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NOTE REGARDING THE FOLLOWING FRAME ON MICROFILM:

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STATE OF ALASKA



BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE
EXAMINERS

Alaska Statutes Title 8. Chapter 1-3
Psychologist & Psychological Associate
Statutes 08.86, and Regulations
Chapter 60

PRINTED: January 1982

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BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL
ASSOCIATE EXAMINERS

SUPPLEMENT

January 1992

BOARD REPORTS

Background

All occupational licensing boards have planning, budgting and reporting requirements under AS 37 (The Executive Budget Act). The Following boards also have obligations under AS 08 :

- The Board of Welding Examiners
- The Board of Dental Examiners
- The State Medical Board
- The Board of Nursing
- The Board of Registration of Architects, Engineers and Land Surveyors
- The Board of Pharmacy
- The Board of Public Accountancy
- The Board of Barbers and Hairdressers
- The Board of Veterinary Examiners
- The Board of Nursing Home Administrators
- The State Physical Therapy Board

The term " Performance Report" and the requirement to submit goals and objectives come from AS 37.

The term " Annual Report " comes from AS 08.

The following report format is to be used for meeting the reporting requirements under AS 37 and the needs of the Division of Occupational licensing. This reporting format should also meet all the practical needs of the boards. Boards may add additional sections if they feel it is necessary or desireable to do so for any reason.

The following report is due on or before August 15th of each year so that the information it contains can be fed into the annual budget process.

It is the responsibility of the boards to submit this report.

It is the responsibility of the licensing examiner to see that they submit this report annually.

It is the responsibility of the management analyst to give the boards and the licensing examiners any technical assistance and guidance they need.

MEMORANDUM

State of Alaska

TO: Dickerson Regan, Consultant
Alaska Code Revision Commission

DATE: September 2, 1981

FILE NO:

TELEPHONE NO:

FROM: Harry D. Treager, Director
Division of Occupational Licensing
Department of Commerce and
Economic Development

SUBJECT: Suggested Revisions in
AS 08 Reporting Statutes

The Division of Occupational Licensing has recently completed an analysis of the various reporting, planning and budgeting requirements that the licensing boards are subjected to under AS 37 and AS 08. Based on this analysis, I would like to recommend for the commission's consideration the elimination of the following statutes:

- AS 08.40.070(f) and (g)
- AS 08.13.050 (last sentence of paragraph only)
- AS 08.36.070(3)
- AS 08.48.071(c)
- AS 08.64.160
- AS 08.68.100(6)
- AS 08.70.050(5)
- AS 08.80.040(4)
- AS 08.84.010(b)(6)
- AS 08.98.040(a)(7)
- AS 08.99.030(a)(8)

In the opinion of the division, the above-referenced statutes duplicate the intent and requirements that already exist under AS 37. Furthermore, this duplication and the lack of uniformity in the above-referenced statutes have led to unnecessary confusion about the nature and extent of reporting requirements in the past and are likely to do so in the future unless the statutes are purged.

With the concurrence of the Division of Budget and Management, the Division of Occupational Licensing is issuing uniform guidelines to boards to assist them in meeting all existing planning, budgeting and reporting requirements in a comprehensive, uniform and regular manner.

If you have any questions or if I can be of assistance, please do not hesitate to call. Thank you.

HDT/kkk3/2

cc: Mike Mahar, Budget Analyst
Division of Budget and Management

Report Format

- 1- Cover Letter : The report should begin with a cover letter from the chairman of the board to the director of the Division of Occupational Licensing. The letter should merely state that the report is being submitted to meet the statutory requirements.

- 2- Narrative Statement : This section should contain a short (1-3 page) statement about what the board did over the past fiscal year. It should mention major issues, concerns and activities of the board.

- 3- Statistical Overview : This section should contain the following statistics: expenditures and receipts; monthly activity chart statistics; number, date and location of board meetings and public hearings held during the preceding fiscal year; any other statistics that the board feels is necessary to give an overview of the boards activities and accomplishments.

- 4- Review of Prior Year Objectives : This section should contain a short statement about what has been accomplished with respect to each objective that the board set for the fiscal year that just ended.

- 5- New Goals and Objectives : This section should contain the board's goals and objectives for the next two fiscal years.

- 6- Budget Recommendations : This section should contain all the budget recommendations that the board wishes the division to submit for the upcoming budget.

NOTE : The boards may add any additional sections or appendices that they feel are necessary or desirable.

TESTIMONY OF HARRY TREAGER
BEFORE A JOINT MEETING
OF THE HOUSE AND SENATE
HESS COMMITTEES
MARCH 8, 1982

I. INTRODUCTION & POSITION SUMMARY

THANK YOU FOR THE OPPORTUNITY TO COMMENT ON SB 823 AND HB 856, ACTS "... CONTINUING THE EXISTENCE OF THE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS." THE DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT HAS REVIEWED THE PRESENT LICENSING SYSTEM AND WOULD LIKE TO MAKE THE FOLLOWING OBSERVATIONS AND RECOMMENDATIONS.

THE DEPARTMENT FINDS IT IS IN THE PUBLIC INTEREST THAT THE LICENSING PROCESS BE CONTINUED. THE DEPARTMENT FEELS THAT SIGNIFICANT CHANGES SHOULD BE MADE TO STREAMLINE THE LICENSING PROCESS, TO MAKE THE QUALIFICATIONS FOR LICENSURE MORE VISIBLE AND OBJECTIVE, AND TO PROTECT APPLICANTS AND THE CONSUMING PUBLIC BY REDUCING THE POSSIBILITY OF ARBITRARY AND UNFAIR CONDITIONS. FURTHERMORE, THE DEPARTMENT FEELS THAT THE LICENSURE PROCESS SHOULD STRIVE TO IDENTIFY INDIVIDUALS WITH A MINIMAL LEVEL OF COMPETENCE FOR INDEPENDENT OR SUPERVISED PRACTICE AND TO MAXIMIZE THE NUMBER OF QUALIFIED PRACTITIONERS MAKING THEIR SERVICES AVAILABLE TO THE PUBLIC.

FURTHERMORE, THE DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT FEELS THAT THE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS SHOULD BE SUNSETTED AND THAT THE ADMINISTRATION OF THE LICENSING PROCESS SHOULD BE ASSUMED BY THE DEPARTMENT.

THIS POSITION IS IN ACCORD WITH THE PAST THREE LEGISLATIVE AUDITS AND THE 1978 FINDINGS BY THE DIVISION OF OCCUPATIONAL LICENSING THAT THE BOARD HAS NOT IN THE PAST AND DOES NOT AT PRESENT OPERATE IN THE PUBLIC INTEREST. THE BULK OF THIS TESTIMONY IS DEDICATED TO EXPLAINING WHY THIS IS SO AND TO IDENTIFYING THE PRINCIPAL STATUTORY CHANGES WE FEEL ARE NECESSARY TO CORRECT THE PRESENT SITUATION.

IN FORMULATING THIS POSITION, THE DEPARTMENT HAS CONSIDERED PAST LEGISLATIVE AUDITS, IN-HOUSE DOCUMENTS AND FINDINGS, THE PERFORMANCE OF PAST AND PRESENT BOARDS, AND A CROSS SECTION OF THE RATHER SUBSTANTIAL LITERATURE ON THE REGULATION OF PSYCHOLOGY AND RELATED PROFESSIONS. IN ADDITION, INTERVIEWS WERE CONDUCTED WITH OR OPINIONS SOLICITED FROM BOARD MEMBERS, LICENSED PSYCHOLOGISTS AND OTHER INDIVIDUALS AND ORGANIZATIONS KNOWLEDGEABLE AND INTERESTED IN THE FIELD.

MUCH OF THE FOLLOWING TESTIMONY WILL FOCUS ON SPECIFIC WAYS IN WHICH PAST STATE BOARDS HAVE OPERATED AGAINST THE PUBLIC INTEREST BY TRYING TO IMPLEMENT AMERICAN PSYCHOLOGICAL ASSOCIATION POLICIES AND BY USING THE LICENSURE PROCESS TO SUPPORT THE SPECIAL INTERESTS OF OF DOCTORAL LEVEL PRACTITIONERS.

IT IS THE PURPOSE OF THE LICENSURE PROCESS TO PROTECT THE PUBLIC BY MAKING SURE THAT THOSE INDIVIDUALS WHO OFFER THEIR SERVICES TO THE PUBLIC HAVE DEMONSTRATED AT LEAST MINIMAL COMPETENCE IN THE FIELD. TO RESTRICT PRACTICE ABOVE THE

LEVEL OF MINIMAL COMPETENCE RESTRICTS COMPETITION, ENCOURAGES MONOPOLISTIC PRACTICE, INFLATES PRICES AND REDUCES THE AVAILABILITY OF SERVICES.

II. DETAILED ANALYSIS AND RECOMMENDATION

BEFORE PROCEEDING WITH THE SPECIFIC RECOMMENDATIONS, IT IS NECESSARY TO MAKE SOME GENERAL OBSERVATIONS ABOUT HISTORICAL AND INSTITUTIONAL FORCES THAT HAVE LED TO THE DEVELOPMENT OF OUR PRESENT LICENSING SITUATION IN THE FIELD OF PSYCHOLOGY. IN PARTICULAR, THE DEPARTMENT WOULD LIKE TO CAUTION THE COMMITTEE ABOUT THE INFLUENCE THE AMERICAN PSYCHOLOGICAL ASSOCIATION HAS HAD ON THE LICENSURE PROCESS IN ALASKA AND TO MAKE SOME OBSERVATIONS THAT WILL HOPEFULLY ENABLE THE COMMITTEE TO BETTER UNDERSTAND TESTIMONY THAT DRAWS ON POSITIONS OF THE APA.

IT IS IMPORTANT TO UNDERSTAND THAT APA IS A NATIONAL PROFESSIONAL ASSOCIATION COMPOSED EXCLUSIVELY OF INDIVIDUALS WHO POSSESS DOCTORAL DEGREES WITH DISSERTATIONS THAT HAVE BEEN DETERMINED TO BE OF A PSYCHOLOGICAL NATURE. AS SUCH, THE POSITIONS THAT IT TAKES TEND TO REFLECT EXCLUSIVELY THE INTERESTS OF ITS MEMBERS. THE INTERESTS OF OTHER AFFECTED GROUPS --SUCH AS THE CONSUMING PUBLIC, MASTERS LEVEL MENTAL HEALTH PRACTITIONERS AND RESEARCHERS AND MEMBERS OF OTHER RELATED PROFESSIONS -- ARE ONLY CONSIDERED INSOFAR AS THEY ARE CONSISTENT WITH THE APA'S OWN SPECIAL INTERESTS. IT IS

NECESSARY TO UNDERSTAND THE SPECIAL INTEREST NATURE OF THE APA BECAUSE ITS NATIONAL VISIBILITY AND ITS ORGANIZATIONAL AIMS TEND TO GIVE THE IMPRESSION THAT IT SPEAKS FOR ALL THE INTERESTS IN THE FIELD OF PSYCHOLOGY.

THE EXPRESSED AIMS AND PURPOSES OF THE APA INCLUDE:

1. CONSTANTLY RAISING THE ENTRY LEVEL STANDARDS FOR PRACTICE ALTHOUGH LITTLE EVIDENCE EXISTS TO SUPPORT THE NEED TO DO SO IN THE PUBLIC INTEREST AND SUBSTANTIAL EVIDENCE EXISTS TO SUPPORT THE POSITION THAT ACCEPTABLE PRACTICE OCCURS WITH MUCH MORE REASONABLE STANDARDS.
2. THE ESTABLISHMENT OF SPECIALTY DESIGNATIONS WHICH FURTHER RESTRICT THE PRACTICE OF COMPETENT INDIVIDUALS, ENCOURAGE ESCALATION IN COSTS AND DECREASE THE AVAILABILITY OF SERVICES.
3. USING THE LICENSURE PROCESS TO DISASSOCIATE ITSELF AS A PROFESSION FROM OTHER MENTAL HEALTH PRACTITIONERS EVEN THOUGH A MORE GENERIC MENTAL HEALTH LICENSURE PROCESS MAY BE IN THE PUBLIC INTEREST. WE ARE ENCLOSING, ALONG WITH THIS TESTIMONY, A COPY OF A MEMORANDUM DATED NOVEMBER 15, 1979 FROM THE APA TO ITS CONSTITUENT ORGANIZATIONS. THIS MEMO OUTLINES THE APA GOALS AND STRATEGIES WITH RESPECT TO

SUNSET AND CONTAINS A REPORT FROM THE APA COMMITTEE ON STATE LEGISLATION TO THE BOARD OF PROFESSIONAL AFFAIRS. WE URGE THE COMMITTEES TO CONSIDER THIS DOCUMENT IN ITS DELIBERATIONS.

BEFORE GOING INTO OUR SPECIFIC RECOMMENDATIONS AND FINDINGS, I WOULD LIKE TO UNDERScore OUR MAIN POINT. ASSURING MINIMAL COMPETENCE AND BASIC PROTECTION OF THE PUBLIC IS THE PROPER ROLE OF THE LICENSURE PROCESS. TO GO BEYOND THIS IS DETRIMENTAL TO THE PUBLIC INTEREST AND AN INFRINGEMENT OF THE RIGHTS OF CITIZENS TO PURSUE A LIVELIHOOD IN A CHOSEN FIELD. ASSURING HIGH STANDARDS OF PROFESSIONAL CONDUCT AND PRACTICE SHOULD BE THE FUNCTION OF THE MARKETPLACE AND PROFESSIONAL ASSOCIATIONS, NOT THE LICENSURE PROCESS PER SE. WE ARE CONCERNED THAT THE USE OF THE LICENSURE PROCESS TO FURTHER THE INTEREST OF THE APA MAY CONSTITUTE AN UNWARRANTED DIVERSION OF PUBLIC MONIES INTO THE ACHIEVEMENT OF SPECIAL INTERESTS.

RECOMMENDATION #1: CONTINUE THE LICENSING OF PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES.

THE DEPARTMENT FINDS THAT IT IS IN THE PUBLIC INTEREST TO LICENSE PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES FOR THE FOLLOWING REASONS.

FIRST, STATE LICENSURE IS A PREREQUISITE FOR ELIGIBILITY FOR THIRD PARTY REIMBURSEMENT. THE ELIMINATION OF LICENSURE

WOULD REDUCE THE ABILITY OF INDIVIDUALS AND ORGANIZATIONS TO CAPTURE REIMBURSEMENT FOR SERVICES THROUGH INSURANCE COMPANIES, MEDICAID AND MEDICARE. A RECENT STUDY COMPLETED FOR THE ALASKA STATE DEPARTMENT OF HEALTH AND SOCIAL SERVICES INDICATES THAT THE VAST MAJORITY OF ALASKANS HAVE SOME FORM OF PUBLIC OR PRIVATE MENTAL HEALTH COVERAGE. SUCH COVERAGE WOULD BE LOST OR REDUCED IN THE ABSENCE OF LICENSURE AND FINANCIAL BARRIERS TO SERVICES WOULD BE INCREASED. THE DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT FEELS THAT THE THIRD PARTY REIMBURSEMENT ISSUE CONSTITUTES SUFFICIENT REASON FOR CONTINUING SOME FORM OF LICENSURE.

SECOND, LICENSURE GIVES THE PUBLIC REASONABLE ASSURANCE THAT THE INDIVIDUAL OFFERING THE SERVICES HAS DEMONSTRATED HIS/HER BASIC COMPETENCE AND HAS NOT BEEN FOUND TO ENGAGE IN UNETHICAL BEHAVIOR OR IRRESPONSIBLE PRACTICES.

THIRD, LICENSURE DISCOURAGES CHARLETONS FROM PRACTICING AND ENABLES THE PROFESSION TO BETTER POLICE ITSELF. BOTH INDIVIDUALS AND ORGANIZATIONS, LIKE THE ALASKA PSYCHOLOGICAL ASSOCIATION, ARE IN A BETTER POSITION TO DISCOURAGE UNETHICAL OR OTHERWISE UNACCEPTABLE BEHAVIOR IF THERE EXISTS A WORKABLE AND LEGALLY ACCEPTABLE SYSTEM OF SANCTIONS FOR CONTROLLING ABUSES. THE LICENSURE PROCESS PROVIDES SUCH A SYSTEM THROUGH STATUTES AND REGULATIONS WHICH ADDRESS MINIMAL STANDARDS OF COMPETENCE, ETHICAL STANDARDS, THE CONFIDENTIALITY OF COMMUNICATIONS AND UNACCEPTABLE PRACTICES WHICH FORM GROUNDS FOR THE IMPOSITION OF DISCIPLINARY SANCTIONS.

RECOMMENDATION #2. ELIMINATE THE STATE PORTION OF THE PSYCHOLOGY EXAM AS A REQUIREMENT FOR LICENSURE.

THE DEPARTMENT RECOMMENDS THAT THE STATE PORTION OF THE EXAM BE ELIMINATED BECAUSE THE EXAM SERVES NO VALID OBJECTIVE PURPOSE, HAS A LONG HISTORY OF POOR QUALITY, AMBIGUOUS AND UNFAIR ADMINISTRATION, AND DOES NOT SCREEN FOR ANYTHING THAT HAS NOT ALREADY BEEN EVALUATED THROUGH OTHER LICENSURE REQUIREMENTS. AS SUCH, IT CONSTITUTES AN UNNECESSARY BARRIER WHICH MAY OFTEN ELIMINATE COMPETENT PRACTITIONERS FROM PRACTICING AND UNNECESSARILY DELAYS THE LICENSURE OF ALL COMPETENT INDIVIDUALS. AS SUCH THE STATE EXAM IS NOT IN THE PUBLIC INTEREST.

IN MAKING THIS RECOMMENDATION WE HAVE CONSIDERED THE FOLLOWING. FIRST, AS NOTED ABOVE, THE STATE EXAM DOES NOT TEST FOR ANYTHING THAT HAS NOT ALREADY BEEN TESTED FOR IN OTHER PARTS OF THE LICENSURE PROCESS.

SECOND, AFTER FIFTEEN YEARS OF OPERATION, THE BOARD HAS FAILED TO DEVELOP A VISIBLE RATIONAL POLICY WITH RESPECT TO THE STATE EXAM. THE BOARD IS PRESENTLY IN THE PROCESS OF PROMULGATING REGULATIONS WHICH HIGHLIGHT THE FACT THAT ITS QUESTIONS COME FROM STANDARD TEXTBOOKS FROM ACCREDITED SCHOOLS. AS SUCH, THE POLICY UNDERSCORES THE FACT THAT IT DUPLICATES THE NATIONAL EXAM WITHOUT ANY QUALITY CONTROLS ON THE VALIDITY OF THE QUESTIONS ASKED OR THE GRADING PROCEDURES.

THIRD, THE PRESENT AND PAST BOARDS HAVE ARGUED THAT THEY MAY BE TOO SMALL TO PROPERLY DEVELOP AND ADMINISTER THE EXAM. THEY HAVE SUGGESTED THAT THE AMOUNT OF WORK REQUIRED SHOULD INVOLVE SOME FORM OF COMPENSATION TO THE DEVELOPER(S). THIS WOULD BE AN ADDED AND UNNECESSARY EXPENSE GIVEN THE AVAILABILITY OF AN ADEQUATE NATIONAL EXAM.

FOURTH, THE BOARD HAS A LONG HISTORY OF NOT GRADING THE EXAM FOR MONTHS AFTER IT IS TAKEN. THE PRESENT DIVISION OF LEGISLATIVE AUDIT REPORT NOTES THAT THERE ARE TWO COMPLAINTS PRESENTLY FILED WITH THE OMBUDSMAN REGARDING THESE DELAYS.

FIFTH, VIRTUALLY EVERY LICENSED PSYCHOLOGIST INTERVIEWED DURING THE RESEARCH THAT HAS GONE INTO THE DEVELOPMENT OF THIS TESTIMONY VOLUNTEERED NEGATIVE STORIES ABOUT HIS/HER PERSONAL EXPERIENCE WITH THE STATE PORTION OF THE EXAM. WHEN ASKED THE DIRECT QUESTION, "SHOULD THERE BE A STATE PORTION OF THE EXAM," NONE COULD GIVE OBJECTIVE REASONS AND MOST CONCEDED IT WAS PROBABLY NOT NECESSARY.

LASTLY, AND MOST IMPORTANTLY, THE NATIONAL EXAM WHICH IS PRESENTLY GIVEN IN ADDITION TO THE STATE PORTION PROVIDES NECESSARY AND SUFFICIENT EVALUATION OF AN APPLICANT'S COMMAND OF THE BASIC FIELD.

THE NATIONAL EXAM IS AN OBJECTIVE EVALUATION TOOL. IT COVERS ALL THE BASIC AREAS IN THE FIELD OF PSYCHOLOGY. ITS

QUESTIONS HAVE BEEN DEVELOPED BY NATIONALLY RECOGNIZED LEADERS IN THE SPECIALTY AREAS AND HAVE BEEN SCREENED SEVERAL TIMES BY COMMITTEES FOR ACCURACY OF CONTENT AND CLARITY. FURTHERMORE, IT IS CONTINUALLY UPDATED TO REFLECT THE GRADUAL CHANGES THAT OCCUR IN THE FUNDAMENTALS OF THE FIELD OF PSYCHOLOGY.

