



Competencies for Community Psychology Practice in Spain: Standards, Quality and Challenges in Social Intervention

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Keywords: community psychology, competencies, Spain, EuroPsy

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Recommended Citation: Jariego, I.M. (2016). Competencies for Community Psychology Practice in Spain: Standards, Quality and Challenges in Social Intervention. *Global Journal of Community Psychology Practice*, 7(4), pages 1-15. Retrieved Day/Month/Year, from (<http://www.gjcopp.org/>).

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Abstract

In this paper, competencies for community psychology practice are examined within the Spanish context, based on the experience of a Master in Psychology of Social and Community Intervention in the University of Seville. The list of competencies was developed specifically for monitoring the practicum of master students, and it was developed in a portfolio format, following the usual pattern in the European accreditation process "EuroPsy," designed by the professional associations of psychology. The portfolio consists of 29 generic professional competencies, grouped in seven blocks: needs specification, evaluation, product development and services, psychological intervention, assessment of psychological interventions, communication, and enabling competencies. At the national level, we analyze the impact that the new system of training and accreditation of psychologists who perform health activities is having on the professional recognition and the role of community psychologists. At the international level, we compare the EuroPsy proposal with the list of 18 competences proposed by Dalton and Wolfe (2012) and approved by the Society for Community Research and Action, APA Division 27. Finally, we discuss the advantages and limitations of a generic model of competency assessment, focused on the professional practice of psychology.

EuroPsy is a system of accreditation of professional psychology in Europe, which has been implemented since 2010 with the coordination of the European Federation of Psychologists' Associations (EFPA). The European certificate of psychology aims to improve standards of professional practice, increase transparency and facilitate internal mobility of professional psychologists (Lunt, Peiró, Poortinga & Roe, 2015). EuroPsy is based on a shared competencies model that contributes to greater convergence in the training of psychologists and serves as a guide for the evaluation of professional practice. It is therefore a tool that promotes the search for common standards and a shared definition of the profession of psychology in Europe (Peiró & Lunt, 2002). Currently this recognition system is used in 20 countries, while 36 members of the EFPA approved their implementation and are eligible for the application of the certificate.

One of the central elements of the EuroPsy system consists in defining core competencies that professional psychologists should develop. Those competencies include both the actual psychological content of the professional practice as well as the general capabilities that allow providing effectively a professional service of any kind (EuroPsy, 2015). The European certificate distinguishes four professional contexts: namely, clinical and health psychology; work and organizational psychology; educational psychology; and "other" (to be specified), among which may be included psychology of social and community intervention. There are also two types of expertise currently recognized by EuroPsy that result in specialization: psychotherapy and work and organizational psychology. In both cases (the professional contexts and specialties) the profile of community research and action appears to be less established in the professional field.

In the Master in Psychology of Social and Community Intervention at the University of Seville (Spain) we carried out one of the first experiences in implementing the EuroPsy model of competencies in the field of community research and action (Maya-Jariego, 2009). Specifically, we rely on the "guidelines for the evaluation of skills through supervised practice" designed by professional associations of psychology in Spain (Consejo General de Colegios Oficiales de Psicólogos, 2008) to propose a monitoring system of the practicum in community intervention for Master's students. In this case, the EuroPsy model provides the generic competency framework, while the guide of the Master specifically adapts the content to the characteristics and usual activities of psychologists of social and community intervention¹. Thus, it was intended to fill a gap in the definition of professional profiles of psychology and thereby contribute to greater recognition of this area of practice.

In this article, we briefly describe the use of the EuroPsy competencies model in the training of psychologists of social and community intervention, from the specific case of the University of Seville (Spain). The European accreditation model is compared with the 18 competencies for community psychology practice recognized by the Society for Community Research and Action (SCRA) (Dalton &

¹ The Master in Psychology of Social and Community Intervention was designed following the requirements of the accreditation system of academic titles during the course of 2008-2009. The official title was established by the Agreement of the Council of Ministers of 12 November 2010 (BOE of 16 December 2010). The University of Seville published the curriculum of the Master with the Resolution of 20 July 2011. The guide for supervised practice was applied experimentally during the first three years of implementation of the title (2010-2011, 2011-2012 and 2012-2013).

