Development and Psychometric Testing of the Transition Service Provider Competency Scale

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Introduction

Youth in the transition years (ages 14 to 25) with mental health needs experience poor outcomes in terms of high school completion, access to post-secondary education, employment, criminal justice system involvement, homelessness, and unplanned pregnancy compared to other young people with disabling conditions.[1–3] Poor outcomes have been associated with lack of access to needed services, poor quality and developmentally inappropriate programming, and underprepared service providers.[2,4] While program quality is affected by many factors, well-trained service providers are believed to be essential for quality services.[5] In response to concerns expressed about the quality of mental health services, there have been efforts to develop a workforce that possesses clearly defined competencies.[6] Competent service providers possess specific attitudes, knowledge, and skills that "allow them to provide high-quality care that improves client outcomes"[7] (p. 322). Competencies can lead to improved outcomes by guiding service provider recruitment, training, credentialing, supervision, and program design.[7] Additionally, the identification of the components of specific competencies facilitates the creation of measures to assess training outcomes and ultimately the quality of performance.[8]

There is a continuing need for service providers to incorporate new knowledge from research and new information about emerging populations and to receive competency-based training to be able to individualize services to meet the needs of youth.[2,4,9] This paper reports on the identification of a set of core competencies for service providers working with youth with mental health needs in the transition years and the development and psychometric testing of the Transition Service Provider Competency Scale (TSPCS), a 15-item self-report instrument.[10]

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Background

Reducing the gap between knowledge of effective behavioral health treatments and services received by youth is a focus of the emerging field of implementation science, where implementation is defined as "a set of specified activities designed to put into practice an activity or program of known dimensions"[11](p. 5). According to Fixsen and his co-authors,[11] competency is one of the key drivers in implementation, reflecting the trend in professional development in health and mental health services toward competency-based approaches.[12–14] In medical training, competency-based education is defined as an approach that is oriented to "outcome abilities and organized around competencies derived from an analysis of societal and patient needs" that "promises greater accountability, flexibility, and learner-centeredness"[12](p. 636). As noted by Hackett,[15] competency-based education and training respond to public demands for assurance that professionals can demonstrate more than an ability to "know" something well, but that they can also translate that knowledge into effective practice.

According to Vance,[5] the first step toward building a qualified cadre of service providers is to clearly describe the knowledge and skills needed to implement high quality programming. For example, there have been multiple efforts to articulate core competencies for youth workers in the form of concrete, research-based, and achievable standards of practice to enhance the quality of services.[5,16,17] The identification of competencies and development of training initiatives to increase service provider competencies in turn allow for the assessment of training outcomes, and there are ongoing efforts to measure outcomes of competency-based medical education.[18–20] Based on this review of literature on workforce development and competency-based training, the authors initiated a collaborative effort to identify a set of core competencies, develop a competency-based training program, and define measures of the identified competencies.

Method

Procedure

The aim of this research was to develop the TSPCS as a competency-based measure of change in service providers' ratings of their own self-efficacy in providing transition services to young people with mental health challenges. To achieve this outcome, the TSPCS was built through extensive collaboration with key stakeholders. The development process involved three stages: identification of scale items, testing of items in training evaluations, and psychometric testing of the instrument. Portland State University's Institutional Review Board approved all procedures.

Identification of scale items

By means of an extensive literature search and analysis of competency education and workforce development literature for youth and behavioral health services, project staff identified a set of 10 core competencies for transition service providers (see Table 1).[21] The draft competencies were reviewed and refined by the Pathways Transition Training Collaborative, a national advisory group of young people with mental health service experience, transition service providers, family support specialists, researchers, and educators.

In order to assess the self-efficacy of transition providers to deliver effective services, Bandura's scale construction process was employed to generate and test items for the TSPCS.[22] The directions of the TSPCS ask the providers to "assess your confidence in performing tasks related to providing effective, youth-led, and culturally responsive services and potential areas

Table 1
Transition service provider competencies

Service provider core competencies
1. Partnering with youth and young adults
2. Supporting recovery and empowerment
3. Planning partnerships with providers of other services
4. Providing individualized, developmentally appropriate services
5. Addressing transition domain-specific needs
6. Using evidence-supported practice and individualizing interventions
7. Collaborating to bridge systems
8. Promoting support from family, peers, and mentors
9. Meeting the needs of diverse young people
10. Evaluating and improving services

Competencies based on framework developed by the Pathways Transition Training Collaborative[21]

for competency development."[10] Rating scales ranged from 0 (very little confidence) to 100 (quite a lot of confidence). Fifteen items were constructed to measure self-efficacy regarding the 10 core competencies, with one or two items related to each competency. For example, the scale item: "Reach within and across services and systems to build constructive working relationships focused on assisting young people to achieve their goals" was constructed to measure service providers' confidence in mastering the competency *collaborating to bridge systems*.