THEREFORE, THE DEPARTMENT FINDS THAT THE STATE PORTION OF THE EXAM AT BEST SERVES NO VALID PURPOSE AND CONSTITUTES AN UNNECESSARY OBSTACLE TO MAKING QUALIFIED PRACTITIONERS AVAILABLE TO THE PUBLIC; AT WORST IT CAN BE USED AS A SCREENING DEVICE TO UNFAIRLY LIMIT COMPETITION.

RECOMMENDATION #3: REPEAL THE STATUTES REQUIRING THE BOARD TO DEVELOP REGULATIONS REQUIRING PROOF OF CONTINUING COMPETENCY OR SET A REASONABLE OBJECTIVE FOR CONTINUING COMPETENCY STANDARDS BY STATUTES.

WHILE THE DEPARTMENT CONCURS WITH THE GENERAL CONCEPT OF ASSURING CONTINUING COMPETENCY, IT DISAGREES WITH THE DIVISION OF LEGISLATIVE AUDIT AND THE BOARD THAT COMPETENCY CAN BE ASSURED THROUGH CONTINUING EDUCATION REQUIREMENTS. THERE IS LITTLE OR NO EVIDENCE TO SUGGEST THAT THE FORMS OF CONTINUING EDUCATION THAT ARE BEING RECOMMENDED BY THE BOARD IN THEIR PROPOSED REGULATIONS CONSTITUTE "PROOF OF CONTINUING COMPETENCY" OR PROVIDE ANY ASSURANCE OF "OPTIMUM QUALITY HEALTH CARE."

WE FEEL THAT THE BOARD IS CREATING A FALSE SENSE THAT COMPETENCY IS BEING MAINTAINED THROUGH THE ACTIVITIES THEY ARE RECOMMENDING: APA PROFESSIONAL DEVELOPMENT PROGRAMS, WORKSHOPS, SEMINARS AND SYMPOSIA, PRESENTATION OF TECHNICAL PAPERS, COLLEGE AND UNIVERSITY SHORT COURSES NOT CARRYING ACADEMIC CREDIT, SPECIAL PROGRAMS APPROVED BY THE BOARD, ACTING AS A DISCUSSION LEADER, TEACHING A COURSE, PUBLISHING ARTICLES, ETC.

FIRST, IT SHOULD BE NOTED THAT VIRTUALLY ALL THE REQUIREMENTS ARE ACADEMICALLY ORIENTED RATHER THAN PRACTICE ORIENTED. THEY REFLECT NATIONAL APA PREFERENCE AND IGNORE THE RELATIVE ABSENCE OF OPPORTUNITY FOR MANY OF THESE ACTIVITIES IN ALASKA, ESPECIALLY IN THE RURAL AREAS.

SECOND, THEY ARE PROCESS RATHER THAN RESULTS ORIENTED AND AS SUCH MEASURE NOTHING WITH RESPECT TO COMPETENCY MUCH LESS PROVIDE "PROOF" AS THE PROPOSED REGULATIONS ALLEGE.

THIRD, THE PROPOSED REGULATIONS TEND TO MAKE DESIRABLE ACTIVITIES LEGAL REQUIREMENTS. MANY OF THE ACTIVITIES SUGGESTED ARE EXPENSIVE ESPECIALLY FOR RURAL PRACTITIONERS. AS SUCH, THEY CREATE COSTS WHICH ARE PASSED ON TO THE CONSUMER AND PROVIDE TAX WRITE-OFFS WHERE THEY ARE NOT NECESSARILY JUSTIFIED.

FOURTH, MANY OF THE ACTIVITIES REFLECT THE APA DOCTORAL BIAS NOTED ABOVE. AS SUCH, THEY DISCRIMINATE AGAINST MASTERS

LEVEL PRACTITIONERS AND RURAL PRACTITIONERS WHO MAY NOT HAVE THE OPPORTUNITY, BACKGROUND OR NEED AS PRACTITIONER TO ENGAGE IN HIGH LEVEL ACADEMIC ACTIVITIES. AS WITH MANY APA INFLUENCED POLICIES, THIS APPROACH TO CONTINUING COMPETENCY REINFORCES THE ALREADY EXISTING BIASES AGAINST AND OBSTACLES TO PROVIDING SERVICES IN RURAL ALASKA. THEY CONSTITUTE ADDITIONAL PRESSURE FOR PSYCHOLOGISTS TO BE URBAN RATHER THAN RURAL RESIDENTS.

FIFTH, THE PROPOSED REGULATIONS GIVE THE BOARD UNWARRANTED DISCRETIONARY DECISION MAKING POWER OVER THE LICENSE RENEWAL PROCESS. GIVEN THE BOARD'S DOCUMENTED PAST HISTORY OF ABUSES IN AREAS WHERE DISCRETIONARY AUTHORITY EXISTS, THIS IS DEFINITELY NOT IN THE PUBLIC INTEREST.

THE DEPARTMENT FEELS THAT THERE IS A MORE REASONABLE WAY OF ASSURING CONTINUING COMPETENCY GIVEN WHAT WE KNOW ABOUT THE PRACTICE OF PSYCHOLOGY. THE DEPARTMENT WOULD RECOMMEND THAT LICENSE RENEWAL BE CONTINGENT UPON A REVIEW OF THE PRACTITIONER'S PERFORMANCE RECORD MEASURED IN TERMS OF PROVEN ABUSES. THIS CAN BE SUPPLEMENTED BY THE PERIODIC TAKING OF THE NATIONAL EXAM. AS NOTED ABOVE, THE NATIONAL EXAM TESTS BASIC KNOWLEDGE, IS OBJECTIVE AND WELL-CONSTRUCTED, AND CHANGES SLOWLY TO REFLECT NEW DEVELOPMENTS IN THE FIELD. NOT ONLY IS THIS APPROACH PERFORMANCE ORIENTED (AS PROOF OF CONTINUING COMPETENCY SHOULD BE), IT LEAVES IT UP TO THE PRACTITIONER TO DETERMINE HOW HE/SHE IS GOING TO KEEP CURRENT WITH DEVELOPMENTS IN THE

FIELD. THE PRACTITIONER CAN STUDY THOSE AREAS IN WHICH HE MAY BE WEAK. CAN USE JOURNALS AND OTHER WRITTEN MATERIALS AS RESOURCES. THERE IS NO NEED FOR BOARD APPROVAL. AND MOST IMPORTANTLY, THE EXPERIENCE AND TESTING APPROACH IS CONSISTENT WITH THE INITIAL APPROACH FOR LICENSURE.

BEFORE CLOSING OUR COMMENTS ON CONTINUING COMPETENCY, WE WOULD LIKE TO CALL ATTENTION TO WHAT WE FEEL IS MISLEADING INFORMATION BY THE BOARD REGARDING ITS EFFORTS IN THE AREA OF CONTINUING COMPETENCY. IN ITS RESPONSE TO THE DIVISION OF LEGISLATIVE AUDIT'S MOST RECENT FINDINGS, THE BOARD HAS ARGUED THAT IT HAS TAKEN SO LONG TO DEVELOP CONTINUING COMPETENCY REGULATIONS BECAUSE THEY WERE TRYING TO MAKE SURE THAT THE REGULATIONS WERE CONSISTENT WITH OTHER STATES SO THAT THE MOBILITY OF PSYCHOLOGISTS TO ALASKA WOULD BE FACILITATED. WE FIND THERE TO BE NO SUBSTANCE TO THIS STATEMENT.

THE REGULATIONS SPECIALIST FOR THE DIVISION HAS NEVER BEEN INSTRUCTED TO DEVISE REGULATIONS WITH AN EYE TO COMPATIBILITY WITH OTHER STATES. THE BOARD'S GOALS AND OBJECTIVES MAKE NO MENTION OF THIS ISSUE ALTHOUGH THEY DO ADDRESS THE NEED FOR DEVELOPING CONTINUING COMPETENCY REGULATIONS. IT IS ALSO WORTHY TO NOTE THAT ACCORDING TO A RECENT APA SURVEY ONLY 14 STATES HAVE ANY CONTINUING EDUCATION REQUIREMENT AT ALL. IN MANY OF THOSE STATES THE REQUIREMENTS ARE VERY GENERAL AND PERMISSIVE.

LASTLY, IT SHOULD BE POINTED OUT THAT THE CONTINUING EDUCATION REQUIREMENTS RECOMMENDED BY THE BOARD HAVE THE EXACT OPPOSITE EFFECT THAT THE BOARD HAS STATED THEY ARE INTENDED TO HAVE. AT PRESENT THEY RESTRICT LICENSURE BY ENDORSEMENT FOR LICENSED PSYCHOLOGISTS FROM THE 36 STATES WHICH DO NOT HAVE CONTINUING COMPETENCY REQUIREMENTS.

WE SERIOUSLY QUESTION THE ACCURACY OF THE BOARD'S PRESENTATION OF ITS RECORD ON THIS ISSUE. THE APPROACH TAKEN IS NOT IN THE INTEREST OF ALASKA AND REFLECTS THE POLICIES AND APPROACH OF THE APA TO INCREASINGLY RESTRICT PRACTICE TO THE BENEFIT OF THE FEW AT THE EXPENSE OF THE MANY.

RECOMMENDATION #4: REPEAL THE STATUTES REQUIRING THE BOARD TO DEVELOP REGULATIONS FOR SPECIALTY DESIGNATIONS.

THE DEPARTMENT HAS FOUND NO EVIDENCE THAT THE SPECIALTY DESIGNATION LICENSING WOULD PROTECT THE PUBLIC IN ANY WAY OR SERVE ANY PUBLIC GOOD. THE EFFECT OF SUCH REGULATIONS WOULD BE TO RESTRICT PRACTICE BEYOND THAT WHICH IS ALREADY REQUIRED BY OUR STATUTORILY ADOPTED CODE OF ETHICS WHICH REQUIRES INDIVIDUALS TO PRACTICE ONLY IN THEIR AREAS OF COMPETENCE.

AGAIN, SPECIALTY DESIGNATIONS SERVE THE APA ENDS OF RAISING FEES, LIMITING COMPETITION, AND RAISING STANDARDS OF PRACTICE BEYOND THAT NECESSARY TO PROTECT THE PUBLIC. AS FAR AS WE CAN TELL THE STATUTORY REQUIREMENT FOR DEVELOPING SPECIALTY

DESIGNATION REGULATIONS EMERGED AS A RESULT OF THE EMPHASIS THAT THE APA WAS PLACING ON IT AT THE TIME THAT OUR STATUTES WERE BEING REVISED. THERE IS NO EVIDENCE THAT THE ISSUE WAS EVER EVALUATED BY THE BOARD.

LASTLY, WE FEEL COMPELLED TO POINT OUT THAT THE POSITIONS TAKEN BY THE BOARD IN WRITING ARE AGAIN NOT CONSISTENT WITH OUR EXPERIENCE. IN RESPONSE TO AUDIT CRITICISM THAT THE BOARD HAS NOT DEVELOPED SUCH REGULATIONS, THE BOARD AGAIN HAS ARGUED THAT THEY ARE MOVING SLOWLY TO ASSURE COMPATABILITY WITH OTHER STATES. NOT ONLY DOES THIS CONTRADICT THEIR OWN STATED GOALS AND OBJECTIVES, BUT DOES NOT CORRESPOND TO THE INSTRUCTIONS GIVEN TO THE DIVISION REGULATIONS SPECIALIST TO NOT WORK ON DEVELOPING SUCH REGULATIONS.

IN CLOSING THIS SUBJECT, IT SHOULD BE POINTED OUT THAT MOST PSYCHOLOGISTS INTERVIEWED FELT THAT SPECIALTY DESIGNATION REGULATIONS WERE NOT APPROPRIATE FOR ALASKA. THE APA HAS REVISED ITS POSITION ON THIS ISSUE STATING THAT SPECIALTY DESIGNATION REGULATIONS ARE NOT APPROPRIATE FOR SMALL STATES. (NOTE ALASKA HAS 76 ACTIVE LICENSED PSYCHOLOGISTS.)

RECOMMENDATION #5: ELIMINATE THE REGULATORY REQUIREMENT THAT APPLICANTS HAVE TO SUPPLY ALL UNDERGRADUATE TRANSCRIPTS

WHILE THIS IS A REGULATION AND NOT A STATUTE, THE DEPARTMENT WOULD LIKE TO CALL ATTENTION TO THE FACT THAT UNDERGRADUATE

TRANSCRIPTS ARE BEING REQUIRED ALTHOUGH WE FEEL THEY HAVE NO LEGITIMATE ROLE IN EVALUATION OF AN APPLICANT. ACCEPTANCE OR REJECTION OF AN APPLICANT SHOULD NOT BE BASED ON UNDERGRADUATE TRAINING. THE NEED TO PROVIDE TRANSCRIPTS CONSTITUTES AN ADDITIONAL EXPENSE AND TIME CONSUMING OBSTACLE FOR THE APPLICANT AND THE BOARD.

IT IS ALSO A CONCERN THAT DISCUSSION AT A RECENT BOARD MEETING INDICATED THAT AN APPLICANT'S B.A. DEGREE WAS A SIGNIFICANT OBSTACLE TO HIS BEING LICENSED BECAUSE IT WAS NOT IN A RELATED FIELD.

RECOMMENDATION #6: DEFINE THROUGH STATUTE OR REGULATION DOCTORAL DEGREE REQUIREMENTS THAT ARE CLEAR, UNAMBIGUOUS AND OBJECTIVE AND ELIMINATE THE STATUTORY REQUIREMENT FOR THE DOCTORATE TO BE FROM AN APA APPROVED PROGRAM OR ITS EQUIVALENT.

THE DEPARTMENT FINDS IT UNREASONABLE TO REQUIRE, AS A CONDITION FOR LICENSURE, THAT AN APPLICANT POSSESS A DOCTORAL DEGREE FROM AN APA APPROVED PROGRAM OR A DEGREE WHICH IS CLEARLY EQUIVALENT. FIRST, THIS REQUIREMENT IS NOT AIMED AT THE LICENSURE GOAL OF ASSURING THE BASIC COMPETENCY OF PRACTITIONERS BY TESTING FOR MINIMAL STANDARDS, BUT RATHER IS CONSISTENT WITH THE SPECIAL INTEREST GOALS OF THE APA MEMBERSHIP.

SECOND, FEW OF THE REQUIREMENTS ARE PERFORMANCE ORIENTED OR DEAL WITH THE PROVISION OF MENTAL HEALTH SERVICES. RATHER THE REQUIREMENTS ARE DESIGNED TO MEET THE INSTITUTIONAL NEEDS OF THE APA CONSTITUENCY. FOR EXAMPLE, THESE STANDARDS REQUIRE THAT A PSYCHOLOGIST (LICENSED?) HAS TO HEAD THE DOCTORAL PROGRAM OR IT IS UNACCEPTABLE. A PSYCHIATRIST CANNOT HEAD IT, NOR CAN IT BE AN INTERDISCIPLINARY PROGRAM HEADED BY SOME OTHER TYPE OF SCHOLAR OR HEALTH CARE PROFESSIONAL. THIS IS A SELF-SERVING REQUIREMENT.

SIMILARLY, IF THE PROGRAM DOES NOT STATE IN ITS BROCHURES THAT ITS PURPOSE IS TO TRAIN PROFESSIONAL PSYCHOLOGISTS, THEN IT IS UNACCEPTABLE. THIS IS AN INSIDIOUS REQUIREMENT THAT SERVES TO ELIMINATE PEOPLE ON A RIDICULOUS TECHNICALITY THAT HAS NO RELATIONSHIP TO PERFORMANCE OR ACCOMPLISHMENT.

THE MOST SERIOUS DRAWBACK REGARDING THESE CRITERIA ARE THAT THEY ARE SO VAGUE AS TO PERMIT THE MOST ARBITRARY DECISION WHILE GIVING THE APPEARANCE OBJECTIVELY BECAUSE THEY ARE CALLED CRITERIA. THE BOARD HAS LONG BEEN CRITICIZED FOR ABUSIVE INCONSISTENCIES THAT ARE ROOTED IN ARBITRARY CRITERIA.

AT THEIR AUGUST 1981 MEETING, THE BOARD WAS ASKED TO EXPLAIN THEIR POLICY WITH RESPECT TO EVALUATING TRANSCRIPTS FROM NON-APA APPROVED SCHOOLS. WHEN ASKED THE SPECIFIC QUESTION: DO YOU INFORM AN APPLICANT WHERE THE DEFICIENCY IN A DEGREE

LIES IF IT IS UNACCEPTABLE? AND WHETHER CORRECTIVE ACTION CAN BE TAKEN, THREE DIFFERENT ANSWERS WERE GIVEN: "YES," "NO," AND "IT DEPENDS," (TRANSCRIPTS ARE AVAILABLE.)

IF THE LEGISLATURE CONTINUES TO PERMIT THIS APPROVED PROGRAM REQUIREMENT, IT WOULD BE IN THE PUBLIC INTEREST THAT THE BOARD BE REQUIRED TO DOCUMENT MORE RIGOROUSLY THEIR DECISIONS.

THE DEPARTMENT DOES FEEL THAT REASONABLE STANDARDS FOR IDENTIFYING AN ACCEPTABLE DEGREE CAN BE DEVELOPED AND WOULD BE CAPABLE OF BEING ADMINISTERED BY A LICENSING EXAMINER. TWO OF THE TEN APA CRITERIA ARE REASONABLE. THESE IDENTIFY A CORE CURRICULUM AND DEFINE THE NEED FOR A PRACTICUM. THE DEPARTMENT FEELS THAT IF THE STANDARDS ARE CLEAR AND OBJECTIVE, THEN THERE SHOULD BE NO PROBLEM IN APPLYING THEM.

IT SHOULD ALSO BE NOTED IN THIS CONNECTION THAT THE APA BACKED STANDARD THAT A DEGREE BE BASED ON A "PRIMARY PSYCHOLOGICAL" PROGRAM OF STUDIES HAS BEEN COMING UNDER INCREASING CRITICISM FOR ITS VAGUE AND AMBIGUOUS NATURE. A RECENT UTAH SUPREME COURT DECISION OVERTURNED A LICENSING BOARD RULING THAT AN APPLICANT COULD NOT SIT FOR THE EXAM BECAUSE HER DEGREE WAS NOT "PRIMARY PSYCHOLOGICAL" IN NATURE.

RECOMMENDATION #7: SUNSET THE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS AND TRANSFER THE LICENSING RESPONSIBILITY TO THE DEPARTMENT.

MOST OF THE PRECEDING TESTIMONY HAS BEEN DESIGNED TO SUPPORT A BASIC RECOMMENDATION TO SUNSET THE BOARD. IT IS CLEAR THAT THOSE FUNCTIONS WHICH ARE NOW BOARD DEPENDENT ARE EITHER NOT NECESSARY, NOT JUSTIFIED OR CAPABLE OF BEING HANDLED BY THE DEPARTMENT.

THE STATE CAN APPROPRIATELY LICENSE INDEPENDENT PRACTITIONERS IN PSYCHOLOGY ACCORDING TO THE FOLLOWING CRITERIA:

1. DOCTORAL DEGREE FROM A REGIONALLY ACCREDITED INSTITUTION (SEE RECOMMENDATION #6),
2. ONE YEAR OF SUPERVISED EXPERIENCE,
3. SUCCESSFUL COMPLETION OF THE NATIONAL EXAM (EPPP)
AND
4. FIVE LETTERS OF RECOMMENDATION FROM LICENSED PSYCHOLOGIST.

IN ADDITION TO THE ABOVE TESTIMONY REGARDING THE BOARD'S RECORD ON CONTINUING COMPETENCY, SPECIALTY DESIGNATIONS, THE STATE PORTION OF THE EXAM, AND THE EVALUATION OF CREDENTIALS, THE DEPARTMENT FINDS THE FOLLOWING REASONS THAT SUPPORT SUNSET OF THE BOARD.

FIRST, AS THE LEGISLATIVE AUDITS CONTINUALLY POINT OUT, THE BOARD CONTINUES TO ACT CONTRARY TO THE PUBLIC INTEREST. THE DEPARTMENT HAS FOUND THAT THE BOARD'S ACTIONS REFLECT A MORE DIRECT CONCERN FOR NATIONAL PROFESSIONAL PRIORITIES THAN FOR THE PUBLIC INTEREST IN ALASKA.

SECOND, AS THREE LEGISLATIVE AUDITS HAVE POINTED OUT, THE BOARD CONTINUES TO DELIBERATE AND MAKE DECISIONS IN SECRECY. THIS CONTINUES DESPITE AN ATTORNEY GENERAL'S OPINION, THAT THE BOARD REQUESTED AND RECEIVED, SPELLING OUT THE SPECIFIC THINGS THAT THEY SHOULD AND SHOULD NOT DO. WE FEEL THAT THEY CAN NO LONGER PLEAD IGNORANCE ON THIS ISSUE, AND NOTE THAT THEY HAVE BEEN ADVISED IN WRITING THAT IF THEY FAIL TO TAKE THE ADVICE OF THEIR COUNSEL, THE ATTORNEY GENERAL, THEN THEY MAY BE HELD PERSONALLY LIABLE FOR THEIR ACTIONS. AT BEST THEIR ACTIONS PLACE THE STATE IN A POSITION OF LIABILITY.

THIRD, THE BOARD HAS NEVER PLAYED AN ACTIVE ROLE IN ADDRESSING THE LICENSURE NEEDS OF ALASKA. WHEN THEY DO ACT, IT IS USUALLY AFTER PROBLEMS HAVE DEVELOPED BECAUSE OF ACTIONS THEY HAVE TAKEN. THE HISTORY OF PSYCHE ASSOCIATE LICENSURE PROVIDES SEVERAL EXAMPLES OF THIS.

