



## Ensuring quality in EPs' use of dynamic assessment: a Delphi study

Rachael Green and Susan Birch

Educational Psychology Group, Research Department of Clinical, Educational & Health Psychology, University College London, London, UK

### ABSTRACT

Dynamic Assessment (DA) is an interactive form of cognitive assessment used by some educational psychologists (EPs) to assess the learning potential of children and young people, through a focus on cognitive and affective aspects of learning. In terms of UK EP practice, this approach has the potential to complement the focus on 'person-centred planning' set out in the Special Educational Needs and Disability Code of Practice. However, there is little guidance or consensus on what constitutes good DA practice. This research employed a Delphi methodology to identify competencies required to carry out quality DA. A panel of five international experts in DA and 17 EPs, using DA in practice, participated in three rounds of a Delphi study that identified 13 knowledge and 12 skills competencies considered essential for quality DA practice. The resulting framework could inform training and professional development programmes for EPs wishing to develop their skills and competence in practice.

### KEYWORDS

Dynamic assessment;  
learning potential;  
competency framework;  
Delphi study

### Introduction

The 2014 Children & Families Act (Department for Education, 2014) stipulates that the support provided for children and young people with special educational needs must be person-centred and personalised. This includes assessments and advice from educational psychologists (EPs) that are relevant to school staff, parents, carers and pupils, to help bring about a new perspective on learners and ultimately lead to change. Assessment needs to be situated within a framework for quality and competent practice to ensure that the assessment methods EPs are using are rigorous, trustworthy, reliable and valid, in compliance with standards set out by the professional regulatory body, the Health & Care Professions Council (HCPC). In terms of assessing the cognitive and affective aspects of learning, one approach that offers the opportunity for highly personalised assessment practice is Dynamic Assessment (DA), based on the work of Feuerstein (1979) and Vygotsky (Chaiklin, 2003).

Dynamic Assessment represents a significantly different paradigm from normative assessment and requires the EP to adopt a very different perspective. Whereas psychometric

tests are founded on theories of IQ and are intended to address the measurement of intelligence or cognitive abilities, DA is founded on theories of cognitive development, cognitive modifiability and learning potential and focuses on considering how to help a child or young person to develop and improve their cognitive functioning. Many formats of DA offer a highly idiographic assessment tool and include personalised intervention as part of the assessment process. This can potentially lead to meaningful change through its focus on linking intervention to learning (Feuerstein, Feuerstein, Falik, & Rand, 2002). Research suggests that DA 'provides useful information for teachers, for parents and for children with special educational needs' (Lawrence & Cahill, 2014).

DA is utilised by professionals in psychology and education around the world. Within this approach many different assessment procedures and tasks have been developed that vary in terms of emphasis, purpose and type of data gathered. Examination of the literature on DA suggests that a large number of different forms of assessment are described as being DA and that the term is used widely to describe a variety of techniques (Lidz & Elliot, 2000). Common to all models is the desire to offer an alternative theoretical approach to that offered by IQ testing, through focusing on intervention within the assessment situation, and evaluating the impact of this for the learner. Approaches differ in terms of the degree to which they aim to modify learner cognitive functions and through a focus on either predominantly qualitative or quantitative descriptions of the observed changes.

One way to distinguish between models of DA involves reference to the theoretical origins, from which two main approaches to practice can be seen to have developed:

- Approaches based on the work of Vygotsky (1978) and the concept of the Zone of Proximal Development (ZPD), most commonly referred to as 'Dynamic Testing'
- Approaches based on the work of Feuerstein and the theories of Structured Cognitive Modifiability (SCM) and Mediated Learning Experience (MLE), most commonly referred to as 'Dynamic Assessment' (1979).

These two approaches initially developed independently in the early to mid twentieth century (Tzuriel, 2001), the former with its origins in Russia in the 1920s and then in various parts of Northern Europe, particularly Germany from the 1960s (see Guthke & Wingenfeld, 1992), and the latter arising from work carried out by Feuerstein from the late 1940s onwards, influenced by work with Piaget and Rey in Geneva and then developed in Israel (Burgess, 2000). From these two origins, many further models have developed, most notably the work of Haywood and Lidz (2007) and Tzuriel (2001). Figure 1 presents a summary of the main approaches

A review of journal articles in the UK reveals that 'clinical' DA is the most practised form in the UK (Green, 2015). This approach to DA is characterised by the intention of the assessor to fluidly observe, describe, interpret and intervene during the assessment process. It involves non-standardised use of MLE and aims to provide qualitative data on the learner's performance, cognitive structures and potential to learn (Feuerstein et al., 2002). It is a complex assessment approach that relies heavily on the skills and abilities of the assessor (Haywood & Lidz, 2007). Assessors need to apply the principles of MLE (Feuerstein et al., 2002), make interpretations about cognitive functioning and respond