Testing of items in training evaluations

Phase one: Testing in course and online pilot training The TSPCS was part of the assessment process and the post-training evaluation for two separate capacity-building efforts: *Improving Youth Transitions*, a graduate social work course, and *Promoting Positive Pathways to Adulthood* (PPPA), a 10-module online training program. The majority of participants in the course ($n = 39$) were female service providers and less than 40 years old, and all held at least a bachelor's degree. In a pilot study of the PPPA program, participants ($n = 89$) were recruited from organizations providing behavioral health services to young people in the transition age group to test the effectiveness and acceptability of the first module. Using an online platform, they completed a demographic questionnaire and the TSPCS before beginning their training module. Online pilot participants mostly identified as female (79.8%) and non-Hispanic White (68.7%), with 5.6% reporting they were Hispanic or Latino, and 12.4% identifying themselves as Black or African American. The majority of online pilot participants provided mental health services ($n = 45$; 50.6%), with a substantial proportion providing family support services ($n = 28$; 31.5%), special education services ($n = 28$; 31.5%), behavioral health-related social services ($n = 27$; 30.3%), and/or mental health peer support services ($n = 22$; 24.7%). The highest education level of most participants was either a graduate degree (51.7%) or a bachelor's degree (23.6%), and 53.5% were under 40 years of age. Many had considerable experience working with transition age youth ($M = 11.26$ years, SD = 9.94) and were employed in their current job for an average of 4.52 years

(SD = 11.26). Significant gains in TSPCS scores were found from pretest to post-test in both evaluation studies.[23] Psychometric properties of the TSPCS were also investigated in these capacity-building programs using exploratory factor analysis and reliability analysis.

Phase two: Testing in an online training research program Prior to participating in a research study comparing online-only delivery of the PPPA program to online training with organizational supports, demographic characteristics and service experience data were collected from service providers who had signed up for online training through organizations in the Pathways Transition Training Partnership. Those who agreed to participate in the associated research study also completed a baseline TSPCS that was subjected to confirmatory factor analysis. Reliability and validity of the measure were also explored for this group.

Of the 104 service providers agreeing to participate in the online training evaluation study, the majority identified as female ($n = 84$; 80.8%) and non-Hispanic White ($n = 85$; 81.7%); 17.9% indicated they were Latino/Hispanic, and 11.1% Black or African American. Over 60% were between 20 and 39 years of age. Fully 96.2% had some college education, with 40.6% having a bachelor's degree and 38.7% with a master's degree. Participants had an average of 9.44 years (SD = 8.64) of work experience with young adults and averaged 2.89 years (SD = 3.93) in their current position. Participants either provided transition services for young adults with mental health challenges or worked with young adults with mental health needs in some capacity of behavioral health services. They most frequently reported that they were engaged in providing family support services ($n = 52$; 50.0%), transition planning services ($n = 52$; 50.0%), mental health services ($n = 49$; 47.1%), and/or peer support ($n = 47$; 45.2%). Analysis of TSPCS scores revealed significant increases in self-ratings of transition competencies for both groups of participants with increased exposure to training materials.[24]

Psychometric testing

SPSS was used in phase one for the exploratory factor analysis (EFA) of the course and pilot data. Principal component analysis was employed, examining the scree plot to determine adequate factor structure. Bartlett's test of sphericity and Kaiser-Meyer-Olkin measure were used to ensure the adequacy of the data for factor analysis. Phase two included a confirmatory factor analysis (CFA) of the baseline TSPCS data of the online training participants with maximum likelihood estimation using the Calis procedure from SAS/STAT. O'Rourke and Hatcher's six criteria of model fit were consulted for interpretation of the CFA results.[25] Regression analysis was included to test convergent validity, assuming that participants with more education and work experience would score higher on the TSPCS.