Wolfe, 2012). This allows us to reflect on the international validity of the 18 core competencies as well as the need to strengthen the role of the community psychologist in Europe.

The professional competencies of psychology in the EuroPsy certificate

The EuroPsy model proposes 20 primary competencies and 9 enabling competencies in the professional practice of psychology (Table 1). The primary competencies correspond to the workflow of psychologists in a sequence in which

- a) the customer request is received,
- b) evaluation or diagnosis are performed,
- c) services based on psychological theories are developed,
- d) interventions are designed and implemented,
- e) the actions carried out are valued and, finally,
- f) the results are reported (EuroPsy Team, 2009, cited in Peiro & Tetrick, 2011).

This is a generic framework of capabilities that are deployed specifically depending on the professional context of intervention, whether this is clinical, educational, organizational or otherwise. The model implies the classic cycle of action research (Lewin, 1946), with a process of planning, action, and observation.

Secondly, enabling competencies are general skills that contribute to the proper exercise of any profession. Professionals benefit from proper career planning, as well as the ability to stay current in their discipline knowledge, to develop relationships with colleagues or clients, and to reflect on professional practice itself, among others. Although they are not competencies specific of the psychologist, they are considered also necessary for professional practice.

Professional roles	Primary competencies
Goal specification	Needs analysis
	Goal setting
Assessment	Individual assessment
	Group assessment
	Organizational assessment
	Situational assessment
Development	Service or product definition & requirements analysis
	Service or product design
	Service or product testing
	Service or product evaluation
Intervention	Intervention planning
	Direct person-oriented intervention
	Direct situation-oriented intervention
	Indirect intervention
	Service or product implementation
Evaluation	Evaluation planning
	Evaluation measurement
	Evaluation analysis
Communication	Giving feedback
	Report writing
Enabling competencies	
Professional development	Professional strategy
	Continuing professional development
	Professional relations
	Research and development
	Marketing and sales
	Account management
	Practice management
	Quality assurance
Self-reflection	

Table 1. The 29 competencies of psychologists in the EuroPsy model

Source: EuroPsy (2015), <<http://www.europsy.cop.es/>>.

The competencies of the European certificate of psychology not only differ in content from the skills recognized by the SCRA (Dalton & Wolfe, 2012), but also in the assumptions and mode of operation. Specifically, the EuroPsy model, unlike the 18 competencies of the SCRA, (1) proposes

generic skills of professional psychology, which develop transversely in different contexts of application, (2) is designed as part of a system of accreditation and professional recognition, and (3) includes some skills applicable in any professional activity (not only for psychologists). This

makes it a meta-model that needs to be completed with the content that refer to a practice and a specific intervention context.

The guide for supervised practice in psychology of social and community intervention

The European certificate of psychology establishes as a requirement the realization of "at least one year of supervised professional practice full time, or equivalent." It is a form of professional training that can be performed as part of the external practices of the Degree in Psychology or working under the supervision of a licensed psychologist.

In this context, the General Council of Associations of Psychologists published three "guides for supervised practice" to monitor the practical training of psychologists in the clinical, educational and organizational fields (Consejo General de Colegios Oficiales de Psicólogos, 2008). Each is a portfolio with concrete examples illustrating the type of activities, methods, and common strategies in each application context. Both psychologists in training and supervisors can use it as a model for detailing the activities they have done, justify the procedure followed in professional practice, and provide evidence of its realization.

In the Master in Psychology of Social and Community Intervention we used this model as an assessment tool for students' practica (Maya-Jariego, 2009). Thus, we developed a "supervised practice guide" in the specific field of social and community intervention, which was lacking at the national level.

The document consists of 29 examples, one for each competence, in which

- a) the activity is described,
- b) recipients and context of realization are indicated,

- c) the procedure followed in practice is explained,
- d) the results obtained are summarized and
- e) evidences of performing the activity are provided.

