

The Competence Constellation Model: A Communitarian Approach to Support Professional Competence

W. Brad Johnson
United States Naval Academy

Jeffrey E. Barnett
Loyola University Maryland

Nancy S. Elman
University of Pittsburgh

Linda Forrest
University of Oregon

Nadine J. Kaslow
Emory University

Professional competence in psychology and other health care professions is fluid, contextual, and vulnerable to degradation over time. Moreover, psychologists—like all human beings—are often notably ineffective in self-evaluating competence. We introduce the competence constellation model (CCM) as a communitarian strategy for ensuring optimal functioning and protecting psychologists from unintended and unrecognized problems of professional competence. A competence constellation is defined as a cluster of relationships with people who take an active interest in and engage in action to advance a professional's well-being and professional competence. Salient characteristics of a competence constellation include diversity, strength of ties, and intentional effort toward its development. Key structural elements include the inner core, collegial community, collegial acquaintances, and the professional culture. We conclude with several implications of the CCM, as well as recommendations for the training of psychologists, credentialing and regulatory bodies, and modification of the profession's ethical principles and standards.

Keywords: competence, mentoring, training, professional networks, colleague

We are citizens. It's a word that doesn't just describe our nationality or legal status. It describes the way we're made. It describes what we believe . . . This country only works when we accept certain obligations to one another and to future generations; that our rights are wrapped up in the rights of others.—Barack Obama, State of the Union address, February 12, 2013.

Educators, supervisors, and scholars in professional psychology have fostered a culture focused on the acquisition, measurement,

and maintenance of competence (Kaslow, 2004; Kaslow et al., 2004; Roberts, Borden, Christiansen, & Lopez, 2005; Rodolfa et al., 2005). Competence is a multidimensional construct characterized by the attainment, maintenance, and preservation of critical knowledge, skills, and attitudes (Rubin et al., 2007). In a broad sense, competence in psychology and other health care disciplines may be defined as, “the habitual and judicious use of communi-

W. BRAD JOHNSON received his PhD in clinical psychology from Fuller Theological Seminary. His is a professor in the Department of Leadership, Ethics, and Law, United States Naval Academy, and a faculty associate in the Graduate School of Education, Johns Hopkins University. He is a past chair of the American Psychological Association (APA) Ethics Committee. His interests include mentor relationships, professional ethics, training, military psychology, and leadership.

JEFFERY E. BARNETT received his PsyD in clinical psychology from the Ferkauf Graduate School of Yeshiva University in 1984. He is a professor and associate chair in the Department of Psychology at Loyola University Maryland. In addition, he is a licensed psychologist who is board certified in clinical psychology and in clinical child and adolescent psychology by the American Board of Professional Psychology. A past chair of the APA Ethics Committee, his interests include ethics, professional practice issues, mentoring, telepsychology and the integration of various technologies into practice.

NANCY S. ELMAN, PhD, ABPP, is an emeritus faculty member of the University of Pittsburgh. She served on the APA Commission on Accreditation, is currently a member of the APA Ethics Committee, and received

the 2011 Lifetime Achievement Award from the Council of Counseling Psychology Training Programs. Her research focuses on psychologists and trainees with professional competence problems.

LINDA FORREST received her PhD from the University of Washington, Seattle. She is a professor and associate director for faculty outreach at the Center on Diversity and Community at the University of Oregon. She is a past chair of the APA Ethics Committee. Her interests focus on the intersection of ethics, diversity issues, professional training issues, and trainees with professional competence problems.

NADINE J. KASLOW received her PhD in clinical psychology from the University of Houston. She is professor, vice chair, and chief psychologist in Emory University's Department of Psychiatry and Behavioral Sciences. Dr. Kaslow will be president of the APA in 2014. Her interests include psychology education and training, professional development, cultural competence, suicide and depression, family violence, and integration of behavioral and physical health care.

CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to W. Brad Johnson, Department of Leadership, Ethics & Law, United States Naval Academy, Luce Hall–7B, Annapolis, MD 21402. E-mail: johnsonb@usna.edu

cation, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community served" (Epstein & Hundert, 2002, p. 226). Achieving such integrated competence requires developing and refining myriad foundational and functional competencies (Fouad et al., 2009; Kaslow, Grus, Campbell, Fouad, Hatcher, & Rodolfa, 2009; Rodolfa et al., 2005).

At the present time, ethical standards and regulatory policies continue to construe competence as a solely individual responsibility (Johnson, Barnett, Elman, Forrest, & Kaslow, 2012). For instance, the American Psychological Association's (APA's) "Ethical Principles of Psychologists and Code of Conduct" (from here forward referred to as the Ethics Code, APA, 2010) holds the individual psychologist exclusively responsible for ensuring his or her own competence to practice. Further, licensing statutes—including continuing education requirements—ensure that maintenance of competence is largely a private affair in that the practitioner alone must embrace an ethic of continual self-assessment and competence augmentation across the career span (Roberts et al., 2005).

In a recent article, Johnson and colleagues (2012) highlighted a fundamental weakness in a system of credentialing and continuing professional development that relies exclusively on self-assessment of competence. Because psychologists, like other human beings, are vulnerable to life's tribulations including personal distress, illness, and cognitive decline, they sometimes manifest problems of professional competence (Elman & Forrest, 2007; Johnson & Barnett, 2011; Kaslow et al., 2007). Yet, health care professionals often are inefficient and inaccurate when it comes to self-awareness and self-assessment of diminished competence (Davis et al., 2006; Johnson et al., 2012; Kaslow et al., 2009). To address individualistic and socially isolated perspectives on the competence obligation, Johnson et al. (2012) proposed a fundamental paradigm shift in conceptualizing the ethical obligation to maintain competence and advocated that, "individual notions of accountability must be augmented with interdependent, collectivistic, and communal perspectives on ethics, which balance individual responsibilities with community obligations" (p. 557). Specifically, psychologists were encouraged to infuse an interdependent view of the self (cf. Etzioni, 1998; Markus & Kitayama, 1991) into models of competence formation and maintenance, and professional self-care.

