

ASPPB Mid-Year Meeting - Florida
April 20-23, 2006

I was privileged to be sent by the Saskatchewan College of Psychologists to the ASPPB Mid-year Meeting on Protecting the Public: Challenges in Assessing Competence. Topics included the assessment of competence, implications of competency-based licensure, practicum competencies in context, trends in the profession of psychology, survey of assessment methods used in professional education and credentialing, and practicum competencies, standards and outcomes. There were several opportunities for networking with Council/Board psychologists and members and other psychologists involved in the professional regulation of psychology. The complete records from this meeting are contained in the Saskatchewan College of Psychologists Office and are available for viewing upon request. The following is a brief report of the information which was presented at this meeting.

Training of new board members:

The ASPPB was formed in the early 1960s to establish a common entrance test and to address mobility issues from one jurisdiction to another. Its purpose is sense involved to serve member jurisdictions by promoting excellence in regulation and advancing public protection.

The information which was presented covered the functions of each jurisdictional board or council. For example there was some discussion about what contributes to good functioning at the council level. Strategies identified to produce good teamwork (e.g., having a retreat together, using good group dynamics, agreeing to disagree, being united about a decision made by the majority of the council members, not reversing a majority decision even in the context of strong objections, making an effort to maintain harmony, not capitulating to the “squeaky wheel “, showing continuity from year to year in decision-making).

The Citizen Advocacy Center (<http://www.cacenter.org/>) was mentioned as a possible useful resource for public representatives. The Council on Licensure, Enforcement and Regulations (CLEAR) (<http://www.clearhq.org/>) covers all professions and has a program for investigator training. The Federation of Associations of Regulatory Boards (FARB), of which the ASPPB is a member, provides a forum for cooperation in addressing common issues in the licensing and regulation of professionals. Other resources are listed in the ASPPB Training Manual for Psychology Regulatory Boards. In Canada, it was noted that the profession is self-regulating according to provincial legislation which delegates the authority to regulate the profession. Although governed by self-regulatory associations or colleges, the role and principles are similar to those in the United States jurisdictions. The Council of Provincial Associations of Psychologists promotes cooperation and agreements (e.g., Mutual Recognition Agreement 2004 <http://www.cpa.ca/documents/MRA.pdf>) amongst the Canadian jurisdictions.

It was noted that all ASPPB publications are available free to the member jurisdictions.

The assessment of competence: what we now and where do we go from here? –

Dr. Nadine J. Kaslow, professor and chief psychologist at Emory School of Medicine’s Department of Psychiatry and Behavioral Sciences. She is a recognized expert in mood disorders in children, family violence, assessment and treatment of suicidal behavior in women, and psychology education and training. Dr. Kaslow chaired the 2002

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Competencies Conference: Future Directions in Education and Credentialing, as well as APA's Task Force on the Assessment of Competence in Professional Psychology. In the registration of psychologists, there is a need for more expanded ways to assess competence other than simply relying on the EPPP. One suggestion was the use of competency based exams. There must be a shift within professional psychology towards an emphasis on the acquisition and maintenance of competence as a primary goal. For example, in Health there is the use of standardized patients, exams along the way and recertification exams. In Medicine (see the Accreditation Council for Graduate Medical Education at <http://www.acgme.org/acWebsite/home/home.asp>) a toolbox of assessment methods as a system of best practices was developed which included a instrument; chart stimulated recall oral examination (CSR); checklist evaluation of live or recorded performance; global rating of live or recorded performance; patient surveys; record review; simulations and models; standardized oral examinations; and written examinations.

A 360-degree evaluation covers many different attributes (e.g., interpersonal, communication, emotional intelligence). The person does a self-rating and receives feedback from both below and above their level of position. Themes include strengths, relative weaknesses and absolute weaknesses. An action plan is developed to work on weaknesses by engaging others in a self-development process.

Much of the remaining lecture dealt with Professional Psychology and its accreditation. "Programs are expected to demonstrate their effectiveness in ensuring that their students achieve developmentally appropriate competence (outcomes assessment) consistent with the training model or philosophy, goals, and objectives of the program and in accord with the local and national context." A companion on-line assessment cyberguide was identified at http://www.apa.org/ed/guide_outline.html .