To illustrate, in Annex I we present seven examples (one for each specific professional role and one referring to the enabling competencies, previously presented in *Table 1*)².

The guide for supervised practice defines, through examples, the role of the community psychologist, and serves as a learning and accreditation tool. Specifically, the portfolio (1) illustrates with examples what is the work of the community psychologist, (2) allows self-assessment of the skills required for professional practice, and (3) facilitates the use of the guide of competencies for the accreditation process.

During the first three years of implementation of the master, between 2010 and 2013, the guide for supervised practice demonstrated its applicability in a variety of contexts of intervention, such as:

- initiatives to promote health, centers of drug prevention,
- programs for the rehabilitation of women victims of maltreatment,
- the center for refugees,
- community development projects, intervention with families and minors
- programs for citizen participation and volunteering, among others.

The guide is particularly useful to promote student reflection on the professional role. However, it is an exercise in meta-

² The full document in Spanish, with 29 examples, is available at: <http://personal.us.es/isidromj/php/wp-content/uploads/2009/06/practicum-europsy-comunitaria.pdf>

cognition and sometimes students find it difficult to identify what skills are involved in the development of certain specific activities. In fact, self-assessment is a key enabling competence, which affects learning ability based on experience, among others.

The 29 examples of the guide for supervised practice refer to activities such as assessment of social needs, analysis of community readiness, social skills training, initiatives for community prevention and promotion, program evaluation and enhancement of the sense of community, among others (Maya-Jariego, 2009). That is, they are broadly in line with the contents proposed in the list of competencies of the SCRA (Dalton & Wolfe, 2012). The examples of the guide of supervised practice include activities such as community programs development and management, initiatives for social change, and community research. Therefore, even taking as starting point a generic framework of capacities and referring to the European context, when we descend into community settings, the contents of the Spanish case are comparable to the proposal from SCRA, and rather similar.

Strengthening the role of the community psychologist in Spain

The training of community psychologists usually puts the emphasis on the evaluation of contexts, intervention at multiple ecological levels, and collaboration with the community (Maya-Jariego, 2016). The area has been adequately described by the "seven core values" of social justice, wellness promotion, sense of community, respect for diversity, empowerment, collaboration with the community and empirical basis (Kloos, Hill, Thomas, Wandersman, Elias & Dalton, 2012). It has consolidated as a pragmatic space, in which converge the design, implementation and evaluation of effective actions with empowerment,

participation and community fit strategies. All these descriptors are conveniently represented in the 18 competencies of SCRA (Dalton & Wolfe, 2012), and in the 29 examples of community intervention according to the EuroPsy model (Maya-Jariego, 2009).

In addition, community action research has helped to enrich the roles of psychologists, incorporating the role of change agent, working in collaboration with the community. Hence in the two lists of competencies the participant-observer role as well as the development of horizontal relationships with the community are included. Similarly, both make reference to the ability to set up collective empowerment dynamics and to promote the capabilities of groups and communities. This innovation in the role has been called "community approach" and has extended to areas such as nursing and public health, among others. In a way, this can be considered a contribution from community psychology to psychology as a whole, as well as to other disciplines.

However, the professional profile of the psychology of social intervention appears to be in a permanent process of redefinition. In fact, the proposal of the Master of the University of Seville emerges as an effort to equate social intervention with other areas of psychology. Both in the "practice areas" of EuroPsy as in the "supervised practice guides" of the associations of psychology in Spain, it seems to be an area with less tradition than clinical, educational and organizational psychology.

In Spain, the incorporation of new professional accreditation systems has reopened the debate on the role of the community psychologist. Specifically, new norms and laws that introduce regulations for professional practice of psychologists

in the health field were adopted³. To carry out its work in the public health system, professionals must now have the title of Specialist in Clinical Psychology or make the Masters in General Health Psychology. In this context, the concerns of professional associations to get recognition in the health system for professional psychology has left in the background the needs of other professional profiles. For example, some psychologists with a community or social action profile have been forced to clinical specialization or to complete their training in health psychology in contexts where social needs require other roles and professional profiles.

