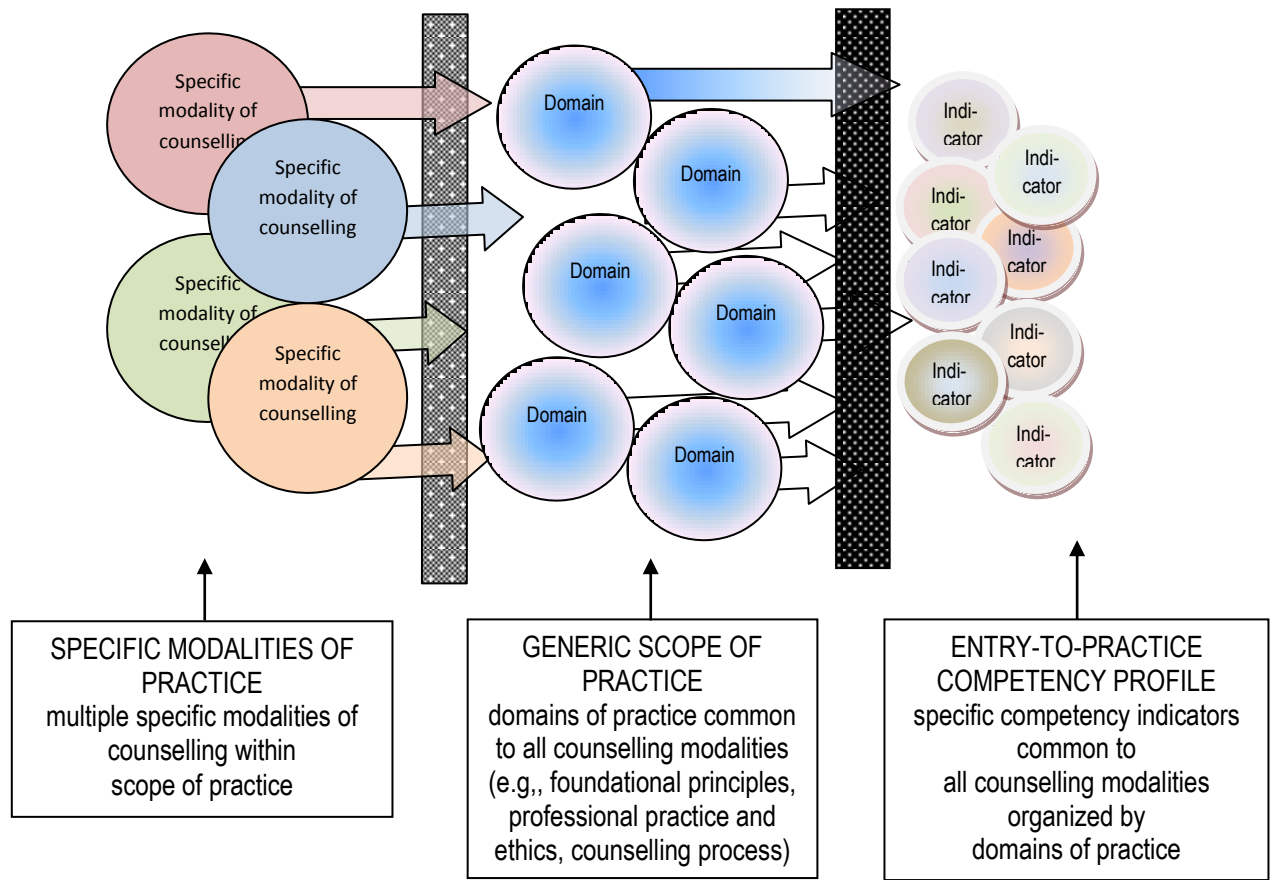
from generic, entry-to-practice concepts. As experts in specialized practice, this task of discerning entry-to-practice competencies that fit all counselling modalities required careful deliberation and ample discussion. At this stage of development, the focus was on what activities were within the profession and what activities were beyond the profession. A brainstorming process was utilized in both provinces to determine the broadest scope of practice that was then refined by consensus, separating the generic activities from those typically reserved for counselling specialty areas.

**Step 3 - Literature review by expert panel.** Study participants described extensive literature reviews that were conducted across North American and international sources to assess existing supportive frameworks for competency or proficiency profiles in the profession of counselling or in similar professions such as psychology, social work, and psychiatric nursing. In the area of counselling, both BC and Ontario participants described how samples were collected from organizations and/or institutions such as those representing universities, associations for marriage and family therapy, mental health, children and youth, addictions, career development, and many more. Related documents articulating standards of practice for counselling and counselling-related professions located in various Canadian provinces, American states, Australia, New Zealand and the United Kingdom were considered. Together with the diversity of experience, knowledge and training of the expert panel, these documents became the sources for consensus-based discussions to identify the competency domains that would form the general foundation for subsequent, specific, entry-to-practice competency indicators. Study participants in both provinces agreed that it was helpful to their profile development to review literature-based samples, even when the samples were created for a different purpose than competency or

defined a different level of specificity. The samples could be used to “rule in” or “rule out” directions for the competency profile. They were described as helpful in the content (the “what”) of the profile, but were unrelated to the process (the “how”) of the profile development.

**Step 4 - Identification of competency areas.** The importance of providing the expert panel members with proactive education in outcomes-based language and indicator creation was voiced by all study participants. The first order of business in identifying competency areas was this educational process in which profile developers had collaboratively determined a scope of practice in Step 1 for counselling within which the indicators would exist. This scope of practice reflected the broadest range of counselling modalities at any level of practice. In effect, it served as the demarcation of the limits of the counselling profession. In Step 4, this scope of practice was divided into in a series of work-related domains or essential organizers for groups or clusters of professional competencies. All indicators that subsequently would be created would fit within these “scope of practice” domains. Both BC and Ontario used this strategy as a preliminary exercise. This process ensured that the expert panel’s perspectives were broadened beyond the limitations of their own training and experience within a single counselling modality while simultaneously placing limits on the profession as a whole. Figure 7 illustrates the competency development movement from multiple counselling modalities to a generic scope of practice that provided the foundation for the more specific competency indicators.

Figure 7: Filtration Process from Multiple Counselling Modalities to Generic Indicators



At this stage in the development process described by both BC and Ontario participants, the expert panels had defined the scope of practice for the counselling profession in its broadest sense and conducted a literature review to inform themselves on existing scales or frameworks related to counselling, terminology, and levels of specificity. From this scope of practice came five domains under which all competency indicators would fit. These domains were: foundational principles, collegial relationships, professional practice and ethics, counselling process, and applied research. A sixth domain,

group processes, was considered by expert panels in both provinces and was retained in Ontario, but not in British Columbia.

Study participants concurred that by far the most straightforward competency domain to develop was the area of foundational principles. They suggested that perhaps it was simplest because these principles were at the core of the profession and were typically learned academically and consolidated experientially on a regular basis. It was advised by each study participant that development teams always begin their competency development work in this area to increase the confidence of the expert panel and to have a sense of accomplishment early.

**Step 5 - Creation of sub-panels.** The creation of a competency profile is a labour-intensive, time-consuming activity. Participants in the study indicated that once their expert panels had sufficiently confirmed agreement on the domains in the scope of practice and had engaged in a writing exercise to standardize format, terminology and phrasing of competency indicators in outcomes-based language, sub-panels were created as a key strategy in streamlining the creative process. In both BC and Ontario, the expert panels divided into smaller sub-panels to continue source document research and to draft possible competency indicators. Typically, these sub-panels were organized by the facilitator but membership was dictated by personal interest; the members self-selected sub-panels that were focused on a single domain that held particular interest for them. In other cases, during the development process, a discussion would reveal a need for further source information that crossed domains and the facilitator would strike a sub-panel to address the need.

Teleconferencing, electronic transmission of multiple drafts and sub-panel meetings occurred between the larger expert panel meetings in both provinces. Depending on the availability of source documents, the availability of experts, and the schedule of meetings, the basic competency profile development work spanned from six months to a year. The Ontario development process spanned a shorter time period than the British Columbia process in part because the British Columbia profile was available as a source document to the Ontarians. However, study participants noted that due to provincial differences, additional research was required in Ontario. It was not possible to simply transfer the British Columbia profile to Ontario. Both provinces undertook complete development processes to create provincially based competency profiles that are substantially identical in content.

**Step 6 - Design of competency indicators.** One key to effective competency indicators is consistency and a standardization of language. All study participants pointed to the importance of keeping the end-user in mind when writing the indicators and maintaining a level of specificity in the wording of each competency indicator that ensured that readers would clearly understand the knowledge, skill or attribute being described.

The generic design of every indicator was: present tense verb + object + (adjectival/adverbial/prepositional) phrase. Some examples of competency indicators are: “Apply therapist’s theoretical orientation to client’s context and presentation”, “Recognize barriers that may affect access to counselling services”, and “Communicate in a manner appropriate to the recipient” (Task Group for Counsellor Regulation in British Columbia, 2007). The panels in both provinces reviewed each indicator to ensure that it in no way described the degree to which the competency indicator must be met. In other words, any

attempt to describe how often, to what degree, or in what way a competency would be met was avoided. To do so would cause drift toward proficiency levels in the competency profile.

To achieve face validity for each indicator, the expert panels in both provinces employed a consensus approach with the assistance of a facilitator. As each indicator was created, the expert panels reached agreement on the wording in terms of its: (a) accuracy as a generic, entry-level competency; (b) appropriate and consistent use of terminology, and (c) correct placement in the competency domain. Study participants emphasized the importance of reaching consensus at the competency indicator level. While the broader validation process for the full profile framework that was planned for Step 10 would ultimately confirm or reject the indicators as viable for the profession, the expert panels in both provinces sought validation within the working group at the indicator creation stage in Step 6.

**Step 7 - Creation of competency profile framework.** Once competency indicators had been developed and assigned to domains of competency, the profiles in both provinces began to take shape as a framework. Study participants described the process of editing their frameworks to create a balanced structure as the next stage in development. Checks were conducted to reduce the incidence of overlap and duplication of indicators across domains. Study participants mentioned that specific competency indicators in each domain required careful balance to ensure that one competency domain did not dominate or leave the reader with the impression that one domain held more or less importance than another domain.

The criteria for the editing process described by study participants closely resembles the qualities of good competency frameworks described by Whiddett and Hollyforde (2003),

Good competency frameworks will have *all* of the following qualities:

- Clear and easy to understand
- Clear to all who will be affected by them
- Account for unexpected changes
- Made up of discrete elements
- Elements will be of the same type
- Behaviours are both necessary and appropriate
- Fair to all actual or potential jobholders (p. 23).

In addition to these qualities, study participants indicated that a competency profile for the counselling profession must also have the capacity to ensure that the knowledge, skills and attributes contained within the competency indicators were at the level of entry-to-practice, generic in terms of counselling modality and, when combined, included all elements required to protect the public from potential harm. Subsequent profiles could be developed to describe specializations in the counselling profession.

**Step 8 - Review and finalization of the competency profile framework.** As a final development phase, the expert panels in both provinces reviewed their draft competency profile in terms of its readability, completeness, consistency of wording, and weight of specific competency indicators in each domain. They then shared the draft framework with the organizations or associations with whom they were affiliated, many of which represented very specific modalities of the counselling profession. According to



study participants, the review of feedback from these groups was the final step prior to formatting the profile as a survey instrument for validation purposes within their province.

**Step 9 - Validation process.** The validation process in Ontario and BC involved a survey of the professional counselling community. The prospective respondent list was derived from the memberships of counselling-related associations. The first step in both provinces was the electronic formatting of the competency profile and computer programming to allow for the capture of electronic entries or manual entries by survey respondents. In all validation scenarios, respondents were provided with a draft version of the complete entry-to-practice counsellor competency profile in the form of a rating questionnaire that asked them to rate each competency indicator in terms of two factors: its degree of importance to safe and effective practice, and the extent to which it is used in regular practice. Additionally, respondents were offered an open-ended opportunity to provide feedback on the profile.

Study participants in both provinces reported that the majority of respondents completed the competency rating questionnaires electronically. Figure 8 provides a sample item from the competency rating questionnaire created for counsellors in British Columbia. Visible in the sample are: the generic domain within the scope of practice (“Professional Practice and Ethics”); the competency area (“Maintain Client Records”); and the specific competency indicator (“Document client progress on an ongoing basis”).