Ethical sense devotee was identified as foundational to the process. This involves capability or how you generalize which you know and how self-aware the person is. A number of principles were identified for the systematic and comprehensive approach to the assessment of competence. These included a major culture shift; conceptualize competencies as generic, holistic and developmental (with a focus on knowledge skills and attitudes or abilities, and problem-based learning); a developmental perspective must undergird the assessment of competence; assessment approaches must integrate formative and summative evaluations; collaboration across constituency groups; reflect fidelity to practice; evaluate generic and specialty foundational and functional competencies (a Competencies Cube was presented); multi-approach methodology; self-reflection and self-assessment are key components; a focus on interpersonal functioning and professional development; sensitive to the importance of individual and cultural diversity; development and maintenance of ethical practice skills; assessed capability in addition to competency; remediation strategies to address competence problems; and training evaluators in effective methodologies for the ongoing assessment of competence. The presentation also covered a number of recommendations and challenges for the Council on Accreditation. [Note: the complete overhead slides are contained in the conference materials.]

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Implications of competency-based licensure: challenges and opportunities for psychology presented by Dr. Joseph Rallo

This lecture addressed the history and process taken in Canada for the development of the Mutual Recognition Agreement (<http://www.cpa.ca/documents/mra.pdf>) for psychology. Due to our familiarity with this Agreement, only the main points from the lecture are presented here.

The impetus for developing the Mutual Recognition Agreement, was the Agreement on Internal Trade (1995) resulting from a Federal/Provincial/Territorial agreement to remove barriers to the movement of workers across provincial boundaries. As a result the following measures of qualifications were developed: they must relate to principally to competence, not result in unnecessary delays in recognizing qualifications of workers from other provinces or territories, and be published or otherwise readily accessible. The government indicated that solutions would be imposed if the regulatory boards could not agree on a way to resolve the differences.

These concepts presented several challenges for Canadian psychology: nearly 2/3 of psychologists were licensed at the Master's level, three provinces required a minimum doctoral degree, several provinces exempted psychologists in certain organizations from licensure, post-degree supervision requirements varied from 0 to 6 years, and the EPPP was required in eight provinces, except Quebec which has 50% of the psychologists in Canada, with a varied pass point.

Psychology regulators from all jurisdictions came together to produce a competency-based mobility agreement. This was achieved by identifying commonalities, focusing on competencies, and putting aside the Masters versus Doctoral debate. The five core competencies which were identified included: Interpersonal Relationships, Assessment and Evaluation, Intervention and Consultation, Research, and Ethics and Standards. (The definition, knowledge and skills for teaching these competencies are outlined in the Handout.)

In a 2004 amendment to the agreement, a requirement for all applicants to demonstrate Foundational Knowledge (biological bases of behaviour, cognitive-effective bases of behaviour, social bases of behaviour, knowledge of psychology of the individual) was added.

Today in Canada there is nearly 100% compliance with the evaluation of competencies at initial applications. There is nearly full mobility across Canada and the jurisdictions are moving towards common application formats and procedures. Additionally, collaboration with the CPA Accreditation Panel is occurring. A question that is being posed on the Doctoral versus Masters issue is what is the difference in terms of competencies (not years of education). The competencies question pertains to education and training and accreditation.

Report on practicum competencies by Dr. Robert Hatcher. these were developed by the Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup. The report of February 24, 2005 is presented in its entirety in the conference handouts. Some of my notes follow.

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The issue of practicum competencies is pertinent for those jurisdictions that measure practicum experience towards the attainment of supervised experience. It is also of importance for university programs.

To date the guidelines for practicums have received little systematic attention by the Council on Accreditation. As such defining competency goals is overdue. Some of the foundational work which has been done in this area includes a Workgroup on Practicum Competencies at the 2001 APA Education Leadership Conference. Also the Association of Psychology Postdoctoral and Internship Centers (APPI C.) held a Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology.

Organizing perspectives for practicum competencies: Developmental Perspective (preparation, readiness, simpler versus more complex skills, individual trajectories of growth, levels of expertise [according to Dreyfus and Dreyfus, 1986 http://ist-socrates.berkeley.edu/~hdreyfus/html/paper_socrates.html]; Metaknowledge –educating for capability and adaptive expertise (recognize what you know, how to acquire what you don't know acquiring flexible problem solving skills); Capacity to work collaboratively (recognizing the need for assistance); and Transfer of learning (develop skill and knowledge base, become a competent learner, expand the concept of competence beyond knowledge and practice skills) [Sequestered Problem-solving by Bransford and Schwartz, 1999]. The ADPTC has posted information on developing practicum competencies on their website and are requesting suggestions for input. An overview of the CCTC –ADPTC practicum competencies, draft version November, 2004 was presented. The first part addresses descriptions of the knowledge and skills required (i.e., personality characteristics, intellectual and personal skills; knowledge from classroom experience – general, assessment and clinical 50 interviewing, intervention, ethical and legal, individual and cultural difference) to begin a practicum. The second section provides eleven skill areas (i.e., relationship/interpersonal skills, skills in application of research, psychological assessment skills, intervention skills, consultation skills/interprofessional cooperation, diversity – individual and cultural differences, ethics, development of leadership skills, supervisory skills, professional development, and metaknowledge/metacompetencies – skilled learning) which should be developed during the practicum experience.

