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Contents

Scholarly development of a set of field-specific graduate attributes for youth mental health practitioners

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Abstract

This article describes a process, informed by the Scholarship of Teaching and Learning (SoTL), to develop a set of field-specific graduate attributes for youth mental health practitioners as the first phase in a wider course redevelopment project. As teaching staff at the Centre for Youth Mental Health at the University of Melbourne, Australia, we undertook this research to inform the development of a new Master of Youth Mental Health program. The process and results of the research, including the set of graduate attributes that were developed, are reported here.

Introduction

The Graduate Diploma in Youth Mental Health is a postgraduate course run by the Centre for Youth Mental Health, University of Melbourne in conjunction with Orygen Youth Health, a public mental health service. It was established to provide people working in the youth mental health field access to accredited, high quality education in the area of early intervention and preventative youth psychiatry (Orygen Youth Health, 2010). There is a well recognized need for this training (Patel, Flisher, Hetrik & McGorry, 2007; McGorry, Purcell, Hickie, & Jorm, 2007).

In 2009, following a review of the course format and content, we initiated a course redevelopment project. Designed to unfold over a three-year period, the objectives of this project are:

1. generate a set of field-specific graduate attributes to inform the development of a signature pedagogy for the training of youth mental health practitioners;
2. undertake a thorough re-development of the course content informed by data; and
3. introduce clear points of articulation between certificate, diploma and masters levels of the program (i.e. a nested program).

Theoretically, the approach to this project was informed by the Carnegie Foundation's concept of signature pedagogies, which assumes that all professionals have developed forms of teaching and learning that are characteristic for each field (Huber & Morreale, 2002). These signature pedagogies disclose important information about the personality of a professional field—its values, knowledge and manner of thinking—and can become the impetus for communities of knowledge, learning, and practice (Barrie, 2006; Parker, 2002). Jones' (2009) took this idea further by demonstrating empirically that despite claiming to teach generic attributes, different disciplines conceptualise and teach these in distinctive ways. As such, she argues for a 'redisciplining' of generic attributes that acknowledges their disciplinary context. This similarly accords with Biggs' Presage-Process-Product Model

(Biggs, 1989), which sees a linear progression from presage (teaching context) through process (teaching acts) to product (class achievement) as well as the concept of embedded literacies in curricula (see D'Amico, 2003).

Methodologically, we approached the task of course redevelopment from Diamond's (2008) Systematic Model of Course Redevelopment (see Figure 1). This model takes a learning-centred approach to course and curriculum design by proposing a series of steps of devising or revising a course from goals to outcomes. The model follows a sequence that begins with a thorough assessment of need and a statement of goals followed by the design, implementation and revision of the curriculum. One of the salient features of this model is its phase-specific design, which emphasizes the importance of teaching staff devoting adequate time and resources to project selection and design in advance of production, implementation and evaluation. Therefore, we committed to a period of project scoping and data collection to inform our course redevelopment efforts. The method and results from this first phase of our wider course redevelopment project are reported in this article.

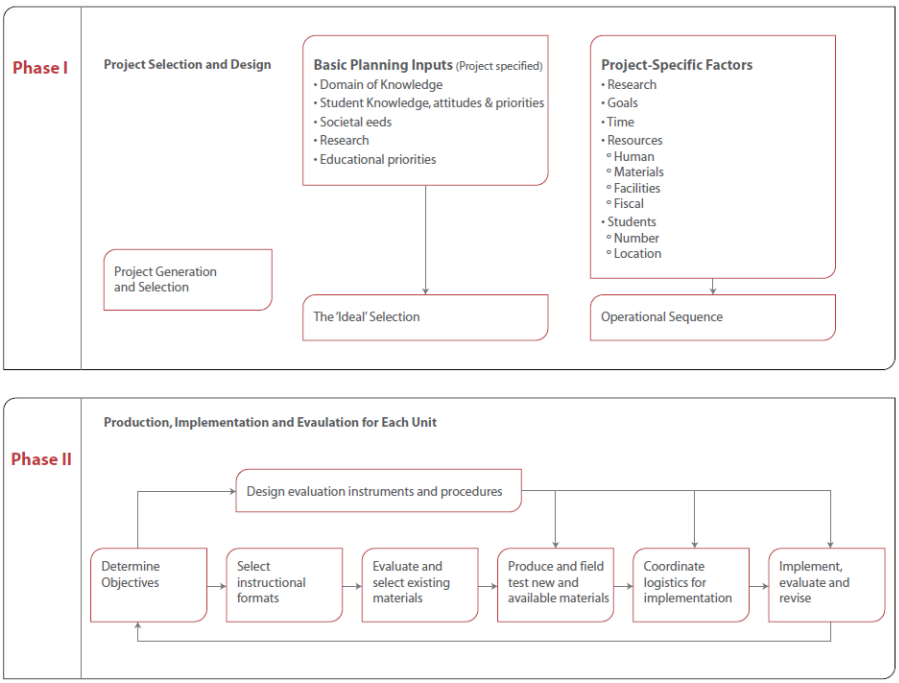

Figure 1: Diamond's Systematic Model of Course Redevelopment (Diamond, 2008)