Figure 8: Sample Validation Item Rating Scale

### 3. Professional Practice and Ethics

#### 3.13 Maintain Client Records

##### 3.13.c Document client progress on an ongoing basis

- Critically important for safe and effective practice
- Important for safe and effective practice
- Somewhat important for safe and effective practice
- Not important for safe and effective practice
- Cannot rate the importance of this competency
- Used very frequently in your practice
- Used frequently in your practice
- Used occasionally in your practice
- Seldom used in your practice
- Not used in your practice

(Task Group for Counsellor Regulation in British Columbia, 2006, n.p.)

The validation process was undertaken provincially for both provinces and nationally (in both official languages) for one. More than 1500 counsellors across Canada responded. Study participants were quick to note that the consensus model of competency indicator development with their expert panels combined with an extensive literature review resulted in very limited alterations to the competency indicators at the validation stage. In both provinces there were, however ample examples of procedural questions from respondents to the validation instrument.

The validation process for the competency profile served two purposes in both British Columbia and Ontario. Firstly, it provided additional feedback related to the

validity of the competency indicators from active counsellors in a broad range of practice modalities. Secondly, it increased awareness of the breadth and depth of entry-to-practice competencies for counsellors.

**Step 10 - Revision and publication by expert panel.** Following the validation process, the results and feedback from respondents were collated to determine which competency indicators, if any, required deletion, amendment, or inclusion. In both provinces, the analysis of the validation results was conducted by the facilitator who then provided a report of findings to the province's expert panel. Study participants noted that validation results were robust (in each case, the response rate exceeded the volume required for statistically reliable results) and were very informative to the revision process.

Additionally, study participants indicated that the validation process confirmed the work that their expert panels had completed and that the comments from respondents provided a wider perspective on the effect of terminology on the understanding of a competency indicator. In some cases, respondents queried whether specific competencies were included in the framework. In both provinces, when the query was reviewed against the profile document, it was discovered that in every case, the competency existed. The use of unfamiliar terminology appeared to have affected competency recognition, spurring wording adjustments by the expert panel. The validation process then, formed both a confirmatory step in and a final editing sweep for the competency profile development process.

### **Results of the Validation Process**

Both British Columbia and Ontario undertook validation processes for their competency profiles as part of their development strategy. Ontario's process was reserved

for counselling professionals in the province of Ontario. British Columbia more broadly validated their profile, beginning with the professionals in their province and extending the process to other interested provinces and territories, and the Canadian Counselling and Psychotherapy Association. To date, these entry-to-practice counsellor competency profiles have been validated by: the Canadian Counselling and Psychotherapy Association (pan-Canadian membership), British Columbia, Ontario, New Brunswick, Nova Scotia and Prince Edward Island.

In this study, participants described the results of their validation process only in terms of the editing process for competency indicators. They did not discuss overarching validation findings in terms of statistical results. To supplement this discussion of the competency profile validation for the purposes of this report, I conducted a literature search which revealed that in a presentation to delegates at the Canadian Counselling and Psychotherapy Association National Conference in Vancouver, British Columbia, Cane (2007) reported on both the British Columbia profile and Ontario profile validation processes.

In Cane's report, he indicated that in all cases the response rate for the entry-to-practice counsellor competency profile created in British Columbia was between 11% and 16%. There were no significant differences in results among New Brunswick, Nova Scotia, Prince Edward Island, and British Columbia. The Canadian Counselling Association validation results, representing all provinces in Canada, yielded precision better than  $\pm 5\%$  with 90% confidence. Its results indicated no significant differences across all provinces and across Francophone and Anglophone respondents. No competencies were ranked low for importance and the majority of competencies were ranked high both in frequency and

importance. Results from the Ontario profile garnered similar results that indicated the profile was an appropriate reflection of entry-to-practice competencies. All competencies were confirmed and no respondents indicated a need for additional competencies.

### **Summary**

This phase of the study deconstructed the counsellor competency profile development processes used in British Columbia and Ontario, Canada between 2006 and 2008. The profiles that were created as a result of their work have proven to be valid, based on both provincial and national counsellor opinion. In the case of Ontario, this validation extends to the achievement of provincial regulation of the profession.

The description of a counsellor competency profile development process that unites a diversity of counselling modalities and that includes a widespread validation protocol provides a blueprint that may be utilized across the nation to support the existence of a minimum standard of care for the public, regardless of geographic location. Participants in this study clearly perceived the entry-to-practice counsellor competency profile development process as an efficient and effective model.

Because this competency development process has yielded validated results across Canada, it has the potential to create profiles that ultimately inform the regulation of counselling nationwide. The recommendation for counsellor competency profile frameworks as part of this regulatory process aligns with literature-based opinions (Cane, 2005; Ontario Coalition of Mental Health Professionals, 2007; Task Group for Counsellor Regulation in British Columbia, 2007). There have been three national symposia on the regulation of counsellors in Canada (Vancouver, BC: 2006; Ottawa, ON: 2008; Ottawa, ON: 2010). In all symposia, a similar conclusion was reached:

The “protection of the public and the integrity of the profession rest upon the integration of both competency and credentialing issues. The most cost effective and efficient way to maintain the above is through competency based credentialing.” (“As was said” *Report National Symposium on Inter-Provincial Mobility within the Counselling Profession*, November 12-13, 2008, Ottawa, ON, p. 18).

Additionally, professional consultations for the regulation of counselling in a variety of provinces and territories have led to the use of the competency profiles as vehicles for ongoing dialogue in the legal and political arena (Canadian Counselling Association, 2008; Human Resources and Skills Development Canada, 2008). In the next phase of the study, the use of competency profiles as blueprints for a counsellor assessment instruments is described.

## **Chapter Five – Test Development Process**

Both the United States of America and the United Kingdom, have undertaken test development processes designed for the same purpose as the Canadian competency assessment for counsellors and psychotherapists: to detect entry-to-practice preparedness of candidates using a simulation-style test instrument. During this phase of the study I used primary data from qualitative interviews with four test developers from both countries to determine established processes for the development of competency-based assessments, and compared them against naturalistic observations of the processes being used in Canada.

The National Board for Certified Counsellors and its affiliates in the United States have been developing and using competency-based assessments for the counselling profession for more than a decade. The British Association of Counselling and Psychotherapy has been developing a competency-based assessment for the purpose of national professional registration for seven years, the past three years of which have been focused on beta testing in preparation for widespread use in the summer of 2012. The Canadian test development team has been developing a national competency-based assessment for two years and beta tested the instrument in the winter of 2012.

The interviews and naturalistic observations in this phase of the study provided primary data that described a single step-by-step test development process that used an entry-to-practice competency profile as the assessment blueprint.

### **Description of Simulation-Style Competency Assessment**

The simulation-style competency assessment instrument consists of between six and ten simulations that offer approximately 500 data points that are linked to counsellor competencies. Simulations are distinct from case studies or scenarios. Case studies and

scenarios require extensive reading on the part of the candidate. In the simulation style assessment, small pieces of information that parallel the “piece by piece” nature of discovery in the counselling process are used. Following each new “piece” of information, the candidate is asked to consider what additional information would be helpful to further the counselling activity and/or what decisions would be advantageous. Candidates select their preferred next steps based on a list of options that are pinned to competency indicators located in an entry-to-practice competency profile. The responses from the candidates allow indepth identification and measurement of areas of strength and areas of weakness or lack of knowledge in direct relation to a validated entry-to-practice competency profile for the profession.

The simulation-style assessment instrument is designed to distinguish between abilities in information gathering and in professional decision-making. There are five to eight sections per simulation. These sections combine to provide access to approximately seventy percent of competencies (omitting those best assessed through supervision). Because a simulation style is employed in the test, contextualized knowledge, skills and judgment are assessed. The simulations require the candidate to utilize competencies interdependently, not in isolation, and at the levels of application, analysis, synthesis, and evaluation, not at the lower level of knowledge.

Structurally, each simulation has three components: (1) A brief scenario of two or three sentences that provides a realistic setting and introductory client information (e.g., age, gender, presenting problem(s)), (2) An information gathering requirement in which the candidate must gather relevant information for working with the client (e.g., family



background, status of physical health, previous counselling), and (3) A decision making requirement in which the candidate must make therapeutic judgments or decisions.

Each response option in each simulation is given a weight based on the level of appropriateness for good client care. The points range from +3 to -3. The point value is calibrated based on the degree to which the client may be affected, with +3 being of central importance for good client care and -3 being gravely damaging to client care. Cut scores are determined for each simulation through consensus processes by experts from multiple counselling modalities on the test development team.

### **Qualitative Interviews – US and UK**

Study participants were asked to reflect on their recent experiences with competency assessment development. Their responses clustered into two general themes, each with two thematic patterns. Responses focused on structural integrity activities and test development challenges.

Data in the structural integrity area provided insight into the actions and considerations for a specific, consensus-based, step-by-step model for competency-based test development. Two thematic patterns emerged in this area: essential preparatory activities and methodological constructs for test development.

Data in the test development challenges area also revealed two thematic patterns: the capacity of the test to adequately address counselling competency areas, and the capacity of test developers to move beyond modality-specific perspectives in test items.

**Structural Integrity Theme.** The responses of participants clustered into two thematic patterns within the area of structural integrity: (1) the importance of engaging in preparatory research activities following competency profile development to create an effective test development team, and (2) methodological constructs to ensure the reliability, validity, and fairness of the test instrument.

Study participants were asked to describe their competency test development processes from inception to validation. Despite population-based, culturally-based, and testing ethos-based differences between the United States and the United Kingdom, respondents described a standardized methodology for test creation with similar challenges and solutions.

**Preparatory Research Activities.** Preparations for a competency-based test development process in both countries began with identifying subject matter experts in the field, confirming professional competencies at the entry-to-practice level, and contracting with a facilitator. Participants in the study confirmed these activities very early in their recounting of experiences and perspectives. In both countries, test development committee members were sought through a process of broad invitation or advertising to existing members of the profession. Membership selection was based on experience and diversity criteria. One participant indicated that “the ideal situation is that the organization (creating the test) is able to identify individuals who are a good sample of the population that’s going to be certified through the examination in terms of education, experience, race, ethnicity, geographic location.” Two other study participants in the UK described this same situation in their country by saying that committee members were “people with a good reputation, a national reputation. (We were) looking at credibility.” In both the US and the UK, test

development committee members also tended to represent the breadth of counselling modalities. In the UK, one respondent said, “We wanted different approaches represented...we tried to match (the test to) presenting issues that people work with.” In America, this diversity was expressed as “...(we) bring in certain experienced people who are recognized in the field. They’re well educated and experienced....You have to allow the experts to have those (modality specific) debates, because they’re very important.”

All participants agreed that it was the ability of the test development team to work together, to stay focused on testing only indicators found on the competency profile, to address multiple modalities, and to be open-minded that helped in the creation process. From the American perspective, “Having consistency in the team membership and beginning meetings with a reminder of test construction helps keep everyone on track. Reminding people why they’re there and why they’re creating the test items in the way they are is important. You also want a good balance. When new members come onto the team, you want more experienced members to mentor them and help them get into the process.” The UK echoed this point view: “It’s good to have groups of writers who stay rather than bring people in later. You’re re-educating for one person. Getting a coherent group at the beginning that gels, is very important.....”

Based on the comments of study participants, successful development teams had members who were: (1) clear on their purpose, (2) knowledgeable experts in the profession, (3) consensus-seekers, and (4) willing to engage in the task of test development based on a competency blueprint for an extended period of time.

*Methodological Constructs.* Both the US and UK used identical strategies for constructing, refining, and finalizing the each simulation that would become part of a test instrument. Both countries used writing templates to keep consistency in the writing style and process. Both countries also used a combination of small and large group strategies in a fluid structure to write, review, edit, and finalize simulations.

Large and small group meetings were used in both countries to maintain the writing momentum. In both cases, small groups or individuals began the creative writing process for the realistic setting and characteristics of the client in each simulation. From the American perspective, it takes “between six months and two years or more, depending on the context” to create a simulation-style assessment instrument. In the UK, the process has taken much longer. At the three-year mark on intensive development work, the simulation-style assessment is now ready for final piloting.