FOURTH, THE BOARD HAS TRIED TO UNFAIRLY LAY BLAME FOR THE SHORTCOMINGS OF THEIR ACTIVITIES ON THE AMOUNT AND OR QUALITY OF SUPPORT THAT THEY RECEIVE FROM THE DIVISION. IT BECOMES THE VOGUE DURING THE SUNSET PERIOD FOR THE BOARD TO TRACE

ITS SHORTCOMINGS TO THE DEPARTMENT, ESPECIALLY AMONG ITS COLLEAGUES. WE FEEL THAT THE DIVISION OF OCCUPATIONAL LICENSING HAS GIVEN THE PRESENT BOARD GOOD SUPPORT AND WILL CONTINUE TO DO SO IF THE BOARD IS CONTINUED. WE FIND THAT THE BOARD'S CRITICISM OF THE LICENSING EXAMINER FOR NOT HAVING COMPLETE MINUTES TO BE INAPPROPRIATE. IT IS THE BOARD'S RESPONSIBILITY BY STATUTE TO KEEP MINUTES AND ASSURE THAT THEY ARE AN ACCURATE AND COMPLETE RECORD OF THEIR ACTIONS.

LASTLY, WE ARE CONCERNED THAT THE BOARD MAKES INCORRECT STATEMENTS IN AREAS WHERE THEY DO OR SHOULD KNOW BETTER. TWO EXAMPLES WERE CITED ABOVE REGARDING THEIR RESPONSE TO THE RECENT AUDIT (CONTINUED COMPETENCY AND SPECIALTY DESIGNATIONS). OTHER EXAMPLES CAN BE FOUND IN LETTERS TO LEGISLATORS. FOR EXAMPLE, IN A RECENT LETTER TO REPRESENTATIVE FULLER, THE CHAIRPERSON OF THE BOARD STATED:

ALL LICENSING STATES REQUIRE THE DOCTORAL DEGREE FOR THE INDEPENDENT PRACTICE OF PSYCHOLOGY. FURTHER, THE DOCTORAL DEGREE IS THE MINIMAL STANDARD FOR RECIPROCITY WITH OTHER STATES AND FOR THIRD PARTY REIMBURSEMENT BY INSURANCE COMPANIES FOR PAYMENT OF PSYCHOLOGICAL SERVICES.

THE DISCREPANCIES HERE ARE SIGNIFICANT BECAUSE THEY ARE BASIC AND GO TO THE HEART OF THE SELF-SERVING POLICIES OF

THE BOARD. IT IS NOT TRUE THAT ALL STATES REQUIRE THE DOCTORAL DEGREE. FIVE STATES GIVE FULL LICENSURE AT THE MASTERS LEVEL. IT IS NOT TRUE THAT THE DOCTORAL DEGREE IS THE MINIMAL STANDARD FOR RECIPROCIITY. ONLY TWO SETS OF STATES HAVE RECIPROCIITY AGREEMENTS (OHIO/WEST VIRGINIA AND VIRGINIA/NEW YORK). FOR THE REST OF THE STATES THERE ARE NO AGREEMENTS EXCEPT WHERE ENDORSEMENT IS CONCERNED. IN THE CASE OF ENDORSEMENT, THE STATEMENT IS IRRELEVANT IN TERMS OF ALASKA'S INTEREST.

IT IS ALSO NOT TRUE THAT THIRD PARTY REIMBURSEMENT IS CONTINGENT ON THE DOCTORATE. THIRD PARTY REIMBURSEMENT IS CONTINGENT ON LICENSING AND THE INSURANCE LAWS AT THE STATE LEVEL. IT SHOULD ALSO BE NOTED THAT BETWEEN 1976 AND 1981, 23 COMPLAINTS WERE FILED REGARDING THE PSYCHOLOGY STATUTES. ONLY ONE COMPLAINT DEALT WITH AN ISSUE OF MALPRACTICE. THE OTHER TWENTY-TWO WERE COMPLAINTS ABOUT THE LICENSING PROCESS.

BASED ON THE INFORMATION CONTAINED UNDER THIS RECOMMENDATION, AS WELL AS PREVIOUS RECOMMENDATIONS, WE REQUEST THE LEGISLATURE TO SUNSET THE BOARD IN THE PUBLIC INTEREST.

RECOMMENDATION #8: PASS ENABLING LEGISLATION THAT WILL PERMIT APPLICANTS AT THE MASTERS LEVEL OF EDUCATION TO BE LICENSED FOR INDEPENDENT PRACTICE.

AS DISCUSSED ABOVE, THE STANDARD THAT A DOCTORAL DEGREE IS THE MINIMAL REQUIREMENT FOR INDEPENDENT PRACTICE IS A STANDARD

DEVELOPED AND ADVOCATED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION. IT IS NOT BASED ON ANY EMPIRICAL RESEARCH THAT INDICATES THAT THE DOCTORATE IS A REASONABLE AND NECESSARY STANDARD FOR PUBLIC PROTECTION. ON THE CONTRARY, IT IS A STANDARD DEVELOPED BY AN ORGANIZATION COMPOSED OF PEOPLE WITH DOCTORATES WHO WISH TO SET CONTINUALLY HIGHER STANDARDS WITH NO DEMONSTRATED RELATIONSHIP TO MINIMAL COMPETENCE.

THE DEPARTMENT FEELS THAT LICENSURE FOR INDEPENDENT PRACTICE AT THE MASTERS LEVEL MAY BE IN THE PUBLIC INTEREST FOR A NUMBER OF REASONS.

FIRST, ALTHOUGH THE RESEARCH ON THE COMPETENCY OF PSYCHOLOGIST PRACTITIONERS IS VERY INCOMPLETE AND INCONCLUSIVE, STUDIES IN THE FIELD OF PSYCHOTHERAPY SEEM TO INDICATE THAT ONCE A MINIMAL KNOWLEDGE BASE IS ESTABLISHED EXPERIENCE AND PERSONAL QUALITIES ARE THE BEST PREDICTORS OF MINIMAL COMPETENCE. THESE STUDIES NOT ONLY DEAL WITH PREDOCTORAL AND MASTERS LEVEL PEOPLE, THEY ALSO DEAL WITH PARAPROFESSIONALS. THEREFORE, WE FEEL THAT A MASTERS LEVEL PRACTITIONER WITH A DEMONSTRATED TRACK RECORD SHOULD BE CONSIDERED FOR INDEPENDENT PRACTICE.

SECOND, THE PRESENT STATUTORY REQUIREMENT THAT A PSYCHOLOGIST PRACTICE WITHIN HIS/HER OWN SPHERE OF COMPETENCE WOULD APPLY HERE. AS A MATTER OF FACT, ENFORCEMENT OF THIS STATUTE WOULD BE EASIER WITH A MASTERS LEVEL PERSON THAN WITH A DOCTORAL LEVEL PERSON BECAUSE SPECIALTY AREAS TEND TO BE MORE CLEARLY DEFINED AT THE MASTERS LEVEL.

THIRD, STATE GOVERNMENT IS EXEMPT FROM THE PRESENT LICENSURE STATUTES. IF WE EXAMINE THE MENTAL HEALTH CLINICIAN SERIES, WE FIND THAT FOR ALL INTENTS AND PURPOSES INDEPENDENT PRACTICE AT THE MASTERS LEVEL IS PERMITTED. ONE IS ELIGIBLE FOR THE MENTAL HEALTH CLINICIAN IV POSITION WITH A MASTERS DEGREE AND FOUR YEARS OF SUPERVISED EXPERIENCE. A MENTAL HEALTH CLINICIAN IV HAS OVERALL RESPONSIBILITY FOR SUPERVISING SERVICES IN A CLINIC OR INSTITUTION AND MAY PERFORM CONSULTING SERVICES IN A SPECIALTY AREA. WHILE THE CLINICIAN IV IS UNDER SUPERVISION, IT IS EXPLICITLY "ADMINISTRATIVE SUPERVISION." EVEN THE CLINICIAN III EXERCISES INDEPENDENCE IN THE DELIVERY OF SERVICES TO AN EXTENT SIMILAR TO AN INDEPENDENT PRACTITIONER. THE CLINICIAN III "PERFORMS THE MOST COMPLEX MENTAL HEALTH SERVICES IN AN INSTITUTION OR CLINIC" AND OPERATES UNDER "GENERAL DIRECTION." IT SHOULD ALSO BE NOTED THAT THE MENTAL HEALTH CLINICIAN SERIES DOES NOT REPRESENT AN ARCHAIC SET OF STANDARDS. RATHER IT WAS DEVELOPED IN 1974 AND REVISED IN 1978 UNDER DIRECT INSTRUCTIONS FROM THE DIRECTOR OF MENTAL HEALTH AND DISABILITIES. THE DIRECTOR OF THIS DIVISION WAS A PSYCHIATRIST.

A REVIEW OF THE WORKING PAPERS THAT WENT INTO THE DEVELOPMENT OF THIS SERIES IS INTERESTING BECAUSE IT URGES MUCH MORE REASONABLE STANDARDS THAN THE APA AND THE PRESENT BOARD.

THE DEPARTMENT IS NOT AWARE OF ANY DIFFICULTIES THAT THE STATE HAS HAD IN THE PERFORMANCE OF ITS MENTAL HEALTH CLINICIANS THAT WOULD SUGGEST A DOCTORATE IS REQUIRED FOR COMPARABLE LEVELS OF PRACTICE TO THE LICENSED PSYCHOLOGIST.

FOURTH, A MASTERS LEVEL PRACTITIONER MAY PROVIDE A MORE STABLE PRACTITIONER IN RURAL AREAS. LICENSED PSYCHOLOGISTS INTERVIEWED INDICATES THAT THEY FELT TWO YEARS WAS THE MAXIMUM AMOUNT OF TIME THAT ONE COULD REASONABLY EXPECT A DOCTORAL LEVEL PSYCHOLOGIST TO SPEND IN THE "BUSH." THE REASON FOR THIS IS THAT, WHILE PERSONALLY AND PROFESSIONALLY REWARDING, SOMEONE TRAINED AT THE DOCTORAL LEVEL HAS NEEDS FOR PROFESSIONAL CONTACT THAT CANNOT BE MET IN THE RURAL AREAS. THIS APPEARS TO BE LOGICAL BECAUSE THE DOCTORATE SIGNIFIES A LEVEL OF TRAINING WHICH PREPARES YOU FOR CREATIVE RESEARCH IN THE FIELD AT A LEVEL WHICH REQUIRES RESOURCES NOT AVAILABLE GENERALLY IN RURAL AREAS. THE MASTERS LEVEL IS GENERALLY MORE FOCUSED AT THE ACQUISITION OF A MORE NARROWLY DEFINED SET OF SKILLS WITH GREATER PRACTICAL RATHER THAN THEORETICAL EMPHASIS. IT WOULD, THEREFORE, NOT BE UNREASONABLE TO EXPECT THAT A MASTERS LEVEL PRACTITIONER WOULD PROVIDE A MORE STABLE (IN TERMS OF TURNOVER) PRACTITIONER FOR RURAL ALASKA.

FIFTH, AS NOTED EARLIER, FIVE STATES PRESENTLY LICENSE MASTERS LEVEL PEOPLE FOR INDEPENDENT PRACTICE. THIS IS SO DESPITE PRESSURE FROM THE APA. IT SHOULD ALSO BE NOTED THAT

FOUR YEARS OF SUPERVISED EXPERIENCE ARE REQUIRED ON THE AVERAGE IN THESE STATES. THIS IS CONSISTENT WITH THE STATE'S STANDARDS IN THE MENTAL HEALTH CLINICIAN SERIES,

WE BELIEVE THAT SUBSTANTIAL AND REASONABLE EVIDENCE EXISTS THAT MASTERS LEVEL PRACTITIONERS CAN BE LICENSED FOR INDEPENDENT PRACTICE. WE, FURTHERMORE, BELIEVE THAT RESISTENCE TO SUCH LICENSURE STEMS FROM A CONCERN FOR PLEASING THE APA RATHER THAN ADDRESSING THE CONCERNS AND NEEDS OF ALASKA,

GIVEN THE SHORTAGE OF QUALIFIED PRACTITIONERS AND THE APPARENT DEMAND FOR MENTAL HEALTH SERVICES IN THE STATE, IT APPEARS TO BE CLEARLY IN THE PUBLIC INTEREST TO LICENSE FOR INDEPENDENT PRACTICE AT THE MASTERS LEVEL,

IN THIS CONNECTION, WE WOULD LIKE TO NOTE OUR CONCURRENCE WITH THE DIVISION OF LEGISLATIVE AUDIT'S FINDING THAT THE BOARD'S ACTIONS WITH RESPECT TO THE LICENSING OF PSYCHOLOGICAL ASSOCIATES HAVE BEEN UNNECESSARILY RESTRICTIVE. IN PARTICULAR, THE BOARD'S PROMOTION OF THE PRESENT STATUTORY REQUIREMENT THAT AN APPLICANT MUST HAVE THREE YEARS SUPERVISED EXPERIENCE AFTER RECEIVING A MASTERS DEGREE IS NOT REASONABLE AND IN THE PUBLIC INTEREST. AS THE AUDIT REPORT POINTS OUT, THE PRESENT THREE-YEAR STATUTORY REQUIREMENT SUBSTANTIALLY EXCEEDS THE NATIONAL LICENSING NORM OF ONE YEAR OR LESS FOR SIMILAR PRACTITIONERS IN OTHER STATES. AS SUCH, THE PRESENT REQUIREMENT

NOT ONLY MAKES IT MORE DIFFICULT THAN NECESSARY FOR NEW APPLICANTS TO BECOME LICENSED, BUT ALSO DISCOURAGES INDIVIDUALS LICENSED IN OTHER STATES FROM SEEKING LICENSURE IN ALASKA THROUGH CREDENTIALLY PROCEDURES.

RECOMMENDATION #9: PASS LEGISLATION ENABLING THE LICENSURE OF ALL QUALIFIED MENTAL HEALTH PRACTITIONERS.

IN RESEARCHING THE ISSUE OF LICENSING PSYCHOLOGISTS, IT BECAME APPARENT THAT THERE ARE MANY COMPETENT MENTAL HEALTH PRACTITIONERS THAT ARE NOT ELIGIBLE FOR LICENSURE AS PSYCHOLOGISTS BECAUSE THEY ARE CLEARLY NOT PSYCHOLOGISTS OR BECAUSE THEY ARE EXCLUDED BY UNDULY RESTRICTIVE PSYCHOLOGY LICENSING LAWS. GIVEN THE NEED FOR COMPETENT LICENSED MENTAL HEALTH PRACTITIONERS CAPABLE OF ACCESSING THIRD PARTY REIMBURSEMENT, IT WOULD BE IN THE PUBLIC INTEREST TO LICENSE AS BROAD A SPECTRUM OF QUALIFIED INDIVIDUALS AS POSSIBLE.

A NUMBER OF FACTORS INFLUENCING THIS RECOMMENDATION SHOULD BE NOTED. ACCORDING TO THE DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE SHORTAGE OF PSYCHOLOGISTS IS SO GREAT THAT COMMUNITY MENTAL HEALTH CENTERS HAVE TO ACCEPT WHOEVER IS AVAILABLE WHEN THEY RECEIVE FUNDING. WHILE THIS SITUATION MAY IMPROVE WITH MORE REASONABLE LICENSING LAWS, MAKING A BROADER SPECTRUM OF PRACTITIONERS AVAILABLE WOULD MAKE THE MARKET MORE COMPETITIVE.

SIMILARLY, COMMISSIONER BEIRNE IN A MEMORANDUM OF DECEMBER 8, 1981 INDICATED THAT THREE MENTAL HEALTH CENTERS WERE SEEKING PSYCHOLOGISTS AS DIRECTORS OF THEIR CENTERS IN ORDER TO BE ABLE TO CAPTURE THIRD PARTY REIMBURSEMENT. A WIDER RANGE OF APPROPRIATELY LICENSED MENTAL HEALTH PROFESSIONALS WOULD INCREASE OPTIONS.

AGAIN, THE MINIMUM QUALIFICATIONS FOR THE MENTAL HEALTH CLINICIAN SERIES INCLUDE MASTERS DEGREES "IN PSYCHOLOGY, SOCIAL WORK, CHILD GUIDANCE, NURSING (PSYCHIATRIC), VOCATIONAL REHABILITATION, OR A CLOSELY RELATED FIELD." DOCUMENTATION RELATING TO THE DEVELOPMENT OF THIS JOB CLASS INDICATES THAT THE DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES INSISTED ON THE NEED FOR A BROAD SPECTRUM OF DEGREES.

IN CLOSING OUR COMMENTS ON THIS RECOMMENDATION, WE WOULD LIKE TO CALL ATTENTION TO THE FACT THAT THERE IS PRESENTLY A BILL IN THE HOUSE (HB 850) CALLING FOR THE LICENSURE OF CLINICAL SOCIAL WORKERS. WITHOUT TAKING A POSITION PRO OR CON WITH RESPECT TO HB 850, THE DEPARTMENT WOULD LIKE TO NOTE THAT THE LICENSING OF ALL QUALIFIED MENTAL HEALTH PRACTITIONERS UNDER A SYSTEM OF MENTAL HEALTH PRACTITIONER LICENSING WOULD ENCOURAGE CONSISTENT STANDARDS, INCREASE THE VARIETY OF PRACTITIONERS AVAILABLE AND DISCOURAGE THE DIRECTING OF THE LICENSURE PROCESS TOWARD MEETING INAPPROPRIATE PROFESSIONAL ENDS.

III. SUMMARY AND CONCLUSION

IN CONCLUDING OUR FORMAL TESTIMONY ON THE SUNSET OF THE BOARD, THE DEPARTMENT WOULD LIKE TO UNDERSCORE ITS MAIN FINDINGS REGARDING THE PRESENT LICENSING SYSTEM,

OUR BASIC FINDINGS ARE:

1. IT IS IN PUBLIC INTEREST THAT THE LICENSING OF PSYCHOLOGISTS AND RELATED QUALIFIED MENTAL HEALTH PRACTITIONERS BE CONTINUED.
2. SIGNIFICANT CHANGES SHOULD BE MADE TO STREAMLINE THE LICENSING PROCESS, TO MAKE THE QUALIFICATIONS FOR LICENSURE MORE VISIBLE AND OBJECTIVE AND TO PROTECT APPLICANTS AND THE CONSUMING PUBLIC BY REDUCING THE POSSIBILITY OF ARBITRARY AND UNFAIR DECISIONS.
3. THE BOARD OF PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATE EXAMINERS BE SUNSETTED AND THE LICENSING PROCESS BE ADMINISTERED BY THE DEPARTMENT.

TO THESE FINDINGS, WE ADD THE GENERAL CONCERN THAT LICENSING BE AIMED AT BASIC PROTECTION OF THE PUBLIC, APPROPRIATE MINIMAL STANDARDS FOR SAFE AND COMPETENT PRACTICE AND A RESPECT FOR THE RIGHTS OF INDIVIDUALS TO SEEK A LIVELIHOOD OF ONE'S CHOSEN PROFESSION.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 856 "An Act continuing the existence of
Title the Board of Psychology and Psychological Associate Examiners; ..."
Requested by House Labor & Commerce Committee Date 3-8-82

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, Or Subprogram(s) Affected Regulation & licensing of professions
(Note: If more than one budget component is affected, separate line-item
amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

| | FY 82 | FY 83 | FY 84 | FY 85 | FY 86 | FY 87 |
|--------------------------|-------|-------|-------|-------|-------|-------|
| 100 PERSONAL SERVICES | | | | | | |
| 200 TRAVEL | | | | | | |
| 300 CONTRACTUAL | | | | | | |
| 400 COMMODITIES | | | | | | |
| 500 EQUIPMENT | | | | | | |
| 600 LAND & STRUCTURES | | | | | | |
| 700 GRANTS, CLAIMS, ETC. | | | | | | |
| TOTAL | | 0 | 0 | 0 | 0 | 0 |

FUNDING (Thousands of Dollars)

| | | | | | | |
|------------------------|--|---|---|---|---|---|
| GENERAL FUND | | 0 | 0 | 0 | 0 | 0 |
| FEDERAL FUNDS | | | | | | |
| OTHER (Specify Source) | | | | | | |

POSITIONS

| | | | | | | |
|-----------|--|--|--|--|--|--|
| FULL TIME | | | | | | |
| PART TIME | | | | | | |
| TEMPORARY | | | | | | |

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

Funding of the Board of Psychology and Psychological Associate Examiners is
already included in the department's detail budget for FY'83.

IV. DATE March 8, 1982

PREPARED BY Marjorie Odland
AGENCY Division of Occupational Licensing

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

JANA -
Some APA-ish
info that precedes
the position paper - sorry
about the ↑ ↓ order of
pages I fed it into
the machine wrong
Dennis

Published by the American Psychological Association, Inc.,
1200 Seventeenth Street, N.W., Washington, D.C. 20036.
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Third Printing, August 1980.

This pamphlet was prepared by the Committee on Health
Insurance of the APA Board of Professional Affairs in conjunc-
tion with the Office of Professional Affairs.