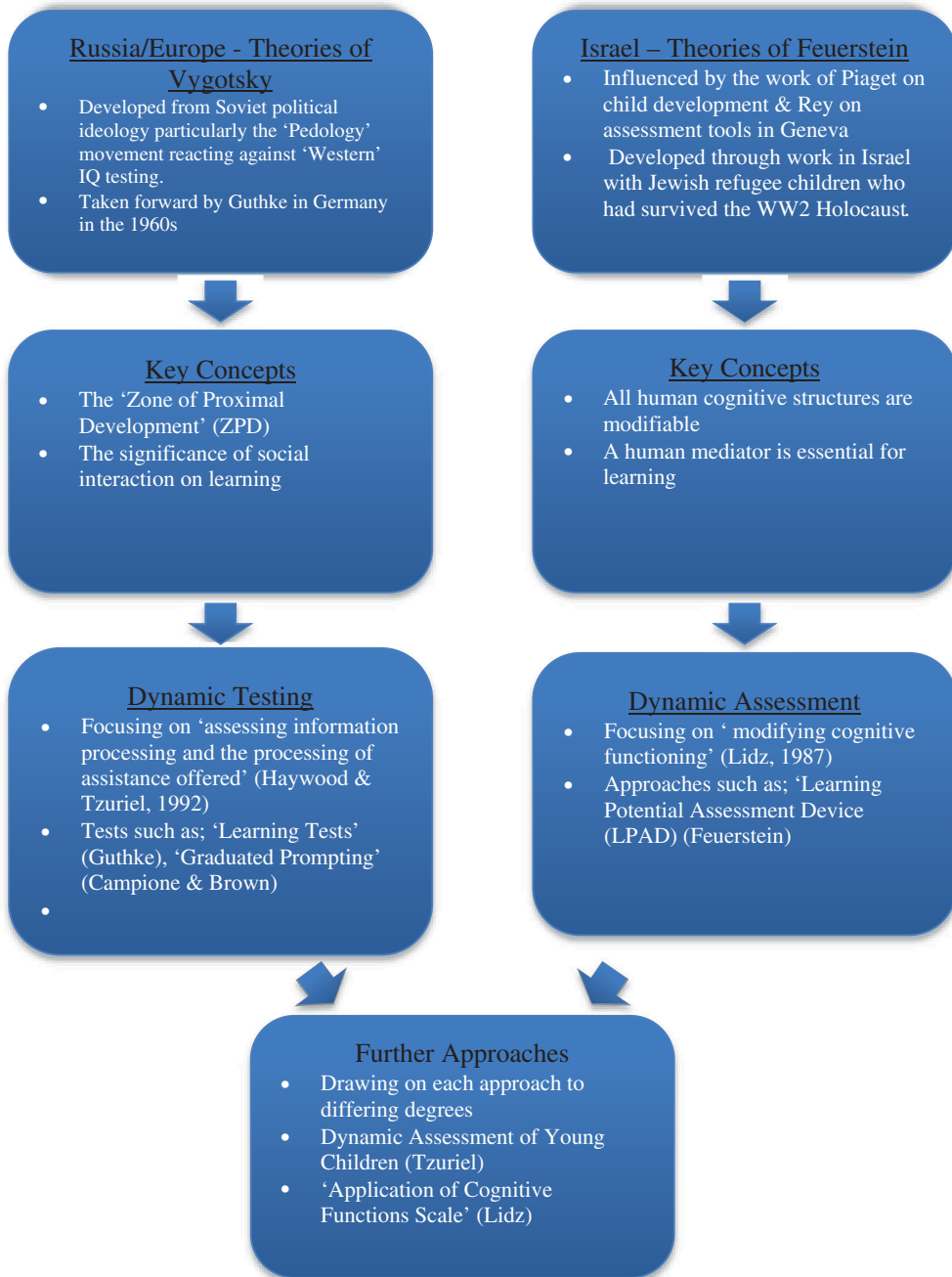


Figure 1. Summary of key influences on the development of DA.

to the child or young person whom they are assessing to influence functioning, all within the test situation.

Examples of DA assessment tools drawing on this approach include the Learning Potential Assessment Device (LPAD; this includes tests such as the 'Complex

Figure Drawing' and 'Organisation of Dots') and Early Years Tests of Tzuriel (such as Children's Analogical Thinking Modifiability test (CATM)). However, training in these approaches can be hard to find in the UK and it is difficult to find guidance in the literature on DA that focuses on how to define, develop and evaluate the skills and abilities of the assessor and thus the quality of DA practice (Green, 2015).

In general assessment practice, EPs' skills and knowledge can be established through the use of competency frameworks (for example, Atkinson, Dunsmuir, Lang, & Wright, 2015). These are also commonly used in other areas of related practice (for example, Roth & Pilling's [2008] cognitive behavioural therapy [CBT] competency framework). One such example relevant to EP assessment practice is the framework for the Certificate of Competence in Educational Testing (British Psychological Society, 2015). However, this is predominantly concerned with practice relating to standardised and psychometric tests. Therefore, this research set out to provide a set of competencies to support DA practice.

## Methodology

To establish which competencies could be considered as essential for quality DA, the Delphi method was chosen as an appropriate methodology.