After initial training as a large group, the UK test development team began to write simulations in pairs. One UK participant indicated, “As (simulations) get written, they get reviewed by other people in the (larger) group. (The facilitator) looks at them to make sure...the structure of them looks okay.” Now that the test development team has had three years’ experience, a UK participant said that “they write individually now, (but) it has been quite hard...to get them to deliver on time.” The team meets as a full group on a regular basis to review, edit the individual writers’ simulations, and link test items to competency indicators. According to another UK participant, “It takes forever (to write a good simulation)...because you have to write the justifications for the right and wrong answers as you write it.”

In the US, the process is more informal and fluid. While still using writing templates to maintain structural and stylistic consistency, as a writer or small group of writers reaches a point of (simulation) completion, or a point of “being stuck” in the writing process, the simulation is presented to the larger group for feedback. There is no hard and fast rule for when this sharing occurs. “Often a full group review has members finding great ideas for ‘twists’ that incorporate additional competencies. You often hear subject area experts saying, ‘Oh, that would be cool if...’ and make adjustments to the simulation.” The large group sharing process in the US accomplishes two tasks simultaneously: team consensus on the appropriateness of the draft simulation in relation to core competencies, and refinement of the finalized simulation in preparation for pilot testing.

**Test Development Challenges Theme.** Data from study participants indicated two areas of major challenge during the test development process: (1) the capacity of the assessment to adequately address counselling competency areas, and (2) the capacity of test developers to move beyond modality-specific perspectives in test items.

***The Challenge of Addressing Professional Competencies.*** Both the American and British participants indicated that the most important consideration in test development was ensuring that the simulations within the assessment tested the candidates on as many entry-to-practice competencies as reasonable. For the British participants, this competency alignment was more complex than for the Americans. According to the UK, there were two competency documents that were to form the foundation of their competency assessment. There was a job analysis (competency profile) and national occupational standards. In the words of one participant, “There’s been a national project that’s developed national

occupation standards for psychological therapists on a modality base, but it only did four: psychologic psychodynamic, family and systemic, humanistic and intuitive, and CBT.” The challenge for the British test developers then, was to use the job analysis that described entry-to-practice skills found in all modalities as a map against which the national occupation standards was compared in order to begin effective development of their assessment instrument.

In the US, the competency profiles (also known as job analyses) were clearer. While various states have unique exams for licensure, and some states have two-tiered licensure, they are all based on the same national job analysis process. “When we do our job analysis, one of (our tasks) is to see how those who are...nationally certified and those who are licensed are faring. We want to make sure that there’s a high correlation.” This American process of conducting job analyses across all fifty states of America to create the foundation for the national assessment has also been used in Jamaica, four countries in sub-Saharan Africa, Botswana, Germany, Venezuela, Mexico, Bhutan and Spain.

Both the US and the UK make use of computer programs to ensure adequate coverage of competency indicators in the assessment, to control for overlapping test items, and to conduct gap analyses. In the US, the program is known as I-MAP. The UK uses a program called Exam Manager. In both cases, the balance of simulations within the test instrument and the number of competencies being tested must be identified and calibrated. According to the UK participants, the program “tells you whether the simulations you’ve combined actually give you a balanced exam or not. In the program you then can take one (item or full simulation) out and put one in...just to see if you still have balance.” In the US, I-MAP technology is used to conduct the same data capture and to allow quick editing

based on both preferential and statistical information. The American participant added that the program has the added feature of “collecting the approximately 500 points on the simulations (derived from the calibrations of each item response) for discrimination analysis and can calibrate the effect of adjusting or removing any single component from any simulation on the total test score.” The use of computer software for test analysis in both countries allowed manageable scoring for the simulation-style assessments. Unlike multiple choice tests in which there would be 100 points for discrimination analysis on a 100 question test, the simulation-style assessment has calibrations within each response option and multiple responses are a structural component of the test. This structure leads to the approximately 500 points for discrimination analysis.

Both the US and UK participants agreed that test development had to begin with a clear understanding of the competency profile or job analysis of the profession by test developers. The competency statements were the foundation of the profession and the foundation of a reliable, valid assessment.

***The Challenge of Modality-Specific Perspectives.*** Because most counselling-related professionals have a modality preference, it is clear that modality-specific issues may arise during test development. The American perspective on this fact was clear, “Like any process, it’s always making sure everyone understands the definition of who you’re trying to create this assessment for, and reminding everyone in virtual meetings or face to face meetings, to check your own personal agendas at the door. This isn’t about you. This is about improving the process.” The challenge for test developers is to ensure that simulations within the test are focused on the competency indicators at the foundation of all

modalities, and not at the constructs of specific techniques or modalities of the counselling act.

In the UK, the national occupation standards for psychological therapists that were pinned on four specific modalities created an initial barrier to successful test construction. According to one study participant, “(Creating items based on the modality-specific competencies) was just a bloodbath...it didn’t make any sense to anyone” and the resulting simulations “ended up being predominantly person-centred, process-experiential” and therefore excluded or disadvantaged many candidates with specific modalities of practice. Agreement on the fairness and appropriateness of the simulation components that were based on a specific modality was impossible for the test development team. Because of this experience at the team writing level, the British writing team rejected modality-specific simulations, and ultimately wrote generic simulations that were more inclusive in approach. Despite this adjustment, the UK still found that “(During the piloting process) we did find that we had a little bit of modality bias in some of the writing (that required adjustment).” The current version of the UK entry-to-practice test uses the core competencies to create generic, cross-modality simulations.

In the US, where potentially conflicting competency indicators were not an issue, they still found that “challenges (in test construction) were typically modality based, but looking at core competencies that are foundational often solved the situation.”

Regardless of the amount of experience test development teams had or in which country the simulations were being developed, the challenge of modality-specific bias existed. Strict attention to potentially biasing components of draft simulations during the development process and grounding each simulation in the foundational competencies of



the profession addressed this challenge and reduced the risk of creating an entry-to-practice assessment that unfairly advantaged or disadvantaged candidates.

### **Naturalistic Observation – Canada**

A research assistant conducted observations during a two-day meeting of the team of Canadian test developers and their facilitator in March 2011, using a pre-established observation form (Appendix C) that included the number of study participants being observed, a description of their setting, and events that occurred in terms of processes and products. The observations provided primary data that I used to explore the strategy used to develop the assessment prototype in Canada. I then compared procedural elements against descriptions provided by international test developers to ascertain whether the development processes in Canada were similar to the existing frameworks in the UK and/or US or whether they were unique.

The Canadian test development team was in the initial stages of developing a simulation-style, competency-based assessment for the counselling profession during the observation period. The team had ten members and an external facilitator. The team members represented multiple modalities of counselling, the various provinces and territories in the nation, and included both English and French speakers. Their task was to create a simulation-style assessment tool that was aligned specifically to nationally validated entry-to-practice competencies for the counselling profession in Canada. The facilitator was an external psychometrist who had international experience in working with test development teams.

Observations of the CCPA assessment development team occurred as it generated, reviewed and refined simulations over two days in preparation for the beta testing of their

prototype assessment. My purposes in undertaking naturalistic observations were to explore the Canadian competency assessment development processes, assess their potential benefits in producing a fair, valid, reliable, and credible national assessment of counsellor competency in Canada, and analyze their relationship to the established practices of the test developers in the US and UK. Rather than interview team members to obtain a description of the activities, I selected direct observation of the activities to widen the lens of study and to reduce the incidence of potential selective memory or personal bias that sometimes exists in semi-structured interviewees.

Because observations were restricted to a single meeting of the team, artifacts used during the meeting and the Canadian beta test analysis report were used to supplement observer information in this phase of the study. The meeting artifacts included the meeting agenda, information booklets, calibration guidelines, simulation writing templates, test specification sheets, competency profiles, and I-MAP software.

The observations of the research assistant included both large and small group meetings as well as informal consultations between individuals that occurred during the two-day meeting. The observations were clustered into two major areas: structural integrity activities and test development challenges.

**Structural Integrity Activities.** The Canadian test development team was observed six months after it was formed to begin work on a competency-based, simulation-style entry-to-practice national assessment for the counselling profession. The agenda for the meeting indicated that activities would include a “review of item development components (IG, DM, Justifications, etc.)” as well as “I-MAP software” and an “item review workshop”. The observer noted that the day began with a plenary session in which “the

facilitator welcomes the group, summarizes the day's activities: introductions, simulation overviews, software explanations, two samples of simulations within software" and that participants "took notes, asked questions...during discussions of psychometric properties for assessment." Once the team members moved into small group settings, the observer moved from group to group, describing their processes and products that were created. The observer's notes indicated two major methodological constructs: the use of a competency profile and templates, and the use of consensus-based decision-making.

***Methodological Constructs.*** Across groups, the observer noted the use of three guides, (1) a test blueprint that articulated commonly occurring mental health issues in Canada and test specifications, (2) an entry-to-practice competency profile, and (3) simulation writing templates. The observer noted that in one group, "*D* looks at instruction booklets to clarify question on weighting." In another group, "*H* retrieves competency profile...team silently reads competencies in alignment with their simulation." A third notation of a group includes, "*C* will enter information from first simulation into template while *B* and *H* develop second simulation." These three artifacts were referenced by the observer extensively in both small and large groups.

In both large and small group settings, the creation, discussion and revision of simulations were focused on entry-to-practice competencies. The observer described these activities in various ways, including: "work continues item-by-item, labelling competencies", "(members) tied competencies to responses", "(members were) keeping the simulation at entry level competencies" and "A suggests a review of counsellor responses to see how they fit with competencies and aims of session."

**Consensus building.** According to the observer, teams searched for and reached consensus based on practical knowledge and theoretical underpinnings of the profession as they developed simulations using templates and guides. The observer noted this use of practical knowledge across multiple groups, “*L* responds with justification of her work with client. Group discusses issues of consent, how their workplaces deal differently with sharing information.” In another group, “*D* draws on practices in *D*’s province.” In a third group, the observer wrote, “*E* enjoys disagreement; sees regional differences but commonality in work across nation.” The observer commented on one group, “They sometimes fall into extended debates about what are best practices and draw on (their) own experience in this process”. In describing another group, the observer wrote, “(The) group seems to be like-minded, with homogenous values, theoretical orientations, practices.”

The observer described small groups sharing work in terms that suggested a flexible, informal manner. In a description of the activities of one group, the observer commented, “If there is a disagreement re a suggestion, (the) group looks to *L* to break tie. When *L* does not have an answer, she sends it back to the group saying, ‘What does everyone think?’ When *L* has their answer, she makes the final decision.”

While the meeting agenda clearly showed a plenary session prior to and following small group work, the observer noted that groups consulted informally with members of other teams during the small group time period or reserved some decisions until they could consult with the larger group to obtain perspectives from other parts of Canada. For example, the observer cited, “*H* leaves to speak with team members who are entering the boardroom” and “*L* suggests, ‘Let’s mark it as unresolved, ask a larger group’.”

The observer frequently noted openness and consensus-building in reflections such as, “Group members...easily reach consensus”, and “some individuals seem anxious to share simulations without edits”. The observer also noted, “consensus is a shared experience; seems to build team cohesiveness”.

At the full team meeting time, the observer noted that team members readily offered suggestions for enhancing the simulations being presented and queried issues related to psychometric properties. For example the observer indicated that, “*G* asks a questions about mandate; team explores their reasoning and consider other perspectives” and then indicated, “developers ask many questions how simulations are set up, confirmation of purpose of testing, regulation of the profession, and protected acts, provincial mobility, core competencies, specialties” and “discussion surrounding protected acts and scopes of practice across country: concerns that every orientation and specialization is included but not challenged/tested past (entry-to-practice) competency level.” Also evident at the full team sessions was ongoing, informal commentary related to a comparison of simulations that were currently still under construction. According to the observer, “*L* and *F* quietly discuss how their simulation compares to the one being presented to the large group”, “large group discusses how they will have access to change their simulations (between meetings)” and “during the discussion, questions/concerns raised are...responded to by every group member based on their region and professional knowledge.”

**Test Development Challenges.** The research assistant noted two major challenges during the development process. One was the challenge of modality-specific perspectives, and the other was the use of two official languages.