For order and price information, write:

Order Department
American Psychological Association
1200 Seventeenth Street, N.W.
Washington, D.C. 20036

Printed in the United States of America.

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OVER the last 30 years, psychology has steadily increased its activity in the field of health care. Why? Because mental and emotional disorders afflict more Americans than any other category of disabling condition. Moreover, the psychological components of many physical diseases constitute a pressing national health problem. The profession of psychology has responded by improving health care in five ways:

- *Improving methods:* Practical applications of psychological knowledge have increased in number, variety, and effectiveness;
- *Increasing the work force:* The number of psychologists in the health care field has risen rapidly;
- *Increasing access to services:* Psychologists work in a wide range of settings, from universities to clinics, private practice to general hospitals;
- *Stressing good health behaviors:* Psychological treatment focuses on healthy attitudes and behaviors which prevent both mental and physical disability and reduce overall use of costly medical services;
- *Raising standards:* The quality of education and training for professional psychologists and the nationwide licensure and certification standards assure the public, now more than ever, of the competence of psychologist health care practitioners.

This handbook, prepared by the American Psychological Association (APA), contains information about the involvement of the psychological profession in the health care field. It describes the role that psychology plays in health care and the licensing and certification criteria and standards that assure service of the highest quality.

Psychology: Science and Profession

Psychologists study behavior and experience and apply that knowledge to solving human problems. Thus psychology is both a science and a profession. Students of psychology study a basic core of knowledge including the biological, mental, emotional, and social bases for human behavior as well as theories which account for individual differences and abnormal behavior. They are also instructed in research design and methodology, statistics, psychological testing, scientific and professional ethics and standards, and a variety of skills applicable to their specialty, if they intend to practice. The major recognized specialties of practice are clinical, school, counseling, and industrial-organizational psychology.

While applications of psychological knowledge have revolutionized many aspects of modern life, the fastest growing area now is that of health care. The following facts demonstrate that professional psychologists — in terms of treatment approaches, numbers, accessibility, effectiveness, and competence — constitute an increasingly valuable component of overall health care.

How are psychological methods applied to health problems?

Psychological disorders are the cause of pain and suffering for many people. They can result in severe mental turmoil, loss of contact with reality, chronic anxiety, guilt, depression, isolation, illogical thought patterns, and self-destructive behavior that the victims themselves cannot understand or control. Often these disturbances are manifested in real or imagined physical symptoms. Inevitably, they are the cause of disruption in the family and in society.

While there is no one universally recognized "cure" for psychological disorders, research and experience have led to many treatment approaches that meet with success. Some of these therapies consist of verbal exchanges in which the patient is the major participant; in some approaches, the therapist controls the course of the exchange in a more directive way. Many therapies employ specialized techniques including role-playing, hypnosis, psychodrama, biofeedback, behavioral modification, and family and group therapy, to name just a few.

Regardless of the approach a therapist takes, he or she must have a broad understanding of the psychological principles which govern human behavior and an ability to establish rapport with patients based on trust. The professional therapist provides a structured and confidential situation in which a patient can develop insight and constructive behaviors in an atmosphere of understanding, respect, and helpfulness.

Professional psychological training is designed to develop in practitioners the ability to understand another person's difficulties far more fully than any but the most unusually intuitive and sensitive nonprofessional. This training also provides techniques for communicating this understanding in ways the other person can comprehend and accept. The more extensive the training of the therapist, the more flexible he or she can be in employing the most appropriate help for each individual and each condition being treated. For this reason, the professional standards for psychologists, described more fully on page 13, demand extensive study of the different theories, diagnostic tools, and treatment approaches which have proven successful.

In addition to the diagnosis and treatment of recognized mental health problems, psychologists today are also involved in treating the emotional components of many health conditions previously seen as solely "physical" or "medical" in nature. At one time, the leading causes of death were pneumonia, influenza, and tuberculosis — diseases for which specific pathogens and drug interventions have been discovered. But today, many major health problems — heart attacks, high blood pressure, cancer, stroke, alcohol abuse, and automobile accidents — are caused by factors that are only partially manageable by medical intervention alone. Health care planners are beginning to acknowledge that psychological factors play a role in the origin of many diseases and disabilities. But just as these factors may increase disease susceptibility and deter recovery, they can also be used to improve the physical and mental well-being of afflicted individuals.

Behavior therapies, applying psychological principles, have been notably successful in the diagnosis and treatment of many conditions including, for example, problems related to:

- tension (skin disorders, high blood pressure, headaches, heart disease, ulcers, strokes)

- addiction (to drink, food, or drugs); and
- chronic pain (due to amputations, degenerative diseases, arthritis, and orthopedic injuries).

While drugs and other physical interventions have not provided final answers, these problems can often be relieved by positive changes in one's life-style, behavior, and environment.

Psychological treatment methods are being refined and expanded constantly as psychological research continues to discover and delineate the interactive mind-body equation which constitutes good health. The potential for such research to effect important improvements in health maintenance, illness prevention, and health care delivery is one of the most promising challenges to psychological study.

How many psychologists serve in the health care field?

The 1978 Report of the President's Commission on Mental Health indicates that at least 15% of the people in the United States require some form of professional mental health treatment. The delivery of services to this number of people (approximately 33 million) requires a significant amount of human energy — workers trained to meet a wide variety of needs. Together with other mental health workers (psychiatrists, clinical social workers, psychiatric nurses, and paraprofessionals), psychologists are active in treatment programs nationwide to meet this primary health care need. A survey conducted in late 1976 (Wellner & Mills, Note 1) by the Council for the National Register of Health Service Providers in Psychology reported that there were approximately 18,900 licensed and certified psychologists in the United States providing health care services on a full- or part-time basis.

In public and private mental health facilities, according to a report from the National Institute of Mental Health (1977), there were approximately 20,500 psychologists and psychological service workers (persons trained at the subdoctoral level) providing diagnostic and therapeutic services in 1976. This survey indicates that between the years 1972-1976 the number of psychologists' positions in mental health facilities (equivalent to full-time positions) increased

by 62% — an increase larger than that of any other professional mental health discipline.

Where do psychologists' health care professionals work?

In universities and professional schools, research foundations, and private corporations, psychology faculties and staff are engaged in research and training in diagnostic and treatment methods. But in recent years, many of professional psychology's efforts have been concentrated in treatment facilities. Once treatment methods have been developed and psychologists have been trained to employ these methods, delivery of health care must be accessible through a range of settings as diverse as the problems confronted.

Common service settings for psychologists include community mental health centers; outpatient clinics; state, county, and private mental hospitals; general hospitals; rehabilitation centers; private individual and group practice; Veterans Administration mental health services; and residential treatment centers for emotionally disturbed children. Psychologists serve as directors of community mental health centers, rehabilitation programs, mental retardation services, and clinics. They teach the principles and applications of psychological knowledge in medical, dental, nursing, and social work schools; hospital residency programs; and other training settings. They serve as commissioners and directors of departments of mental hygiene and mental retardation, and they work in many federal agencies.

Are psychological services cost-effective?

Some of those responsible for health-financing structures may fear that including psychological services will increase health expenditures. But, as awareness of the interplay between psychological and physical factors grows, the necessity for treating the whole person, mind and body, is becoming more and more obvious. Here, it is worth noting again that mental disorders incapacitate more Americans than any other single category of disabling condition. Whether

we acknowledge this fact early on in the health delivery system or pay for it in custodial institutions, we cannot close our eyes to the prevalence of mental and emotional disorders in our society. Moreover, research to date indicates that timely intervention by skilled therapists does more than just prevent deterioration; most studies suggest that psychological services, as an integral part of a health care system, will actually reduce expenditures for hospital and medical services presently being used inappropriately by people who actually need psychological help.

In February 1979, the Alcohol, Drug Abuse, and Mental Health Administration of the Department of Health, Education, and Welfare published a study entitled "Impact of Alcohol, Drug Abuse and Mental Health Treatment on Medical Care Utilization — A Review of the Literature" (Jones & Vischi, Note 2). This analytical review of research to date is the most comprehensive attempt yet undertaken to answer the question, "Does treatment for psychological problems, including addictions, cause a subsequent reduction in treatment for other health disorders?" The 33 studies reviewed are almost unanimous in finding that there is such a reduction. Seven of the studies cited in the report are summarized below. They indicate that appropriate psychological treatment not only benefits the patient but alleviates the unnecessary strain placed on costly medical resources by untreated psychological problems.

Since 1960, psychologist Nicholas Cummings has studied the effects of short- and long-term psychotherapy within a large health maintenance organization (HMO), the Kaiser-Permanente Health Plan in San Francisco, California. With colleague William Follette, a psychiatrist, Cummings has attempted to determine whether providing psychotherapy in an HMO will reduce the number of (a) medical-care-related visits, (b) outpatient laboratory and x-ray procedures, and (c) days of hospitalization per year (Cummings & Follette, 1976). These two researchers found that readily available psychological services significantly reduced the use of medical care; further, this reduction was maintained for at least 5 years after the psychotherapy without additional treatment. About 50% of the group studied received only one psychotherapy session, yet they showed a sustained reduction in medical use of about 60%. About 25% of the group received from two to eight psychotherapy sessions, and they reduced their medical care use by 70% after 5 years. The remainder of the group, about 25%, stayed in therapy for more than

nine visits and reduced their outpatient medical use by 51% and their inpatient medical use by 86%.

This research indicates that many individuals use medical services when they really need psychological services and that when psychological therapy is made available to patients, they do not overuse it. Significantly, the inclusion of psychotherapy within the Kaiser-Permanente Health Plan actually saved money in the long run! The costs of expensive medical, laboratory, x-ray, and hospital services were all reduced. The continued reduced rates over a 5-year period show that the medical complaints of patients were often a way for them to express their emotional problems.

Other research supports these results. A study of several organized medical care settings conducted by the National Institute of Mental Health (Regier, Goldberg, Burns, Hankin, & Hoepfer, Note 3) confirmed previous research findings (Eastwood & Trevalyan, 1972): Patients with an identified mental disorder appear to utilize general medical services at a rate that is at least double that of other patients.

A study published in West Germany (Duehrssen, 1962) focused on how psychotherapy changed the use of hospital care. In a 5-year follow-up, these researchers found that the treatment group markedly reduced the number of days per year spent in hospitals; no similar reduction was found for the group that had received no therapy.

Research at the Health Insurance Plan of New York (Fink, Shapiro, & Goldensohn, Note 4) examined the effects of psychotherapy on the use of outpatient services. Information gathered a year before the psychological intervention showed that the group to be studied was composed of higher-than-average users of outpatient services. After psychological intervention, and for the 2 years following, consistent reductions were found in the number of outpatient visits for services of family doctors, specialists, and laboratory and x-ray facilities.

The Group Health Association in Washington, D.C. (Goldberg, Krantz, & Locke, 1970) reported the impact of short-term outpatient psychotherapy on the rates of use of physician services and laboratory and x-ray services. Before receiving psychotherapy, the group's frequency of visits to physicians was higher than normal; after psychotherapy, their frequency of visits was lower than normal. Overall, the group reduced use of physician services by 31% and laboratory and x-ray services by 30%.

These results and others collected over a period of years indicate

that people in psychological distress are significantly higher users of medical services, often wasting expensive medical resources with complaints of physical symptoms that are actually psychosomatic. More important, when mental health services are made available to these people, they are able to benefit from them and decrease further demands upon the health service system. Moreover, study results indicate that the number of psychotherapy visits usually required to achieve and sustain the lowered rate of use for medical services is very small. Thus, introducing psychological services in health care plans does not merely take expenses from one column of the ledger and put them into another. The mental health benefits are clearly cost-effective to the health care system and personally effective to the individual in need of care.

From a wider perspective, other financial ramifications of untreated psychological problems ultimately cost far more than appropriate treatment. In the area of employment, for example, decreased productivity, greater absenteeism, accidents, grievances, employee turnover, and increased training costs are all typical reflections of psychological problems.

Several studies mark the beneficial effects of psychological treatment on employment-related problems. The Kennecott Copper Corporation conducted research to examine the impact on alcoholic workers of involvement in the company's "Insight Program," a program of psychological help by referral for 32,000 employees and dependents of the company's Utah Copper Division (Jones, Note 5). The research focused on 30 "well-known" problem drinkers, each of whom had lost an average of 70 working days during the preceding year (as compared to an average loss of 12 days for all workers). Twelve men became involved with the Insight Program; another 18 men were studied as a comparison group. Results showed that the workers who accepted referral to the Insight Program reduced absenteeism by 50% 1 year after involvement. The comparison group increased absenteeism by 4% during the same time period. In addition, the referral group reduced weekly indemnity costs by 64% while these costs for the comparison group increased by 40%. Finally, hospital, medical, and surgical costs were reduced by 48% for the referral group while they increased by 8% for the workers who did not participate in the Insight Program.

Comparable results were achieved in an alcohol and drug recovery program at Oldsmobile's Lansing plant (Alander & Camp-

bell, 1975). The postprogram behavior of three experimental groups (total of 117 employees) showed in follow-up a substantial decline in hours lost, sickness and accident benefits paid, and disciplinary action taken. Collectively, wages lost decreased 52%. For the control group there was an increase of 10% in wages lost in the 1-year follow-up. Clearly such intervention paid off for both the employee and the company.

These studies demonstrate forcefully that nontreatment or inadequate treatment of mental and emotional problems places a far greater strain on the nation's resources than timely intervention and that access to individuals competent to perform professional diagnostic and treatment services is critical to a comprehensive health care system.

What assurances of quality exist for the psychologist's services?

No other mental health profession requires of its practitioners as high a degree of education and training specifically in mental and emotional processes as does the profession of psychology. By 1977 all 50 states and the District of Columbia had enacted laws regulating the practice of psychology.* These laws prohibit anyone from using the title "psychologist" who does not meet specified standards. To be licensed/certified for independent practice as a psychologist, most state laws require, as a minimum, (a) a doctoral degree from an accredited institution and (b) an additional 2 years of supervised experience. Moreover, to practice clinical or counseling psychology, doctoral degree requirements usually include 1 year of supervised internship experience. All states also require written and, frequently, oral examinations for licensure or certification. A few state laws also make provisions for those with less than a doctoral degree, certifying persons with master's-level training as psychological assistants or associates. (In most cases, these individuals then work under the supervision of licensed or certified professionals.)

As in other professions, licensure/certification is "generic"; that is, a license or certificate does not pinpoint the psychologist's

*Readers should note that in mid-1979 statutes regulating the practice of psychology in Florida and South Dakota lapsed as a result of "sunset" review. In each of these states, replacement legislation is presently being considered.

practice to any one specialty area (e.g., clinical, counseling, industrial-organizational, or school psychology). To further insure a high quality of professional practice, an ethical code, identical or very similar to the APA *Ethical Standards of Psychologists*, has been adopted as part of all state licensing laws. The APA *Ethical Standards* holds psychologist members responsible for knowing about and acting in accord with the standards and positions of the APA on a variety of professional and scientific issues. The *Ethical Standards* includes principles related to responsibility, competence, moral and legal standards, public statements, confidentiality, welfare of the consumer, professional relationships, assessment techniques, and research activities. This code mandates that psychologists practice only within their areas of expertise.

In the early 1970s, responding to the rapid growth of professional psychology, APA developed the *Standards for Providers of Psychological Services*, which details the minimally acceptable level of performance that all psychologists who provide services should reach or exceed. The *Standards* requires that psychologists periodically show evidence that they are staying abreast of knowledge and practice through continuing education. In addition, psychologists who change their service specialty or add an area of specialization must show a knowledge of subject matter and a proficiency of skills equivalent to doctoral training.

Although the licensing, certification, ethics, and standards apply to all practitioners of professional psychology, "specific" standards are needed, especially for the large number of psychologists working in the health care field. Thus, the Council for the National Register of Health Service Providers in Psychology was formed in 1975 to publish a listing of health service practitioners who apply and meet specified standards. The *National Register* defines a "health service provider" as:

A psychologist, certified or licensed at the independent practice level in his or her state, who is duly trained and experienced in the delivery of direct, preventive, assessment and therapeutic intervention services to individuals whose growth, adjustment, or functioning is actually impaired or is demonstrably at high risk of impairment. (Council for the National Register, 1977)

The *Register* now lists approximately 12,000 psychologists who have applied and met the *Register's* three criteria for listing:

1. Current licensure or certification by the appropriate State Board of Examiners of Psychology; ✓
2. Doctoral degree from a regionally accredited educational institution; ✓
3. Two years of supervised experience in health service; at least 1 year must be postdoctoral and 1 year (which may also be postdoctoral) must be spent in an organized health service training program. ✓

The *Register* is presently used as an index of qualified providers by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), the Aetna and Blue Cross/Blue Shield Federal Employees Health Benefits Plans, and other groups, and it has been incorporated into several state laws related to health.

With the support of APA, each state psychological association has established a Professional Standards Review Committee to give consumers and third-party payers an avenue of redress should a question arise as to the service or fee of a practicing psychologist. ✓ Such committee decisions are advisory and are based on regional standards as determined by psychologist peers. Other avenues for questions or complaints about a practitioner include state association ethics committees, the APA Committee on Scientific and Professional Ethics and Conduct, and state psychology examining boards. ✓

How does current public policy recognize the profession of psychology in health care?

Policymakers facing decisions concerning the role of psychology as a health care profession should look to the existing legislative foundation. Over the past decade, psychologists have been given increased recognition as autonomous providers of health services, that is, without mandatory referral or supervision by a physician. ✓ Over half of the states have now adopted legislation similar to the model developed by the Health Insurance Association of America (HIAA) and APA's Committee on Health Insurance which mandates that health insurance policies grant benefits for covered mental health services when rendered by a qualified psychologist. The HIAA represents more than 300 insurance companies that write approximately 80% of all health insurance contracts by United States companies. Its endorsement of the "Model for Psychology Direct

Recognition Legislation" represents a nationwide recognition by the health insurance industry of the independent status of psychologist health care providers. This legislation does not expand coverage, but it grants to insured persons a freedom to choose the services of a qualified psychologist without losing any coverage to which they are entitled under the health insurance contract.

The following public programs, based in federal law, have also endorsed psychologists by inclusion:

- The Rehabilitation Act of 1973 (Public Law 93-112) recognizes licensed/certified psychologists as independent providers of diagnostic and restorative services.
- Federal Employees Health Benefits Program (Public Law 93-363) recognizes clinical psychologists as independent providers of services for approximately 10 million government workers and their beneficiaries.
- The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) (Public Law 95-111) recognizes the autonomous practice of psychology in its nationwide health benefits program, covering both inpatient and outpatient services for approximately 7 million dependents of military personnel, retired military personnel, and other beneficiaries. Under law, covered services are those which are "medically or psychologically necessary" as diagnosed by a physician, dentist, or clinical psychologist.
- The Civilian Health and Medical Program of the Veterans Administration (CHAMPVA), a program for the dependents of totally disabled veterans established in the Veterans Health Care Expansion Act of 1973 (Public Law 93-82), recognizes the independent practice of psychology.
- The Social Security Administration's Bureau of Disability Insurance recognizes "reports of licensed or certified clinical psychologists" as "acceptable medical sources" to form the basis for a decision regarding disability in mental disorders.
- Community Mental Health Center regulations implementing Public Law 88-164 and subsequent amendments provide that psychologists may serve as program directors as well as in clinical, training, and research positions.

- The Veterans Administration regulations provide that qualified psychologists may be directors of VA mental hygiene clinics, day treatment centers, day hospitals, alcohol and drug dependency programs, and medical centers. The regulations also state that psychologists may provide direct services without physician referral or supervision.
- The Department of Defense includes psychologists in its policy which provides that any qualified health professional officer serving in the armed forces may command or exercise administrative direction of a military health care facility without regard to the officer's basic health profession.
- Medicaid coverage (Title XIX, Social Security Act) has been extended in almost half the states to include psychological services.
- The Work Incentive Program (WIN) accepts professional evaluation by licensed/certified psychologists as evidence of illness or determinable physical or mental impairment.
- The Federal Employees Compensation Act (as amended by Public Law 93-416) relating to work injuries compensation of federal employees includes clinical psychologists in its definitions of "physician" and providers of "medical, surgical, and hospital services and supplies."
- Health Maintenance Organization regulations (implementing Public Law 92-222) include clinical psychologists among recognized health practitioners.
- The Internal Revenue Service instructions for Standard Form 1040 Itemized Deductions for Medical and Dental Expenses have included payments to psychologists since 1973.
- The Comprehensive Manpower Program (regulations implementing Public Law 93-203) of the Department of Labor defines psychological services to be part of health care to the extent that this treatment is necessary to retain or obtain employment.
- The Disaster Relief Act of 1974 (Public Law 93-288) provides for professional counseling by psychologists for mental health problems caused or aggravated by a disaster.

These citations add to a growing list of references in statutes and guidelines affirming the independent and autonomous practice of psychology as a health profession. Greater detail about these programs and other aspects of psychological health care and public policy can be found in the APA publication *Psychology and National Health Insurance: A Sourcebook* (Kiesler, Cummings, & VandenBos, in press) or *The Professional Psychologist Today: New Developments in Law, Health Insurance, and Health Practice* (Dörken & Associates, 1976).

* * *

Psychologists today represent a significant work force in the provision of health services. Once oriented primarily toward research and teaching, psychology over the past several decades has become increasingly involved in applications of psychological knowledge to relieve the mental and physical suffering caused by psychological disorders. This involvement is spurred by both the prevalence of mental disorders in our society and the growing recognition of the effects of psychological distress on physical health.