### *The Delphi method*

The Delphi method was originally developed by Dalkey and Helmer (1963) to harness expert opinion to aid decision-making about nuclear bomb target systems during the Cold War. It is defined by Linstone and Turoff (1975, 2002) as follows:

Delphi may be characterised as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem. (Linstone & Turoff, 2002, p. 3)

Although many different approaches to the Delphi method exist (Keeney, Hasson, & McKenna, 2011), the 'classic' or 'traditional' Delphi technique is typically characterised by a series of 'rounds' or surveys sent out to a selected panel of experts in the field of study. The experts are required to rate items on a questionnaire about the issue; in this case, rating how essential a range of assessment competencies is for DA.

Each set of questionnaires is then analysed and the results sent back to the panel in a form that allows each expert to compare their own ratings with those of the overall group. Experts are given the opportunity to re-rate each item, and this cycle continues until consensus is reached. The initial questionnaire may be derived from existing literature, such as training manuals; but in this case little existed, so an expert panel was recruited and consulted to generate items for rating, alongside scrutiny of relevant DA literature.

For the purposes of this study, a three-round method was utilised (Figure 2).

### *Participants*

In common with many Delphi studies, a purposive sampling approach was adopted. It was important to ensure that informed views were sought to respond to the Round 1

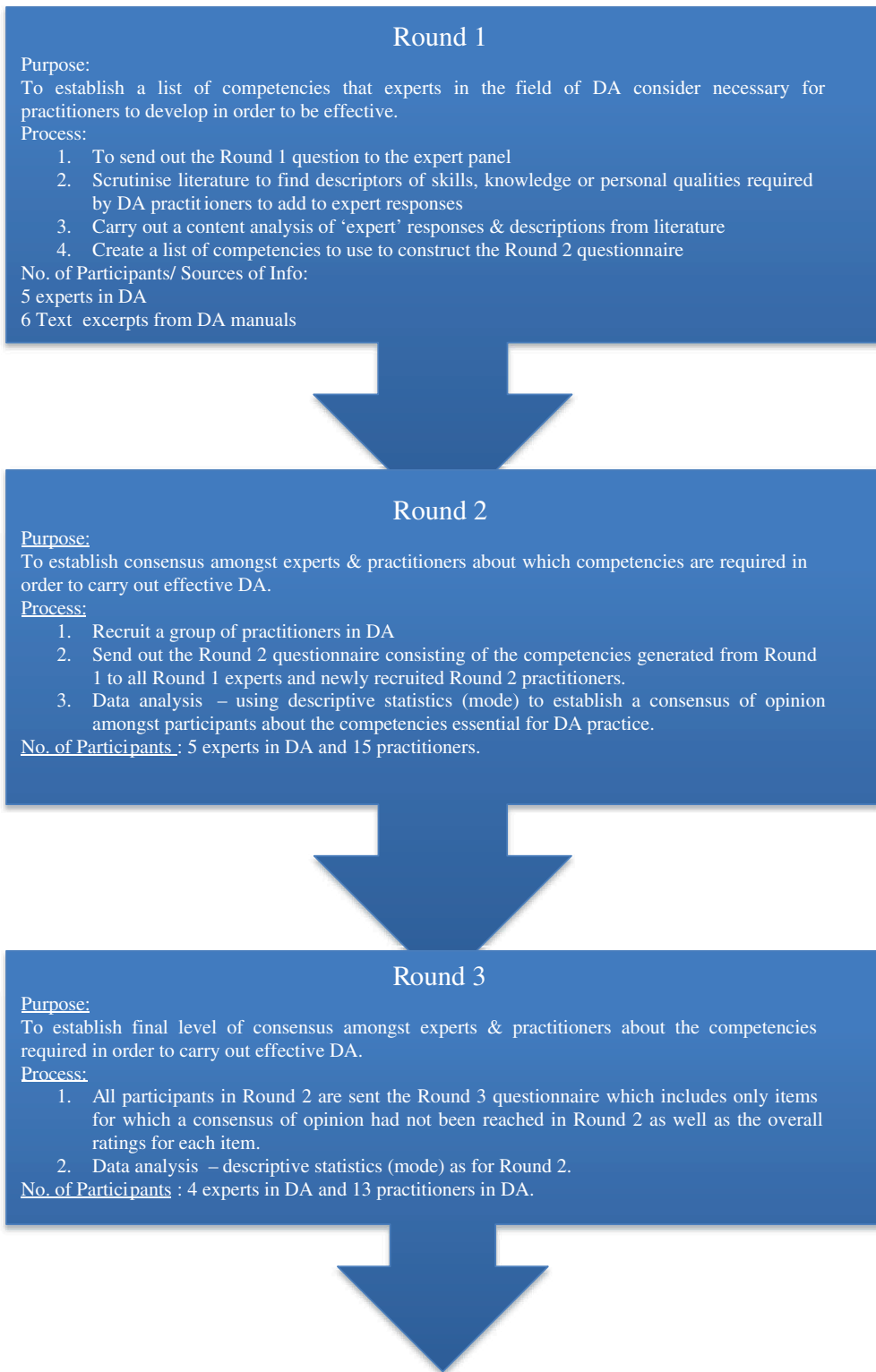


Figure 2. Summary of the Delphi process design used in this study.

questionnaire, and thus to define the competencies needed for DA. Due to difficulties EPs currently experience accessing in-depth training in DA and the variety of training experiences offered through initial EP training courses (revealed through contact with training institutions), it was considered that most of those who might have the information and experience to take on the expert role were not necessarily EPs currently practising the skills of DA in the field. However, the views of practising EPs were important as they were the most likely consumers of the final competency framework. It was also important to bring theory and practice together. For this reason, two participant groups were selected as shown in [Table 1](#).