Johnson and colleagues (2012) introduced the concept of the competence constellation, a psychologist's network or consortium of individual colleagues, consultation groups, supervisors, and other relationships that, combined, help to ensure ongoing enhancement and assessment of competence from multiple sources. The notion of a competence constellation begins with an interdependent view of the person and a communitarian perspective on the salience of relationships for optimal functioning (Johnson et al., 2012). A communitarian perspective recognizes both individual dignity and the social dimension of human existence (Etzioni, 1998). It is not only the individual who owns ethical responsibilities; communities too have obligations, including the duty to be responsive to members.

In this article, we describe the fragility of professional competence and highlight the significance of transitioning from an individual consultation/intervention framework to a communitarian approach to colleague care. We then set the stage for our discus-

sion of competence constellations by reviewing the literature on relational mentoring and developmental networks. Finally, we present the Competence Constellation Model (CCM), a deliberate approach to forming and sustaining a network of collaborative and caring colleagues in the service of promoting ongoing competence. We describe the structural elements of an effective competence constellation and elaborate on the desired characteristics of constellation members. We conclude with recommendations for the profession and encourage individual psychologists to consider thoughtful formation of their own competence constellation.

On the Fragility of Competence: Why Psychologists Need Colleagues

Although training, credentialing, and regulatory efforts often contain implicit assumptions about the stability—or even permanence—of professional competence, research evidence and clinical experience reveal that competence in any health care field is fluid and contextual (Epstein & Hundert, 2002). In 1949, Fromm-Reichmann reflected that, "we have to bear in mind that no amount of inner security and self-respect protects the psychiatrist from being as much a subject of and vulnerable to the inevitable vicissitudes of life as everyone else" (p. 378). As a consequence of constantly caring for others who are emotionally distressed, psychologists may suffer emotional depletion, disrupted personal relationships, loneliness, anxiety, professional isolation, and depression (Johnson & Barnett, 2011). Compassion fatigue, vicarious traumatization, and even shame regarding feelings toward clients can leave psychologists functioning below thresholds for competent practice (Elman & Forrest, 2007; Kaslow et al., 2007; Smith & Moss, 2009). Of this phenomenon, Guy (2000) wrote:

Spending hour after hour in clinical work can leave our sense of self weak and apathetic, lacking in confidence and energy, thereby hindering our ability to be attentive and effective in helping our clients. Consequently, it is useful to develop ways to replenish and strengthen our inner self in order to remain fresh and motivated (pp. 351).

National surveys confirm concerns that when the vocational hazards of professional practice interact with psychologists' human vulnerabilities, the risk for decrements in professional competence increases (Johnson et al., 2012). Evidence suggests that a significant number of psychologists experience severe anxiety, depression, and even suicidal ideation (Gilroy, Carroll, & Murra, 2002; Johnson & Barnett, 2011; Pope & Tabachnick, 1994) and that many of those continue to provide services despite self-awareness of diminished competence (Guy, Poelstra, & Stark, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987). In addition, psychologists are as vulnerable as the rest of the population to serious, possibly life-threatening, physical illness (Centers for Disease Control & Prevention, 2010). Johnson and Barnett (2011) noted that the most common reactions to a serious medical diagnosis—emotional distress, denial, fear, and strong countertransference reactions—might easily lead a psychologist to manifest problems of professional competence.

Yet, even when stress and illness do not come to bear, human beings generally (Dunning, Heath, & Suls, 2004; Dunning, Johnson, Ehrlinger, & Kruger, 2003) and health care professionals specifically (Davis et al., 2006; Eva, Cunningham, Reiter, Keane, & Norman, 2004) often are inaccurate in self-assessments of compe-

tence. Reviews of empirical studies on the accuracy of self-assessment among health care trainees and professionals show that the validity of self-assessed performance on professional tasks is low, often revealing no correlation between self-assessments and external ratings (Davis et al., 2006; Eva et al., 2004; Gordon, 1991). Of note, none of these studies have focused primarily on psychologists and thus the nature of this phenomenon among psychologists awaits empirical scrutiny.

Colleague Assistance: Moving From “Intervention” to Engagement and Prevention

At present, the APA Ethics Code (APA, 2010) does not require psychologists to maintain collegial consultative relationships, nor does it require them to assist when another psychologist in the community suffers apparent problems of competence (Johnson et al., 2012). In anonymous surveys, many psychologists report that they would be reluctant to approach or “intervene” with a colleague who appeared to be functioning below thresholds of competence—either due to distress or other factors (Barnett & Hillard, 2001; Bernard, Murphy, & Little, 1987; Wilkins, McGuire, Abbott, & Blau, 1990; Wood, Klein, Cross, Lammers, & Elliott, 1985). Factors fueling this reticence and inhibiting colleagues from recommending that a poorly functioning colleague limit or suspend his or her practice include concerns about: lacking an established relationship with the colleague, losing a collegial relationship, causing negative professional outcomes for the person (e.g., reduction of financial livelihood, harsh or unpredictable responses by regulatory bodies should concerns be reported), and feeling discomfort related to the prospect of a negative or confrontational response from the colleague, (Smith & Moss, 2009). Failure on the part of practicing psychologists to engage a struggling colleague may offer precisely the wrong example for trainees. Survey evidence suggests that although psychology trainees are capable of detecting problems of professional competence in peers, they lack training in how to engage colleagues or confidence that professors or supervisors will intervene appropriately and effectively (Shen-Miller et al., 2011).