In this context, skills inventories are of great value in preserving and in the institutionalization of a professional profile that, during the last decades, has been giving a response to community needs in a pertinent and effective manner. Both the definition of professional profiles by associations of psychologists in Spain⁴, as the European standards of accreditation and the list of 18 competencies of the SCRA

are antecedents that can contribute in this regard.

Coda

In sum, community psychology (a) has a defined professional profile, characterized by the intervention in multiple ecological levels and collaboration with the community; and (b) has led to the development of effective strategies for prevention and promotion. In fact, community psychology (c) has introduced innovations in the role of the psychologist as a change agent in the community, and contributed to the formalization of an approach that has spread to other disciplines. This profile (d) appears adequately represented by inventories of competencies of the SCRA and the European certificate EuroPsy showing their applicability in different international contexts. So (e) both lists can contribute to strengthening the role of the community psychologist in its regional reference space.

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³ The Law on Health Professions (LOPS) in 2003 left the psychologists practicing in the health sector in a legal vacuum. To resolve this, the Public Health Act 2011 and subsequent regulations introduced new regulatory developments for professional practice of psychologists in health, such as the need for clinical/health specialization. This situation was developed in: Maya-Jariego, I. (2014). Regreso al futuro: el perfil del psicólogo comunitario y de la intervención social. Published in *E-Voluntas*, retrieved 10/6/2016: <http://evoluntas.wordpress.com/2014/06/15/regreso-al-futuro-el-perfil-del-psicologo-comunitario-y-de-la-intervencion-social/>

⁴ The profile of the psychology of social intervention according to the Professional Association of Psychologists of Spain was defined in: <https://www.cop.es/perfiles/contenido/is.htm>

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Annex I: Examples of competences in the EuroPsy guide for supervised practice

Example 1	
<i>Goal specification</i>	Interaction with the client to define the objectives of the service to be provided.
<i>Need Analysis</i>	Obtaining information on customer needs using appropriate methods. Clarification and analysis of the needs to a point that may significantly determine actions to be performed.
<i>Content</i>	An interview with officials of the Health Service of an autonomous region was conducted to define specific training activities for social workers in primary care. Training needs were identified and new areas of action were defined.
<i>Recipients</i>	Managers of Health Services of an Autonomous Community (Central Services).
<i>Date and duration</i>	September 2008, 2 hours.
<i>Procedure</i>	The procedure was to gather information on customer needs. Information on the number of social workers in health services was collected, as well as on their incorporation into primary care teams at health centers, specific action in poor districts and the perceived problems in the management of these professionals. In addition to specifying training needs, the interview canvassed other needs that were not explicitly mentioned in the initial customer request.
<i>Results</i>	Training needs were specified and new intervention needs detected. Some difficulties were discovered in the specification of the role of social workers in the primary care teams, compound by several professionals. Also the need to know and share effective strategies for community health intervention was established.
<i>Evidences</i>	Outline, and report of the interview.
<i>Other examples of activities for the acquisition of the competence</i>	<ul style="list-style-type: none"> • Interview with the coordinator of Education of a town that wants to implement a program of community prevention in the schools of the city. • Meeting to determine the training needs of the Family Treatment Teams.

Source: Maya-Jariego (2009), Type A. Competence A1.