*The Challenge of Modality-Specific Perspectives.* Small groups spent extensive time ensuring that justifications for and calibration of responses and distracters within simulations were based on entry-to-practice competencies rather than any specific modality. Based on the observer's notes, this area of discussion was common. In one group, "*H* discusses how the test needs to accept all modalities" and "*E* indicates (the) simulation may be problematic...when cases go against the modality in which (test-takers) were trained". "*H* suggests consulting with a larger group because some members deal with such issues in their work with different modalities...(and they want) to work based on (the) list of competencies rather than a specific modality." In another group, "*B* describes approach; read without considering +/- calibration. *C* asks, 'What did you find?' and confirms *B*'s response with, 'So it works'...then clarifies *H*'s comments on weighting." In another instance, a group "indicates (the) simulation may be problematic for those who only studied brief therapy...(and discuss what to do)." Another group, "comes to consensus easily, overcom(ing) disagreements by rational justification...(then) edited responses and provided weightings to responses."

Also evident in small group activities was the use of both electronic and paper versions of draft simulations that had been constructed by team members between and during meetings. For instance, the observer noted that one group was, "inputting the simulation, entering changes...into I-MAP", and "*B* is open to sharing her case with (the) small group and allowing manipulation of the issue/responses in the simulation. Openness to test development process." Another "group questions what competencies are related to the aim of the session. Competencies are written at top of page." The observer also notices a pair of test developers, "writing changes on the simulation into their copies" and another

small group that has “each group member tak(ing) notes on the simulation printout. All follow along, assigning values, wording.”

***The Challenge of Two Official Languages.*** Based on the observer’s notes, there was evidence of the use of both official languages in the development process that at times related to communication of ideas, and at other times was more focused on ensuring accurate interpretation of translated test items. The observer noted, “*C* brings *B* up to speed in both English and French”, and “*B* clarifies (the) item’s purpose with *C*. *B* explains mostly in French, *C* responds mostly in English. *H* nods understanding.” At another time, “*C* and *H* work on (the) simulation in English, careful to ensure that words have same meaning for both of them” and “by reading out in English the simulation written in French.”

**Interpretation of Observations.** Based on the observations of the research assistant, a critical methodological construct that the Canadian team used to create their simulation-based assessment was writing templates and guidelines. These forms, both electronic and paper, structured the writing process into the component parts of each simulation. Templates included areas in which the simulation writers were required to insert the presenting and secondary mental health issues contained within the simulation, the one to two sentence scenarios that led into the information-gathering and decision-making sections of the simulation, and the response options for the test taker. The development team also inserted into the template the suggested calibration and justification for each response option, and the competency area being assessed. Based on the observations of the research assistant, the wording of scenarios and response options, as

well as calibrations and justifications were co-created in both small groups and large groups, in English and in French.

There was evidence of substantial discussion and review during the simulation creation process. The observer often noted conversations related to professional practice, modalities, competencies, province/territory-specific information, and consensus-building strategies across the small groups and in the plenary group during the observation period.

The observation of the Canadian team process was a snapshot in time. However, in that snapshot there was evidence of what may have preceded the activities and what activities would likely become next steps. The use of a blueprint showing commonly occurring mental health issues in Canada was indicative of preliminary research and agreement on the contents of the test. The use of a nationally validated entry-to-practice competency profile to justify simulation components was evidence that the test developers recognized the profile as a valid reflection of professional competencies and that they were grounding the test items at the core competency level based on the profile. Care was being taken to ensure each test item response or distracter was linked to one or more of the entry-to-practice competencies. Finally, the use of writing templates showed that forethought had occurred in stabilizing the writing process. It seemed that simulations were being created simultaneously by multiple teams and that standardization of simulation structure and consistency in style was being attempted through the use of templates and guidelines.

The final plenary session on the second day of observation provided insight into the potential next steps in assessment development. During this session, the observer noted discussions related to the calibration of the test item responses and distracters. In some of the preliminary simulations at the small group level, the observer noted the beginnings of



the use of a scale from +3 to -3. The calibration guideline used by team members indicated that +3 was indicative of being highly advantageous and helpful to client care, and -3 as being potentially harmful or deleterious to the client. Additionally, because the simulations were being uploaded into a computer program designed specifically to detect the psychometric properties of the test as a whole and in discrete parts, it was clear that a follow-up step would be a psychometric analysis of the instrument based on beta test data. This seems particularly plausible since the facilitator for the development team meeting was a psychometrist.

To supplement the observations of the research assistant, I consulted the *Beta Test Analysis Report: Canadian Professional Standard for Counselling and Psychology (CPSCP)* (Center for Credentialing & Education, 2012) that was created following the beta test which contained the simulations that were in development during the observation period. In Attachment D (p. 10), the development processes subsequent to the observed meeting of the Canadian test development committee are briefly described. There are five activities described, the first two of which are captured during the observation period. The third activity is described as:

(The test development team) checks for psychometric properties of each item, ensures content accuracy, content distribution and overlap, and verification of quality items....The committee is guided by the test specifications, which were empirically derived from the job analysis study.

According to the *Beta Test Analysis Report*, after the check on psychometric properties of the test, there were two remaining activities. After the assessment is beta tested, a review of the test results occurred and, “using a consensus approach, the

committee made revisions based on psychometric data. The committee also reviewed all written comments from the examinees” (p. 10).

**Relationship of Canadian process to established practices in the US and UK.**

The observed activities and artifacts of the Canadian test development team were consistent with those described by the study participants in the US and UK. With the minor exception of work in both official languages and fluidity in the sharing and consultation between and across small writing teams, the Canadians used established development strategies to create a simulation-style test instrument.

The Canadian team, while less experienced than the American or British team, proceeded through the steps of test development at the pace described by the US. Within a six-month timeframe, the Canadians had moved from identifying the test format, facilitator, and team membership to reviewing and editing simulations based on competency indicators with the full team. At the 16-month mark, the team was engaged in the beta testing process and analysis of psychometric results leading to final revisions of the simulation-style test instrument in preparation for pilot testing.

One apparent difference that was clearly noticeable in the Canadian team was the ease with which the members collaborated and reached consensus in both small and large groups. Unlike the US and UK who respectively mentioned occasional or ongoing difficulties that caused conflicts related to counselling modalities or members who voiced an unwillingness to compromise on the simulations they had personally created, the Canadians raised the issue of potential modality bias, held brief discussions in small groups, and removed the observed bias at early development stages prior to sharing with the larger group.

Additionally, there was increased mobility between and across small groups. Neither the US nor the UK study participants mentioned small groups discussing their work with other small groups or consulting with a particular expert from another small group to aid their development process. This was a common occurrence observed in the Canadian development process.

The Canadian test development process was conducted in both English and French. While English was the most common working language, both French and English were used in small group settings. Bilingual team members assisted in ensuring that nuances of the language were addressed. During reviews of items, team members considered English wording to ensure terminology would be easily translated. This feature of work was unique to the Canadians. While the US test may be translated into Spanish, and the UK test may, over time, be translated into Welsh, none of the team members used a language other than English during the development process.

**A Ten-Step Model of Simulation-Style Test Development.** The test development process observed in Canada fits with the processes described by study participants in the US and UK. Additionally, the steps taken to develop the competency test paralleled the steps taken to develop the competency-based profile for entry-to-practice counsellors upon which the test was based. Together, the findings support a single, step-by-step process used to develop a simulation-style competency-based test for entry-to-practice counsellors. Figure 9 illustrates this ten-step process.

**Step 1 – Identification of testing format, facilitator and test development team.**

The starting point for the test development process was the identification of a test format that produced a reliable, valid, and credible measure of entry-to-practice competency. This

involved research into existing formats through literature reviews and review of testing formats being used with success in other jurisdictions for mental health-related professions. All participants in the study identified the simulation-style format as the most appropriate method for the assessment of entry-to-practice competencies for the counselling and psychotherapy profession.

Identification of a facilitator who was well-versed in the selected test development model was the next component in this step. This identification process was followed by the recruitment of a test development team that was sufficiently knowledgeable about the profession and sufficiently detail-oriented to identify and write simulation-based test items at the entry-to-practice level.

Additionally, the team selection process included criteria to ensure that collectively, the members represented a variety of counselling specialties and professional experiences in order to capture the breadth and depth of the profession at the entry-to-practice level. Study participants indicated that an effective, workable number of panel members was between 10 and 15 experts, since consensus-style decision making was critical to successful test development. According to study participants, a major challenge in the recruitment process was attempting to increase inclusivity while maintaining a team size that was workable.

**Step 2 –Research.** Once a facilitator and development team was in place, the simulation-style test development process began with research into existing competency-based entry-to-practice profiles for the counselling and psychotherapy profession that were based on job analyses or national standards (where available) and upon which the test would be based. This was followed by research into the most commonly occurring mental

health issues in the country. From this research there emerged a blueprint for the content of the assessment instrument. In all cases, study participants confirmed that the assessment instrument focused its simulations on situations in which entry-to-practice counsellors would be most likely to find themselves.

As experts in specialized practice, this task of discerning most commonly occurring situations and their nuances was fundamental to the creation of credible simulations. Each simulation would need to be linked to potential counsellor activities at the entry-to-practice competencies and the situations described within the simulations would need to fit all counselling modalities. This required careful deliberation, ample discussion, and consensus-building.

**Step 3 – Development team training.** An experienced facilitator was used to train the test development team in the creation of realistic simulations, responses, and distracters. The training session began with an overview of the background to the testing style, the purpose of the assessment instrument being created, and the strategic steps and templates to accomplish the task. This teaching component was followed by examples of test items that other jurisdictions had used in their simulation-style assessments to ground the test development team's work in reliable and valid exemplars.

**Step 4 – Creation of small writing groups.** Following the teaching component of the team training, the test development team divided into small writing groups to begin the process of brainstorming scenarios for simulations that focused on the test blueprint (most commonly occurring mental health issues) and that provided the most fertile ground for the use of multiple entry-to-practice competencies.

Writing groups were formed by convenience. Membership seemed to have been dictated by personal interest; the members often self-selected groups that were focused on a simulation scenario that held particular interest for them.

**Step 5 – Creation of simulations by writing groups.** To achieve face validity for each simulation, the writing groups employed a consensus approach. As each test item within the simulation was created, members of each small writing group reached agreement on the focus and wording of each component of each simulation in relation to its: (a) frequency and importance at the entry-to-practice level; (b) applicability across multiple modalities; (c) use of plain language, (d) attractiveness as a distracter or correct response, and (e) alignment to the test blueprint and specifications.

The facilitator offered structure and support across small writing groups, including activities related to using a consistent writing style, mapping the components of the simulation, creating additional decision-making opportunities, and linking the decision-points to specific entry-to-practice competencies. This process later became critical to ensuring that all simulations within the assessment instrument had standardized structures and writing styles.

Once the preliminary simulation was complete, the small writing group then checked each response option against the competency profile to align the simulation to entry-to-practice competencies and then calibrated each option based on its potential for harm and potential for success using a +3 to -3 scale, in which +3 was highly advantageous and helpful to the client, 0 was neutral, and -3 held the potential for client loss or death.

Ongoing development of simulation drafts occurred between meetings to maintain writing momentum. Once complete, each simulation was uploaded to a secure computer

program that had data capture for both the visible “story” of the simulation and the invisible substrate of the “story” that held the calibrations (mark values for each response), justifications for the calibrations, and competency indicators.

**Step 6 – Large group review and edit of simulations.** As each small writing group completed a simulation, it was placed before the large group for reviewing and editing. By using this strategy, elements of the modified-Angoff approach became evident. The large group, composed of a variety of experts from diverse modalities of the profession, reflected on the appropriateness of wording, of available options for the candidate, of alternative decision-points in addition to checking for standardization of length and writing style. Calibrations and justifications for calibrations were also confirmed using a greater than 2/3 consensus approach. When consensus could not be reached, the simulation or component of the simulation causing the difficulty was set aside and either re-worked at the small group level or rejected.

**Step 7 – Selection of simulations for assessment instrument.** Study participants described the process of selecting and editing the simulations to create a balanced structure as the next stage in development. Once simulations had been finalized, the blueprint for the assessment instrument was revisited to ensure that the presenting and secondary issues of the clients described in the simulations fit the test blueprint and that a diversity of ages, genders, and circumstances were represented. Checks were conducted to reduce the incidence of overlap and duplication of competencies within the same context.

Because all simulations were housed in an electronic platform, simulations with major overlaps or conflicts were flagged by the testing software program. For instance, the program identified and prohibited the selection of two simulations within the same test that

covered identical concerns in the same age group. This failsafe system written into the software program removed the possibility of inadvertent overlap within a single test.