Although many regulatory jurisdictions and psychological associations maintain formal Colleague Assistance Programs (CAPs), such programs may unintentionally foster an implicit dichotomy between “competent” and “incompetent” psychologists. Much of the literature bearing on colleague assistance perpetuates this implicit distinction by using terms such as “intervention,” or “confrontation” that imply no colleague engagement is required until there is a clear problem (Barnett & Hillard, 2001; Floyd, Myszk, & Orr, 1998; Smith & Moss, 2009). Naturally, some psychologists who struggle with diminished competence avoid CAPs for fear of being labeled impaired or incompetent, and perhaps triggering regulatory board oversight (Barnett & Hillard, 2001). Many state and provincial CAPs have been discontinued due to lack of utilization by psychologists and threats associated with mandatory reporting to regulatory boards required by some states’ licensing legislation. CAPs—though certainly well-intended and undoubtedly helpful to many psychologists over the years—may reflect a perspective on collegial engagement that suggests one-directional and interventionist approaches. The assumption that most professionals are self-contained, perpetually rational, and nearly always competent (save for rare instances of serious disturbance in com-

petence necessitating self-report and subsequent intervention) may foster this interventionist perspective.

Recently, Johnson and colleagues (2012) criticized this individualistic and interventionist view of competence and enjoined the profession to transition to a more interdependent, communitarian perspective on both competence and our obligations to help one another preserve it. Collegial engagement, promotion of highest functioning, and an emphasis on prevention of competence problems are preferable to an interventionist approach that targets problems with professional competence only after they are observed.

In contrast to individualistic and interventionist thinking, communitarianism honors individual dignity and accountability while recognizing the deeply social and highly interdependent nature of human existence (Etzioni, 1998; Markus & Kitayama, 1991). Communitarian philosophers claim that people only can be understood in light of their vulnerability and ultimate dependence on others. Happiness, dignity, and healthy functioning—on both personal and professional planes—hinge upon accepting the role of “keeper” for one another (Macintyre, 1999). Through a communitarian lens, a psychologist community can flourish when members recognize their interdependence and respond with reciprocal care and concern (Johnson et al., 2012; Macintyre, 1999).

This communitarian perspective dovetails nicely with theories of social support and literature on the ethics of care. Social support derives from strong interpersonal relationships that help to prevent and reduce stress through provision of one or more of the following: (a) emotional support, such as reassurance of self-worth and concern; (b) appraisal support, such as feedback and appraisal of competence; (c) informational support, such as consultation and advice; and (d) instrumental support, such as tangible assistance in the form of time and resources (Higgins & Thomas, 2001). Many authors have addressed psychologists’ fundamental needs for social support to achieve a sense of well-being as well as a need to feel appreciated, and respected (cf. Guy, 2000; Kohut, 1984).

Lending credence to this communitarian framework are recent reviews on the efficacy of self-knowledge. Although most of us hold the strong conviction that we know ourselves better than others know us, research confirms that for some aspects of behavior and personality, others might be positioned to see us more clearly than we see ourselves (Vazire & Carlson, 2011). Moreover, closeness in relationships is highly associated with greater accuracy in judgments of personality and emotional functioning (Biesanz, West, & Millevoi, 2007). Vazire and Carlson (2011) concluded that, “Those who know us well sometimes see things that we do not see in ourselves, particularly when it comes to aspects of our personality that are observable to others and that we care a lot about and thus cannot see objectively” (p. 106).

Similarly, the ethics of care movement emphasizes interdependence, community relationships, and a fundamental ethical obligation to care for our colleagues (Gilligan, 1982; Held, 2005; Noddings, 1984). From this perspective, each of us must be oriented to relating and responding to our professional “neighbors” as a matter of deeply held and ongoing relationship-based virtues (e.g., care, friendship, mercy, benevolence, sensitivity), not as discrete episodes of intervention.

From a communitarian/ethics of care standpoint, all psychologists are fallible and all competence is perishable. The wisest members of the community recognize their vulnerability, surround

themselves with honest, caring colleagues, and stand ready to offer as well as receive support. A communitarian perspective on colleague engagement is similar to models of *collaborative mentoring* and *transformational supervision* (Johnson, 2007b; Kaslow, Falender, & Grus, 2012; Mullen, 2005). In contrast to traditional—unidirectional and hierarchical—mentoring, several authors have encouraged more egalitarian and relational mentorships that are interdependent, generative, and reciprocal relationships aimed at mutual growth and learning (Fletcher & Ragins, 2007; Ragins & Verbos, 2007). In collaborative mentoring, “. . . learning focuses on mutuality and the value of interdependent, reciprocal learning that challenges assumptions about hierarchy, rank, and status and consequently, who is “teaching” and who is “learning”” (Mullen, 2005, p. 73). In a similar vein, if educators and supervisors are obligated to socialize new members into the attitudes, values, and best practices of the profession (Gizara & Forrest, 2004), they should create relationships with trainees through which these goals can be achieved. According to Johnson (2007b), transformational supervisors see themselves as deliberately partnering with supervisees to shepherd them safely through the vulnerable transitions and hurdles characteristic of practical training. Ponce, Williams, and Allen (2005) offer a similar mentoring model for supervision that is:

Derived from a collectivist philosophy emphasizing wider arrays of interpersonal contact between more and less experienced individuals, greater reciprocity, heightened advocacy, and more frequent use of formative feedback that generally centers on both instrumental goal-oriented career support and psychological nurturance (pp. 1160).