Example 2	
<i>Assessment</i>	Determine relevant characteristics of individuals, groups, organizations and situations using appropriate methods.
<i>Situational assessment</i>	Perform appropriate assessment to study situations through interviews, surveys and other appropriate methods and techniques in a relevant context for the requested service. For example, analysis of the community environment of a health center.
<i>Content</i>	Evaluation of social needs of African immigrants in a region of the South of Spain.
<i>Recipients</i>	Directorate of Migration Policy of the Autonomous Community.
<i>Date and duration</i>	Project of one year, 1993.
<i>Procedure</i>	Several research and needs analysis actions are launched: <ul style="list-style-type: none"> • Evaluation of perceived needs: representative survey of the population of African immigrants living in the Autonomous Community. • Evaluation of policy needs: Mail survey to key informants (representatives of associations, municipalities and trade unions with programs aimed at foreign population). • Focus groups with local population to assess attitudes toward the immigrant population. • Ethnographic study of different cultural communities.
<i>Results</i>	The study compares perceived and normative needs, with quantitative and qualitative methodology. It takes into account host and immigrant population opinion. Data are available on collective care programs. The needs of recent immigrants, related to the migratory project are identified: obtaining savings and improving material living conditions. The difficulties of the regulatory context and legal regulations are examined, as well as its impact in the process of psychological adjustment and social integration of immigrants. A description of the problems of the immigrant population is provided, establishing intervention priorities. Also an inventory of resources for social integration of the group is made. Contexts and communities at high risk are identified.
<i>Evidences</i>	Final report with the study results. Questionnaires, interview guide, data analysis.
<i>Other examples of activities for the acquisition of the competence</i>	<ul style="list-style-type: none"> • Resource assessment of the educational community in a town of 50,000 inhabitants, before launching a drug abuse prevention program. • Analysis of a neighborhood's community readiness for the implementation of a program of primary prevention of drug abuse.

Source: Maya-Jariego (2009), Type B. Competence B4.

Example 3	
<i>Development</i>	Developing services or products from psychological theories and methods to be used by psychologists or by the clients themselves.
<i>Service or product design</i>	Designing or adapting services or products in accordance with the requirements and restrictions and taking into account the context in which they are used.
<i>Content</i>	Design and development of educational activities of social skills training and drug information.
<i>Recipients</i>	Students of Secondary Education.
<i>Date and duration</i>	Three-month project to develop educational materials.
<i>Procedure</i>	The contents of prevention according to the theory of reasoned action are defined. Materials are designed for educational activities in class: drug information, health consequences of drug abuse, social skills under the influence of peers, self-esteem, and so on.
<i>Results</i>	Finally a material with 50 exercises and educational activities in classroom for drug prevention is edited. The material incorporates a "Teacher's Guide".
<i>Evidences</i>	Educational material.
<i>Other examples of activities for the acquisition of the competence</i>	<ul style="list-style-type: none"> • Training to work cooperatively in groups. A guide for each group dynamics is developed. • Adaptation of a sense of community scale to the study of immigrant communities. • Development of a multimedia for training in intercultural communication skills, for managers who travel to international destinations.

Source: Maya-Jariego (2009), Type C. Competence C2.

Example 4	
<i>Intervention</i>	Identify, prepare and implement appropriate measures to achieve the objectives.
<i>Direct situation-oriented intervention</i>	Applying intervention methods that directly affect selected aspects of the situation following the intervention plan in a relevant context for the requested services. For example, implementing new tools, methods, procedures or programs, changes in the community environment, etcetera.
<i>Content</i>	Promoting a sense of community in a neighborhood.
<i>Recipients</i>	Neighbors.
<i>Date and duration</i>	Project of six months. First half of 2009.
<i>Procedure</i>	The sense of community scale by McMillan and Chavis is applied, before and after the intervention. Some activities to develop community networks are carried out. Leisure activities among residents of the neighborhood are also implemented. Key players are involved in the development of personal networks and collaboration on shared purposes. It implements a campaign to publicize the characteristic features and strengths of the neighborhood. It launches a discussion forum on the neighborhood. It launches a prize for entrepreneurial initiatives to promote neighboring behaviors.
<i>Results</i>	Significant differences in social cohesion indicators of the scale of sense of community in the two moments of evaluation.
<i>Evidences</i>	Results report. Blog chronicling the neighborhood activities. Photographs and videos documenting community activities. Materials of the advertising campaign.
<i>Other examples of activities for the acquisition of the competence</i>	<ul style="list-style-type: none"> • Promotion of associations in the Roma minority. • Campaign to promote community norms against tobacco abuse.

Source: Maya-Jariego (2009), Type D. Competence D3.