**Step 8 – Beta test of assessment instrument.** In this step, the test development team released the simulations in the form of an online test. A secure service provider uploaded the test and made it available to beta test takers, using procedural standards identical to those that actual candidates would experience. These standards included the multiple testing site locations, the application for and confirmation of test-taking time, the use of experienced proctors, and all confidentiality and security components of testing.

**Step 9 – Analysis of beta results.** Following the beta testing of the assessment instrument, psychometricians external to the test development team reviewed the psychometric properties of the test as a whole and test item by test item. An electronic report was created that showed the interplay within, between, and across test items. The team then reviewed each item based on validity and reliability measures using a modified Angoff approach. Items were verified, rejected, or modified using a consensus approach. Through the use of computer technology, the team was able to see immediately how each adjustment affected the psychometric properties of the test. This process avoided “trial and error” approaches to test modifications and provided “real time” analysis of psychometric properties. In addition to the actual test item responses, the team reviewed any participant comments that were collected electronically during the beta testing process to further understand why candidates may have responded in a given manner.

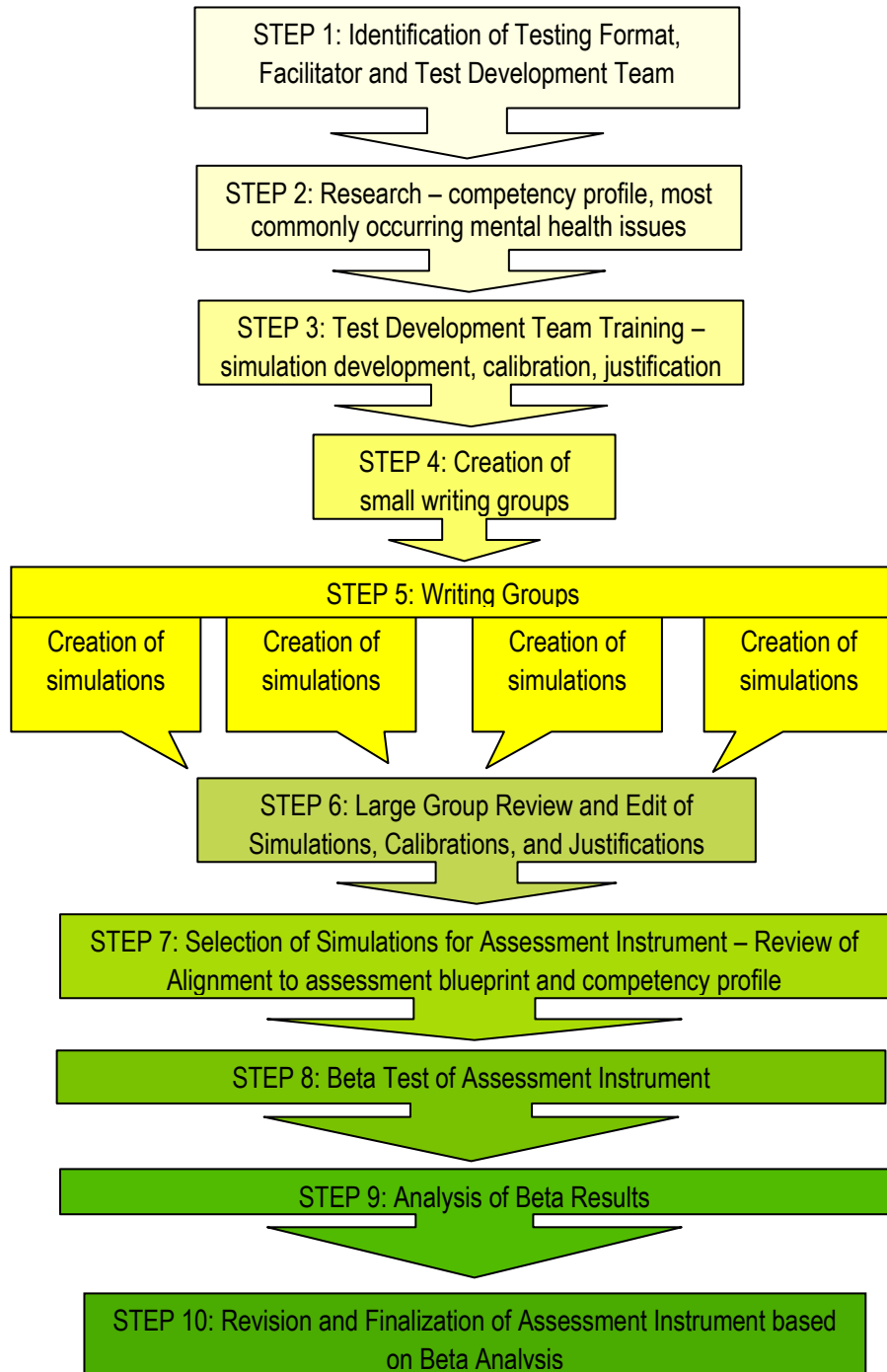
**Step 10 – Revision and finalization of assessment instrument.** At the conclusion of the analyses conducted in Step 9, the team then confirmed any adjustments to and verifications of the beta test to form an assessment instrument for use at the entry-to-



practice level for counsellors. This final step formed both a confirmatory step in and a final psychometric analysis of the competency test development process.

A visual representation of the ten-step process described and used by all participants in the study is provided below.

Figure 9: Flow Chart of Competency-based Test Development



**Summary**

In this phase of the study, I deconstructed the test development processes used in the US, the UK, and Canada. In all three cases, test development was aligned to a national competency profile and team members used templates to guide both the writing process and to make visible the competency indicators that were being tested within each component of each simulation. The point value for each test item was also determined through a common process of calibration that was based on good client care versus potential for harm to the client. Both large and small group strategies were used to reach consensus during development and following beta testing. The combined descriptions of the study participants revealed a single, ten-step process that reliably led to the development of a simulation-style competency-based assessment instrument.

## **Chapter Six – Canadian Competency Assessment Beta Test**

The beta test of the Canadian competency assessment instrument was conducted in the winter of 2012. Fifty-three candidates from across Canada completed the beta version of the assessment. The conditions for testing replicated the projected administration procedures for the final test: candidates registered for the assessment using an online format, they wrote the test online at a testing centre near to their home or place of work, and they had an opportunity to provide anecdotal feedback on their testing experience. While it is commonplace for beta testing to include opportunities for feedback, it should be noted that in the final version of the simulation-style assessment candidates will have an opportunity to provide comments through a computerized feedback system before exiting the testing session. This feedback is a unique feature of the simulation style assessment. Prior to their scheduled test, a 3-page guidebook was provided to all candidates to familiarize them with the style and method of the competency-based test.

### **Test Participants**

The fifty-three candidates who wrote the beta test for the Canadian competency assessment were both men (21%) and women (79%). Participants ranged in age, with those in the 40 to 59 year age group representing 58% of total candidates, and those between 25 and 39 representing 28% of the total group.

Test participants identified 33 different universities and private institutions as the source of their counselling-related education. Participants were engaged in a variety of counselling areas including those focused on: general mental health, family and marriage, grief, anger, addictions, aboriginal wisdom traditions, career, sexuality, spiritual/pastoral,

crisis support, creative arts, school-based, post-secondary, psychodynamic psychotherapy, somatic, and medical-rehabilitation.

Five different languages were identified as the first language of test takers: English, French, Mandarin, Italian, and Spanish. The following languages were identified as second or additional languages: English, French, German, Lithuanian, Italian, Farsi, Spanish, Hebrew, Urdu, and Hindi. Test takers lived or worked in six of the ten provinces in Canada.

Two individuals who were not educated in a counselling-related field were invited to write the test. These two people were not included in the sample statistics. Their participation was designed to determine how non-counsellors who held a Master's level education might fare on the assessment.

The sample size for the beta test is small (N=53) which limits some forms of indepth analysis. The purpose of the beta test was to obtain initial data to inform a pilot test with a larger sample size in the fall of 2012. Because of the relatively small sample size, data should be interpreted cautiously and tentatively. Nonetheless, the reliability data provided for the beta test show sufficiency for the purposes of the assessment.

### **Test Content**

The competency-based beta test was simulation-style. There were nine simulations based on test content specifications that were reflective of the most commonly occurring mental health issues in Canada. In the test there were 16 total information gathering (IG) sections (assessing 39 competencies) and 47 total decision-making (DM) sections (assessing 117 competencies). Candidates were required to pass both the IG and DM sections in order to pass the competency assessment. The combined IG and DM sections

measured 70% of the entry-to-practice competencies as defined in the nationally validated competency profile for the counselling profession. The specifications for the beta test required this level of competency coverage. The test specifications also indicated more discrete preferred ranges of coverage within the seven domains of the competency profile. The beta test exceeded the range in three of the seven domains, met the range in three of the seven domains, and did not meet the range in one domain. Table 4 shows the beta test specifications based on the seven competency domains of the nationally validated entry-to-practice competency profile for the counselling profession.

Table 4. Beta Test Specifications

CONTENT (competency domains)	Information-Gathering (number)	Decision-Making (number)	Test Specifications (%)	
			Beta	Preferred Range
1. Make an initial assessment	4	14	12	10-15
2. Establish a working relationship	10	17	17	10-15
3. Therapeutic relationship	15	37	34	20-25
4. Working towards change	N/A	19	12	5-10
5. Manage separation and ending	2	12	9	5-10
6. Professional practice	5	14	12	10-15
7. Make use of supervision	4	4	4	5-10
Total Competencies (226)	40	117	70	70

### Test Scoring

Information located in the *Pilot Test Analysis Report 2012 for the Canadian Professional Standard for Counselling and Psychotherapy: Entry to Practice Entry-to-Practice Competency Assessment CPSCP*, (CCE, 2012) indicates that in preparation for the beta testing of the competency-based simulation-style assessment, the test development team undertook established measures at a macro and micro level to determine the psychometric properties of the nine combined simulations. These activities included

subject matter experts reviewing the test item responses against entry-to-practice competency indicators, justifying the point value given to specific responses based on potential for harm to clients and evidence of good client care, and calibrating the responses to determine the minimum point level required to pass each item within the information gathering and decision-making sections of each simulation.

Following the beta test, candidate comments were collected and analyzed to detect any patterns of responses that might be helpful to finalizing the assessment tool. Quality control measures for scoring were conducted through I-MAP, a computer program designed specifically for capturing the psychometric qualities of simulation-style assessments. These measures included response verification, accuracy, and checking for technical errors. Following the quality assurance measures, a raw score frequency distribution, total score descriptive statistics, and item analysis data for all beta test candidates (N = 53) were obtained.

The report also explains the tasks completed by the test development committee to ensure the validity of the beta test. Standard setting for the minimum passing level for each simulation component was conducted by the subject matter experts through a consensus-based process that was focused on both the original calibrations and justifications for the test items and the findings of the beta test. During this process, the test development team considered adjustment of potentially problematic items based on psychometrically anomalous or irregular responses or anecdotal comments by candidates. Appropriate scoring changes were made using this consensus approach by the subject matter experts on the test development team. Table 5 shows the final performance data for all beta test candidates.

Table 5. Statistical Summary Data CCPA Beta Test 2012 (N=53)

Section	N	Minimum Observed Score	Maximum Observed Score	Mean	SD	Maximum Score Possible
Information-Gathering 1 (IG1)	53	74	123	102.87	12.38	147
Decision-Making 1 (DM1)	53	-10	32	13.08	8.34	37
Decision-Making 2 (DM2)	53	116	186	157.62	15.74	219
Total DM	53	125	208	170.7	19.65	256

Generally, performance was higher on the information-gathering (IG) sections of the beta test. The maximum score possible on the IG sections across all simulations on the beta test was 147. The mean score was 102.87 with a standard deviation of 12.38. There were two levels of decision-making within the beta test structure. Decision-making 1 (DM1) focused predominantly on initial treatment planning whereas decision-making 2 (DM2) was focused on more indepth decision-making throughout the counselling process. Combined, the DM sections of the beta test had a maximum possible score of 256. The mean score was 170.7 with a standard deviation of 19.65.

A summary of the minimum point levels (cut scores) required to pass the information-gathering and decision-making sections within each simulation is provided in Table 6. The second and third columns show the percentages required within each simulation. The final two columns show the percentage of beta test takers who achieved the minimum passing level.