### **Round 1 – defining, identifying and recruiting experts**

In order to advise with authority on the competencies required by practitioners, it was important that each individual had proven work in the field of DA. A decision was made to approach those with a given publication record in DA, assuming that to write with authority, considerable training and experience in the approach would be necessary. By adopting this approach the researcher retained some control in overseeing the level of expertise potential participants had, and their credentials for inclusion on this panel. A comprehensive review was carried out to identify those who had authored journal articles or publications on DA, which were readily available in the UK.

The outcome of the selection process was a group of five experts from different professional disciplines, with different training experiences, and either an academic and/or practical focus to their work. All had a strong publication record in the field of DA and considerable training in DA approaches; most held academic positions in universities. Some had published their own DA tools. Thus, it was considered that this constituted a heterogeneous group and that the five recruited were sufficient for this study (Clayton, 1997).<sup>1</sup>

### **Round 1 – questionnaire construction**

The expert panel was asked to list the competencies that they believed were required by practitioners to ensure quality DA. The type of DA was clearly defined and participants were asked to imagine they were observing someone carrying out DA and to describe what they would expect to hear and see the assessor doing in terms of skills, knowledge and personal qualities that would indicate good practice. This focus on skills, knowledge and personal qualities was derived from a search of the literature on competency (McAllister, Lincoln, Ferguson, & McAllister, 2010; Holt & Perry, 2011).

**Table 1.** Summary of the participant groups included in each round.

Group description and purpose	Rounds participating in
<b>Group 1 – Expert panel</b> 'Experts' in the field of DA who could advise on the competencies needed for effective DA practice	Rounds 1, 2, and 3
<b>Group 2 – Practitioner panel</b> Educational psychologists who had received training in DA and actively used it in their work	Rounds 2 and 3 only

<sup>1</sup>Further details of participant selection process available from the author or see Green (2015).

The responses gathered from the expert panel in Round 1 were then subjected to qualitative analysis. A deductive content analysis approach (Elo & Kyngas, 2007) was chosen because existing information existed in relation to the topic of study. In this case the nature of information to be derived from the content analysis had already been partly defined in terms of the search for statements that described either a unit of 'knowledge', a 'skill' or a 'personal quality'. Responses from the first round were analysed through use of the procedure proposed by Elo and Kyngas (2007), which resulted in the identification of two sub-categories within each of the initial three groups (Figure 3).

Following this process, one of the original scripts from the experts was scrutinised by an independent checker to test the efficacy of the coding and gain an independent opinion as to how the phrases had been organised into the category groups. Groupings were compared and discussed until final categorisation of all statements had been made.

From this, it emerged that there were comments which had not initially been included into the category groups as they did not represent statements describing a skill, knowledge unit or personal quality. They all made reference to a qualification or training requirement. Thus it was decided to include a separate section on qualifications and training in the final questionnaire.

In addition to the responses received from the expert panel, and in consideration of the approach to establishing competencies taken by Roth and Pilling (2008), additional information was considered to inform the Round 2 questionnaire. A list of excerpts from the original texts on the LPAD (Feuerstein et al., 2002), and DA of Young Children (Tzuriel, 2001), was also implemented. It was expected that this would ensure that what did exist in terms of procedural 'manuals', or descriptions for different DA tasks, was reflected in the final list. It was difficult to find published manuals for commonly used DA tasks, particularly those that specified competencies as per the definition of competency used in this research (that is, a focus on skills, knowledge and personal qualities); but the excerpts listed in Appendix 1 were identified as containing some relevant information.

Each of these text excerpts was considered alongside the competencies already identified by the Round 1 panel and any phrases that appeared to refer to crucial skills,

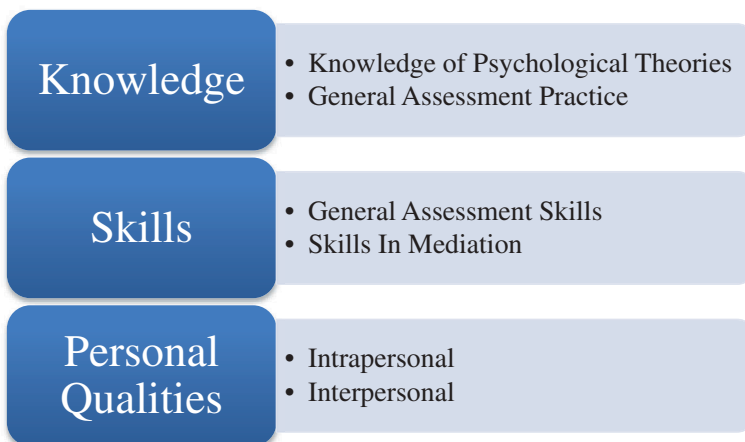


Figure 3. Content analysis categorisation matrix.

knowledge or personal qualities were added. Close attention was paid to the sections of each text describing mediation skills, as this had previously been identified as a defining feature of this form of DA.