At their best, transformational and collaborative colleague connections may become rich developmental relationships in which both members of the dyad find support for enhancing their professional, career, and even personal development. We believe that such transformational relationships are more likely to occur in communitarian cultures that foster peer engagement (Johnson, 2007a; Johnson et al., 2012). We now consider the constructs of peer mentoring, relational mentoring, and developmental career networks to set the stage for our discussion of competence constellations.

Mentoring and Developmental Networks

Peer Mentoring

One solution to the lack of traditional mentorships during early career development (Clark, Harden, & Johnson, 2000; Forehand, 2008; Mahoney, 2005) is the formation and active use of peer mentoring. A pioneering study of peer mentoring in organizations (Kram & Isabella, 1985) found that whereas traditional mentorships may provide more career opportunity, peer mentorships offered equivalent levels of psychosocial functions (confirmation, emotional support, personal feedback, and friendship). Subsequent scholarship highlights the rich variety of lateral relationships with coworkers, professional friends, and organizational colleagues that offer the opportunity to enhance professional competence while enjoying invaluable personal support (Eby, 1997; Higgins & Kram, 2001; McDaugall & Beattie, 1997; McManus & Russell, 2007). Peer mentorship “offers a chance to express one’s personal and professional dilemmas, vulnerabilities, and individuality”

(McManus & Russell, 2007, p. 280) in a nonjudgmental context. Peer mentoring may augment traditional mentorships or fill the void when traditional mentoring relationships fail to develop during training.

Mutually developmental relationships are essential well beyond graduate school, internship, postdoctoral training and initial credentialing. “Close personal relationships are especially meaningful to people in later career stages, because they provide a sense of continuity and connection while creating a protected forum for discussion of significant work and life transitions” (McManus & Russell, 2007, p. 277). The peer mentor construct sets the stage for two subsequent strands of organizational scholarship, relational mentoring and developmental career networks, both of which are essential to our CCM.

Relational Mentoring

Relational mentoring is a refinement and integration of scholarship on peer mentoring, social support, and collegial relationships in organizations (Ragins, 2012). Although it capitalizes on the structure and benefits of traditional perspectives on mentoring, it charts a distinctly different course in the evolution and care of crucial peer developmental relationships. Below, we highlight the salient features of relational mentoring dyads. In keeping with the spirit of relational mentoring, we replace the terms “mentor” and “protégé” with colleague for each member of a dyad.

Fundamentally reciprocal. Relational mentorships challenge the traditional one-dimensional and hierarchical model of mentor influence and instead recognize that high-quality relationships involve the capacity for mutual influence, growth, and learning (Fletcher & Ragins, 2007; Ragins, 2012). Mutuality may take the form of reciprocal assistance, mutual understanding, and shared interests (Kram, 1985; Kram & Isabella, 1985). For instance, a technology-savvy junior colleague might assist a less technology-oriented mentor to become more sophisticated in this area while the mentor opens important career doors for the junior colleague.

Fluid expertise and complementarity. Colleagues develop the ability to easily and authentically switch between learner and expert roles as appropriate (Kram & Isabella, 1985; McManus & Murphy, 2007). Recognition that expertise can shift within a mentoring episode contrasts with “static” models of mentor as expert (Ragins, 2012). McManus and Russell (2007) highlighted the fact that a dyad is stronger and consequently more competent than an individual; “Individuals may have complimentary knowledge, skills, and abilities that emerge in a relationship as offsetting strengths and weaknesses” (p. 281). Even though colleagues may share core values, their varying skills and competencies allow them to mutually address each other’s developmental needs (McDaugall & Beattie, 1997).

Communal norms and vulnerability. Effective relational mentoring requires the ability to reveal one’s shortcomings and developmental needs and to have those recognized and addressed in a nonjudgmental and supportive way (McManus & Murphy, 2007). The competent colleague is humble and recognizes that vulnerability in self may serve as a source of wisdom, empathy, and compassion for others (Barnett, 1984).

Extended range of intended outcomes. Although traditional mentoring models tout outcomes bearing on career success, typically measured by advancement and compensation, relational men-

toring takes a broader view (Ragins, 2012). Successful relational mentoring may bolster career success but is as likely to stimulate a stronger sense of professional identity, enhanced competencies, resilience in the face of personal or medical challenges, or more effective work-family balance.

Holistic approach. Relational mentoring acknowledges the interaction between work and nonwork domains and recognizes that high quality collegial relationships can influence the quality of life generally (Ragins, 2012). Competent relational mentoring may bolster specific professional competencies while simultaneously building self-efficacy, compassion, emotional intelligence, and work-recreational balance.

What characteristics and qualities support relational mentoring? Professionals who define themselves in terms of others—those with more interdependent self-constructs—have relational identities (Ragins, 2012) in which relationships are central to sense of self (Cross, Bacon, & Morris, 2000). Individuals certainly vary with respect to the degree to which relationships factor into their identity structure (Andersen & Chen, 2002; Markus & Kitayama, 1991). We propose that a relationally oriented identity will serve as a salient buffer against problems of competence because relational mentoring will come more naturally for these professionals. To the extent that foundational competencies, such as relationships and professionalism, are emphasized during training, more psychologists are likely to attend to the importance of a relational orientation throughout their careers (Fouad et al., 2009).

In addition to a relational identity, crucial skills for effective collegial functioning in a mentorship dyad include effective communication, empathetic listening, self-reflection, emotional intelligence, and the capacity for compassion (Fletcher & Ragins, 2007). These skills map nicely to the competency domains in professional psychology (Fouad et al., 2009; Kaslow et al., 2009; Rodolfa et al., 2005; Stoltenberg & McNeill, 1997). For instance, the competency benchmarks document emphasizes at least three foundational competencies central to effective participation in relational mentoring (Fouad et al., 2009): (a) Professionalism—specifically concern for the welfare of others and professional identity (e.g., engagement in professional organizations and seeking consultation, Grus & Kaslow, *in press*), (b) reflective practice/self-assessment/self-care, and (c) relationships—specifically interpersonal relationships, affective skills, and expressive skills.