The greatest assurances to the American public of the quality of psychological health services are the established statutory licensure and certification standards and the educational, ethical, and professional standards internal to the profession of psychology. Public confidence in these standards is reflected in the laws of a majority of states permitting insured persons to choose qualified psychologists for the provision of covered services and by the recognition of psychologists as independent practitioners in numerous federal health programs.

For more information about psychologists as health care providers, contact: Office of Professional Affairs, American Psychological Association, 1200 Seventeenth Street, N.W., Washington, D.C. 20036.

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COMMUNITY MENTAL HEALTH CENTER

Box 2274
Homer, Alaska 99603-2274
(907) 235- 7701



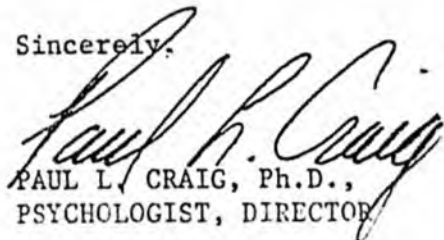
March 1, 1982

Senator Charles Parr
HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE
SR Box 50599
Fairbanks, AK 99701

Dear Senator Parr:

I am writing this letter in complete support of the continuation of the Alaska Psychology Licensing Board. During my recent licensure as a Psychologist, I found the process and procedure of the Alaska Psychology Licensing Board to be useful and appropriate and such Board should be continued.

Sincerely,


PAUL L. CRAIG, Ph.D.,
PSYCHOLOGIST, DIRECTOR

PLC:km

Board of Psychologist and Psychological Associate Examiners

1) Problems or needs

Insufficient definition of board powers in the statute to enable them to carry out their functions

Board composition is confused: one member on too long, public member more closely allied to the profession, and no representation of Educational Psychologists. Appointments made by the governor, and there has been confusion through these nominations since one member has been appointed and then another placed on the board, etc.

Time lag in drafting and implementing regulations due to insufficient number of annual meetings

Confusing regarding what types of professionals are under the licensing jurisdiction of the board

2) Objectives and anticipated accomplishments

To insure quality psychological care by qualified professionals, and promote high standards throughout the state.

3) Other programs

There are no similar or conflicting programs

4) Alternative methods

Provide certification only through the state

5) Eliminating the board

The major effect of disbanding the board would be the loss of third party reimbursement for psychological services. Funding at a reduced level would reduce the number of annual meetings (now at three) and strain efficiency in regulatory powers and testing.

6) Justification

the Board is the only review of professional competency for psychologists and there is no other agency performing the same functions.

7) Other information

The board has succeeded in developing many regulations recommended by the Division of Legislative Audit. Legislation introduced by this committee will deal with powers of the board and definitions of the professionals under the jurisdiction of the board. It is recommended that the governor's office review the appointments to the board

FY '80 Performance Report

Board of Psychologist & Psychological Associate Examiners

This report is submitted to the Department of Commerce and Economic Development, Division of Occupational Licensing, in an attempt to assist them in evaluating the activities of the board.

1. OVERVIEW

A great deal of the board's effort during FY '80 was directed toward the matter of the Sunset legislation which had placed continuation of the board in question.

Two board members travelled to Juneau twice to testify before legislative hearings and met with legislators and the Health Coalition representative. Large amounts of support in both time and dollars were contributed to this effort by both the American Psychological Association and the Alaska Psychological Association. Members of the ALPA as well as members of the Alaska Community Mental Health Directors organization met in support of board continuation and provided contact and testimony to legislators. The State and national support of the Health Coalition representative provided an important means of educating board members and professionals within the State on the necessity of their involvement in the legislative process. This was also a crucial link in providing legislators with knowledge regarding the issues involved in the delivery of high quality psychological services to the public.

A large number of the board's legislative objectives were achieved through passage of SB 583 which substantially revised and expanded the Psychology Practice Act. Passage of SB 583 was a major accomplishment in that it clarified many issues and questions arising from the original legislation governing the board and the Psychological profession in the State.

At each meeting of the board, a division investigator presented any complaints which might come under the purview of the board. Progress has been achieved in increased participation of the board in investigative matters.

Mr. Jim Parsons attended the American Association of State Psychology Boards (AASPB) national meeting in August and served as a liaison between the national organization and the State board.

Dr. Turner and Dr. Baglien attended the meetings of the Governor's Advisory Council on Mental Health in February and May.

Dr. Paul Turner and Dr. Charles Bovee were new appointees during this year.

II BOARD ACTIVITIES

The board held a total of three meetings in FY 1980. One, July 5-6, 1979 in Anchorage, another September 18-19, 1979, in Anchorage, and the third on March 24-25, 1980, also in Anchorage. The board held two conference calls, August 30, 1979, and October 11, 1979.

III EXAMINATIONS

The board administered two examinations during the period. One, October 19, 1979 and the other, April 11, 1980, both held in Anchorage. There were five candidates for the October exam.

There were five candidates for the April examination. The exam consists of a national multiple choice part and an essay part. One must pass both to be licensed. A person may retake only those portions of the exam they did not pass.

IV STATISTICAL DATA

Licensed Issued:

| | <u>FY '78</u> | <u>FY '79</u> | <u>FY '80</u> |
|--------------------------------|---------------|---------------|---------------|
| Examination | 9 | 5 | 12 |
| Endorsement | 5 | 8 | 3 |
| Psychological Associate (Exam) | 0 | 0 | 3 |
| Temporary Permits | 2 | 4 | 1 |

V EXPENDITURES FOR FISCAL YEARS 1979 AND 1980
BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS

TRAVEL

| | | | |
|------------------------------------|-------------------|-------------------|-------------------|
| In-State transportation (Examiner) | \$1,195.00 | \$2,851.00 | \$ 960.51 |
| In-State per diem (Examiner) | 2,285.00 | 2,127.00 | 509.85 |
| In-State transportation (Board) | 9.00 | -- | 1,430.00 |
| In-State per diem (Board) | 200.00 | -- | 1,020.54 |
| TOTAL TRAVEL | \$4,419.00 | \$4,978.00 | \$3,920.90 |

CONTRACTUAL SERVICES

| | | | |
|-----------------------------------|-------------------|-------------------|-------------------|
| Long Distance Telephone | \$ 163.00 | \$ 637.00 | \$ 724.97 |
| Postage and Mailing | 13.00 | 83.00 | 22.97 |
| Photo Processing | -- | -- | 137.47 |
| Printing and Binding | 190.00 | 390.00 | 98.00 |
| Advertising | 484.00 | 277.00 | 269.53 |
| Professional Services | 532.00 | 746.00 | 692.50 |
| Membership Dues/Fees | -- | 320.00 | 169.00 |
| TOTAL CONTRACTUAL SERVICES | \$1,382.00 | \$2,453.00 | \$2,114.00 |

SUPPLIES AND MATERIALS

| | | | |
|-------------------------|-------------------|-------------------|-------------------|
| Office/Library Supplies | \$ 20.00 | \$ -- | \$ 91.00 |
| GRAND TOTAL | \$5,821.00 | \$7,431.00 | \$6,125.90 |
| Receipt | -- | -- | 865.00 |

Board or
Commission

Appointee

Term

BOARD OF PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATE EXAMINERS
AS 08.86 - 5 members; 3 year terms; serves at the pleasure of the
Governor.

Dorothy Whitmore, Ed.D.
207 Northern Lights
Suite 202
Anchorage, Alaska 99503

July 1, 1980

Dick L. Madson
Suite D, Nerland Building
543 Third Avenue
Fairbanks, Alaska 99701

July 1, 1980

Paul D. J. Baglien, Ph.D.
Kodiak, Kodiak Mental
Health Center
Kodiak, Alaska 99615

July 1, 1981

Charles C. Bovee, Ed.D.
P.O. Box 479
Sitka, Alaska 99835

July 1, 1980

Paul E. Turner, Ph.D.
Box 247
Kenai, Alaska 99611

July 1, 1982

Board of Psychologists &
Psychological Associate Examiners
Goals & Objectives

Objectives:

It is the board's purpose to ensure that quality psychological care is available to the public and to upgrade the standards of mental health care available in the state.

Goals:

- 1) Develop CE requirements for relicensure to become effective in the next renewal period. (1981, June 30)
- 2) Implement Psychological Associate Regulations to facilitate entry of qualified Master's level psychologists into the professional field.
- 3) Further refine the state portion of the exam with future goal to develop work sample type examination.
- 4) Continuous refining of the examination procedure & materials.
- 5) Increase the availability of Psychological services to the public by supporting legislation to include such services under 2nd party reimbursement by Medicaid & Medicare.
- 6) Act to increase public awareness of Board activities via news letters or newspaper articles, also to educate the public of the purpose & and function of of the Board & of the types of services available in the practice of psychology in Alaska.
- 7) Clarify the Board's role in developing our Aggressive Investigative Policy.
- 8) The Board would like to meet four times per year. Once in Juneau, twice in Anchorage, and once in Fairbanks, as well as offer two examinations. The Board would also like for one person to attend the National meetings.

FY '82 GOALS AND OBJECTIVES

Board of Psychologist & Psychological Associate Examiners

Goals:

It is the purpose and function of the board to ensure that quality psychological care is available to the public by assuring only qualified persons are admitted to practice psychology independently in the State; by actively enforcing the psychology practice act; and by promoting high standards within the profession throughout the State.

Objectives:

- 1) Promulgate psychological associate regulations to facilitate entry of qualified master's level psychologists into the professional field.
- 2) Promulgate regulations governing relicensure based on continued competency.
- 3) Refine the State portion of the licensing and explore the possibility of developing an examination committee.
- 4) Act to increase public awareness of board activities, and to educate the public of the purposes and function of the board, and of types of services available from psychologists in Alaska.
- 5) Meet four times this year and conduct two examinations.
- 6) Send a representative from the board to the national or regional AASPB meeting.

FY 79 Performance Report

Board of Psychologist & Psychological Associate Examiners

This report is submitted to the Department of Commerce and Economic Development, Division of Occupational Licensing in an attempt to assist them in evaluating the activities of the Board.

I. OVERVIEW

In an overview, the board's primary objective for this past year was to develop and implement equitable regulations to carry out the provisions of the Alaska Statutes governing the practice of psychology. The board's failure to do this at an earlier date had led to conflicting policy and charges of arbitrary and capricious judgement on the part of the board. The board accomplished this for psychologists when their regulations became effective December 24, 1978. Regulations for Psychological Associates were brought up in the spring and should be ready for public hearing in the fall.

A secondary objective of the board has been to develop a more comprehensive State essay examination for licensure purposes. Alaska Statutes do not permit oral exams or interviews in the course of evaluating applicants, making it necessary for such an exam. The board opted to use the exam administered by the Florida Board for its Spring exam. The exam is comprehensive in nature with an established record and set answer key. The board did have difficulties with grading, however, taking over four months to grade and report scores to candidates.

A final concern during this year has been that of Sunset Legislation. Dan Allen of the Division of Legislative Audit was present to discuss with the board the nature of Sunset at its September 11 and 12, meeting. The board did not seriously consider the implications until its March 30, 1979 meeting. Several members had been present to testify before the House Commerce Committee via teleconference in February but the session was cancelled and never rescheduled. The board has taken several steps to remedy the problems noted in the audit report, and has defined some goals and objectives for the coming year. The board is working on Psychological Associate Regulations, has asked the division to prepare regulations requiring continuing education for relicensure, and has revised their application forms to eliminate impertinent data. The board is also seeking to define minimum competency standards for admittance to practice psychology in case the board is sunsetted and the division is called upon to make these decisions.

In summary, it has been an active year. The board has been hampered in its activities by the lack of definitive regulations, which should be alleviated with their recent passage. The division has had difficulty

understanding the practice of psychology in its various facets and has been unable to provide adequate assistance in some areas. The board received an unfavorable review by the auditors, and was discredited by the legislature. The board has had confrontations with the Department of Law, the Ombudsmans Office, and several applicants. Through it all the board has taken some positive steps to correct the problems without compromising their standards and the best interests of the public.

It should be recognized that the professional practice of psychology is still developing at the national level. Without the historical background other professions are privileged to have, it can be expected that certain problems will arise in the process. The board is doing its best with the resource at hand.

II. BOARD ACTIVITIES

The board held a total of three meetings in FY 1979. One, September 11-12, 1978 in Anchorage, another October 20, 1978, also in Anchorage, and the third March 30, 1979 in Juneau. The board had scheduled a fourth meeting, but due to budgetary constraints, it was rescheduled for July 5-6, 1979, in FY 80. The board also held one conference call meeting April 19, 1979.

In addition to these meetings, several members were able to participate in other meetings at the State and National Level. Pam Baglien, Ph.D., and Robert Bowers met twice with the Governor's Advisory Council on Mental Health. Jim Parsons and Dorothy Whitmore, Ed.D. reported on the boards activities to the Alaska Psychological Association. Finally, Mr. Parsons attended the annual American Association of State Psychology Boards in September, 1978.

III. EXAMINATIONS

The board administered two examinations during the period, one October 20, 1978 and the other April 20, 1979. There were four candidates for the October exam. All passed and were subsequently licensed.

There were 10 candidates for the April Examination. The exam consists of a National Multiple choice part and an essay part. One must pass both parts to be licensed. Of the 10 candidates seven passed the national exam. Of those seven, four passed the essay exam and were licensed. Two of the three who failed the National exam passed the essay portion; three who passed the National Portion failed the essay portion. Only one person failed both the essay and the National portion. A person must retake only those portions of the exam they did not pass.

IV. STATISTICAL DATA

There were 12 psychologist licenses issued during this period, five by exam and seven by endorsement. In addition, the board issued five temporary permits. Two of those will lapse because the candidates did not pass the April examination.

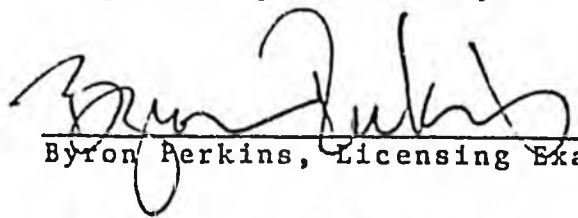
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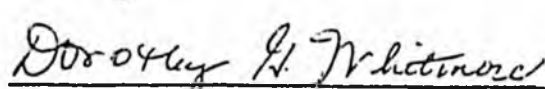
Expenditures for Fiscal Years 1978 and 1979* Board of Psychologist & Psychological Associate Examiners

| <u>Travel</u> | <u>FY '78</u> | <u>FY '79</u> |
|-----------------------------------|-----------------------|-----------------------|
| In-State transportation | \$1,195.00 | \$2,851.00 |
| In-State per diem | 2,285.00 | 2,127.00 |
| Outside transportation | 9.00 | -- |
| Outside per diem | 200.00 | -- |
| TOTAL TRAVEL | \$4,419.00 | \$4,978.00 |
| <u>Contractual Services</u> | | |
| Long distance telephone | \$ 163.00 | \$ 637.00 |
| Postage and mailing | 13.00 | 83.00 |
| Printing and binding | 190.00 | 390.00 |
| Advertising | 484.00 | 277.00 |
| Professional Services | 532.00 | 746.00 |
| Membership dues/fees | -- | 320.00 |
| TOTAL CONTRACTUAL SERVICES | \$1,382.00 | \$2,453.00 |
| <u>Supplies and Material</u> | | |
| Office/library supplies | \$ 20.00 | \$ -- |
| <u>GRAND TOTAL</u> | \$5,821.00 | \$7,431.00 |

*Total revenues for corresponding periods: \$2,680.00 and \$4,435.00
Average yearly revenues were \$3,557.00.

Respectfully Submitted,


Byron Perkins, Licensing Examiner


Dorothy Whitmore, Ed.D., Chairman
Board of Psychologist and
Psychological Associate examiners

An Act Relating to The Board of Psychologist and Psychological Associate Examiners

by the Senate HESS Committee

Sec. 08.86.070 is repealed and reenacted to read:

Duties of the Board. (a) The Board shall

- (1) establish examination requirements for eligible applicants for licensure to practice psychology;
- (2) examine, or cause to be examined, eligible applicants for licensure or registration
- (3) approve the issuance of licenses to qualified applicants;
- (4) establish standards for the practice of Psychology by regulation;
- (5) conduct disciplinary proceedings in accordance with AS 08.86.010 - 08.86.230;
- (6) adopt regulations requiring proof of continued competency before a license is renewed;
- (7) prepare and submit an annual report to the department containing information concerning board activities, the number of examinations held, the number of applicants for examination, the number of persons who pass and the number who fail each examination, financial data, including receipts and expenditures, and other information the department may require;
- (8) as requested by the department, monitor the standards and availability of psychological services provided in the state and report its findings to the department;
- (9) collect, or cause to be collected, data concerning the practice of psychology by Psychologists and Psychological Associates in the state and submit the data to the department for maintenance;
- (10) establish, by regulation, educational and training requirements for Psychological Associates licensed under AS 08.86.010 - 08.86.230;
- (11) the board may adopt regulations or do any act necessary to carry out its duties under AS 08.86.010 - 08.86.230

Sec 08.86.150 (1) is amended to read:

he holds a doctoral degree with primary emphasis on psychology from an accredited school with an approved program;

Sec 08.86.180 (a) Delete:

"Psychotherapy", "Psychotherapeutic", "Psychotherapist"

Sec 08.86.180 (b) (3) Delete:

"Psychotherapist"

Continue the existence of the Board for four years.

POSITION PAPER ON THE BOARD OF PSYCHOLOGISTS
AND PSYCHOLOGICAL ASSOCIATE EXAMINERS

PAUL E. TURNER, PH.D.

BOARD MEMBER

INTRODUCTION

The Board of Psychologists and Psychological Associate Examiners feels it is imperative to continue its functioning in order to provide continuing oversight of licensing in the public interest. The Board provides the necessary assurance to the public of: 1) minimum standards of entry according to statute and regulation; 2) uniform standards of practice; 3) continued competence of practitioners; 4) public redress of grievances and 5) enforceability of standards of conduct. The Board has markedly improved its functioning over the last two years in: 1) insuring the public of quality psychological care; 2) admitting only qualified individuals into independent practice; 3) to actively enforce the psychology practice act; 4) to promote high standards of professional psychological practice and 5) to implement continued competency draft regulations.

DIVISION OF OCCUPATIONAL LICENSING POSITION

The Division of Occupational Licensing has been very unpredictable in its support of the Board. In response to Legislative Audit's interim letter of June 9 , 1981, Charles Webber, Commissioner of the Department of Commerce and Economic Development substantively supported continuation of the Board. The Department and the Division's support continued

consistent" until March 8, 1982, when, in a sudden revocation of its previous stance, the Division withdrew its support from the Board without prior notice. The Division presented a position paper to the Joint Senate and House HESS Committee as well as brief testimony requesting: 1) continuation of licensing and 2) sunset of the Board. Unfortunately, this rapid change in the Division's stance outlined issues never before presented to the Board during the Division's presentations to the Board regarding sunset at August and November, 1981 meetings.

The Division's thesis for the sudden revocation of its prior support of the Board as outlined in its written testimony and position paper is based on the following: 1) The American Psychological Association (APA) has "influence(d) . . . the licensure in Alaska "; 2) Eliminate the state portion of the psychology exam as a requirement for licensure; 3) Repeal of continuing competency regulations or "set a reasonable objective for continuing competency standards by statute". 4) Repeal specialty designations; 5) Repeal "all undergraduate transcript" requirement; 6) Define objective doctoral degree requirements and eliminate APA approval or equivalence requirement. It should be reiterated that this is the major basis presented for sunseting the Board.

In its written testimony the Division then adds the following further reasons for sunset: 1) The Board is not concerned about the public interest in Alaska; 2) The Board meets in "secrecy"; 3) "The Board has never played an active role in addressing the licensure needs of Alaska."; 4) The Board has "unfairly lay blame. . . on the amount or quality of support that they receive from the Division"; 5) "Lastly, the Board makes incorrect statements in areas where they

do or should know better." In summary the Division offers eleven reasons for sunseting the Board.

BOARD OF PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES POSITION

This paper was written to reflect the Board's position regarding sunset and to rebut the Division's position presented in its written testimony.

Continuation of Licensing: The Board feels it is imperative to continue licensing in the public interest. However, third party payment is not the only reason for continuing this process. Please refer to the introduction on page one in which the major reasons for licensing are presented. Generally, the reasons listed on page one are much more significant for the public interest than third party payment alone. It is indeed a very grave concern that the Division sees licensure as necessary only for third party payment, assurance of basic competence, and because it "discourages charletons(sic) from practicing and enables the profession to better police itself": It is interesting that the Division puts the responsibility of policing onto the professional association rather than reserving that responsibility for the Division. There are many more compelling reasons for licensure than the three reasons enumerated by the Division previously described on page one of this paper.

Sunset of the Board: In reviewing the 6 major reasons the Division lists as being reasons for sunseting the Board, it is unclear how these issues would logically conclude with the thesis that the Board should be sunset. Rather these issues generally may be summed up to be Division recommendations for improving the licensure process with the only exception being related to the Division's fear of the APA.

Unfortunately, the Division has never made these recommendations to the Board over the last two years prior to their written testimony; however, the Board will be taking these issues under advisement and would encourage this initial indication of an active interest in licensing issues relative to psychology. Further, the Division is encouraged to present any pertinent issues, comments, ideas, concerns or alternatives it may have on a regular basis at Board meetings or in correspondence to Board members between Board meetings.