Method

The period of data collection spanned February to October 2009. Three independent sources of data were identified: Current and past students of the Graduate Diploma in Youth Mental Health, industry experts, and academics.

Regarding the student body, a telephone survey based on the Teaching Goals Inventory (adapted with permission from Thomas Angelo) was conducted with 22 past and present students. The Teaching Goals Inventory (Angelo & Cross, 1993) was originally designed as

a self-assessment for instructors designed to assess six domains of teaching: Higher Order Thinking Skills, Basic Academic Success Skills, Discipline-Specific Knowledge and Skills, Liberal Arts and Academic Values, Work and Career Preparation, and Personal Development. We adapted the Higher Order Thinking Skills and Basic Academic Success Skills scales to a self-report format for our student population and developed our own Field-Specific Knowledge scale and Field-Specific Skills and Values scale. Using the original response format and scoring guidelines for the scale (Essential = 5, Very Important = 4, Important = 3, Unimportant = 2, and Not applicable = 1), we asked students to rate the relative importance of each teaching goal to their training as a youth mental health practitioner. Their responses were analysed statistically using the Statistical Package for Social Sciences (Version 13) into four domains, with Cronbach alpha on these subscales ranging from .80 to .92.

To gain industry input, we designed an anonymous web-based survey to gather information about the key knowledge areas, skills and values for working as a youth mental health practitioner. The survey consisted of three open-ended questions asking practitioners to nominate the knowledge, skills and values they thought were important for youth mental health practitioners to possess, with a fourth question asking participants to identify their work place. Invitations to respond to the survey were sent via email to all Orygen Youth Health staff as well as private practitioners providing youth mental health services in Headspace centres nationwide. Although it is difficult to determine how many clinicians read the invitation, we estimate that the pool of potential participants was approximately 200. From this pool, there were 35 respondents in all, with the majority of respondents being clinical staff (see Figure 2). The results from the survey were compiled and then thematically analysed.

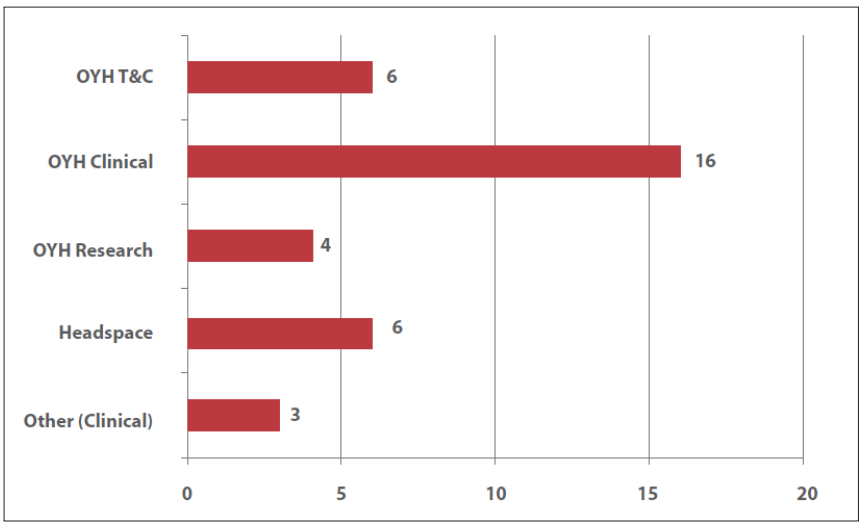

Figure 2: Industry respondents to web survey

Finally, we convened two meetings of the Centre for Youth Mental Health's Graduate Education Academic Advisory Committee (GAAC) to generate discussion about field-specific graduate attributes, in the first instance, and to review a list of draft attributes, in the second. These meetings were each audio-taped, later transcribed and then analysed. Between meetings we sought expert advice from Dr Anna Jones from the Centre of Higher Education at the University of Melbourne. Due to her previous experience in evaluating graduate attributes, we asked Dr Jones to provide written feedback on the first draft of our

attributes. In doing so, Dr Jones assisted to improve the specificity of the wording of some of the attributes and referred us to relevant literature.