Recommended uses of the practicum competencies outline include screening for evaluating students prior to beginning practicum, setting goals for defining and evaluating practicum programs, assessment of student progress in the practicum and as a basis for student work portfolios.

A Competency Review was presented as a comprehensive tracking chart to track attainment by the student across different years. The aforementioned material is available in the conference handbook.

Areas of further development include defining core practicum competencies, identifying best training practices, identifying the best way to achieve the desired practicum competencies and identifying what administrative or educational structures need to be in place for the practicum to meet its goals.

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There are a number of different interests involved: graduate programs, internship sites, Council on Accreditation, the developmental realities of the novice clinician, future goals of the student, and APA licensure initiatives and licensing boards.

Trends in the profession of psychology: ASPPB's response

Mobility/inter-jurisdictional practice by Dr. Kim Jonason

We live in a highly mobile society, however the licensing jurisdictions have differing requirements. Following have been developed:

ASPPB Credentials Bank –for one time fee of \$200, this provides the electronic storage of documentation. Recent experiences with the hurricane Katrina have shown this to be a useful feature.

Agreement of Reciprocity – fourteen jurisdictions have signed these agreements.

The Certificate of Professional Qualification has been accepted to facilitate mobility of psychologists amongst several different jurisdictions.

A new Inter-jurisdictional Practice Certificate (IPC) has been proposed for development by the ASPPB to facilitate mobility for temporary practice. Currently no consistency for temporary practice exists in the different jurisdictions. The impetus for this arose to two such crises as the gulf coast disasters and concerns raised by industrial/organizational psychologists, consulting psychologists and forensic psychologists. It is proposed that a 60 day limit be set for non-clinical purposes. Other requirements included a doctoral psychology degree and 3000 hours of supervised practice. Feedback from the jurisdictions was invited.

ASPPB/National Register Designation of Psychopharmacology Programs for Psychologists presented by Dr. Kim Jonason

There's a need for standards to be developed and guidance given to the licensing bodies concerning prescriptive authority. Currently the standard that is being promoted involves post doctoral training including a master's degree in clinical psychopharmacology and the supervised contact with at least 100 patients prior to initiating independent practice. I didn't take notes on this since it is not relevant to Saskatchewan at this time. The overheads and a document addressing the criteria are available in the conference handbook.

Model regulations and model act by Dr. Alex Siegel

A survey was done of the jurisdictional members and seventeen responses were received pertaining to supervision, continuing education, Telehealth, and distance learning. Add to do list was established which includes: short-term practice, model regulations toolkit, prescriptive authority, specifying competencies for supervision, review of current regulations, and draft regulations for specific areas (e.g., distance education).

Postdoctoral year by Dr. Stephen DeMers

(This issue was addressed at length in the last ASPPB newsletter)

The concern of the ASPPB is that there not be 63 different versions of how this is addressed by the jurisdictions. The result of the policy change passed by the APA will be lobbying activities in each state. Currently the Associations in each state are mounting

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challenges to promote legislation changes to drop the postdoctoral year from the supervision requirement.

Jurisdictional updates (Write ups from several jurisdictions are contained in the conference handouts.) additional notes follow:

Maryland – is developing competencies for Masters level counselors to do psychological testing.

Oklahoma – is dealing with Internet degree issues.

Minnesota – described a change for the masters level will be phased out for registration. They offered a free continuing education event for all members which focused on the change of the Minnesota population, specifically covering the changing face of psychology in Minnesota and under-served populations.

Oregon – is dropping the oral exam.

Missouri – offered a free continuing education event where they had almost 50% of their licensed members attend.

Survey of assessment methods used in professional education and credentialing: characteristics, psychometric properties, costs to develop and maintain

by Dr. Leon Smith

This presented information on the Professional Examination Service (PES) which has responsibility for the EPPP. Selected guiding principles in competency assessment from the Task Force Report on the Assessment of Competence in Professional Psychology were presented. (These will be presented here but are available in the conference handbook.)