Example 5	
<i>Evaluation</i>	Establishing the adequacy of interventions in terms of compliance with the intervention plan and achievement of the set goals.
<i>Evaluation analysis</i>	Carrying out the analysis in accordance with the evaluation plan, and drawing conclusions about the effectiveness of interventions in a relevant context for the service demanded. For example, analyze the effectiveness of a particular community intervention.
<i>Content</i>	Analysis of preventive intervention in a medium-sized town.
<i>Recipients</i>	Applicators of the program, and program coordinator.
<i>Date and duration</i>	Course 2006-2007.
<i>Procedure</i>	Risk behaviors and reference groups are identified. From the results, high-risk groups for future interventions are selected. The effectiveness of intervention in promoting healthy habits and reducing the prevalence is analyzed. Lessons learnt by participants about the effects of drug abuse on health are assessed. Specific measures are taken on the changes in attitudes towards drug abuse, intention of consumption, and health beliefs. Changes in consumption patterns are also analyzed. The improvements in program implementation are registered.
<i>Results</i>	Results obtained in the analysis.
<i>Evidences</i>	Result report or evaluation report.
<i>Other examples of activities for the acquisition of the competence</i>	<ul style="list-style-type: none"> • Analysis of the effectiveness of community promotion activities in posttraumatic stress indicators of residents in a shelter for refugees. • Evaluation of sociability in a nursing home.

Source: Maya-Jariego (2009), Type E. Competence E3.

Example 6	
<i>Communication</i>	Provide information adequately to customers in order to meet the needs and expectations of those customers.
<i>Giving feedback</i>	Provide feedback to customers using appropriate oral and/or audiovisual means, in a relevant context for the service demanded. For example, give oral feedback to an individual client or make a group presentation.
<i>Content</i>	Provide feedback on indicators of community readiness, as well as the analysis of the professional role of social workers in primary care.
<i>Recipients</i>	Primary care social workers in a region.
<i>Date and duration</i>	September 12 2007.
<i>Procedure</i>	Observed levels of community readiness are described in the survey, making comparisons by province and by type of health facility. It is proposed to discuss in group interpreting these results: what is the context in each province that may help explain the differences, how you can work in contexts with lower levels of community readiness, and so on. Then the difficulties of incorporating social workers in primary care teams are presented. Different types of roles of social workers (v. gr. community approach versus biomedical model of services) are described and discussed with attendees. Professional strategies are defined to improve the location of the social worker in the health system.
<i>Results</i>	Presentation of the results of the survey. Decisions on the professional future.
<i>Evidences</i>	File with the presentation of the results. Results report.
<i>Other examples of activities for the acquisition of the competence</i>	<ul style="list-style-type: none"> • Present results to volunteers participating in needs assessment prior to designing a new strategic plan for volunteering. • Feedback session with teachers to present the evaluation report to the teachers that have implemented an educational program for preventing drug abuse. Monthly newsletter with "assessment notes" for program applicators, reporting levels of program implementation in each class and school. • Managing a mailing list communication between the applicators of a program.

Source: Maya-Jariego (2009), Type F. Competence F1.

Example 7	
<i>Enabling competences</i>	Skills related to professional activity in general.
<i>Professional relations</i>	Establishing and maintaining relationships with other professionals and relevant organizations.
<i>Content</i>	Maintaining relationships with other professionals in the field of social services: psychologists, social workers, community nurses, sociologists, educators, and so on.
<i>Recipients</i>	Colleagues and other professionals of community intervention.
<i>Date and duration</i>	Variable, depending on the calls of other entities.
<i>Procedure</i>	Attend multidisciplinary conferences. Seizing opportunities to contact multidisciplinary committees. Establish relationships with other professionals in social services center. Participate in virtual communities in the area of social services.
<i>Results</i>	Developing relationships with other professionals of the sector.
<i>Evidences</i>	Minutes of the meetings. Certificates of congress attendance. Messages of participation in virtual forums.
<i>Other examples of activities for the acquisition of the competence</i>	<ul style="list-style-type: none"> • Attend to specialized professional meetings. • Offer internships to faculties of psychology, to relate to the academic world, with future graduates and other professionals of psychology.

Source: Maya-Jariego (2009), Enabling competences. Enabling competence 3.