Results

1. Student data

Teaching goals inventory

The means and standard deviations of student's responses to the adapted Teaching Goals Inventory are presented in Table 1. Using the subscale scores, we tested whether there were any significant differences in the ratings of importance of one domain over another. Repeated measures within subjects ANOVA with the four subscales as factors revealed a significant overall difference in mean scores, F (3, 7.74) = 17.72, p<.001, partial η^2 =.61. Post hoc paired t tests were conducted in order to determine where individual differences in domain scores lie. The results of these analyses revealed that Discipline Specific Knowledge and Discipline Specific Skills and Values were equivalent; whereas Higher Order Thinking Skills and Basic Academic Skills were significantly less important to participants compared to discipline-specific knowledge. However, although the effect size associated with these difference is moderate, the educational significance of these difference requires further exploration.

Table 1: Student Rated Teaching Goals Inventory Subscale Comparisons

Subscale	M	SD	Range	Post hoc Paired t test	
				Groups	t (21)
a. Discipline specific knowledge	4.29a	0.55	3.33-5.00	a-b	1.39
				a-c	2.44*
				a-d	5.62***
b. Discipline Specific Skills and Values	4.19b	0.59	2.67-5.00	b-c	1.12
				b-d	4.67***
c. Higher Order Thinking Skills	4.08c	0.43	3.25-5.00	c-d	4.09***
d. Basic Academic Skills	3.52d	0.82	2.00-5.00		

Note: N=22; p<.05 *, p<.01 **, p<.001** *

2. Industry respondents

The results of the thematic analysis of qualitative responses to the industry web-survey is summarised in the matrix display provided in Table 2.

Table 2: Matrix display of industry responses

Master Theme	*Subtheme*	Thematic description
Knowledge Base of the Youth Mental Health Practitioner	*Theoretical Knowledge*	Developmental theory; life-span development
	Developmental Issues	Negotiating family relationships, peer relationships, experimentation with drugs, intimate relationships
	Developmental Psychopathology	Multiple causal factors in mental health; biopsychosocial framework,; mental illnesses that first emerge in adolescence; symptoms, prevalence and course or disorders
	Practice Knowledge	Treatment approaches that are effective with young people; optimistic, recovery-focused approaches; treatments that address functional impairment and secondary morbidity
	Service System Knowledge	Knowledge of mental health service system and medico-legal issues; knowledge of the Mental Health Act in their state; the broader youth-specific welfare sector
Skills Base of the Youth Mental Health Practitioner	*Basic/Generic Counselling Skills*	Empathy, listening skills, interviewing skills, conflict resolution skills, unconditional positive regard, honesty and management of boundary issues
	Advanced Therapy Skills	Cognitive behaviour therapy, dialectical behaviour therapy, cognitive analytic therapy, motivation interviewing, core psychotherapy principles
	Psychiatric Skills	Psychiatric assessment, treatment and management including Mental Status Examination and risk assessment; case management
	Youth-specific practice skills	Ability to engage with young people; ability to work with families; familiarity with online technology
Values and Principles of the Youth Mental Health Practitioner	*Young people have distinct needs by virtue of their developmental stage*	Family-sensitive, youth-friendly and collaborative; acknowledgement of power imbalance in the therapeutic relationship; valuing and respecting young people
	Youth mental health practitioners need to display certain characteristics	Flexible work style, non-judgemental, empathic, non-pathologising, approachable, accessible, easy-going, creative
	Valuing Early Intervention and Functional Recovery	A commitment to the principles of early intervention and functional recovery, maintaining optimism, fostering autonomy, advocating on behalf of young people.

3. Graduate Education Academic Advisory Committee (GAAC)

The knowledge, skills, and values considered important for youth mental health practice by the Centre for Youth Mental Health's Graduate Education Academic Advisory Committee are summarized in Table 3. It can be seen from Table 3 that there was a high degree of overlap in the attributes nominated by the advisory committee when compared to those nominated and described by practitioners with the exception of a specific emphasis on the importance of the staging model on behalf of the members of the advisory committee.