The written testimony provided by the Division also expressed five additional issues on pages 19 and 20 which relate directly to the Board and its performance. Note that these issues generally indict the Board for a "lack of concern about the public interest", meeting "secretly", not being active enough, blaming the Division "unfairly", and "making incorrect statements". These issues are much more relevant to AS 44.66.050 regarding legislative oversight, with possibly the first of the two reasons being most significant. It is noteworthy that the Division devoted only two pages to issues relevant to AS 44.66.050 though 26 pages focused on licensing issues of concern to the Division for discussion.

The remainder of this position paper will be a point by point rebuttal of the 11 major areas of concern as presented by the Division. It is this paper's contention that the Board should be continued, and consequently, it is necessary to address the diverse issues raised by the Division in addition to the Board's previous written responses to Legislative Audit, the Board's most recent performance report, available documentation of Board activity, and Board testimony at the Joint HESS Committee on March 8, 1982.

Rebuttal 1: APA Influence: The March 8, 1982 Division written testimony presents an uninformed and radical attack upon the APA. It is interesting to note the Division actively accepts other Board's consultation, soliciting information, or use of the resources of their respective national professional associations for example with Nurses, Veterinarians, Physicians, or Dentists. The Division has not raised this issue of influence relative to other national professional organizations relative to licensing in Alaska.

It is untrue that APA is composed "exclusively of individuals who possess doctoral degrees...". APA has significant membership of students, bachelor degreed individuals, as well as individuals who possess a masters degree. It is also untrue that APA is "constantly raising the entry level standards for practice...". The APA has consistently maintained that the doctoral degree is the entry level for independent practice. The Division maintains that APA's designation of specialties in 4 areas restricts practice, escalates costs, and decreases services. This approach further substantiates inconsistent policy on the part of the Division towards psychology and other professional areas such as medicine. The APA specialty areas are counseling, clinical, industrial-organizational and school psychology. This designation is very narrow in comparison to the proliferation of many specialty areas in the practice of medicine. These designations also represent diverse areas of expertise and no more restrict practice or increase costs than specialities within medicine. The Division has not indicted the AMA as yet because of the many specialty areas that professional association acknowledges.

In its closing statements regarding APA, the Division clearly indicate the illogical aspect of their attack on APA. On page 5, Mr. Treager states, "Assuring high standards of professional conduct and practice should be the function of the marketplace and professional associations, not the licensure process per se." Then contradictorily on page 6, Mr. Treager notes, ". . . licensure gives the public reasonable assurance that the individual offering the services has demonstrated his/her basic competence and has not been found to engage in unethical behavior or irresponsible practices." The Division's contradictory statements are obvious, though consequently, it is unclear what the Division intends to propose. Their support of professional associations is surprising given the Division's concern of the influence of APA. The initial statement of allowing the marketplace to determine high standards of professional conduct is irresponsible in that this would inflict a high degree of danger and possible harm to the public as "a function of the marketplace...".

In conclusion, the Division's suspiciousness and attack of the APA is unfounded. No Board member functions as the APA representative. Rather, the APA is looked to as a national resource regarding licensing issues. It is also probably true that Board members do have professional memberships in the APA and other relevant professional associations. Last, the Division has inconsistent policies regarding professional associations and state licensing boards for the professions.

Rebuttal 2: Eliminate the State Portion of the Exam: The Division's stance that this is a reason for sunseting the Board is illogical. The Division has not raised this objection previously over the last two years. It was not raised as an issue of concern by the Division in the Department's response to the Legislative Audit's interim letter. The Board has worked vigorously on the exam and has solicited and

received the Division Director's support prior to March 8. Consultants have been contacted by the Division to assist with improving the state portion of the exam. Contrary to statements made on page eight of the written Division testimony, Mr. Treager has never objected to the Board's attempts to improve the exam nor has he objected to requests of him to solicit outside consultants to develop the exam. It is also incorrect for the Division define as "research" on the state exam to be commensurate with anecdotes or "negative stories". It is certain that solicitation of any professional's description of his/her licensing examination experience is seldom positive.

Rebuttal 3: Continuing Competency: The Division's thesis is that the continuing competency regulations developed thus far are a major factor for sunseting the Board. It is unclear what the Division's general policy is with respect to continuing competency. Other Boards within the Division have regulations similar to the proposed psychology regulations as stated to the Board by Division representatives. The Division has not opposed similar regulations developed by other Boards. Why has the Division not opposed these regulations previously at public hearings or Board meetings devoted to these regulations? These meetings and hearings have been attended by representatives of the Division, including the Director and regulations specialist.

It is incorrect that the regulations are academically versus practice oriented. Professional development and workshop programs are applied training programs though regulations allow for academic alternatives as well. Further the Division has not opposed similar regulations by other state Boards. The Division's argument that, ". . . the proposed regulations tend to make desirable activities legal requirements" is: a) directly opposed to statutory requirements

for the development of these regulations; b) directly opposed to the Legislature's general standardization of the continuing competency statute requirements as mandated in its last sunset review of all health related Boards; c) in opposition to the "legal requirements" accepted by the Division in the continuing competency regulations in other Alaskan licensing statutes and regulations. Although the Division objects to the legal requirement of continued competency as this is a desirable activity, the Division then specifies what it would recommend for a regulation regarding continuing competency.

To state that these regulations discriminate against masters level individuals is false. Most if not all workshops, professional development programs, and seminars are open to professionals, individuals from the public, individuals with varying educational background, and individuals with varying occupations. These programs are also open to individuals without regard to their professional associations.

These regulations have been developed with the utmost attention to eliminating discretion of the Board in oversight of these regulations. Perusal of these regulations would note the abundant absence of discretion.

The Division's proposition of continuing competency is quite interesting. It specifies: a) "A review of the practitioner's performance record measured in terms of proven abuses." and b) retaking the national exam. It is hoped that the Division is not intending "proven abuses" to be a measure of continuing competency. Further, "proven abuses" is a very broad term. What kind of abuses is the Division alluding to? It is assumed that individuals who have "proven abuses" will have been appropriately dealt with by license suspension, revocation, or probation. To confuse "proven abuses" with continuing

competency is quite inappropriate. Continuing competency denotes such activities as education, training, professional development programs, knowledge of relevant and up to date research, knowledge and training in state of the art intervention techniques and practices.

The Division's suggestion of retaking the national exam should be rejected as a means of continued competency. As the Division maintains, the national exam for licensure is a test of basic knowledge relative to applied psychology. However, knowledge of basic psychology is not commensurate with recognized definitions of continuing competency. No other professions under the Division's auspices do so. This suggestion would make the present practices of continuing competency irrelevant as defined in the preceding paragraph. That is, most licensed practitioners spend their efforts in continuing education activities directly relevant to their area of practice and specialty areas of interest. As a practitioner develops professionally, there is a marked trend to one or several areas of particular interest in psychology specialties. It would be quite unproductive to require a licensed practitioner to spend continuing competency efforts focused on basic psychology as assessed by the national exam.

The Division's characterization of the Board providing misleading information to Legislative Audit regarding the development of regulations to be compatible with other states is incorrect. The Division states the Board has in fact not done this stating, "We find there to be no substance to this statement." One Board member has corresponded with APA and two other state Boards. The resulting correspondence was forwarded to the Division.

Last, the Division argues that the proposed regulations would not allow licensing by endorsement and cites, surprisingly, an APA survey in support of its thesis in that only 14 states require continuing competency. The draft regulations do not, in point of fact, restrict licensure by endorsement.

Rebuttal 4: Repeal Specialty Designations: The Division is apparently uninformed regarding the Board's stance on specialty designation regulation. The Board noted in its FY82 goals and objectives, its desire to pursue a statutory change deleting this requirement. However, the Division informed the Board at its November, 1981 meeting that no statutory changes would be introduced on behalf of the Board. It is unfortunate the Division did not review minutes, discuss this issue with participating Division staff, or review the FY82 goals and objectives of the Board. Given the status of this issue, it is irrelevant for the Division to put this issue forward as a reason for sunseting the Board.

Rebuttal 5: Repeal the Requirement for All Undergraduate Transcripts: This issue has never been previously addressed by the Division to the Board. It is difficult to see that this regulation requirement constitutes an item of sufficient importance to be a major reason for sunseting the Board. While this requirement of all undergraduate transcripts may be exhaustive, it is certainly reasonable to expect applicants to document undergraduate education and completion of a degree. Further, it is proposed that a more straight forward approach to this issue by the Division would be to suggest a regulation change as opposed to maintaining that this is a major reason for sunseting the Board.

Rebuttal 6: Define Objective Doctoral Degree Requirements: Although redundant, it is important to note that this issue has not been previously brought to the Board by the Division for discussion. It is also not a substantive reason for sunseting the Board. The Division's stance on this issue indicates a lack of information or a misconstrual of the facts. The following is a partial summary of the 10 requirements for a doctoral degree primarily in psychology:

- 1) Regionally accredited university;
- 2) Program is clearly identified as a psychology training program;
- 3) The program must contain an integrated course and sequence of courses;
- 4) There must be an identifiable psychology faculty with a psychologist as the administrative chairman of the department;
- 5) There must be an identifiable student body "matriculated in that program for a degree";
- 6) There must be practicum, internship or field placement;
- 7) A minimum of three full time academic years of graduate study is required with a course of study covering a minimum of:
 - a) professional ethics,
 - b) research design,
 - c) statistics,
 - d) psychometrics,
 - e) biological aspects of behavior (for example physiological psychology),
 - f) cognitive-affective basis of behavior,
 - g) social basis of behavior (for example social psychology),
 - and h) individual differences (for example personality or abnormal psychology).

This summary is concrete evidence of a goal to assure basic substantiation that a program is primarily in psychology. To insist that few of the requirements are performance oriented is contrary to the items stipulated above. Most psychologists receive from 1500 to 3000 hours of predoctoral field, practicum, and internship training. To criticize the criteria because of the requirement of a psychologist heading the program is illogical. Are medical schools headed by psychologists? Are departments in medical schools

headed by physicians? Are law schools, dental schools, nursing schools generally headed by "some other type of scholar"? It is generally assumed that most professional academic training programs are staffed and headed by individuals from the profession. It is incorrect a program's failure to "state in its brochures that its purpose is to train professional psychologists" that the program is unacceptable. There is a requirement that descriptive brochures and "pertinent institutional catalogues" document the program's intent to train psychologists as one of many means to determine if a program is primarily a psychology program. If brochures describe the program to be a social work program, does the Division imply that this is irrelevant in determining if a program is primarily in psychology? The above criteria are specific, objective, and sufficient for the Board to determine if one of the many, varied and diverse graduate training programs is "primarily in psychology". The Division implies on page 16 of its written testimony that requirements for determining if a program is primarily a psychology doctoral program should "deal with the provision of mental health services". "Mental health" is a very broad area, and it is inappropriate to equivocate psychology as being "mental health". Some psychology programs do have courses in community psychology, community mental health, or in some aspect of mental health. However, the Division's expectation that psychology is mental health suggests a lack of information regarding the field of psychology. By analogy, accepting the Division's premise, one would criticize a law school if it did not have academic requirements in the area of corrections or a medical school for not having academic requirements in the area of hospitals or public health.

The Division's simple approach is broader, more ambiguous, and more open to arbitrariness in assessing the criteria for licensure as outlined on page 18 of the Division's written testimony. The Division would require only "a doctoral degree from (sic) a regionally accredited institution". According to this statement, a doctoral degree in any field would be acceptable. There would be no apparent limitation to the field of expertise such as the major field covered by this licensing statute, psychology. Under the criteria outlined by the Division one could obtain a psychology license in Alaska with a doctoral degree in any field for example physical education, economics, agriculture, rehabilitation, sociology, public health administration, etc. and would qualify for licensure.

The Board's criteria which are specified in the psychology practice act are very objective, specific, and concrete. They have proved to be quite useful in determining if a degree is primarily in psychology. That is the only intent of this statutory requirement contrary to what is implied by the Division. Last, the Division did not present contrary testimony to these criteria when they were incorporated into the statute by reference during the last sunset hearings two years ago, and the Division has not raised any concerns about their use subsequently until March 8.

The Division enumerates the above six issues as being sufficient for sunseting the Board. However it adds that there are further reasons for sunseting the Board as outlined previously in this paper on pages 2 through 4.

Rebuttal 7: Lack of Concern for the Public Interest: This statement is contrary to the massive amount of personal time and energy devoted to the public interest by the individual Board members over the last two years. Board members have contributed, without remuneration, extraordinary amounts of personal time on Board related tasks. As opposed to the statements made by the Division, the Board of Psychologists is not an arm of the APA, but a cadre of dedicated professional and public Alaskans who not only are knowledgeable as to the issues related to practicing in Alaska but are also very concerned about protecting the public's interest from inappropriate psychological practice.

Rebuttal 8: The Board Meets in Secrecy: It is a very serious charge that the Division believes the Board is meeting in secrecy, that is, in secret places or secret times. It is hoped that if the Division has evidence of this occurring that it would bring such information to the appropriate authorities. At all Board meetings this year, appropriate notification of the meeting dates and times has been made. No meetings have occurred in "secrecy". This is further validated by the fact that if the Board has been meeting in secrecy, then this has also been with the full knowledge and involvement of the Division as its representatives have been present at all Board meetings.

If the Division means the Board continues to meet in executive session inappropriately then the issue should be clearly stated. The Division has given the Board very contradictory instructions related to executive session. The Board has attempted to carefully follow the Attorney General's memorandum regarding executive session received last year. However, Division staff give opposite instructions. At its March 8, 1982 meeting for example, the Board was told by the Division Director that all executive sessions should be tape recorded. The

Board may have been error in not recording executive session; however, at two previous meetings following the Attorney General's memo, the Board received no indications from the Division's representatives at its meetings, including the Division Director, that appropriate procedures were not followed. To continue the above example from above, on March 9, the second day of its last meeting, the Chief Investigator from the Division instructed the Board to not tape record in executive session. Given the course of events related to executive session and the Division's contradictory instructions to the Board, the Division should be chastized for implying that the Board is meeting in secret, unknown places or times. Rather the Division should clearly state the issue of the Division and the Board's lack of exact procedures for going into executive session.

Rebuttal 9: The Board Not Actively Addressing the Licensing Needs of Alaska: This statement maligns the integrity and performance of the Board. For rebuttal, please refer to the most recent Board Performance Report. Comments related to Rebuttal 7 on page 14 are relevant. It is unclear how the Division expects Board members could contribute more actively to the difficult and complex issues related to licensing.

Rebuttal 10: Unfair Blaming of the Division: In its July 15, 1981 letter to Legislative Audit, the Department documented the Division's difficulties in providing appropriate and adequate support to the Board. It should be noted that this support to the Board has improved over the last two years. Further, the Board does not put the sole responsibility for its problems in addressing pertinent licensing issues onto the Division. That is not to say that the Division should

avoid an objective evaluation of its support services. Recent occurrences within the Division merit study, and two examples are provided. In the fall of 1981, the Division received a letter from an applicant who wished to "reiterate" his request for a temporary license. The Division thought this meant that the individual wished to withdraw his request rather than to repeat his request. Further, contrary to the Board's request, no licensing investigator has made a report to the Board until its last meeting of this present fiscal year. The Board has requested that an investigator present a report at each Board meeting.

Rebuttal 11: The Board Makes Incorrect Statements...: It is true that the Board probably makes incorrect statements from time to time. The example cited on page 20 of the Division's written testimony deserves response however. The word "reciprocity" was not intended to imply immediate recognition of a license from another state. However, in the context presented it was meant to imply that a doctorate is a requirement in approximately 45 states. Any state having substantially the same requirements as that of Alaska ensures that citizens from that state have a high probability of being licensed in Alaska by endorsement. Contrary to the Division's thesis, a licensed doctorate level psychologist or a licensed physician are the basic requirements for receipt of third party payments. It is debatable whether or not the examples cited by the Division do in fact indicate the "Board makes incorrect statements". Second, it is quite interesting that the Division characterizes the incorrect statements as "going to the heart of the self-serving policies of the Board".

MASTER'S LEVEL INDEPENDENT PRACTICE

This issue is complex and is much broader than this position paper intends to address other than in a relatively brief manner. The national standard, including the position of the APA, is that the doctorate degree is the minimal level of entry to independent practice. Forty-five states have the doctoral degree requirement. There is a marked difference in quantity of education and practical training experience. It is not uncommon for masters level individuals to have only several hundred hours of supervised practice prior to completion of the degree, while doctoral degrees require several thousands of hours prior to completion of the degree. Note that our statute requires an additional 1500 hours of supervised experience for doctorates after the degree. As stated above in rebuttal 6, the doctoral degree has a minimal of three years of education and generally ranges from 4-5 years in length while master's degree programs can generally be completed in one year. It is important that the Division ignored research data clearly showing that doctoral level people score higher and pass more frequently on the national PES exam than do masters level individuals. Unless licensed as a doctoral level practitioner, third party payors will not reimburse.

The Division's marshaling the Mental Health Division's job descriptions is an interesting argument in that this applies to only one of the 23 mental health centers in the state, the Juneau state mental health clinic and to API. It is not that these descriptions are archaic, but undescriptive of the job descriptions in 23 other mental health programs across the state.

Contrary to the Division's implication, Alaska has more doctoral psychologists per capita than the national average. Doctoral level individuals are meeting the demands for independent practitioners. Further only five states allow master's independent practice. Forty-five states require the doctorate. It should be pointed out that the Division is very contradictory in its statements regarding their recommendation for master's level years of supervised experience. Note on page 24 of the Division's written testimony, it is maintained that five states allow independent practice at the master's level. The Division continues, " It should also be noted that four years of supervised experience are required on the average in these states. This is consistent with this state's standards in the mental health clinician series." However on page 25, the Division then maintains that "the present three year statutory requirement substantially exceeds the national licensing norm of one year or less...". Clearly by the Division's own statements, the three year requirement is objectively less than the average requirement of four years in the five states referred to. Or is the Division attempting circuitously to imply that the one year of postdoctoral supervision is a provision that should be allowed for master's level independent practice and consequently equivocating the degrees?

In closing, it is a major fallacy to imply that there is an equivalence between a masters degree with one, two, three or more years of experience and a typical doctorate of three but more commonly, four or five years of training, a dissertation, several thousands of hours of predoctoral supervised experience and several thousand hours of postdoctoral supervised experience.

LICENSURE OF ALL QUALIFIED MENTAL HEALTH PRACTITIONERS

The Division's proposal is not unexpected given its recommendation that any doctoral degree would be sufficient to be one of the qualifications of licensure and the implied thesis that one year of supervised experience makes a masters degree equivalent to a doctoral degree. However, the full ramifications of the Division's recommendation for increasing the variety of licensed practitioners in mental health should be carefully considered. First, contrary to the Division's statement, there is no shortage of psychologists or mental health practitioners within the state. It is illogical to assume that a blanket license for a "qualified mental health" practitioner would alleviate manpower shortages if they existed. It is also illogical to imply that psychology is mental health. It is clearly inappropriate that licensing of psychologists would be considered an alternative to mental health manpower issues given the broad variety of professions and paraprofessionals that are represented in the mental health field.

A major consequence of the Division's suggestion would be a massive increase in Division manpower requirements to maintain appropriate responsiveness to the many individuals involved. A second major problem would be the definition of mental health. Mental health workers range from individuals with no education, high school degrees, associate degrees, bachelor degrees, master degrees, doctoral degrees, and medical degrees. The fields of expertise involved are even broader.

In summary, closer scrutiny of the Division's suggestion of "mental health licensing" reveals many difficulties and indicates a lack of understanding of psychology in its professional practice. This proposal is an unacceptable alternative to psychology licensing.

SUMMARY AND CONCLUSIONS

The Board of Psychologists recommends continuation of the licensing statute. The Board recommends continuation as it assures the public:

- 1) minimum standards of entry according to statute and regulation;
- 2) uniform standards of practice;
- 3) continued competency of practitioners;
- 4) public redress to grievances;
- 5) enforcement of standards of conduct.

The Board also feels that continuation of Board function is also in the public interest. Testimony at the March 8 Joint HESS Committee indicate much support for continuing the Board. This position paper as well as Board minutes, the FY82 performance report and goals and objectives, and the documentation of Board activities since the last performance report establish a clear record of the high level of functioning by the Board of Psychologists and Psychological Associate Examiners. It is clear that the items enumerated by the Division do not substantively support a basis for sunseting the Board. To the contrary, this paper indicates the Board of Psychologists is the best viable alternative to provide continuing oversight of licensing in the public interest.

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76; am § 2 ch 58

persons," and "has"
second sentence.

Members of the
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LA 1976; am § 3

Effect of amendments. — The 1980 amendment substituted "four" for "three" near the end of the first sentence, deleted the former second sentence, which read:

"The terms of the public members shall be set so that they do not expire at the same time," and added the present last sentence.

Sec. 08.86.025. Removal of board members. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal. (§ 4 ch 58 SLA 1980)

Sec. 08.86.030. Board meetings. The board shall hold at least three meetings annually. The board may hold special meetings at the call of the chairman or of a majority of the board members. (§ 1 ch 136 SLA 1967; am § 5 ch 58 SLA 1980)

Effect of amendments. — The 1980 amendment substituted "at least three meetings annually" for "a regular annual

meeting" at the end of the first sentence, and "a majority of the" for "two" in the second sentence.