### **Round 2 – questionnaire construction**

The list of competencies generated from the content analysis was then presented as a questionnaire that consisted of four sections:

Section 1 – Qualifications, supervision and training

Section 2 – Knowledge of theory and assessment

Section 3 – Skills in assessment

Section 4 – Personal qualities.

Participants were asked to consider each competency and to rate how essential they believed it was to ensure competent DA practice on a 3- or 5-point Likert scale.

During the Round 1 content analysis, it appeared that many of the competencies described by experts were possibly not exclusive to DA practice and therefore a category 'General Assessment Practice' was created. This reflects findings similar to Roth and Pilling (2008) CBT framework, which included a group of competencies that described general practice issues.

To explore this question, participants were asked to additionally rate each competency for whether or not they considered it to be specific to DA practice only.

### **Round 2 – number of participants**

When considering the panel for Rounds 2 and 3, it was considered important to gain the views of EPs actively and regularly practising DA to be able to add to the views of the experts in the field, particularly as they were the intended audience for the final framework. Therefore, Group 2 was recruited from within the UK Educational Psychology profession.

### **Round 2 – identifying and recruiting participants**

A total of 13 participants was recruited for Round 2 through a posting on EPNET, an online social network site aimed primarily at professionals practising as EPs.

In addition, in an attempt to ensure that as many EPs with an established level of DA competence as possible were included in the panel, all 13 EP professional training courses based in the UK offering the three-year initial training doctorate were approached to invite tutors teaching DA on each course to participate in the research. Replies were received from 10 of the courses, which led to a further four expressions of interest (it was revealed that some of the tutors had already been recruited as participants through the Round 1 process or the EPNET posting).

In total, six of the final participants in Round 2 were tutors on EP professional training courses delivering training on DA. Some of these tutors provided input on DA on more



than one EP course. Thus, between them, the six tutors who participated in the final research delivered DA training on 8 out of the 13 training courses based in England.

Thus, with the five experts from the Round 1 group, a total of 19 questionnaires were sent to participants in Round 2, with completion and return requested within two weeks (as per advice in Keeney et al., 2011). All (100%) were completed and returned.

### **Round 2 – analysis of responses**

At this point a consensus level needed to be set to determine for which competency statements agreement had been reached. As Keeney et al. (2011) noted, there is no established way of setting consensus. To inform the current study, consensus levels in 10 papers describing Delphi studies were scrutinised. It was found that expressing a consensus level as a single percentage threshold was the most common method for defining consensus (in 5 out of 10 papers) and the level set ranged from 70% to 80%. The mean of these was 74.2% and the mode and median 75%. Therefore, the level of consensus was defined as being 75% in this study and overall ratings were considered as follows:

- **Section 1:** The item was considered an essential aspect of training or qualification if 75% or more of participants had rated an item as 'essential'. Equally, if 75% or participants rated an item as 'not essential', it was considered that a consensus had been reached to exclude a statement.
- **Section 2–4:** If 75% of participants rated an item as either 'totally essential' or 'essential', then it was considered that consensus had been reached that a statement described a key competency for DA practice. If 75% or more participants had rated an item either 'inessential' or 'totally inessential', then it was considered that there was consensus of opinion that the competency was not considered essential to competent DA practice, and these items would be excluded from the final list.

In addition, any comments or suggestions for further competencies made by Round 2 participants were noted and these were considered in relation to the existing competency list. If the comment described a skill, area of knowledge or personal quality that had not already been included in the Round 2 questionnaire, it was added to an additional section in the Round 3 questionnaire.

### **Round 3 – questionnaire construction and completion**

Once the responses from the Round 2 questionnaires had been collated and analysed, a list of statements for which no overall consensus had been achieved (that is, there was less than 75% agreement that an item was essential or inessential) was generated. These statements formed the Round 3 questionnaire, and participants from Round 2 were sent this questionnaire including the results of Round 2 for each item included (expressed as a percentage) alongside their own rating. They were then asked to give each item a final rating in light of the overall group response. The purpose of this process was to enable participants to consider their own views in relation to the whole group view, without feeling under pressure to adjust their responses in response to group effect (Keeney et al., 2011).

It had been noted in the Round 2 responses that there appeared to be some confusion over the rating in relation to the second question generated in Round 1, where participants were asked to say if they thought a competency was specific to DA practice only. Possible confusion was hypothesised from observing that some participants had rated items that appeared to be very specific to DA in terms of the way they were expressed (for example, knowledge of MLE theory) as not being specific to DA. From this the researcher concluded that either the question had not been properly described and understood, or that participants could lack basic knowledge about key theoretical concepts relating to the type of DA that was the subject of this research, or possibly had not had time to read the questionnaire carefully. All of these were potential threats to the validity of responses in this survey.

Therefore, additional explanation of this rating was included in the Round 3 questionnaire, to try to establish if poor explanation was a factor in the types of responses received to this aspect of the survey.