Table 3: Summary of graduate attributes raised by members of the GAAC

Knowledge

Practice knowledge

- Evidence-based practice
- Core ethical principles
- Scientist-practitioner model
- The role of supervision and models of supervision
- Mental health act and medico-legal issues
- Knowledge of the mental health system
- Youth participation

Theoretical knowledge

- Mrazek and Haggerty's staging model
- Mental health literacy/first aid
- Adolescent development
- Key developmental issues of adolescence
- Social and relational context of mental disorders

Diagnostic knowledge

- Overview of mental disorders
- Phase of illness
- Diagnostic challenges and dilemmas
- The DSM

Skills

Basic communication skills

- Engaging youth people
- Micro-counselling skills
- Motivational interviewing

Psychiatric skills

- Assessment and screening
- Treatment planning
- Case-management
- Differential diagnosis
- Self-reflective practice

Values

- Commitment to on-going professional development
- Commitment to the early intervention agenda

Discussion

Overall, the findings from the project scoping and data collection phase of our course redevelopment project were revealing. The first finding, that students regard field-specific knowledge and skills as more important to their teaching and learning goals than generic academic skills, is not surprising but also lends support to current directions in the Scholarship of Teaching and Learning towards the generation of discipline-specific graduate attributes (Huber & Morreale, 2002; Jones, 2009; Parker, 2002). The main finding relating to the industry survey was the broad range of knowledge, skills and values with which youth mental health practitioners practice. These findings formed the basis for our drafting of the set of graduate attributes contained in Appendix 1, but they will continue to inform a comprehensive redevelopment of our existing course. In particular, our current course content is heavily weighted towards field-specific knowledge. However, practitioners repeatedly stated that the ability to engage young people in treatment was essential to their work. In addition, there was a great deal of consistency between practitioners in the core values that inform their practice, especially the commitment to the notions of early intervention and functional recovery. There was also consistency between students and practitioners in the valuing of discipline-specific knowledge and skills over generic skills. It is our intention, based on these findings, to add more weight to the skills and values dimensions of youth mental health practice in the redevelopment of the course and the development of a new masters program.

Two noteworthy limitations of our method were the participation rate and the limitations of the inventory. The low participation rate is partly a function of high clinical workloads in the public health sector with most clinicians being 'time poor' with respect to additional demands on their time. While there is no reason to suspect that the characteristics of the clinicians who chose to participant in the study differ from those who did not take part, we cannot confidently assert that our sample is representative. The study is further limited by taking a standardized measure and adapting it for use in our study without a thorough evaluation of the new measure's internal consistency. For instance, there is conceptual overlap in the domains measured so that we cannot be certain what influence this may have had on student's responses.

In conclusion, and of relevance to curriculum development in psychiatry more generally, we found that Diamond's model provided a useful framework for undertaking this project. Although, there was a significant amount of time and effort involved in the project scoping and data collection phase, we believe that the exercise has proven fruitful. We would recommend a similar approach to colleagues wanting to develop or redevelop psychiatry courses in other areas of specialisation. Based on our findings, we argue that youth mental health practitioners possess distinctive characteristics in terms of their knowledge, skills and values and that there is a need to develop a 'signature pedagogy' that reflects each of these areas. In particular, the importance of skills to engage young people in treatment as well as the commitment to ideals of early intervention and functional recovery need to be adequately represented in these pedagogies.

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Appendix 1

Graduate Attributes of the Youth Mental Health Practitioner

1. A well-developed concept of 'mental health.'
2. An understanding of the early intervention model across the spectrum from primary prevention to tertiary intervention.
3. An understanding of adolescence as a developmental stage and the implications this on intervention approaches to working with youth with mental health problems.
4. A broad knowledge base, grounded in the biopsychosocial perspective, regarding the prevalence, aetiology, prognosis, course, treatment of and recovery from mental health problems that emerge in adolescence or affect young people.
5. An appreciation of the principle of evidence-based practice, the need for on-going supervision, and a commitment to professional development.
6. An understanding of the theoretical basis of the range of interventions used in the youth mental health field.
7. The ability to apply the biopsychosocial model to interventions with young people with mental health issues.
8. Skills in the assessment of young people with mental health problems, MSE, psychoeducation and treatment planning.
9. Skills to engage effectively with young people, and to foster and maintain a working relationship with them.
10. Skills and knowledge of working with young people within a family context.
11. Knowledge of the utility of information technology in working with youth.
12. Knowledge of ethics and medico-legal issues relevant to youth mental health practice.
13. Knowledge of the social and political issues that affect young people.
14. Knowledge of innovative, youth-friendly and community-based models of service delivery in youth mental health.
15. The ability to apply acquired knowledge from the course to the optimisation of services for young people with mental health issue.
16. Development of a professional identity as a youth mental health practitioner, including a commitment to early intervention and the recovery model.