Article 2. Administration of Board Affairs.

Section

70. Duties of the board

Sec. 08.86.070. Duties of the board. (a) The board shall

(1) pass on qualifications of applicants for licenses;

(2) prepare, administer and grade written examinations;

(3) Repealed by § 24 ch 58 SLA 1980.

(4) set fees which are charged for psychological associates;

(5) define, by regulation, areas and techniques of practice in psychology for which specialty training is required and establish standards for specialty designation in the field of psychology;

(6) adopt regulations requiring proof of continued competency before a license is renewed.

(b) The board may, after hearing, suspend or revoke the license of a licensed psychologist or psychological associate if he denies care or treatment to a patient or person seeking assistance from the psychologist or psychological associate and the sole reason for the denial is the failure or refusal of the patient or person seeking assistance to execute an agreement to arbitrate a dispute, controversy, or issue arising out of the care or treatment, as provided in AS 09.55.535(a).

(c) The board may, after a hearing, order disciplinary sanctions against a person who violates AS 08.86.010 — 08.86.230, an order of the board, or a regulation of the board. (§ 1 ch 136 SLA 1967; am §§ 2, 3 ch 65 SLA 1973; am § 34 ch 177 SLA 1978; am §§ 6, 7, 24 ch 58 SLA 1980)

Effect of amendments. — The 1978 amendment added subsection (b).

The 1980 amendment added paragraphs (5) and (6) of subsection (a), added subsec-

Title 6
Banks and Financial
Institutions

Hogan's study, as its title indicates, examines "The Regulation of Psychotherapists." He does so in the context of government regulations in general. He alleges that licensing is an undesirable form of regulation, for the professions generally, and in particular for psychotherapists. This report will present Hogan's position, examine the regulatory procedure he recommends, and offer alternative recommendations.¹

Hogan's Position

According to Hogan, "licensing laws are intended to protect the public's health, welfare, safety and morals" (p. 251) (throughout this report the page numbers in parentheses following a quotation refer to citations from Hogan, D.B., The Regulation of Psychotherapists, Vol. I, Ballinger Publishing Co., Cambridge, Massachusetts, 1979). He asserts:

- 1) "licensing does not appear to accomplish its avowed purposes." (p. 252)
- 2) Even if licensing does accomplish its avowed purposes, "mounting evidence suggests that licensure has significant negative effects that often outweigh any potential benefits in terms of protecting the public" (p.265), and,
- 3) "...even if the net benefits of licensing outweigh the costs, an argument can be made that equally beneficial alternatives are available at less cost." (p. 252)

Hogan cites three "avowed purposes" of licensing. "....licensing laws attempt to assure the public that only competent people are allowed to

¹This report was prepared for the New York State Psychological Association by Milton Theaman. A number of people aided in the preparation of this report by providing suggestions, criticisms, and/or supporting material. They are William Claiborn, Howard M. Cohen, Judy E. Hall, Richard Kilburg, Doris K. Miller, Rosalea A. Schonbar, George Stricker, Hans Strupp, Gary VandenBos. Their assistance is gratefully acknowledged. They should not be held responsible for its content.

practice; they provide legal redress if an unlicensed person attempts to practice; and they provide grounds for disciplining licensed practitioners when they perform in a manner detrimental to the public interest, to the consumer, or to their colleagues." (p. 252) Hogan asserts that licensing laws fail to accomplish any of these three purposes.

He alleges that licensing has the following harmful effects:

- 1) exacerbation of shortages in the supply of practitioners;
- 2) exacerbation of maldistribution in the supply of practitioners;
- 3) increased cost of services;
- 4) ineffective utilization of paraprofessionals;
- 5) inhibition of important innovations in professional practice, training, education, and organization of services;
- 6) discrimination against minorities, women, the aged and the poor.

As an equally beneficial, less costly alternative to licensing, Hogan

proposes a system of registration. "Any person desiring to practice as a psychotherapist should be required to register with the states." (p. 361) Any such self-identified psychotherapist would be permitted to provide services to the public. He then outlines a plan for what he would consider to be an effective implementation and monitoring of such a regulatory procedure. This plan will be described more fully later in this report, when its essential features are examined.

In support of his allegations, Hogan cites data dealing with regulation in both professional and non-professional areas. This data will be examined with particular reference to its relevance to psychology and, where pertinent, to the current situation in New York State.

Nature of Evidence

Before analysing Hogan's position, it is pertinent to note the nature of the evidence he provides in support of his allegations, and the manner

in which he uses it.

1) Hogan characterizes his evidence as falling into three categories: "direct empirical research" (p. 253); "indirect evidence" (ibid.); "the considered judgments of professionals" (ibid.). Review of his text discloses almost no "direct empirical research" to support his arguments condemning licensure as a regulatory procedure for psychotherapists. Throughout this analysis quotations from Hogan's text will be cited in which he concedes the paucity of direct empirical research.

2) He cites many studies as indirect evidence, suggesting a scientific inquiry and presenting the impression of a careful, thorough investigation. However, many of the studies he cites have little or no relevance to mental health practice. Furthermore, in one instance dealing with studies relevant to mental health practice, analysis reveals that he has not read the literature carefully.

3) The many quotations from Hogan's text that are included in the ensuing analysis contain allegations hedged by such words and phrases as "appear," "suggests," "often," "an argument can be made," "perhaps," "probably," "seems reasonable," "most likely," "somewhat." Nonetheless, * he draws from these conditional statements very definitive conclusions.

4) In his argument, successive allegations are validated by assuming the validity of previous allegations. The consequence of this thesis-building technique is, of course, that weakness or failure in substantiating earlier allegations undermines the validity of the later ones.

Analysis of Hogan's Position

Failure of Licensing Laws: Refutation

Hogan transposes his statement of the intent of licensing laws, viz., "to protect the public's welfare, safety, and morals" (p. 251) to what he

terms the "avowed purposes" of licensing laws, viz., the "attempt to assure the public that only competent people are allowed to practice." (p. 252)

In doing so, he sets up a straw man. To reject any intervention, whether it is social, medical, biological, because it is not 100% successful is unrealistic and bad social policy. What social intervention makes the claim of perfection? Neither the polio vaccine, which fails occasionally, nor licensing should be judged by such a specious criterion. (The issue of false positives and false negatives applies here. Theoretically, if we set the standard of eligibility high enough we could eliminate all incompetent practitioners. We would also in the process, eliminate many competent practitioners. Similarly, we could set the standard of eligibility low enough to eliminate no competent practitioners at the cost of passing through many incompetent practitioners. Where we set the standard is a value judgement about how much of which kind of deviation from perfection we wish to tolerate.)

* The correct criterion to apply is whether or not the public is better served by a practitioner group identified through licensing than by an alternative procedure. If we consider the alternative advocated by Hogan, the question would be as follows. (Is the public better served by a practitioner group identified through a credential and experience-based licensing procedure than by a self-identified group?) The data Hogan cites to determine the usefulness of licensing as a regulatory procedure need to be examined in reference to this criterion, not whether licensing can "assure the public that only competent people are allowed to practice." (p. 255)

Moreover, the criterion by which he evaluates licensure is entirely different from the one he uses to evaluate his recommended alternative, registration. Licensing, to meet Hogan's standard, must select only competent practitioners if it is to be judged useful in protecting the public interest, while registration must merely produce practitioners who

would do no harm. Why the double standard? Hogan's thesis is that licensing incurs harmful side effects, while registration "provides few of the negative side effects created by traditional licensure." (p. 371) Therefore, he argues, registration may be judged by the lower standard. Because, according to Hogan, licensing does not assure that only competent practitioners provide services, it does not justify the negative side effects it is alleged to create. However, the cogent measure of licensure is whether or not it improves the quality of services delivered, and whether or not it does so better than any other mechanisms. Hogan's recommended alternative, registration, must be judged by this same cogent standard. Because his discussion ignores an appropriate criterion for the effectiveness of licensure, it evades a valid assessment of this procedure.

Hogan has found no direct empirical research bearing on the relationship of licensure to level of competence of mental health practitioners. With respect to the effect of licensure on the level of competence in other fields, he states, "Only two studies have been found." One study found that "licensure did not significantly improve the quality of output" of personnel in the clinical laboratory field. The other "found that dental services were improved in states with stiff licensing requirements." (pp. 286-7) By relegating these studies to a footnote, Hogan confirms their impertinence to mental health practice.

He cites empirical studies to demonstrate "that practitioners are not as competent as the public would think.:" (p. 254) (These studies refer to medical, not mental health practitioners.) However, these studies say nothing at all about the central issues, viz, is licensing more effective than other regulatory procedures in selecting competent practitioners.

The "less direct arguments and evidence" (p. 254) Hogan cites on the

issue of competence are these:

1) "The existence of obviously irrelevant requirements indicates that some of the standards being used are not related to the quality of professional practice." (p. 254) In his discussion of the use of paraprofessionals he identifies some of these "^{se "o} obviously irrelevant requirements." (p. 254) "Many requirements are ^{unr} unrelated to ability, especially citizenship, residency, age and other personal requirements." (p. 277) Here again, he invents a straw man. Has anyone ever claimed that citizenship is related to "quality of professional practice"? Age, residency, citizenship requirements are the result of political decisions by state legislators. He fails to explain how such political decisions invalidate the concept of licensure as a useful regulatory procedure or why it is necessary to abandon licensure to be rid of politically imposed requirements.

2) "Perhaps the most glaring indication that licensing laws are ineffective in protecting the public is their failure to reassess periodically whether a practitioner is still competent." (p. 254) This speaks only to an area in which the procedure may be improved, not to how well this procedure serves the public as compared to proposed alternatives. The need to maintain competence throughout one's professional career is not an issue unique to licensure as a regulatory procedure. Again, the correct question is whether it is more feasible to monitor continued competence under licensure than under other regulatory procedures. Hogan fails to address this question here, or in his discussion of his proposed alternative, registration.

3) "...there is no evidence that licensing requirements measure significant factors. The emphasis on educational degrees, for instance, assumes that such degrees are a valid and reliable measure of competence." (p. 255)

The data Hogan cites in support of his assertion of the irrelevance of academic training do not withstand scrutiny. A few examples are illustrative:

a) "Academic grades predict nothing but future grades." (p. 255) This does not mean, as Hogan concludes, that the training which is graded is not relevant or essential to professional practice. (The grades may not predict who among the competent will be more or less competent.²) Without the training, none is likely to be competent. If the grades in medical school do not predict who will be a better or a poorer surgeon, it does not follow that surgical training is unnecessary. b) "A Labor Department study found correlations between years of education and job performance in only three of twenty cases involving ten occupational groups in two labor markets." (p. 255) What kind of correlations between what education for which jobs? How does a finding about unspecified occupational groups lead to the conclusion that academic training is not relevant for mental health practitioners and, therefore, if licensing requirements include academic training they are making unnecessary, irrelevant demands?

4) "...licensing examinations have not been shown to have any correlation with the skills needed to practice therapy or any other professional endeavor effectively." Hogan is here referring to the written examination. His assumption that the licensure examination is primarily intended as a measure of competence is a widely held misperception, at least as it pertains to psychology. The psychology licensure examination is generic with some specialty questions and is intended to confirm that the examinee has comprehended the substance of doctoral program training, and that such comprehension

²In a group as homogeneous with respect to intellectual ability as graduate students, the range of academic performance may be so restricted as to reduce the possibility of obtaining significant correlations. Bergin, A.E. & Jasper, L.G., Correlates of Empathy in Psychotherapy, J. of Abnormal Psychology, 1969, V 74, p. 480)

no ref citation

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is demonstrable independent of the institution which granted the doctoral degree. Thus the licensing examination is an external procedure authenticating what the applicant has mastered of both generic and specialty training. Competence in the application of that training is monitored in two ways: a) by close supervision of clinical practicum courses in one's specialty, required during doctoral training; b) by senior professionals independent of the degree-granting institution who supervise a required post-doctoral work experience.

5) Selection and grading criteria are unrelated to empathic ability.

He states that "A general consensus exists that empathic ability is the critical and most important criterion of therapeutic competence." (p. 160)

This statement discloses that Hogan has not read the literature critically. In the most extensive and intensive investigation, done by the individual who devised the best known system of measuring empathy, the relationship between empathy and outcome can at best be characterized as complex and ambiguous.³ One study directly addressing this question, which found no relationship whatever between empathy and outcome, is not cited.⁴ A recent review of this subject states: "Relevant clinical observations have also cast doubt on the universal applicability of the principle that the greater the degree of genuineness, empathy, and warmth, the greater the benefit to all patients. It has been noted, for example, that schizophrenic patients may be more harmed than helped by a therapist's premature display of warmth, and that an excessively empathic statement may provoke anxiety and

³Rogers, C.R., Gendlin, E.T., Kiesler, D.V., Truaz, C.B., The Therapeutic Relation and Its Impact, Madison: University of Wisconsin Press, 1967.

⁴Garfield, S., & Bergin, A.E., Therapeutic Conditions in Outcome, J. of Abnormal Psychology, 1971, V 77, pp. 108-114.

defensiveness in some neurotic patients."⁵

These reviewers state, "It must be concluded that the unqualified claim that 'high' levels.....of accurate empathy, warmth, and genuineness.... represent the 'necessary and sufficient' conditions for effective therapy.... is not supported."⁶

A further example of Hogan's reading of the literature is provided by his citing a study by Bergin and Jasper that "found virtually no relationship at all between empathic ability and student grade-point averages." (p. 160) This finding is advanced to support his allegation that "little correlation exists between competence and academic grades or degrees." (p. 159) The connecting link between grade-point averages and competence is Hogan's allegation that empathy is the most important criterion of therapeutic competence. What Hogan does not mention is that this same study reports "the failure to find any correlation between empathy scores and outcome ratings."⁷

Hogan's allegation that selection and training procedures focus on cognitive skills to the neglect of personality characteristics does not hold for most current training programs in clinical psychology. (See submission by Dr. Rosalea A. Schonbar describing the program at Teachers College which is illustrative of most current training programs.)

✓ ⁵Parloff, M.B., Waskow, I.E., & Wolfe, B.E., Research on Therapist Variables in Relation to Process and Outcome, p. 244, in Garfield, S., & Bergin, A.E., Eds., Handbook of Psychotherapy and Behavior Change, 2nd edition, New York: Wiley, 1978.

⁶ibid, p. 249.

⁷Bergin, A.E. & Jasper, L.G., Correlates of Empathy in Psychotherapy, J. of Abnormal Psychology, 1969, V 74, p. 480.

The third line of evidence is expert opinion. In this endeavor Hogan is selective about which authorities, and which opinions of these authorities, he gleans as evidence. For example, he states "Roughly a fourth of all medical boards do not believe they adequately screen out inept practitioners." (p. 252) He chooses to believe the judgements of the one-fourth rather than the three-fourths. He quotes Hans Strupp as believing "that only 20% of all therapists are competent." (p. 254) (In a personal communications, dated 7 April, 1981, Strupp has stated, "Obviously, I have no data to show this. I don't know where this figure comes from - perhaps an offhand remark.") Hogan does not know, at least he does not state, whether Strupp is referring to licensed or self-identified therapists. He does not state what level of proficiency Strupp demands for a judgment of competence. Nor does he present Strupp's opinion, which may be considered equally expert, that the way to increase competence is to require higher training, qualification and licensing standards, rather than to discard them (personal communication).

An oft-repeated theme by Hogan in support of many of his allegations, is that academic training is not the appropriate preparation for clinical practice. He cites surveys and studies testifying to the discontent with the professional training provided in doctoral programs at universities. These data refer to training programs extant in the 1950s and 1960s. Hogan acknowledges, if briefly, the "increasing number of changes (that) have occurred in the professional training of clinical psychologists." (p. 147) These include the establishment of schools of professional psychology, both free standing and university affiliated; the emergence of the Psy.D. degree based on a curriculum that "strongly emphasize(s) experiential learning and coursework relevant to psychotherapy;" (p. 147) the promulgation

by the American Psychological Association of "guidelines on recommended standards for psychotherapy education in psychology doctoral programs, including recommendations for departmental structure, faculty, practicum settings, and curriculum," (p. 147) Having recorded these developments, Hogan persists in his allegations of the inappropriateness of doctoral training in psychology.

✓ The two other arguments advanced by Hogan in support of his allegation that licensing fails to protect the public are the inadequate disciplinary enforcement of licensing laws, and the only sporadic prevention of unlicensed practitioners from operating. These arguments speak to the need for better enforcement, administration, implementation of the licensing laws, not to their abolition. Any regulatory procedure needs to be administered properly.

Here, too, Hogan addresses the wrong issue. The issue to be addressed is not how well licensing laws are being administered, but which regulatory procedure lends itself more readily to effective administration and enforcement. In this connection, it will be revealing to compare Hogan's program for administering and enforcing the registration alternative he suggests with that required for effective enforcement of licensing laws.

* { In sum, Hogan provides no persuasive evidence to support his allegation that licensure fails to protect the public interest.

Negative Effects of Licensing: Refutation

In the second phase of his argument, Hogan states that even if licensing does accomplish its avowed purpose, it "has significant negative effects that often outweigh any potential benefits in terms of protecting the public."

(p. 265) According to Hogan, licensure has six harmful effects.

- 1) Exacerbation of shortages in the supply of practitioners

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Hogan provides no direct empirical evidence to support his allegations that licensing exacerbates the shortage in the supply of practitioners. In this section he states at one point that "Empirical research on the effects of licensing are difficult to find." (p. 220) At another point he states "The extent to which licensing plays a role in exacerbating this problem is difficult to determine, but it is probably substantial." (p. 267)

The indirect evidence he cites to support this allegation includes the following.

a) "The fact that licensing standards in a given profession tend to rise over time, although without demonstration that the standards required for minimally competent practice have risen, also indicates that current standards are higher than necessary, and hence unduly restrictive." (p. 268)

Hogan provides no data to show that licensing standards in any of the mental health professions, psychology, psychiatry, social work or nursing, have risen over time. In fact, they have not.

b) Hogan states, "By far the most convincing argument that licensing laws unnecessarily restrict the supply of practitioners in the mental health field is the evidence from preceding chapters that little, if any, relationship exists between requirements for licensure and competent practice.

A fairly large group of professionals agrees that this is the case, and the empirical research tends to bear this out (see earlier chapters and Hogan, 1972)." (pp. 267-8) The analysis of Hogan's "preceding chapters" has disclosed his failure to identify any "empirical research" that has borne this out, along with his selective use of such professional opinion as agrees with his allegations.

At this point Hogan is well into the strategy noted earlier. Successive allegations rest upon the validity of previous allegations, which he simply

asserts he has convincingly proved.

2) Exacerbation of maldistribution in the supply of practitioners

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Hogan provides no direct empirical evidence that licensing laws exacerbate the maldistribution in the supply of practitioners in the mental health area. He states the "Rigorous empirical verification of the impact of licensing on maldistribution is woefully inadequate...." (p. 273) With respect to the mental health field, he states, "Although the above evidence suggests that licensing laws do exacerbate problems of maldistribution in various professional fields, the question remains whether this is true for the field of psychotherapy. On this no evidence exists apart from the logical arguments provided above." (p. 274) In other words, he has no direct empirical evidence to provide.

The "logical arguments" are essentially one, viz., "The geographic problem has been exacerbated because licensure laws make it difficult for licensed practitioners in one state to obtain a license in another."

(pp. 272-3) This allegation is based on the assumption that if there was reciprocity between states practitioners would move from better served areas to underserved areas. This is a gratuitous assumption. A more likely consequence of reciprocity would be movement from underserved to better served areas, for the same reasons that have caused the better served areas to be reasonably well saturated with practitioners in the first place.

Understand * ←

Hogan states that for psychologists, social workers and physicians, "The existence of maldistribution is probably more a function of therapists being attracted to urban areas where the number of patients is sufficient to earn a reasonable income." (p. 274) This statement would lead one to conclude that any restraint on the movement of practitioners serves to prevent, rather than exacerbate, greater maldistribution in the supply of practitioners. Hogan, however, concludes the opposite, and assumes he has

"proved" his allegation (and bases further allegations upon this "proven" bias).

3) Increased cost of services ϕ

Hogan states, "unfortunately, no studies exist that directly examine the question whether licensing laws in the psychotherapy field influence the cost of services." (p. 276) Again, with respect to increasing the cost of services, he states, "...empirical evidence on the effects of licensing mental health professionals is absent..." (p. 276) Thus, once more, Hogan has, by his own admission, no direct empirical evidence in support of his allegation.

The indirect evidence provided by Hogan is essentially the following.

✓ "If licensing laws contribute to shortages and maldistribution, as argued above, then the law of supply and demand dictates that prices will rise as a result. Thus, the arguments and evidence presented in the two previous sections apply here." (p. 275) His indirect evidence thus turns out to be previous allegations now treated as facts. The weakness of the evidence and "logical arguments" through which Hogan transforms his allegations into facts has been reviewed.

4) Ineffective utilization of paraprofessionals

Hogan states, "In the field of psychotherapy the issue of paraprofessional utilization has been relatively ignored. Although little empirical research has been done, qualitative evidence from other professional fields, especially the health fields, indicates that paraprofessionals are not effectively utilized because of restrictions imposed by licensing laws..." (p. 277) Once again, Hogan says he has no direct empirical evidence to support his allegation. He adds, "It seems

reasonable that the situation in the mental health field is not likely to be substantially different from medicine....Thus problems created for paraprofessionals in medicine will most likely exist in psychotherapy."