The outcomes associated with relational mentoring may translate to other relationships in the professional's developmental network. Ragins (2012) wrote that, "high quality mentoring relationships are not only built on relational skills, they may also generate the relational skills needed to build other high-quality relationships" (p. 524). Ragins termed these skill sets, relational caches, "which are transportable across time, relationships, and settings" (p. 524). The notion of the relational cache helps set the stage for our discussion of developmental networks. In essence, strong dyadic collegial relationships develop reserves of relational skill that can be transferred to other relationships in a psychologist's social/developmental network, thereby enhancing the functioning of the entire constellation.

Developmental Networks

Whereas people frequently have one or two primary mentors early in their careers, most professionals rely on a wider collection

of individuals for ongoing career and psychosocial support (Higgins, Chandler, & Kram, 2007; Higgins & Thomas, 2001; Johnson, 2007a). Termed developmental networks (Eby, 1997; Higgins & Kram, 2001), social networks (Brass, Galaskiewicz, Greve, & Tsai, 2004), composite mentoring (Packard, 2003), or developmental constellations (Higgins & Thomas, 2001), a developmental network comprises "the set of relationships an individual has with people who take an active interest in and action to advance the individual's career by assisting with his or her personal and professional development" (Higgins & Thomas, 2001, p. 224). Frequency and intensity of contact with network members will vary and may be facilitated by technological innovations in communication (e.g., email, social media, web chat).

This network construct has found support in empirical research. For instance, many university employees are able to identify clear constellations of relational mentorships (Allen & Finkelstein, 2002). The most constructive developmental networks are deliberately constructed and comprise multiple concurrent developmental relationships with trusted relational mentors or colleagues and may also include key family members, professional association colleagues, and other "mentors of the moment" (De Janasz & Sullivan, 2004, p. 269). The healthy functioning of a developmental network assumes that colleagues will be supportive of multiple developmental relationships and resist the temptation to become jealous or possessive of any particular colleague (Johnson & Ridley, 2008). A high quality collegial network or constellation may bolster resiliency and competence in the face of personal and professional challenges (Johnson & Barnett, 2011; Johnson et al., 2012).

The Competence Constellation

If professional competence ebbs and flows with the tides of time, circumstance, and stress in the life of even the most accomplished psychologist, then psychologists must employ strategies for consistently gauging and reinforcing competence, as well as for self-diagnosing and remediating problems of professional competence. If psychology as a discipline transitions to a more communitarian and interdependent perspective on colleague care and the development and maintenance of professional competence, fewer psychologists might suffer significant problems of professional competence.

Johnson and colleagues (2012) introduced the competence constellation construct as one avenue for realizing this transition. We now elaborate this construct and introduce a model, the Competence Constellation Model (CCM), for collegial care, relational mentorship, competence enhancement and preservation, and ongoing development (both professional and personal) in the lives of psychologists. Our CCM model is rooted in organizational theories of developmental networks and relational mentoring (Higgins et al., 2007; Higgins & Kram, 2001; Higgins & Thomas, 2001).

A common definition for constellation is, "a gathering or assemblage of prominent persons" (Constellation, 2012). We define a competence constellation as: the cluster of relationships a professional has with people who take an active interest in and action to advance the individual's well-being and professional competence. Although the constellation may include a primary mentor or competence-developer—particularly early in the professional's career—it is feasible for a constellation to contain no traditional

mentor or supervisor. A study of lawyers' mentoring constellations found that a high-quality primary mentorship helped predict short-term career outcomes, whereas the entire constellation of developers accounted for longer-term outcomes (e.g., organizational retention and career advancement; Higgins & Thomas, 2011).

Composition of a competence constellation is identified from the perspective of the psychologist at the center of the constellation and is generally limited to individuals who are instrumental to the psychologist's continued professional development and adaptive functioning. A constellation is comprised of any number of colleagues with whom the psychologist engages in regular contact. Colleagues may be psychologists, allied mental health professionals, personal psychotherapists, supervisors, consultation group members, close family members, clergy, or others with a commitment to the psychologist. Such colleagues must evidence the capacity to monitor another person's professional competence specifically and emotional health and wellness generally. Three variables contribute to the overall efficacy of a competence constellation (Higgins et al., 2007; Higgins & Kram, 2001; Higgins & Thomas, 2001): (a) diversity of the constellation, (b) strength of ties in the constellation, and (c) extent to which the psychologist is intentional about forming and nurturing the constellation.

Constellation Diversity

The diversity of a competence constellation may be determined by the range of sources from which the psychologist receives ongoing relational mentoring and collegial support, the social arenas represented by one's colleagues (e.g., workplace, professional association, diversity affinity groups, peer-consulting group), and the density of one's constellation (Higgins et al., 2007). The range of diversity of cultural backgrounds with varying experiences of privilege and oppression also are important given the accumulating evidence that culturally diverse groups function more effectively than monocultural groups. Page's (2007) comprehensive review of the evidence suggests that identity diversity has the greatest effects on problem solving, innovation, and performance when combined with cognitive diversity. Thus, constellation diversity also might be enhanced by variety in worldview, professional training, and theoretical perspective. Density may be measured by the degree to which individual colleagues in one's constellation know one another (Brass, 1995).