All the participants from Round 2 were sent the Round 3 questionnaire and asked to return it within a two-week period. Of the 19 questionnaires sent out, a total of 17 were returned: 4 from the original expert panel and 13 from the Round 2 practitioner group. Reminders were sent to the remaining participants, but replies were not received.

## Results of Rounds 2 and 3 questionnaires

Table 2 provides a summary of the overall results of this Delphi study.

## Conclusions

Overall, the results of this Delphi study led to a total of 138 competency statements generated from a panel of five leading experts in the field of DA and from content analysis of key text descriptions of mediation. These statements were rated by the original panel of five experts and a further panel of 15 self-nominated practitioners in the field of DA. The outcome of this process was that amongst the panel of experts and practitioners in DA in this study, there was consensus that 112 of the statements generated by the original Delphi expert panel, and from the review of key texts, are essential to ensure competent DA practice. Of these 112 statements, the Delphi panel in this study considered that 23 were specific to DA practice alone. Though it cannot be concluded from this study alone that this

**Table 2.** Summary of total number of statements rated in this Delphi study.

Number of competencies generated in Round 1	123
Number of competencies added in Round 2	15
Total number of competencies rated by the end of Round 3	138
Total number of competencies for which there was consensus that they were essential for DA	112
Total number of competencies for which there was consensus that they were not essential for DA	0
Total number of competencies for which there was no overall consensus as to whether they were or were not essential for DA	26
Total number of competencies for which there was consensus of opinion that they were essential for DA and specific to DA alone	23

list of competencies is exhaustive, it represents a starting-point in the attempt to fully specify and describe competent DA practice in the UK.

There were no statements from the original list of 138 for which there was a clear consensus that they were not essential for competent DA practice. This suggests that the original list of competencies proposed did reflect some agreement and shared beliefs about DA practice for a number of practitioners and experts. However, for an overall total of 26 statements there was no consensus either way as to whether the competency described was essential for DA practice. Some key issues highlighted by this study are discussed below.

### ***Issues related to training in DA***

In line with research carried out in the United States on DA training (Haywood & Lidz, 2005), this study revealed a lack of consensus about necessary assessor qualifications and training. There was consensus that practitioners in DA should be educated to graduate level, although there was no agreement that this needed to be a degree in psychology, and certainly no indication that respondents felt that a qualification in Educational Psychology is necessary to practice DA. There was also overall consensus that those training in DA needed to access between 10 and 50 hours of supervised practice in DA in order to be proficient, but details of the content of such supervision or supervisor competencies are not clear.

Opinions about the minimum number of days training in DA varied from 1 to 15 days. Previous surveys with DA practitioners have suggested that those using DA consider that less than four days' training in DA is inadequate for practitioners to use it with confidence (Deutsch & Reynolds, 2000), so it is interesting that the view persists that minimal training is sufficient.

Overall, there was a wide range of opinion and little agreement among the panel over a clear training pathway in DA. This reflects the findings of a survey carried out by Haywood and Lidz (2005), where a lack of agreement about similar training features was described among 29 DA trainers practising in 14 different countries. As a result of this research, Haywood and Lidz (2005) did recommend that some sort of professional qualification was a necessary basic requirement to access DA training, that training should be between one and two weeks in total length (also the case for LPAD training with the Feuerstein Institute) and that follow-up supervision was required. However, the results of this Delphi study suggest that these basic recommendations do not yet appear to have permeated DA training practice in the UK. As such, practice in DA remains unspecified and unregulated.

Quality of training is difficult to judge when there are no agreed standards of training and practice. Overall, responses do suggest a lack of clarity about the qualifications and training needed in DA and suggest, in line with the findings by Haywood and Lidz (2005), that specificity in the basics of DA training is needed. It is interesting to compare the views of participants in this research to guidelines laid down in similar and other professional domains. For example, to be qualified to use psychometric tests such as the Wechsler Intelligence Scale for Children (WISC)-IV or British Ability Scales (BAS)-III, users must be qualified practitioner psychologists requiring at least one year's MSc study and up to three years' doctoral training.

The Feuerstein Institute-certified practitioner course in just one of three different LPAD courses consists of 10 days' teaching and the submission of at least two assessments for approval. In CBT practice, the British Association of Behavioural and Cognitive Practitioners (BABCP) specifies a minimum of 450 hours' training and 200 hours' supervised practice for recognition as a CBT therapist, and this must include video- or audio-taped sessions with clients (see [www.babcp.com](http://www.babcp.com)).

If one accepts that DA has features in common both with standardised tests of ability and with some therapeutic approaches, then this evidence would suggest that higher levels of training are required to prepare competent and confident practitioners, or at least to resolve the confusion about what training is needed to be competent and confident.

Again, in comparison to other assessment and intervention methods available to EPs (such as psychometric testing, CBT, or video interactive guidance [VIG]), DA lacks a clearly defined training and professional development pathway. This may lead to lack of confidence among EPs in utilising this approach, as practitioners may be unsure whether they have achieved a basic or ongoing level of competency, which could call into question their professional ethics and compliance with HCPC standards.