Table 6. Final Simulation Summary CCPA Beta Test 2012 (N=53)

Simulation	Minimum Passing Level: Information-Gathering (%)	Minimum Passing Level: Decision-Making (%)	Participants Passing Information-Gathering (%)	Participants Passing Decision-Making (%)	Participants Passing Both (%)
1	59	62	83	79	68
2	50	60	77	79	62
3	57	69	100	17	17
4	54	64	98	66	66
5	62	74	72	32	26
6	68	64	77	77	66
7	47	64	92	40	36
8	62	54	57	89	47
9	52	63	72	77	57
Total Test	57	63	92	74	70

Percent of participants passing the beta test: 70

The above table shows that 92% of test-takers were successful in passing the information-gathering (IG) sections of the test. By simulation however, this success rate varies from 100% on Simulation 3 to 57% on Simulation 8. Fewer test-takers were successful in passing the decision-making (DM) sections of the test (74%) and the variability of success on DM sections spanned 17% on Simulation 3 to 89% on Simulation 8. The mean performance level for the total beta test candidate group clarifies this pattern. Table 7 shows raw scores by total test and by problem (simulation).

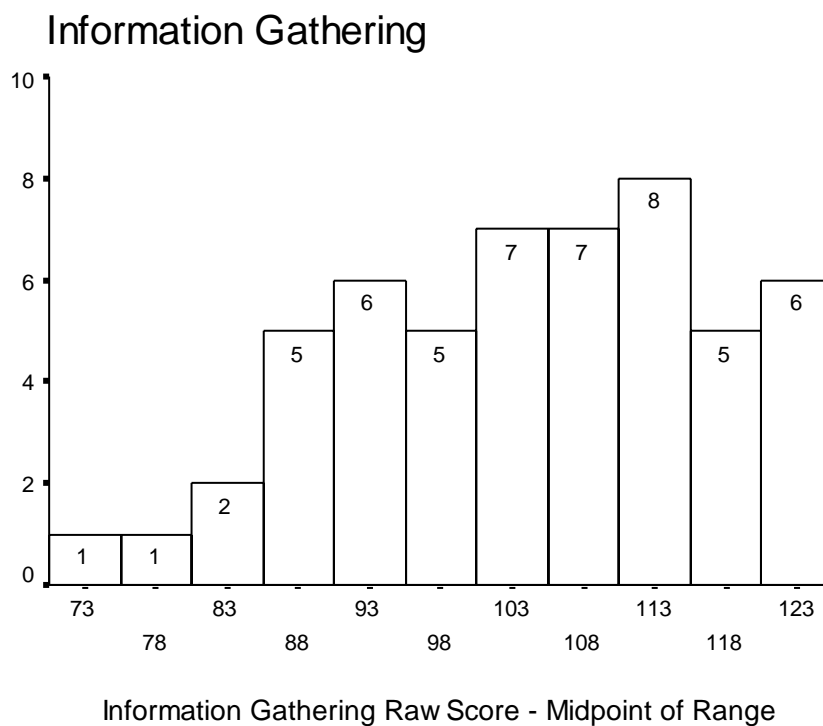


Table 7. Performance by Total Test and Problem

BY TOTAL TEST (values are presented as raw scores)						
	Maximum Possible		Minimum Passing Level		Mean - All	
	IG	DM	IG	DM	IG	DM
TOTAL RAW	147	256	84	161	102.87	170.7
TOTAL SCALE	100	100	57	63	70	67
BY PROBLEM (SIMULATION)						
Simulation 1	17	21	10	13	12.59	15.36
Simulation 2	12	50	6	30	08.32	37.06
Simulation 3	7	35	4	24	06.49	18.40
Simulation 4	13	22	7	14	10.49	14.77
Simulation 5	16	19	10	14	10.70	10.94
Simulation 6	25	28	17	18	18.96	20.59
Simulation 7	17	25	8	16	11.83	14.91
Simulation 8	13	37	8	20	07.74	24.89
Simulation 9	27	19	14	12	15.76	13.79

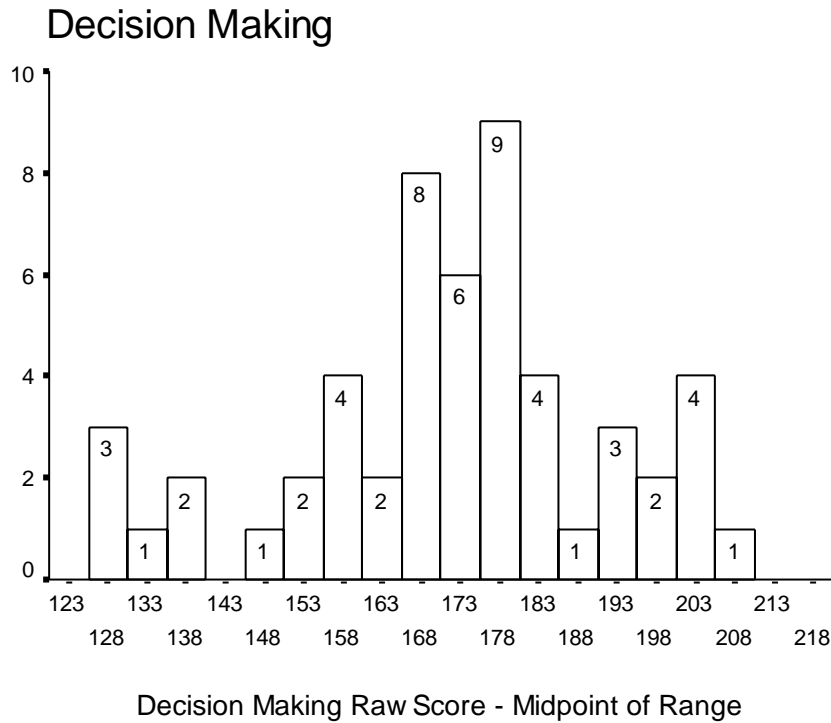
Finally, the structure of the beta test requires that test takers must meet or exceed the minimum passing level (cut score) for both the information-gathering (IG) and decision-making (DM) sections of the assessment. Figure 10 provides a visual representation of the frequency of raw scores in all IG sections on the beta test. Figure 11 shows the frequency of raw scores in all DM sections on the test. Figure 12 reveals the relationship between scores on all IG sections and all DM sections of the beta test.

Figure 10. Distribution of Raw Information-Gathering Scores (n=53)



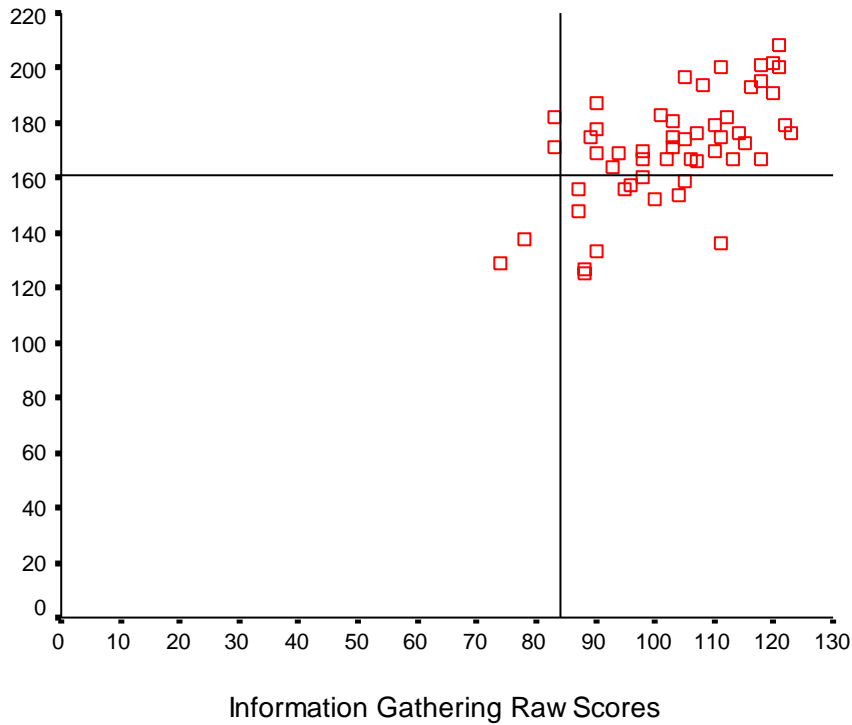
Excerpted from the *Pilot Test Analysis Report 2012 for the Canadian Professional Standard for Counselling and Psychotherapy: Entry to Practice Assessment (CPSCP)*  
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 27403-3660

Figure 11. Distribution of Raw Decision-Making Scores (n=53)



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Figure 12. Relationship between IG and DM Scores (n=53)



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Final pass/fail statistics for the total candidates taking the beta test are presented in Table 8. The overall pass rate for the beta test of the National Entry-to-Practice Competency Assessment was 70%. Reliability (alpha) was determined to be .94 for the total test. Reliability for the Information-Gathering (IG) sections was .61, and reliability for the Decision-Making (DM) sections was .60. The standard error of measurement was 7.10.

Table 8. Pass/Fail Summary

Group	Total	#Pass	#Fail	% Pass
All candidates	53	37	16	70

In addition to broad categories of data collection, more discrete data related to educational level and country of origin were collected. The beta test was aligned to competency indicators devised in Canada at a Master’s level. The performance data from test-takers were subdivided according to the country in which they were educated and their educational level. While the sample sizes in this table make comparative statements or general trends unreliable, the information shown in Table 9 is nonetheless interesting for anecdotal study.

Table 9. Performance by Educational Level and Country of Origin

EDUCATION: PERFORMANCE BY COUNTRY OF ORIGIN				
		Mean of Raw Scores		% Pass
	N <sup>4</sup>	Mean IG	Mean DM	
TOTAL	53	102.87	170.7	70
Canada	45	103.18	171.73	71
US/International	8	101.12	164.88	62
No education in a counselling-related field	2	72.5	83.5	0
PERFORMANCE BY EDUCATIONAL LEVEL				
		Mean of Raw Scores		% Pass
	N <sup>1</sup>	Mean IG	Mean DM	
Private Institution: Master’s degree equivalent	8	101	166.88	75
University: Master’s degree	36	104.97	176.08	78
University: Graduating year Master’s level	9	108.8	181.6	89
No education in a counselling-related field	2	72.5	83.5	0

<sup>4</sup> Individuals without education in a counselling-related field were not included in the N (53) for the calculation of reliability and validity measures for the beta test.

Data related to years of experience were also collected. Performance data were clustered into test takers with less than one year of experience in the counselling profession, test takers with one to five years of experience, and those with more than five years of experience. Table 10 shows performance based on years of experience.

Table 10. Performance by Years of Experience

PERFORMANCE BY YEARS OF EXPERIENCE				
		Mean of Raw Scores		% Pass
	N <sup>5</sup>	Mean IG	Mean DM	
Less than 1 year	20	100.9	169.7	71
1 to 5 years	23	106.13	172.61	78
More than 5 years	8	98.75	168.62	62

Proprietary I-MAP software was used in the calculation of all data. I-MAP software is designed specifically for capturing the psychometric qualities of simulation-style, competency-based assessment instruments.

### **Analysis and Interpretation of Test Data**

A variety of factors play into the analysis and interpretation of the beta test data. The data have been collected from a beta test of the prototype for a test to be piloted in the fall 2012. The sample size (N=53) is small, requiring cautious interpretation. Nonetheless, the reliability data provided for the beta test show sufficiency for the purposes of the assessment.

This beta test of the assessment prototype is a first in Canada. The Canadian test takers in the sample have never encountered a test of their profession and neither have they experienced previously a simulation-style, competency-based assessment. Additionally, other than the province of Quebec, until 2012 the competency requirements within

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<sup>5</sup> Two participants did not provide their years of experience.

education programs for the profession of counselling were not regulated in any province or territory. These facts may have affected the performance of test takers.

**Statistical Summary Data.** It is important to note that all responses within the beta test structure are calibrated from -3 to +3. In the summary data, the combination of positives and negatives create the observed score. It is therefore not necessarily true that an observed score reflects “correct” responses, since scores decline with “incorrect” responses. The observed score reflects all responses. The summary data related to the information-gathering sections of the test and the decision-making sections of the test showed a clear trend. Candidates were more likely to succeed on the information-gathering section than on the decision-making section. The largest spread between lowest score and highest score occurred in the decision-making section focused on treatment planning (-10 to 32 of a possible 37 points). Test-takers performed better in areas related to obtaining information from a client and decisions made during the counselling process.