We propose that greater range and density in one's constellation will be positively linked with consistent competence. In other words, the wider one's range of associates and the more often those associates consult with and support one another, the better the chances that a psychologist will get immediate, transparent, and continuous feedback about his or her competence. Of course, we acknowledge that personal and contextual variables may impact constellation diversity. For instance, an introverted psychologist may seek fewer, closer colleagues and a psychologist who is active in state and national professional associations may benefit from a wider range of engaged colleagues.

Strength of Ties

The strength of ties in any competence constellation is determined by the emotional closeness, as well as frequency, depth, and honesty of communication between the psychologist and constel-

lation members. No constellation can be effective if the relationships that undergird it are weak or marginally committed, or if the participants fail to render honest appraisals of colleagues' functional competence. A robust and durable competence constellation will be comprised of colleagues who provide varied, and often overlapping, forms of social support (Higgins & Thomas, 2001). Mutual social support is often the bedrock from which strong collegial mentorships develop (Ragins, 2012; Ragins & Verbos, 2007).

Although strong relationships are foundational to a high-functioning constellation, it is also true that the composition of one's network of colleagues naturally changes over time. In their research on developmental networks, Cummings and Higgins (2006) found evidence of an "inner-outer core" across individual networks. Relationships that remained intact over time tended to populate an "inner core" in which members provided high levels of psychosocial support, but lower levels of career support (Cummings & Higgins, 2006). In other words, the "best friends" among one's constellation colleagues are likely to be consistently emotionally engaged over many years. We propose that the nature and focus of competence feedback will naturally vary based on the strength of ties among constellation members. We further propose that collegial ties will be strengthened when members provide each other with transparent, timely, and meaningful feedback. This feedback should be associated with an open and honest dialogue and in some cases, an action plan to enhance competence or to limit practice if significant problems of professional competence are noted.

Initiatory Behaviors

The final variable influencing the formation and quality of any competence constellation involves the extent to which a psychologist is active and deliberate in initiating, pursuing, nurturing, and maintaining relationships with colleagues that contribute to his or her constellation of support. In the context of their work on mentoring constellations, Higgins et al. (2007) described developmental initiation as, "a set of development-seeking behaviors undertaken by a focal individual that are intended to enhance his or her skills, knowledge, task performance, and/or personal learning" (p. 349). We predict that psychologists that engage in more frequent and significant initiatory behaviors with colleagues, perhaps by offering collegial support themselves, will be more likely to enjoy a rich and rewarding competence constellation.

Structure of the CCM

Figure 1 provides a representation of a psychologist's competence constellation in visual terms. At the center of his or her constellation, the psychologist is surrounded by a relatively small nucleus—the inner core—of primary relational mentors and colleagues. Relationships at the inner core tend to provide greater psychosocial or emotional support, represent long-term collegial friendships, and be defined by higher levels of intimacy and emotional reciprocity than relationships at other locations in the constellation. As one example, a psychologist's inner core may include a handful of key professional friends, a career mentor or two, a personal psychotherapist, and a spouse or partner.

The collegial community of the competence constellation represents a broader second level of collegial relationships in the

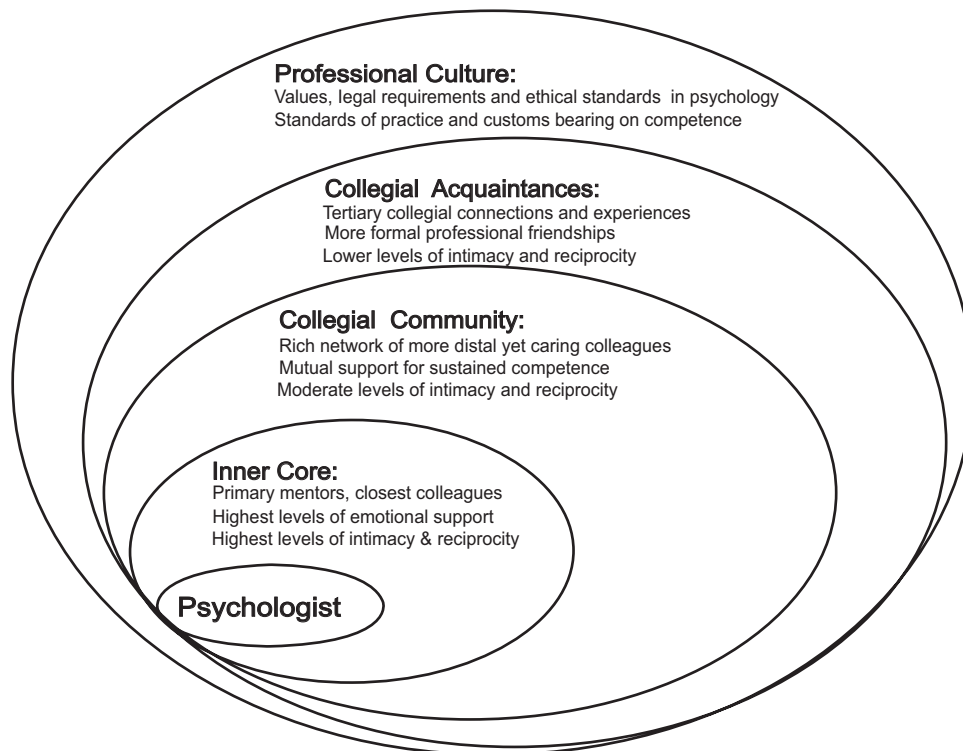


Figure 1. The competence constellation.

psychologist's developmental network. Though still defined by relational mentoring, mutual care, and support for sustaining competence, these relationships are considered more distal than those in the inner core in terms of relational intensity, duration, availability, and frequency of collegial engagement. The community may be populated by a rich variety of professional colleagues, including coworkers, a supervisor, a consultant, consultation group members, and trusted colleagues from professional associations and community organizations. Finally, the collegial community may incorporate caring colleagues with whom a psychologist has no in-person interaction. For instance, [Kruger and colleagues \(2001\)](#) described the strong sense of community and interpersonal care that often evolves among members of cohesive Internet-based professional communities.