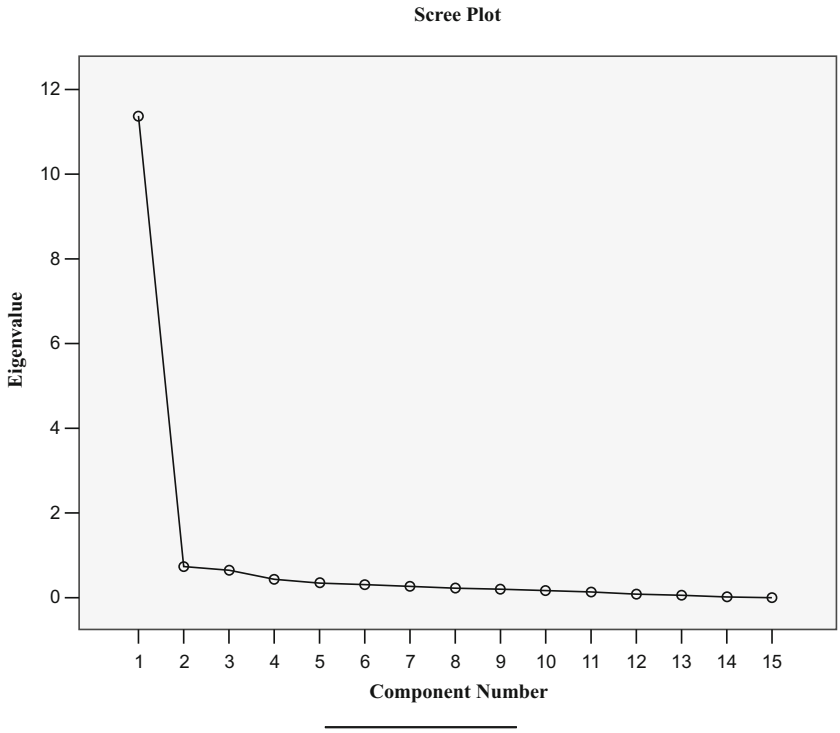
Results

Bartlett's test of sphericity (χ^2 (105) = 2550, $p < .00$) and Kaiser-Meyer-Olkin measure of sampling adequacy (.95) confirmed the adequacy of the items for EFA. The scree plot (see Fig. 1) indicated a one-factor solution with six items having factor loadings higher than .9 and the remaining items having factor loadings higher than .8. The eigenvalue for this factor was greater than 11 and explained 76% of variance.

Pretest TSPCS scores of participants in the online evaluation study were used to implement the CFA testing the one-factor solution suggested by the EFA results. Mean scores, standard deviations, and factor loadings for the TSPCS can be reviewed in Table 2.

Figure 1

Exploratory factor analysis scree plot: Transition Service Provider Competency Scale



Based on O'Rourke and Hatcher's six criteria of model fit, a power analysis was conducted, which showed that the power of the analysis is low with a sample size of 104 and 90 degrees of freedom, limiting the interpretation of the fit indices.[25] Accordingly, the chi-square was significant (χ^2 (90) = 387.77, $p < .001$), and a CFI of .8 and SRMR of .07 were calculated. All these fit indices demonstrate a marginal fit of the model.[26] In addition to the fit indices, all items loaded significantly on the factor with *t*-values exceeding 1.96 for each item ($p < .001$). Squared multiple correlation values for all but one item exceeded .39, which can be considered ideal.[25] Similarly, the composite reliability of the scale was greater than .69 ($\alpha = .98$) and the variance extracted was .74, which exceeds the recommended .5 threshold and indicates a good fit of the one-factor solution. Considering all six criteria for model fit, it can be concluded that the confirmatory factor analysis supports adequate fit of a one-factor solution for the TSPCS.

Multiple regression analysis was conducted to assess the convergent validity of the model (see Table 3). Time in the current position, time worked with young adults with mental health issues, education, and age predicted 12% of variability in TSPCS scores ($R^2 = .12$). Time in the current position working with young adults was a positive and significant predictor of TSPCS scores (t (99) = 2.07, $p = .04$). Time worked with young adults overall was positively correlated with TSPCS at non-significant trend level (t (99) = 1.71, $p = .09$). Age of the service provider was also a significant predictor of TSPCS scores (t (107) = − 3.20, $p < .01$), with younger service providers scoring higher on the scale. Education was not a significant predictor of TSPCS scores. The results of the regression analysis therefore provide support for the validity of the TSPC scale, since service providers who had more work experience with young adults with mental health issues achieved higher competency scores.

Table 2
TSPCS means, standard deviations, and factor loadings

Scale item label	*M*	*SD*	Factor loading
1. Engage youth and young adults as full collaborators in service planning.	69.17	21.19	.79
2. Participate in advocacy by providing accurate information about young adults with mental health issues.	65.97	22.60	.81
3. Identify and challenge situations that are stigmatizing for young persons with mental health disorders.	68.35	20.34	.80
4. Advocate for policies and procedures that respect individual rights and dignity for young people who have mental health difficulties.	66.55	22.68	.74
5. Work with youth and young adults with mental health disorders to challenge oppressive power structures and overcome legal barriers.	60.75	23.17	.78
6. Form partnerships with family and service providers in relevant agencies and systems to develop and implement individualized transition plans for young people.	71.30	20.92	.84
7. Assist and facilitate the development and implementation of an effective service plan that reflects the preferences, needs, interests, and desired outcomes of the young person participating in the planning and services.	70.86	21.08	.86
8. Collaborate with young people to meet their needs for education, employment, peer support, parenting support, safe and stable housing, income maintenance, participation in community life, and adult well-being.	74.04	20.22	.83
9. Apply established and evolving knowledge about mental health and a range of effective practices and programs.	63.06	23.34	.79
10. Reach within and across services and systems to build constructive working relationships focused on assisting young people to achieve their goals	69.41	21.81	.83
11. Build on the capacity of family, peers, and mentors to provide support in ways preferred by the young person.	72.63	19.03	.88
12. Communicate effectively with diverse youth and families.	77.88	16.30	.60
13. Respond appropriately and sensitively to the preferences of diverse young people and families	79.37	14.58	.69
14. Systematically evaluate the transition services offered to young people and their families using their feedback	66.78	23.16	.79
15. Participate in program evaluations and research to improve transition services.	68.05	23.03	.66