There was evidence to suggest that the level of experience in DA may influence the ratings given. To test this, participants were organised into four groups of expertise using the Five-Stage Model of Adult Skill Acquisition (Dreyfus, 2004) (none were considered novices, as all had some experience of DA) as follows:

'Expert' – original Round 1 panel

'Proficient' – 10+ days' training in DA

'Competent' – 4–9 days' training in DA

'Beginner' – less than 4 days' training in DA

It appears that those participants who had more experience ('Expert' and 'Proficient') gave more 'confident' responses, demonstrated in the higher frequency of 'totally essential' ratings, whereas those with less experience ('Competent' and 'Beginner') appeared to be uncertain and thus their ratings clustered around the mid point on the Likert scale. These findings demonstrate that the way 'expertise' is defined within a Delphi study affects rating and exposes a potential weakness in the Delphi panel in this study.

There are wider implications to this finding in terms of revealing that practitioners are practising DA with very different levels of expertise in the approach, a lack of clarity about what constitutes 'basic competence' in DA and a lack of understanding of how this might impact on practice. In relation to CBT practice, Roth and Pilling (2008) pointed out that before development of the competency framework for CBT, there were many professionals offering CBT with widely differing training experiences. The results in this study suggest that the same may be true of DA practice.

### ***Establishing competencies that are specific to DA***

The application that some statements had to many other areas of assessment practice was noted when reading the original list of competencies created by the Round 1 panel. It appeared that a number of the statements generated described general assessment skills.

Given that DA is practised by professionals from various disciplines (such as speech and language therapists, and more recently Special Educational Needs Coordinators (SENCOs)), it seems important to separate which competencies are about DA alone. The results in this study suggest that it may have been difficult for EPs to achieve this.

Overall, only 23 of the 112 competencies were considered specific to DA practice alone. However, there were some statements that perhaps would have been expected to have been defined by the panel as specific to DA – such as ‘(Knowledge of) deficient cognitive functions (Feuerstein)’, which is a key component of the original LPAD and thus how to carry out assessments using LPAD tools such as ‘Complex Figure Drawing’, ‘Organisation of Dots’ and ‘16-word memory’ in the way they were originally designed.

Other statements that were not considered specific to DA refer directly to the parameters of mediation originally defined by Feuerstein (1979, 2002) and it is therefore surprising that they were not rated as specific to DA practice. For example, statements included in the ‘Skills in mediation’ section such as:

- ‘Focus the student’s attention on important aspects of the task’
- ‘Help the student to communicate effectively’
- ‘Help the student work with increasing independence throughout assessment sessions’
- ‘Promoting reflective and analytical behaviour in the student’
- ‘Relate the assessment experience to past and future experiences of the student’
- ‘Help the student analyse their own performance during assessment’
- ‘Help the student to apply any skills learnt/observed during assessment to other areas of need’
- ‘Communicate changes that have taken place from pre-post assessment comparisons’

It is not clear which assessment practices, other than DA, participants had in mind when rating these, or whether they had knowledge of MLE theory.

The results may suggest that much of the philosophy of a DA approach has been subsumed into, or has features common to, generic approaches to EP assessment. Indeed, DA can be considered an interactionist approach to assessment – that is, looking at the interplay between factors in an assessment situation. However, it could also imply that the theory and essential features of DA are not being rigorously and explicitly applied to DA work and may again be a reflection of the fact that some participants had little training and experience in DA and as an EP. By comparing ratings in this section between participants categorised as either ‘Expert’ or ‘Proficient’ with those considered ‘Competent’ or ‘Beginner’, differences again become apparent. For example, three statements reflect totally opposing views:

- ‘Adjust the task to test a hypothesis about a learner’
- ‘Focus the child’s attention on important aspects of the task’
- ‘Promote reflective and analytical behaviour in the child’ and were rated as specific to DA by 75% of the ‘Expert/Proficient’ group and not specific to DA by 78% or 89% of the ‘Competent/Beginner’ group. A further four statements showed a trend towards opposing views and between the three groups.