We term the third structural dimension of our constellation model collegial acquaintances. Defined by collegial connections and experiences that are tertiary to the psychologist's inner core and collegial community relationships, the acquaintance level includes professional friendships that may be more formal, defined by less emotional support and reciprocity, and perhaps limited to discrete episodes of interaction. Although relationships and interactions at this level still contribute to the psychologist's professional competence, they do so with less potency and consistency. For instance, a psychologist's collegial acquaintances may include continuing education instructors, occasional coauthors or copresenters, or professionals he or she engages with at annual conferences or during service on a professional board that do not develop into relationships that populate the inner core or collegial community.

The fourth and final layer of the competence constellation is the professional culture in which the psychologist operates. This macro dimension influences and shapes development and functioning of the other CCM components and has broad influence on how—or even whether—a psychologist prioritizes matters of competence development and community engagement. The professional culture includes ethical principles and standards, legal statutes, credentialing requirements, and cultural norms about competence and the value of interdependence. For example, to the extent that mandatory continuing education requirements include attendance at periodic workshops or other in-person training, such requirements might facilitate both professional competence and collegial engagement. Further, a professional ethics code that emphasizes colleague care and concern is likely to perpetuate greater engagement among psychologists.

Finally, we offer several caveats related to the CCM structure. First, the boundaries demarcating the inner core, collegial community, and collegial acquaintances are flexible and permeable. Over time and throughout the psychologist's development, the unique consortium of salient competence colleagues will shift so that the size and composition of its levels will evolve and change. Second, for some psychologists the significance of cultural background and current commitments to the culture will shape their constellation structures and the unique processes of collegial engagement (e.g., [Schwartz, Galliher, & Domenech Rodriguez, 2011](#)). Third, constellation size is not directly correlated with constellation efficacy. Quality of relationships at each level and the extent to which the psychologist is deliberate about creating and utilizing his or her network of colleagues should be the strongest

predictors of well-functioning and prevention of problems of professional competence.

Foundational Competencies of Effective Constellation Colleagues

Several authors in the field of mentoring articulate specific core competencies bearing on effective collegial friendship and relational mentorship (Allen, 2003; Fletcher & Ragins, 2007; Ragins, 2012). These competencies map nicely to several of the foundational competencies recently promulgated for professional psychologists (Elman et al., 2005; Fouad et al., 2009; Kaslow et al., 2004; Rodolfa et al., 2005). Below, we integrate these two literatures and present six essential categories of foundational competencies most likely to facilitate strong collegial connections, and ultimately, the efficacy of competence constellations:

Authenticity and self-awareness. The ability to access and express one's thoughts and feelings.

Other-oriented empathy. The ability to understand others' experiences and perspectives and a genuine concern for the welfare of others.

Vulnerability and nondefensiveness. The ability to admit the limitations of one's knowledge, skill, and attitudes combined with an openness to help and to feedback without marked loss of self-esteem.

Self-care. The ability to model personal health and emotional wellbeing (Norcross & Guy, 2007).

Fluid expertise. The ability to transition easily from expert to learner to allow mutual influence and maximize collaboration.

Collegial assertiveness. The ability to initiate difficult conversations as an expression of care, a desire to deepen the relationship, and a commitment to promote self and colleague competence (Jacobs et al., 2011).

Implications and Recommendations

The CCM provides an intentional approach to forming and sustaining a network of collaborative and caring colleagues with the goal of promoting personal well-functioning and professional competence rooted in an inherently communitarian or interdependent view of self (Markus & Kitayama, 1991). Deliberate construction and utilization of a personal competence constellation will lead to several significant outcomes for psychologists (Elman et al., 2005; Fletcher & Ragins, 2007; Friedman & Kaslow, 1986) including: (a) consolidation of professional identity, (b) empowered action (motivation and ability to apply what one learns through relationship with colleagues to clients/patients and others), (c) new knowledge about the profession and insight about oneself, (d) increased feelings of worth (self-in-relation esteem) from achieving mutual growth in connection, and (e) prevention of problems of professional competence.

We conclude this article with three specific recommendations for the field of professional psychology. These recommendations bear on the training culture in psychology, the Ethics Code, and regulatory and credentialing practices in our field.

Train for Collegial Engagement and Competence Constellations

To create an interdependent mentoring culture, psychologists must learn early in their careers to value shared knowledge, collaboration, reciprocity, transparency, and vulnerability with colleagues (Eby, Lockwood, & Butts, 2006; Fletcher & Ragins, 2007; Gizara & Forrest, 2004). Trainees must appreciate the connection between competence and relational connections when forming professional identities (Cross et al., 2000). As new psychologists develop mental maps or cognitive schemas for competence, it is imperative that these maps incorporate salient relational components. Ragins (2012) reflected that people may be guided to form mental maps of mentoring that "shape their expectations, frame their experiences, and motivate their behaviors in mentoring relationships. . . essentially, mentoring schemas are knowledge structures of what mentoring relationships should look like" (p. 523). To achieve this objective, we offer several specific recommendations.

First, trainees must be introduced to the CCM and encouraged to begin construction of their own constellation from their earliest days in training. Early courses in professional issues and ethics might emphasize communitarian strategies for ensuring competence and wellness, and practicum and internship supervisors might inquire about peer mentoring networks and other collegial engagements in the context of assessing foundational competencies (Fouad et al., 2009). Active discussion of competence constellations, their effective construction and utilization, and their connection to clinical competence should be salient elements of preparing trainees to pursue emotional and interpersonal well-functioning. Further, graduate programs might develop model-specific team-oriented structures for both clinical and research training (Ward, Johnson, & Campbell, 2005). Training psychologists should explicitly promote collaboration, mutual support, and caring among cohort peers while simultaneously working to reduce competition among trainees (a condition likely to undermine communitarianism).