N = 104
TSPCS = Transition Service Provider Competency Scale

Discussion

The TSPCS demonstrated excellent internal consistency and EFA supported a one-factor solution. Results of the CFA showed acceptable fit of the one-factor solution with marginal fit indices, but significant loadings for all items, ideal squared multiple

Table 3
Regression analysis of demographic factors on TSPCS scores

Predictor	R^2	β	t	p
	.12			
Time in current position		.26*	2.07	.04
Time worked with young adults		.23†	1.71	.09
Education		− .06	− .44	.66
Age		− .50**	− 3.20	.002

$N = 99$
†$p < .10$; *$p < .05$; **$p < .01$

correlations, composite reliability, and variance extracted, increasing confidence that a one-factor solution is adequate. Small sample size and the lack of power limit the interpretation of fit indices, indicating the need for additional studies to increase confidence in the findings.

Despite these sample size limitations, considering the findings of both the EFA and the CFA, transition service provider competency needs to be conceptualized as a one-dimensional concept. The different skills of direct service provision, cross-system collaboration, and evaluation addressed in the TSPCS seem to have a shared nature best described as one latent factor of transition service provider competency. The research findings presented here support an inclusive practice model as a measure of competency. Current theories regarding effective practice models advocate for the inclusion of collaborations across systems, the focus on self-determination and empowerment of young adults with mental health issues, culturally appropriate interventions, and the involvement of natural supports.[27,28] Practitioners working with young adults with mental health issues consequently need to be trained in all these domains to be considered competent. The definition of competency as a holistic service approach focused on the integration of implementation and evaluation is also supported by research on the evidence-based process of intervention implementation.[29,30]

Results of the regression analysis provide some support for the validity of the TSPCS as a measure of transition service provider competency, with younger and more experienced service providers rating their confidence as greater. Younger service providers might report greater skill confidence because of their more recent professional education. Current undergraduate and graduate programs likely expose students to research on the developmental stage of transition age youth and educate students on the specific needs of this developmental group. This specific aspect of education might influence self-efficacy, despite the lack of statistical significance of education more generally. A more diverse sample regarding gender, race, age, and education is warranted to demonstrate the validity of the TSPCS for service providers with a greater variety of demographic characteristics.

It is also important to keep in mind that the TSPCS assesses the service provider's sense of competency or sense of self-efficacy and not actual practice skills. The measure remains relevant for practice since self-efficacy is considered pivotal for motivation and performance.[31,32] Self-efficacy has been used as an outcome measure in social work, education, and counseling research accordingly.[33,34] Several researchers also developed practice-specific self-efficacy scales, such as the Social Work Self-Efficacy scale (SWSE), the Foundation Practice Self-Efficacy scale (FPSE), and the Hospital Self-Efficacy scale.[33,35,36] This study adds to the

existing body of research by providing a measurement specifically focused on transition service provider competency. The TSPCS is therefore a relevant and timely response to the call for developing and measuring competencies of transition service providers in the behavioral health field.[18]

Implications for Behavioral Health

Behavioral health practitioners who provide services for emerging adults must develop specialized competencies to meet their needs and respond to their challenges.[37] Walker and her co-authors have argued persuasively that it is necessary to conduct research that establishes effective ways to train behavioral health service providers to acquire those competencies so they can feel confident as they engage with young adults in new interventions and support strategies.[28] The TSPCS is designed to capture service providers' changes in self-perceptions of their level of transition service competency as they participate in education and training experiences. Developed with key stakeholders shaping the core competencies, and service providers and trainees as participants in psychometric studies, the TSPCS is grounded in the experiences of this emerging field of practice. Given the promising field tests of the instrument in classroom, online training, and research settings, as well as the substantial psychometric results, the TSPCS can serve as a viable, brief, and self-administered option for training evaluations and research investigations. As a tool, the TSPCS can be useful in measuring the outcomes of workforce development activities designed to increase service providers' competencies in providing individualized and developmentally and culturally appropriate services to meet the urgent needs of youth with behavioral health difficulties.

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Compliance with Ethical Standards

Portland State University's Institutional Review Board approved all procedures.

Conflict of Interest The authors declare that they have no conflicts of interest.

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