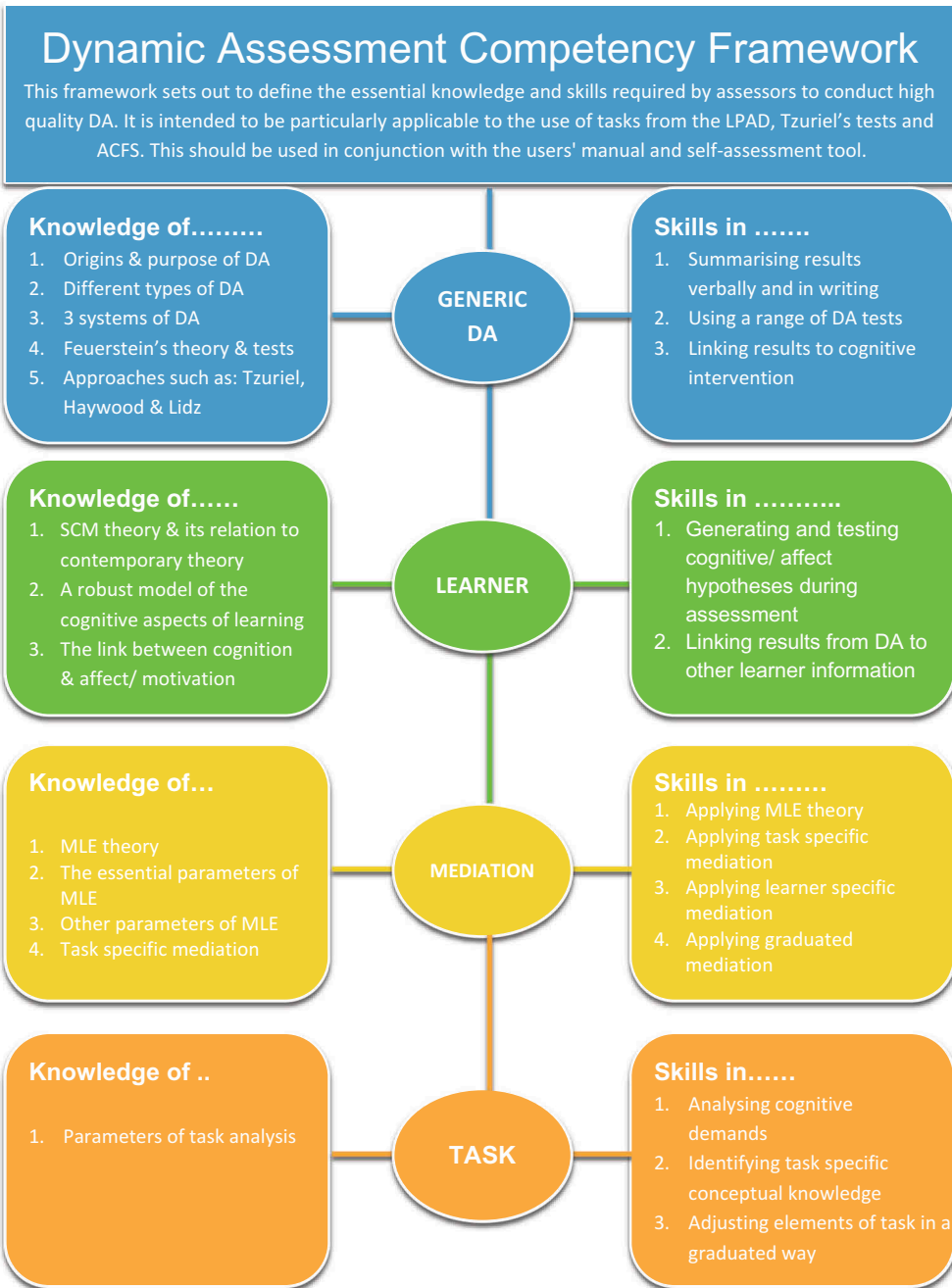


Figure 4. Proposed competency framework to be used for basic DA practice.

Overall, the 'Expert/Proficient' group agreed that 13 of these statements were specific to DA and only two were not, while the 'Competent/Beginner' group agreed that only three competencies were specific to DA and seven were not. Although these ratings are drawn from a small sample and thus caution must be taken when drawing conclusions

from the data here, the results do suggest that some practitioners are using DA without a full understanding or conscious application of key theoretical aspects of the approach. This lends more support to the argument that training competencies in DA for EPs need to be clearly specified by the profession.

### Further developments

Overall, it is hoped that the results of this study have provided a starting-point in the definition of what appears to be a complex and at times poorly defined area of practice for EPs in the UK. Further research and development work is needed to establish clear guidelines and regulation for the training, supervision and practice of DA by EPs in the UK.

Following completion of the Delphi study, the list of 112 competencies considered essential to DA was compared with the items on the Certificate of Competency in Educational Testing (CCET) framework (British Psychological Society, 2015). This led to the elimination of 86 statements, as it was apparent that they corresponded with items on the existing competence in psychological testing framework, and therefore it was assumed that EPs had already acquired these competencies.

This left a list of 13 knowledge and 12 skills-related items, which have been organised into a proposed framework of competency for DA practice (Figure 4). This has been translated by the author into a self-assessment tool and forms the content of a workshop-based training programme currently being developed for both trainee and qualified EPs wishing to develop their skills in DA practice. It is intended that evaluation of the impact of this training, and further CPD programmes, will be developed in the future.

### Disclosure statement

No potential conflict of interest was reported by the authors.

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**Appendix 1.** –List of text excerpts included competency list.

Text/Manual	Page #s
Feuerstein et al. (2002) <i>The Dynamic Assessment of Cognitive Modifiability: The Learning Propensity Assessment Device, Theory, Instruments and Techniques</i> . Jerusalem: ICELP Press.	76–80
Haywood and Lidz (2007) <i>Dynamic Assessment in Practice: Clinical and Educational Applications</i> . New York: Cambridge University Press.	41–45
Lidz (1991) <i>Practitioner's Guide to Dynamic Assessment</i> . New York: Guilford Press. (The 'Mediation Learning Experience Scale')	60–61
Tzuriel (2001) <i>Dynamic Assessment of Young Children</i> . New York: Kluwer Academic/Plenum.	25–29

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