Assessment methods can be restricted to include computer delivered methods of assessment more than just using objective multiple choice exams. The EPPP was designed as a competency exam with Max and reliability, however it was not designed to differentiate performance . An area of interest in assessment methods includes simulation in psychology. In 1991 a number of simulation cases were developed by the ASPPB. Simulated test approaches have low correlations to the EPPP. However there is some correlation to supervisory ratings. Examples of scenario testing can be found at the Computer Assisted Testing Service (<http://www.catstest.com/>) and at Comira Testing (<http://www.comiratesting.com/>). The National Board of Medical Examiners (<http://www.nbme.org/>) uses computer-based case simulations.

It is possible to build in video clips with specific questions into tests of competency. A number of different strategies are being examined for extending the reach of the EPPP.

Practicums training competencies, standards and outcomes: implications for state boards by Dr. Emil Rudolfa

(The slides for this presentation are contained in the conference handbook.)

Findings of the Commission Practicum Workgroup included: the national association for all practicum programs does not exist, and there is no consensus on practicum hours. Practicums and practicum hours were defined. The Competencies Cube which was published some time ago in the Journal of Clinical Psychology was covered with a number of the foundational competencies (reflective practice/self-assessment, scientific

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knowledge/methods, relationships, ethical/legal standard/policy, individual/cultural diversity, interdisciplinary systems, assessment/diagnosis/case conceptualize Asian, intervention, consultation, research/evaluation, supervision/teaching, and management/administration) defined. Some of the concerns about competencies include: the more specific, the less agreement; no clear understanding of the basic competencies that psychologists should possess; and difficulty in assessing competence.

The Practicum Workgroup had the following recommendations: develop standards, implement a cap on practicum hours, the Council of Accreditation should develop practicum standards, university faculty should understand licensing issues, there should be a definition of the number of hours that comprise a practicum year, effort should be made to enhance the connection and communication between academic departments and practicum programs.

Case law report for midyear meeting: psychology cases (note these are described in detail in the conference handbook. It should be noted that although most of the cases are from the States, there is some applicability to the Canadian situation in terms of indicating how courts address professional legal issues.)

1. A distance learning case appealed to the court of appeals in Iowa. The board had denied licensure. The court of appeals of Iowa agreed with the board and “explained that an agency such as the board is entitled to “ substantial difference” when interpreting its own regulations.”
2. The case is described for someone licensed in North Carolina by two different associations. Practice under a counseling license was challenged by the psychology board. The court ruled against the board and indicated that it had misread the applicable statutes.
3. A case from the state of Washington is described where action was taken to obtain treatment records after a complaint was received from the mother of the psychologist’s adult client. The psychologist and the client refused to provide the requested records. This went to court with the following decision: “an investigation against a psychologist does not go forward until the board reviews the complaint and determines that there are reasonable grounds to believe that unprofessional conduct has occurred.” The court found in favor of the psychologist.
4. A case is presented concerning liability issues pertaining to a dual relationship type of situation.
5. A case is presented in which “the court flatly refused to expand a psychologist duty to warn a third party” about a possible divorce.
6. In 2005, the court of appeal of California held that a number of psychotherapists could not be sued for failure to warn in a case where the client murdered three members of his girlfriend’s family before killing himself. This decision was made on the basis of an affidavit which indicated that the psychotherapists always “asked the man whether he intended to harm anyone and he stated that he did not.”

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Non-psychology cases:

1. A case from the state of Washington pertaining to privacy of health information in a custody proceeding is reported. “The court drew a distinction between information obtained in anticipation of litigation and information obtained before litigation is contemplated. The key to this case is that the common law doctrine of witness immunity did not protect the mental health professional from liability after she disclosed information in the custody proceedings which she obtained through treatment in violation of Washington’s Health Care Information Act and in violation of the professional standards of care.”
2. A defamation suit by a psychiatrist whose license to practice medicine was suspended in Connecticut is described. The importance of the case was that “the court held that a professional providing testimony against a fellow professional to a licensing board is only covered by a qualified immunity, not absolute immunity. The testifying professional must not employ malice and cannot claim the common law doctrine of an absolute immunity to defend the claim of defamation if the statute provides for only qualified immunity.”
3. Final case is presented where the following recommendations are made: “this case illustrates the need for all mental health professionals to be acutely aware of two critical areas of the law. First, a mental health professional should fully understand the definition of professional incompetence, malpractice and unethical conduct in the state where they are licensed and practice. Second, a mental health professional should always know the reporting requirements when they are confronted with a client that is reporting any activity that may require reporting to a state agency, including law enforcement.”