Second, trainees should be prepared explicitly for the role of psychologist colleague (Johnson et al., 2008). In graduate coursework, clinical supervision, and other training experiences, trainees should learn the art of engagement as a way of being-in-the-profession and as explicit skills to deal with colleagues in distress (Barnett & Hillard, 2001). For instance, just as trainers must refine their capacity to engage in difficult conversations with trainees (Jacobs et al., 2011), so too must trainees learn to express concern and provide correction to colleagues in a caring and constructive manner.

Third psychology trainers must model communitarian ideals—including collegial engagement—in both word and deed in ways that trainees can observe and participate in with trainers. Advisors, mentors, teachers, and supervisors should consider how to most effectively infuse their work with communitarian ideals and strategies. For instance, trainers might reveal the names of the psychologists that populate their competence constellation, perhaps disclosing how a key colleague has been instrumental in helping him or her to preserve competence during a difficult time (Johnson & Barnett, 2011). Further, a trainer might introduce trainees to members of the trainer's collegial community as a way of helping the trainees expand their own constellations.

Finally, we recommend that training-focused organizations within professional psychology (e.g., APA Board of Educational Affairs [BEA], Council of Chairs of Training Councils [CCTC], the Council on Accreditation [CoA]) take up the challenge of “training the trainers” in communitarian ideals and collaborative training strategies. Faculty and supervisors trained in highly Westernized, individual-focused programs may have little experience with the communitarian competencies we hope to inculcate in new generations of trainees.

Infuse Future Revisions of the Ethics Code With Communitarian Concepts

Although we have highlighted the significance of communitarian values and collegial engagement for the development, reinforcement, and maintenance of professional competence, our current Ethics Code remains relatively silent on the matter of community obligations (APA, 2010). Standard 2, Competence, articulates the individual responsibilities of psychologists to assess and maintain their own competence, as well as the duty to discontinue or modify their professional activities when competence dips below minimum thresholds. But the standard does not address the vital role of collegial engagement in competence maintenance or attend to the obligations of colleagues when a psychologist’s competence ebbs. To begin to address these omissions, Johnson and colleagues (2012) proposed the following additions to Standard 2:

Standard 2.03, maintaining competence.

Psychologists undertake efforts to develop and maintain their competence. Psychologists maintain regular engagement with colleagues, consultation groups, and professional organizations and routinely solicit feedback from these sources regarding their competence for work in specific roles and with specific populations.

Standard 2.06, personal problems and conflicts.

(c) When psychologists become aware that a psychologist colleague is experiencing problems that may lead to interference with professional competence, they offer care and support, and collaborate with that colleague in assessing competence and determining the need to limit, suspend, or terminate their work-related duties. (Johnson et al., 2012, pp. 565).

Similarly, the current Ethics Code (APA, 2010) requires us to address concerns directly with colleagues or report colleagues when we observe unethical behavior, but the Code offers no guidance regarding how to bring ethical concerns to a colleague’s attention in a caring and compassionate versus provocative and confrontational manner.

There is only a brief aspirational nod to responsibility to help prevent colleagues’ unethical behavior or actively seek to help promote colleagues’ ethical behavior. We recommend that additional language be added to Standard 1 that captures these ideas in clearer language.

We also recommend some reframing of the current aspirational principles to incorporate greater emphasis on an ethic of care for colleagues (Held, 2005; Noddings, 1984). Two existing principles include wording that might be elaborated to more clearly capture the connections between competence, collegial connection, and community responsibility. These include Principle A, Beneficence and Nonmaleficence: “Psychologists strive to benefit those with

whom they work. . .” (APA, 2010, pp. 3), and Principle B, Fidelity and Responsibility: “Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work” (pp. 3). A new principle focusing on the ethical virtue of care and its manifestations in professional work is needed.

Regulatory Bodies’ Requirements for Colleague Engagement

We encourage regulatory, credentialing, and specialty boards to ask salient questions regarding collegial engagement during professional examinations. If trainees are introduced to the CCM early in training; if trainers model care, mentorship, and engagement with their own colleagues; and if trainees know that collegial care and engagement are infused in the Ethics Code, then it should come as no surprise when credentialing bodies ask about the diversity and strength of a psychologist’s current competence constellation. When licensing and other credentialing boards ask candidates about their constellations, psychologists will become more attuned to the value of close collegial relationships for ensuring competence and professionalism.

We recommend changing licensing statutes and regulations to reflect an emphasis on prevention and greater use of colleague assistance and support. Licensing boards have a primary obligation to protect the welfare of the citizens in their jurisdiction. Rather than emphasize a primarily investigative and adjudicatory role in response to complaints received about alleged unethical and harmful behaviors by psychologists, licensing boards should work to actively promote competence and ethical practice through an emphasis on communitarianism. The prevention of unethical and potentially harmful actions by psychologists would more fully achieve the goal of protection of the jurisdiction’s citizens from harm.

Finally, we urge trainers, practicing psychologists, professional associations, and credentialing bodies to shift the discourse about colleagues with problems of professional competence. Specifically, we propose a concerted emphasis on colleague engagement versus colleague intervention. From this perspective, competence and wellness exist on a continuum with optimal professional functioning on one end and diminished professional competence on the other. Because members of a psychologist’s competence constellation are caring, involved, and attuned to their colleague’s professional competence, they will be already engaged, able to take supportive actions to prevent future negative impacts, and ready to assist when problems arise.

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