**Final Simulation Summary and Performance by Total Test and Problem.** To pass the beta test, candidates were required to achieve 57% in information-gathering sections, and 63% in decision-making sections. All nine simulations contained both information-gathering and decision-making sections. The data showed relatively stable performance across four of the simulations, and variable performance across five of the simulations within the beta test. This pattern may suggest that some simulations were more difficult than others or perhaps contain contexts that may be more or less familiar to the test-takers. Of particular interest is Simulation 3. In this simulation, 100% of test takers were successful in information-gathering. Once asked to make decisions for treatment planning and counselling activities however, only 17% were successful. This suggests that

the test takers were skilled at determining what information was required from the client, but not as skilled at determining what to do with the information obtained.

**Distribution and Relationship of IG and DM Scores.** Because gathering information from a client is typically a simpler task than treatment planning and decision-making during the duration of a counselling experience, it would be appropriate for overall test scores in information-gathering to be higher than decision-making scores. As seen in Figures 10 and 11, the distribution of scores confirms this pattern. The design of the simulations and the competencies contained therein should also result in a positive relationship at the individual level between information-gathering and decision-making scores, since effective counselling in realistic situations is dependent upon aligning counselling activities to presenting and secondary issues, and knowing presenting and secondary issues is dependent upon the ability of the counsellor to gather pertinent information. As is seen in Figure 12, the relationship of information-gathering (IG) and decision-making (DM) scores of test takers clustered into the top right quadrant, indicating a strong positive correlation between the ability of test takers to gather appropriate information in simulated client sessions and to act on that information by making appropriate decisions in treatment planning and subsequent activities.

**Performance by Educational Level and Country of Origin.** Within the serious limitations of small numbers, the results of the data related to educational level and the country in which the education was obtained suggest that the country of origin does not play a significant role in the success rate of test-takers. In terms of educational levels, the findings suggest that the beta test could discriminate between test takers who had completed Master's level education, those who were mostly likely to enter the counselling



profession in the next year, and those who had no education in a field related to counselling. The target group for the assessment is at the entry-to-practice level: those individuals exiting their educational programs to begin practice. The results of the data, while the sample size is very small, show that it is these candidates (university: graduating year Master's level) who excelled on the beta test. This performance was further explored by analyzing data by years of experience.

**Performance by Years of Experience.** Years of experience do not necessarily correlate to educational preparation, since the profession of counselling is not regulated in most Canadian provinces or any territory and therefore, until 2012 had no mandatory educational requirements in all provinces and territories with the exception of Quebec. Based on performance by years of experience, the data suggest that individuals with between one and five years of experience are more successful on the beta test than those with less than or more than five years of experience. This finding holds true in terms of professional practice.

The more experienced a counsellor becomes, the more likely s/he is to specialize in a particular area or modality of practice. In so doing, practitioners' skills in generic, entry-to-practice competency areas become less used and when less used, tend to be recalled with more difficulty. Over time, the entry-to-practice competencies are replaced with proficient, advanced, and expert competencies – competencies that are not tested in the beta test. The beta test had entry-to-practice counsellor-candidates as its target, and its simulations had contexts and scoring calibrations that related to the entry-to-practice experience. It would be anticipated that the test would most reliably measure the competencies of candidates with one year of practice and not the competencies of individuals who had been in practice

for a lengthy period of time. For instance, the competency indicator related to recognizing when supervision is urgent would be essential at a different stage of a counselling session for an entry-to-practice practitioner than it would be for an advanced or expert level practitioner. For test-takers with less than a year of experience, (perhaps indicative of no practicum or internship), a lesser score could also be anticipated since supervision of skills, and growth and identity as a counsellor may have been lacking.

**Pass/Fail Summary.** A pass rate of 70% supports content validity for a simulation-style assessment. The pass rate for the Canadian beta test compares favourably to the pass rate observed in a similarly styled test in the US, *The National Clinical Mental Health Counseling Examination (NCMHCE)*, which has been used for national certification and state licensure of mental health counsellors for approximately 10 years. The Canadian beta test was constructed on the foundation of Master's level competency indicators. Although the sample size was very small, and results should be analysed cautiously and tentatively, it is true that when the pass rate is restricted to candidates in their final year of a Master's level educational program (the target audience), the pass rate increases to 89% (N =9). In terms of predictive validity, the determination of the correlation between the target audience's performance on the beta test and their future real-world performance is tenuous. It is possible at this stage of the study to suggest that because the test accurately discriminates between entry-to-practice counsellors and all others, that the likelihood of the correlation between a passing test score and real-world successful performance in the future is greater than the correlation between a failing test score and real-world successful performance. It is also important to note that, as a prototype, the pass rate, in combination with reliability data are indicative of readiness for piloting the assessment with a larger

sample size, if not readiness for use as a test instrument for entry-to-practice for the counselling profession in Canada.

### **Summary**

The beta test of the *Canadian Professional Standard for Counselling and Psychotherapy: Entry-to-Practice Competency Assessment* was administered to 53 candidates from across Canada. While this is a small sample, it captured data from test takers in six of ten provinces, multiple language groups, and a gender balance consistent with the profession as a whole. The testing protocols replicated those anticipated to be in use during the pilot test planned for the fall 2012, and during the administration of a final test instrument. The beta test matched the prescribed general test specifications, providing evidence of face and content validity. Psychometric analysis of the beta test revealed that the test appropriately measured its intended content. The overall reliability of the scores was .94, indicating sufficient measurement accuracy to provide pass-fail decisions. Of the total beta test candidate group, 70 percent (37/53) passed. According to the Center for Credentialing and Education (2012, p.5), “The 2012 beta test...matched test specifications, thereby providing substantial evidence in support of content validity. Upon administration, the psychometric characteristics of the examination were appropriate. The overall reliability of the scores indicated sufficient measurement accuracy to warrant a pass-fail decision.” These findings support the subsequent use of the simulation-style beta test as a pilot test with a larger sample of candidates, and perhaps later use of the instrument as part of a national assessment for entry-to-practice for the counselling profession in Canada.

## Chapter Seven – Summary of Findings

The mixed methods exploration of the national development process used to create the *Canadian Professional Standard for Counselling and Psychotherapy: Entry-to-Practice Competency Assessment* was grounded in a pragmatic worldview. The four objectives of the study were met by correlating quantitative and qualitative results obtained through four processes divided into two phases over a period of eighteen months.

The four objectives of the study were to: (1) describe how a competency profile was developed; (2) document assessment development processes in the US and UK and analyze them for efficiencies and convergence; (3) describe the work of the Canadian development team clearly enough for their processes to be replicable; and (4) analyze whether the resulting assessment was fair, valid and reliable. The overarching research question was whether or not a national entry-to-practice assessment tool could be created that: (a) is the basis for an assessment that is fair, valid, and reliable for discerning the competence of counsellors in Canada, (b) provides a national standard, and (c) determines the foundation for a national regulatory standard of counselling measure that contributes to the protection of the public from harm. Based on the results of the beta test of the *Canadian Professional Standard for Counselling and Psychotherapy: Entry-to-Practice Assessment (CPSCP)*, the answer is cautiously affirmative. While the sample size was small, the results suggest that it is possible to create an assessment tool that meets these three criteria.

### **The Competency Profile Development Process**

The findings from this phase of the study indicated that the counsellor competency profile development work undertaken in British Columbia and Ontario in preparation for counsellor regulation provided a ten-step development model that takes into account the

diversity of the counselling profession and results in a valid framework for generic areas of entry-to-practice knowledge, skills and attributes.

Study participants described their development model in relation to two general themes, each with three thematic patterns. The experiences and perspectives of respondents were focused on the themes of process and content.

Data in the process area provided insight into the actions and considerations for a model for competency profile development. Three thematic patterns emerged in this area: the distinction between competency profiles and scales of competence; the absence of literature-based procedural models for development; and descriptions of the development process.

Data in the content area also revealed three thematic patterns: the capacity of the competency profile to increase the likelihood of counsellor regulation; the capacity of the profile to reduce the likelihood of significant differences in counsellor competency levels in other Canadian provinces and territories; and the linkage between competency indicators and future assessment protocols for entry-to-practice counsellors.

Once the participant data were combined through key theme analyses, a ten step process emerged: (1) identification of a facilitator and use of an expert panel; (2) identification of a scope of practice; (3) literature review by the expert panel; (4) identification of competency areas; (5) creation of sub-panels; (6) design of competency descriptors by sub-panels; (7) creation of a competency profile framework; (8) review and finalization of a competency profile framework; (9) validation process; and (10) revision and publication by an expert panel.

Evidence that the ten-step process was effective was provided during the national validation process for the BC competency profiles and the Ontario validation process of the Ontario profile. Results indicated that the competency profiles required no substantive changes. The development process had achieved its goals. There were no significant differences in findings across all Canadian jurisdictions and across Francophone and Anglophone respondents in relation to the BC competency profile. All competencies were confirmed and no respondents indicated a need for additional competencies. The provincial results for the Ontario competency profile reflected the same levels of agreement among practitioners that the BC developers had experienced. The competency profiles created through the ten-step process accurately reflected the profession.

### **The Assessment Development Processes in the US and UK**

The US and UK respondents described their competency assessment development processes in relatively similar terms. Their experiences and perspectives were clustered into two themes, each with two patterns of response. One theme related to the importance of ensuring the structural integrity of the test and in both countries, there was a pattern of response concerning the paramount importance of using subject matter experts on the development team and the importance of research based on a competency profile or job analysis that created the foundation for the assessment instrument. A second pattern of response focused on the use of templates to ensure structural and stylistic consistency across test items.

A second theme that resonated with the study participants from the US and UK was focused on test development challenges. The primary concern of test developers in both countries was the challenge of addressing professional competencies in a realistic yet

balanced manner across test items. Both countries employed computer technology to assist them in detecting overlaps and conducting gap analyses. The most common challenges emanated from modality-based disagreements, and the need for the test development teams to pin the test items on core competencies that stretched across multiple modalities of practice.

From the US and UK descriptions, a pattern of development emerged. This pattern began with a full team training on simulation-style test development followed by small writing teams that used templates to guide their activities. Draft simulations that would become the simulation-style test items were then submitted for review to the full development team. Following the review, the items were uploaded onto a computer program that analyzed psychometric properties of the simulations independently and collectively in preparation for test administration.

### **The Canadian Assessment Development Processes**

The Canadian process for assessment development was strikingly similar to the US and UK strategies. The same challenges of engaging in preparatory research activities and using methodologically sound test development strategies were apparent. Addressing professional competencies in an efficient yet realistic manner within the test structure and being attentive to potential modality bias were also echoed in the Canadian experience.

While there were some anomalous features, these were predominantly cultural and linguistic in nature and did not result in divergence from the processes described by the Americans and Britons. For instance, the Canadian test development team appeared to be more collaborative and informal during the creative writing process than the UK or US teams and Canadian team members appeared to have been more likely to collaborate on

drafting simulations between and during full team meetings. This extensive collaboration was observed during their team meeting and had the potential for cross-pollination of ideas, the increased use of expertise of members from other teams in early development stages, and increased standardization across small teams.

Additionally, while English was the working language of the meetings in Canada, the Canadian team wrote and discussed issues in both English and French, being attentive to words and phrases that could potentially pose translation or cultural difficulties. In the US and UK, only English was spoken and written.

From the combined experience of the US, UK, and Canadian test development teams emerged a single, step-by-step process used to develop a simulation-style competency-based test for entry-to-practice counsellors. The ten-step process also paralleled the steps taken to develop the competency-based profile for entry-to-practice counsellors upon which the test was based. In all cases, the development of a competency-based simulation-style assessment for the counselling profession had the following steps: (1) identification of testing format, facilitator, and test development team; (2) research; (3) development team training; (4) creation of small writing groups; (5) creation of simulations by writing groups; (6) large group review and edit of simulations; (7) selection of simulations for assessment instrument; (8) beta test of assessment instrument; (9) analysis of beta results, and (10) revision and finalization of assessment instrument.

### **The Fairness, Validity and Reliability of the Assessment Instrument**

The assessment instrument that culminated from the development processes of the Canadian entry-to-practice competency profile for the counselling profession and the Canadian test development processes was beta tested in the winter of 2012. Fifty-three



candidates from across Canada took part in the assessment that replicated the online application process and the test-taking protocols in addition to the computer-based simulation-style assessment instrument itself. While this was a small sample, it captured data from test takers in six of ten provinces, multiple language groups, and a gender balance consistent with the profession as a whole. Because the sample size was small, results must be considered with caution; however, the beta test results revealed that the test met the standards as fair, valid, and reliable. The test matched the prescribed general test specifications, providing evidence of face and content validity. Psychometric analysis of the beta test revealed that the test measured approximately 70% of the entry-to-practice competency indicators within a context-based structure. The overall reliability of the scores indicated sufficient measurement accuracy to provide pass-fail decisions. Of the total beta test candidate group, 70% (37/53) passed. The reliability (alpha) was determined to be 0.94 for the total test. This finding supports the subsequent use of the simulation-style beta test as a pilot test to be conducted with a larger sample size in the fall of 2012, and perhaps as a final test instrument.

### **Conclusions**

The four objectives of the study were met, resulting in findings that supported an effective step-by-step development approach for a national entry-to-practice competency profile and entry-to-practice assessment tool for the counselling profession. While the sample size for the beta test of the assessment tool was small, it provided evidence that the development process resulted in a fair, valid, and reliable measure of counsellor competency at the entry-to-practice level. The data suggest that with subsequent pilot testing with a larger sample group and very minor test specification modifications at the

micro level, a national entry-to-practice assessment tool would emerge that could become a national standard for Canada.

### **Implications for Practice and Research**

Currently, unlicensed, non-credentialed counsellors pose a substantial risk for harm to those seeking counselling in Canada. Professional associations and legislative bodies in Canada continue their efforts to protect the public through certification and regulation processes that require evidence of professional competence. With the exception of the province of Quebec, and beginning in the fall of 2012 the province of Nova Scotia, practitioners in the profession of counselling have not been assessed in a consistent manner at a standardized level. In this mixed methods research study, I explored the development process for and reliability and validity measures of a prototype for a Canadian standard entry-to-practice counselling competency assessment. It is a starting point in endeavouring to find a credible strategy that assists in the fair, valid, and reliable measure of counsellor competency at the entry-to-practice level.

**Implications for the Profession.** Canada remains a nation that, generally speaking, seems culturally test-averse. It is unlike the US and many Asian and European countries with rigorous high-stakes testing protocols that begin in early education and continue through post-secondary education. With the increase in regulatory colleges for the profession and the resulting governmental requirement for a professional practice assessment and jurisprudence examination, the profession of counselling must be prepared to support counsellor-candidates and educators at post-secondary institutions in adequately preparing students not only for entry-to-practice in terms of professional competency attainment, but also for the variety of strategies of formative and summative assessments.

The findings in this study support the concept that large scale, high-stakes assessment can be contextually-based and hold evidence of credible, valid, reliable and fair tests of knowledge, skills, and attributes.

Supervisors of counsellor-candidates must also be alert to a changing landscape in terms of discerning professional competencies in their supervisees. The existence of a nationally-validated competency profile provides a formative and summative framework for detecting entry-to-practice competencies and identifying gaps in knowledge, skill, or judgment.

The study findings that show a consistent ten-step process in competencies profile creation in Ontario and British Columbia also provides a replicable strategy for the counselling profession (as well as other related professions), counsellor-educators and practica supervisors that may be adapted to develop curricula that are pinned to the professional competencies required at the entry-to-practice level. For counselling associations and regulatory colleges, the findings from this research are supportive of a streamlined process that results in a summative assessment at the entry-to-practice level. With a nationally-validated competency profile for the profession that is linked directly to a standard assessment tool, associations and colleges may consider adding to their admissions requirements, the single test instrument that provides a level playing field for counsellor-candidates and foreign- or alternatively trained candidates to be fairly assessed regardless of which province or territory they may choose to work and/or reside.

**Implications for the Public.** With the advent of emerging regulatory colleges across the nation for the counselling profession, the public becomes more informed and better able to discern which practitioners hold appropriate memberships in credible

associations and regulatory colleges. This assists in the protection of the public from individuals who choose to provide services without adequate knowledge, skills, experience, judgment, or education. The findings in this study suggest that it is possible for regulatory colleges and associations to reliably define and detect entry-to-practice competencies in professional profiles and a simulation-style assessment process. Developing or using existing competency-based profiles and assessments adds to the fair, valid, and reliable measure of which candidates should enter the college or association, and which candidates should not, thereby reducing the incidence of harm to the public.

Additionally, through the use of Ethics Review Boards/Complaints Boards and other quality assurance measures, the public may be further protected when members of regulatory colleges and associations are censured or have their licences/certification withdrawn. With a highly mobile population, Canada would be well-served by structures that enhance consistent standards across the nation. This study provides a blueprint for provinces, territories, associations, and organizations who wish to create or use a competency-based approach to assessment of professional competencies that has proven to be effective in the US, the UK, and Canada. By using a framework that has proven efficacy, discernment of candidates and members who hold and maintain appropriate competencies from those who do not, the public is better served.

**Implications for Regulatory Colleges.** One of the primary duties assigned to a regulatory college by provincial or territorial legislators is to evaluate the competence of a candidate to practice the profession. As more regulatory colleges emerge across the country, the government requirement for each of them to have an acceptable assessment of competence becomes more urgent. This research into the processes that have created a

reliable, valid and fair measure of competency at the entry-to-practice level provides a blueprint for regulatory colleges that wish to create their own assessment instrument or consider a pre-existing competency-based measure. It offers transparency into the psychometrics of the instrument, adding credibility to the *Canadian Professional Standard for Counselling and Psychotherapy: Entry-to-Practice Assessment* as readers are able to understand how the assessment instrument was created, by whom, and for what purpose.

**Implications of a National Standard Assessment Tool.** The concept of a competency assessment that is based on a national standard and potentially used by multiple regulatory colleges provides increased mobility across provinces and territories as regulatory colleges begin to recognize the underpinnings of assessments conducted by other colleges and associations. Additionally, a national standard strengthens the profession by clearly indicating to the public and practitioners that regardless of where in Canada one may live or work, the scope of practice and level of competence at the entry-to-practice level is consistent. While each regulatory college and association may have unique, culturally-based components and multiple measures within their membership requirements, having a nationally-validated standard assessment tool assists regulatory colleges in meeting the tenets of the *Agreement on Internal Trade* (Chapter 7), that focuses on competency-based measures and the mobility of labour.

**Implications for Educational Institutions.** Today, the counselling profession remains largely unregulated in Canada. Entry-to-practice counsellors who have earned a Master's degree have been graded on their coursework and practicum, but not necessarily on their entry-to-practice competencies. As a result, even during the process of beta testing, it became apparent that while it was clear which study participants had earned a Master's

degree or equivalent, and which were practicing in the profession, their competence was previously unknown. As mentioned in the implications for the profession, counsellor-educators and supervisors may be well-served by this study. The blueprint for developing a competency-based professional profile and assessment is easily adapted to the development of competency-based course development and overarching program frameworks for the education and supervision of students of counselling. Educators and the institutions in which they work will have the goal of program graduates becoming successfully employed in the profession. The greater the alignment of educational programmes to professional competencies, the greater the likelihood of graduates being successful on the competency-based assessments required for entry to the profession.

**Implications for Further Research.** There were no other measures of competency available at an individual level, and there were no structures in place at the entry-to-practice level that determined the reliability of the educational programs to produce competent counsellors. The validity and reliability of the test had to be determined using a modified-Angoff method in which subject matter experts, well-versed in the entry-to-practice competencies, were able to ascertain credible pass rates to protect the public from potential harm. The results of the beta test provided evidence that the test items did, in fact, effectively discriminate between those study participants with knowledge, skills, and attributes of competent practitioners at the entry-to-practice level and those who did not.

The implications of this study affect educational institutions, regulatory colleges and associations, the public, and entry-to-practice practitioners in the counselling profession as well as those involved in other related professions who may benefit from a structured system of competency-based assessment development. The need for a valid,

reliable, fair, and credible method of assessing the competence of counsellors is urgent. It is a safety issue, a credibility issue, a professional issue, and a legal issue.

A more comprehensive study of the processes related to the development of a competency-based national assessment for the counselling profession would include naturalistic observation and semi-structured interviews of US, UK, and Canadian test development teams. This alteration to the methodology used in this preliminary study would add more opportunities for comparability across participant responses and across observed activities while providing parallel study parameters of all participants. In the final Phase of the study, a larger sample size for the beta testing of the prototype would be advantageous to providing less tentative interpretations of data.

Additional work is required to ensure that educational institutions are teaching in the core competency areas of the profession, and that students are able to demonstrate that learning. Further research is required into the linkages between credentials and competence; between entry-to-practice competence and the role of supervision, and between continuing education and levels of competence throughout the working life of the professional. Clarification of the distinction between individual certification and program accreditation in educational institutions is also important.

Further studies should analyse the membership of competency profile development teams to determine which voices may be absent from the process (such as vulnerable or oppressed persons, and persons with lived experiences of counselling services and their families), which voices may be over-represented (such as counsellor-educators and urban-based counsellors), and what potential repercussions that absence or over-representation might cause.

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## Appendix A

### Interview Schedule for Phase 1 Part 1 Preparatory Research

*The interview questions below are part of a study of counselling competency scales in Canada and their development processes. The research is designed to describe newly created processes in creating entry-to-practice profiles for counsellors in British Columbia, Ontario, New Brunswick, Prince Edward Island, and members of the Canadian Counselling Association. Following a description of the methodology used for the creation of the scales in the identified jurisdictions in Canada, an analysis of similarities and differences across the competencies will be conducted.*

*The findings from this study will be of most interest to counsellor educators, counsellor organizations and agencies, professional counsellors, and groups interested in regulating the profession of counselling.*

- 
1. Please describe your competency scale development process. Please include methodology processes and research processes in your description. In hindsight, would you have done anything differently? Explain.
  2. From inception through development and validation phases, what was the length of your competency profile study? How were the time and work packages organized?
  3. Based on your task force's development of competencies, what were the two most difficult areas in which to reach consensus? To what do you attribute these difficulties?
  4. Which competency area was most straightforward to develop? Explain why this particular area was easier to develop than others.
  5. The validation process for the competencies provides a snapshot of the current scope of practice for counsellors in your region. In your opinion, what were some of the most important findings from your validation process?
  6. What strategies would be most helpful in assessing counsellor competency, based on your regional competency scale?
  7. What challenges, if any, to assessment strategies do you anticipate?
  8. Are there any comments you would like to add?
- 

*Thank you for your participation in this research project. The information gathered through this study has the potential to inform potential, subsequent, processes to be conducted in other jurisdictions in Canada and to make recommendations regarding best general practices in competency scale development in the area of counselling.*



## Appendix B

### Interview Schedule for Phase 1 Part 2 Preparatory Research

*The interview questions below are part of a study of counselling competency examination development processes. The research is designed to describe the methodology used for the creation of the examinations in two English speaking countries. An analysis of similarities and differences across the countries will be conducted.*

*The findings from this study will be of most interest to counsellor educators, counsellor organizations and agencies, professional counsellors, and groups interested in regulating the profession of counselling.*

- 
1. Please describe your competency examination development process. Please include recruitment, methodology processes and research processes in your description. In hindsight, would you have done anything differently? Explain.
  2. From inception through development and validation phases, what was the length of your competency examination development process? How were the time and work packages organized?
  3. Based on your examination development team's experiences, in which two competency areas was it difficult to create test items? To what do you attribute these difficulties?
  4. In which competency area was it most straightforward to develop test items? Explain why this particular area was easier to develop than others.
  5. The validation process for the competency examination provides a snapshot of the current scope of practice for counsellors. In your opinion, what were some of the most important findings from your validation process?
  6. What strategies would be most helpful in helping examination developers create items that assess counsellor competency?
  7. What challenges, if any, to assessment strategies do you anticipate?
  8. Are there any comments you would like to add?

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*Thank you for your participation in this research project. The information gathered through this study has the potential to inform potential, subsequent, processes to be conducted in Canada and to make recommendations regarding best general practices in competency examination development in the area of counselling.*

**Appendix C**

**Observation Form for Phase 1 Part 3 Preparatory Research (2 pages)**

Date of Observation: Time of Observation: Location: Observer: Observation (circle): Day 1 2 of 2 Days		
		Reflections/ Notes
Number of Study Participants:		
Description of Setting:		
<b>Observations:</b>		
Events What is happening?		
Processes What are people doing?		

<p>Processes</p>		
<p>Products What are people creating?</p>		