(p. 277) Typically, Hogan draws inferences from indirect evidence and then further attenuates the evidence by extrapolating from one profession to another. He claims that the absence of direct empirical research requires the use of indirect data, regardless of how far its significance must be stretched. However, he then converts tenuous evidence into definitive conclusions.

The indirect evidence consists of such assertions as "Few professions make adequate use of paraprofessionals." (p. 277) "...licensing laws and the rules and regulations of licensing boards...seriously restrict the paraprofessional's chance of operating efficiently." (p. 277) "Overly broad definitions of practice for the fully licensed practitioner prevent auxiliaries from performing many tasks of which they are fully capable." (p. 278) Except for references to the opinions of some professionals, he does not identify the criteria by which he judges what use of paraprofessionals is "adequate," when a paraprofessional is "operating efficiently," which tasks paraprofessionals are "fully capable" of performing. Confidence in the validity of these assertions is shaken by Hogan's own statement that "methods of controlling the quality of paraprofessional practice have not yet been adequately investigated." (pp. 372-3)

Hogan states that psychology has "tended to ignore" the problem of "delegation of certain functions to assistants...of the twenty seven states in which practice is restricted to those with a license, only ten have express provisions for delegation to unlicensed assistants." (p. 279) Earlier he declared the opinion of 25% of medical boards who did not

believe they adequately screen out inept practitioners to be significant. Now, he declares that 37% of licensing laws addressing the delegation of authority constitutes "tending to ignore the problem." One gets the impression that his level of significance is attuned to the necessity of his argument.

Hogan cites studies which compare the services of paraprofessionals favorably with those of professionals. One of the most frequently cited studies is one by Strupp, often misinterpreted as suggesting that college professors did about as well as experienced therapists. (Strupp states the correct conclusion to be drawn from his study: "Professional therapists, by virtue of their training and clinical experience, are clearly much better equipped to deal with the vagaries and vicissitudes encountered in the interactions with most patients. However, it does seem fair to conclude that, given a carefully specified and protected context, mature and competent individuals, even in the absence of professional training, can engage appropriate patients in an interpersonal relationship whose outcome is therapeutic."⁸

Also frequently cited is a review by Durlak of studies of the comparative effectiveness of professional and paraprofessional helpers. Hogan refers to Durlak's 1971 report as "probably the most incisive analysis of the literature available." (p. 123) A later report on this subject was presented by Durlak in the Psychological Bulletin.⁹ However, Durlak's review has been sharply questioned in a recent report.¹⁰

⁸Behavior Today, V. 12, No. 15, April 20, 1981, p. 7.

⁹1979, V. 86, pp. 80-92.

¹⁰Nietzel, Michael T. and Fisher, Stuart G., Effectiveness of Professional and Paraprofessional Helpers: A Comment on Durlak, Psychological Bulletin, 1981, V. 89, No. 3, 00. 555-565.

With focused, abbreviated training, paraprofessionals can and do provide useful, circumscribed services. Some services, e.g., negotiating bureaucratic red tape, selective interviewing or counseling, under supervision, may be more effectively and economically rendered by paraprofessionals than by professionals. This more efficient task distribution does not at all bear on the training needs of professionals who must be capable of independent unsupervised practice, discriminating diagnostic judgments, recognition of complex and critical problems and how to address them or refer them.

The profusion of citations by Hogan about the use of paraprofessionals should not obscure the fact that, even if they support his allegation, they do not support his conclusions. (If licensure is to be rejected as a regulatory procedure because of negative side effects, these side effects must be irremediable. Hogan himself identifies the remedies: career ladders and delegation of authority. He has identified ten licensing laws which provide for delegation of authority. The most recent legislative proposals submitted by the New York State Psychological Association provide for a career ladder. It can be done.)

5) Inhibition of important innovations in professional practice, training, education and organization of services

Hogan provides no evidence, either direct or indirect, to support his allegation that licensure inhibits innovation in the mental health area. Even he concedes that he cannot validly extrapolate to the mental health field what he believes he has discovered in other areas. His concession, though grudging, is clear. "In the mental health field, professional education and training has not been hindered by licensing laws nearly as much as in medicine, at least within particular professions. Thus, in psychology the basic requirement for licensure

is generally a doctorate in a subject that is primarily psychological in nature from a program approved by the state board. To date, boards have not required that programs be APA approved, and specific courses are not required in most laws. Also on the positive side, most state laws regulating psychology, social work, and marriage and family counseling have not attempted to take a restrictive stance toward organizational developments in the field. Thus, practitioners are not generally subject to legal restrictions for participating in comprehensive prepaid group practices." (p. 280) But, having said this, he is undeterred in treating as fact that licensing inhibits innovation in the mental health area.

6) Discrimination against minorities, women, the aged, and the poor

Hogan states, "The extent to which licensing laws are responsible for the absence of these groups from the profession is difficult to determine. Only two studies bear even indirectly on this matter.... Neither of these studies provides conclusive evidence of licensing's involvement in discrimination...." (p. 281) Once again Hogan admits he has no direct evidence to support his allegation. Once more he finds "it is necessary to turn to an indirect and somewhat qualified approach." (p. 281) The sum and substance of this indirect approach is that "the reliance of licensing laws on academic credentials, which are less frequently possessed by the poor, minorities, women and the elderly, has a deeply pernicious and discriminatory effect..." (p. 282)

Pearlman reports the following data on academic credentials in psychology awarded to men and women.¹¹

¹¹ Pearlman, S., From the Baccalaureate to the Doctorate in Psychology, Interim Report No. 3, September, 1980 to the Committee on Manpower of the New York State Education Department's Commissioner's Task Force on Professional Education in Psychology.

Bachelor's Degree Recipients in the U.S.,
with Declared Major in Psychology

| <u>Academic Year</u> | <u>% Men</u> | <u>% Women</u> |
|----------------------|--------------|----------------|
| 1970-71 | 55.3 | 44.7 |
| 1971-72 | 53.6 | 46.4 |
| 1972-73 | 52.2 | 47.8 |
| 1973-74 | 49.5 | 50.5 |
| 1974-75 | 47.3 | 52.7 |
| 1975-76 | 45.6 | 54.4 |
| 1976-77 | 43.3 | 56.7 |
| 1977-78 | 41.1 | 58.9 |

In New York State

| | | |
|---------|------|------|
| 1976-77 | 38.4 | 61.6 |
| 1978-79 | 34.0 | 66.0 |

Psychology Master's Degrees in the U.S.

| | | |
|---------|------|------|
| 1970-71 | 62.8 | 37.2 |
| 1971-72 | 61.6 | 38.4 |
| 1972-73 | 59.8 | 40.2 |
| 1973-74 | 60.2 | 39.8 |
| 1974-75 | 57.1 | 42.9 |
| 1975-76 | 53.3 | 46.7 |
| 1976-77 | 51.9 | 48.1 |
| 1977-78 | 47.9 | 52.1 |

In New York State

| | | |
|---------|------|------|
| 1976-77 | 44.4 | 55.6 |
| 1978-79 | 43.0 | 57.0 |

Psychology Doctoral Degrees in the U.S.

| | | |
|---------|------|------|
| 1970-71 | 76.0 | 24.0 |
| 1971-72 | 75.2 | 24.8 |
| 1972-73 | 71.0 | 29.0 |
| 1973-74 | 70.5 | 29.5 |
| 1974-75 | 69.1 | 30.9 |
| 1975-76 | 68.3 | 31.7 |
| 1976-77 | 64.1 | 35.9 |
| 1977-78 | 62.6 | 37.3 |

In New York State

| | | |
|---------|------|------|
| 1976-77 | 56.5 | 43.5 |
| 1978-79 | 53.0 | 47.0 |

There is not as much data, particularly over time, on academic credentials awarded to members of ethnic minorities. The Information Center on Education of the New York State Education Department reports that ethnic minorities received the following percentages of all academic degrees awarded in psychology in two recent years in New York State.

| | <u>Bachelor's</u> | <u>Master's</u> | <u>Doctorates</u> |
|---------|-------------------|-----------------|-------------------|
| 1976-77 | 8.7% | 29.1% | 12.4% |
| 1977-78 | 15.4% | 17.2% | 18.0% |

In a letter to Senator Edward Kennedy (June 12, 1979) the American Psychological Association reported the following information about the situation nationally. "In 1977, approximately 5% of psychologists were members of ethnic minorities. Data from the Ear Doctorate Survey of the National Academy of Sciences (1978) show that 7% of the persons earning their doctorate in psychology in 1976-77 were ethnic minorities. A 1976-77 survey of 103 graduate departments with an APA-approved doctoral clinical program found that 10.7% of the students were ethnic minorities. By contrast, a sample of 25 graduate departments involved with the APA Minority Fellowship Program found that 15.5% of the students were ethnic minorities."

What these data indicate is that the existence of licensure does not obstruct solutions to the real problems of the representation of women and ethnic minorities in psychology. The impressive advances in the representation of women that the data cited above reveal were accomplished while licensure was in effect. These problems need to be addressed directly, without making licensure a scapegoat. The letter from APA to Senator Kennedy adds, "These figures suggest that advances are

being made. From a figure of only 5% in the professional pool, to 7% of recent doctorates, to 11% in training demonstrates a clear positive trend. It will obviously take some time for the pipeline to empty into the professional market with sufficient impact. Provided national policy and priorities continue to support these efforts, significant positive effects will be clearly demonstrated over the next 10 to 15 years."

* [Hogan has not provided the evidence to support his allegations about the harmful effects of licensure.

Registration as an Alternative to Licensing: Evaluation

The third phase of Hogan's argument states that "...even if the net benefits of licensing outweigh the costs, an argument can be made that equally beneficial alternatives are available at less cost." (p. 252)
He presents his recommended alternative as follows:

Registration Laws: The most preferable method of regulation is licensing through registration. Any person desiring to practice as a psychotherapist should be required to register with the state. The registration fee should be nominal, and practitioners should not have to meet any educational, experiential, or other prerequisites before being granted the right to practice. They would, however, have to provide the state with their name, address, and other information related to their intended field of practice, such as relevant experience and academic training, the methods they intend to use, the goals of treatment, their fees and a statement of ethical beliefs. The registration laws would be administered by a board of registration that would also be responsible for disciplinary enforcement.

✓ Laws Requiring Full Disclosure: Because a consensus does not exist on standards of professional practice, a critical method of protecting the public is to provide clients with sufficient information to decide for themselves what services they decide to purchase. To further this, state governments should enact laws requiring practitioners to disclose to any client as exact a description as possible of their practice and background. This would include the information provided to the state, as described above, and might also include other information such as proposed length of

treatment and what results are to be expected. This should also include information as to how dissatisfied clients can file complaints with the state registration board...

Client Evaluations: Because at least some aspects of a professional's practice are subject to direct evaluation by a client, such as client satisfaction, laws should be enacted to require practitioners to distribute to clients evaluation forms regarding the services rendered by professionals. These evaluations would be voluntarily made at the termination of the professional-client relationship and would be submitted to the state disciplinary body. Room would be made on the evaluation form for specific criticisms, as well as positive comments. The evaluation form would be designed for computer usage to provide future clients with a concise summary of past client evaluations. A sufficient number of negative comments or ratings would bring about a disciplinary inquiry or hearing...Client anonymity would need to be protected, although some clients might indicate a willingness to discuss their evaluations with either their therapist or potential clients of that therapist. Potential abuses of this system would have to be carefully monitored, especially with regard to who had access to the data." (pp. 361-2)

T

Some questions about the regulatory procedure Hogan recommends need to be answered.

→

1. Full disclosure

a) Among the items each registrant would be required to submit is his or her academic training, so that the consumer may judge its relevance and adequacy for providing the services the consumer seeks. Hogan's oft-repeated allegation is that licensing boards have failed at this task. If these boards, which consist of people considered to be best qualified to do this job, and who have devoted much time and study to accomplish it, cannot (according to Hogan) do it satisfactorily, why should one expect the consumer to become instantly expert at this task?

b) Other information to be disclosed at the time of registration is the methods the practitioner intends to use and the goals of treatment. This information can have meaning only in relation to a specific client, for it depends on the personal strengths and weaknesses the client

presents, the problems the client wishes to address, the goals the client wishes to achieve. Any general statement of methods and goals, one that does not refer to the unique issues presented by a specific client, will be of insignificant usefulness in selecting a psychotherapist.

2. Client evaluations

a) If the evaluations are voluntarily made, who is likely to be motivated to make a report, with what effect on the sample of a practitioner's clients?

b) Who evaluates the evaluations? Will it be possible to differentiate those complaints that reveal bad practice from those that represent disappointment, psychopathology, negative transference or pique?

c) Is such a system likely to promote defensive practice to an even greater degree than do malpractice suits?

d) What potential for mischief and harassment is presented by such information available to any self-declared potential client? Hogan hints at this problem when he states "Potential abuses of this system would have to be carefully monitored, especially with regard to who had access to the data." (p. 362) If according to Hogan, this data would be available to potential clients to enable them to evaluate providers, anyone wishing access to the data would merely have to declare himself or herself a potential client. What monitoring system would he devise that would eliminate, or even diminish, the potential for abuse?

3. Administration

a) What would be the dimension of the administrative structure necessary

for such a regulatory procedure? How large a staff would be required to register all self-identified practitioners, accumulate the personal data submitted by each registrant, amass, evaluate, summarize and disseminate the client evaluations, implement a pro-active program of disciplinary enforcement? Such a bureaucracy would dwarf the current administrative requirements for licensure. If, as Hogan asserts, states have not provided for adequate administration of the existing laws, can it be expected that they will provide the much more extensive administrative structure necessary to implement the registration procedure he recommends?

b) Similarly, if the disciplinary structure for licensure is deemed by Hogan to be insufficient, why should one expect the much more complex and comprehensive structure necessary for a registrative procedure to be implemented more sufficiently?

c) If Hogan's recommendation to adopt registration as the preferred regulatory procedure were to be extended to all groups presently regulated - lawyers, physicians, cosmetologists, barbers, etc. - including the personal file and client evaluations he proposes, what would be the extent of the bureaucracy it would generate and the nature of the society it would create?

Hogan states, "Although registration does not initially prevent unqualified people from practicing, it does make provision for preventing those who have a record of harming clients from continuing to practice. Thus, some people will be injured by the quack and the charlatan. The thesis of this book, however, is that this danger is less than the risks entailed in more restrictive forms of licensing, where substantial harm results because persons in need of services are unable to afford or find help." (p. 372)

Hogan's thesis does not withstand a careful analysis of his arguments and his evidence. The case for his thesis is based upon the assertion of impertinent criteria, and the citation of "evidence" of shadowy relevance. It rests upon unwarranted extrapolations, selective surmise and loose logic. It is, at best, a pyramid of conjecture.

Hogan has not proved that licensing fails to protect the public. His allegations of harmful effects of licensure are not sustained. He most certainly has not demonstrated that registration, rather than licensure, will better "protect the public's health, welfare, safety and morals."

Discussion and Recommendations

What has been shown is that Hogan has not proved that licensure has failed in achieving its purpose. This does not prove that it has succeeded. It is correct to say, as Hogan does many times, that there is little, if any, empirical research that bears directly on this issue. What does one do in such a situation?

The approach that has evolved in our society is to proceed on the best judgment of those who are deemed to know the most, however much or little that may be, about the issue. In this instance it includes the judgment of educators about training, of practitioners about good practice, attorneys general and other legal authorities about disciplinary enforcement, consumers and legislators about public interest considerations. The regulatory system that is presently in place is the result of this approach.

Concurrently, studies should be undertaken to provide information about the effectiveness of our present regulatory procedures and how it may be increased. These studies should evaluate not only the present

procedures but alternate regulatory systems. This part of the responsible and orderly evolution of a social policy has not been put into place. Psychology is committed to such a program of evaluation and urges the legislature to provide for its implementation. We pledge our support and cooperation in such an endeavor.

Does this mean that the status quo should prevail until all the data are in? Not at all. Decisions will continue to be made based on the best judgment of relevant authorities. As the data come in, they will enable these authorities to improve their judgments.

Does it mean that the state should withhold official status - certification or licensure - from any group except those presently recognized as mental health providers? Not at all. Until new information dictates otherwise, groups should be granted such status based upon the best criteria we have thus far arrived at, viz., the criteria that the currently recognized groups were required to meet. These may be summarized as follows.

- 1) Its activities should be based upon a comprehensive body of knowledge (not a narrow technique).
- 2) It should have a demonstrated competence for advancing and expanding this body of knowledge through systematic investigation and research.
- 3) It should have training programs that are accredited by the state or by agencies recognized by the state.
- 4) It should have a code of ethics.
- 5) It should have a system of accountability that includes standards of practice and peer review.

Based on these criteria, psychology supported the certification of social workers. It will support other groups, when they meet these criteria.

Statement of all A
President

For those who would deregulate society in general and professional practice in particular, there is little that can be said in favor of a psychological Board of Examiners and the continued licensure of psychologists. Like attorneys, morticians, veterinarians, and certain other professionals, psychologists only rarely make decisions which truly have life and death consequences. Why not let the marketplace and peer pressure alone decide who may practice law, veterinary medicine, psychology and other professional disciplines? This question, both philosophical and practical, is being asked widely and at many levels. It has an immediate appeal and on the face of it seems to promise a great deal: less government intrusion in people's lives, wider availability of professional services at lower cost, an emphasis upon self-reliance rather than reliance upon government, etc.

The broad philosophical question "What should be the purpose(s) of government and to what lengths should it go in fulfilling such purpose?" will not be explored in any depth here and those who embrace a radical libertarian philosophy will see little merit in our arguments. We take the position that regulation of these professions is a proper role for state government, that such regulation can and should serve to protect the public, that professionals have an obligation to police their own ranks and should have mechanisms available by which to do so, and that a professional board of examiners is critical to the accomplishment of these tasks.

We do not intend a point-by-point rebuttal of all the various charges contained in the recent Division of Legislative Audit report other than to point out that the Division appears to have begun with the premises that professional regulation is not a proper activity for state government, and now is a good time for the Alaskan government to begin getting out of such affairs. Working from these premises, it has resurrected old charges, given credence to transparently self-serving complaints of disgruntled applicants, and failed to seek or accept information which might support the record of hard work and solid results turned in by the current Board of Examiners.

Overburdened in the extreme, understaffed, composed of too

few members and funded for only a few meeting days each year, the Board has made remarkable progress in overcoming a legacy of administrative indifference, legislative uncertainty, constant pressure and an overwhelming backlog. In the face of impossible and sometimes contradictory demands, the Board has made excellent progress, deserving better than the one-sided evaluation conducted by the Division.

A measure of the inadequacy of the Division investigation is that at no point was the state psychological association contacted for comment, licensed psychologists weren't surveyed, and no apparent consideration was given to the carefully prepared and closely reasoned July 7, 1981 letter of Board member, Dr. Delys-Baglien. In it she responded at length to an Interim Letter from Mr. Dan Allen which in all significant respects paralleled the final Division report. It is evident from an examination of the final report that her letter was ignored. Dr. Delys-Baglien and the Board are well able to respond to specific criticisms of Board policies and actions and will continue to do so. We would like to point out some pragmatic reasons for working to improve, not eliminate, the regulation of psychological practice in Alaska.

It is well known that the vast majority of health care costs are now paid by government, insurance companies, and other third party payors. This situation holds equally true for the payment of treatment services provided by psychologists. Almost universally, the payors have chosen to hold down costs and protect consumers by reimbursing only licensed psychologists. Similarly, the 1981 Alaska legislature recognized a need to protect the public when it required licensure of psychologists involved in SB-100 involuntary commitment proceedings.

In 1979 the Governors Mental Health Advisory Council, a citizen group composed primarily of consumers, passed and later reaffirmed the following resolution:

Whereas the consuming public has a right to expect that individuals providing psychological treatment are professionally licensed qualified psychologists and psychological associates and;

Whereas many insurance providers require that psychologists be licensed for the payments of benefits and;

Whereas the judicial system and certain federal agencies such as federal disability certification programs require the participation of licensed psychologists and;

Whereas the present board, the Alaska Board of Psychologists and Psychological Associate Examiners, provides professional licensing standards under the existing statutory scheme AS 08.86.230.

Be it resolved that the Mental Health Advisory Council supports the continuation of a Board of Psychologists and Psychological Associate Examiners.

The points they raised in 1979 are equally valid in 1982 and the Alaska Psychological Association strongly supports the continuation and improvement of current statutory provisions for the regulation of psychological practice. The professional Board of Examiners is an essential component of this effort. We pledge ourselves to work with the Alaska Legislature, the Division of Occupational Licensing, and professionals throughout the state to continue to improve the quality, availability and accessibility of professional psychological services throughout Alaska.

For those who would deregulate society in general and professional practice in particular, there is little that can be said in favor of a psychological Board of Examiners and the continued licensure of psychologists. Like attorneys, morticians, veterinarians, and certain other professionals, psychologists only rarely make decisions which truly have life and death consequences. Why not let the marketplace and peer pressure alone decide who may practice law, veterinary medicine, psychology and other professional disciplines? This question, both philosophical and practical, is being asked widely and at many levels. It has an immediate appeal and on the face of it seems to promise a great deal: less government intrusion in people's lives, wider availability of professional services at lower cost, an emphasis upon selfreliance rather than reliance upon government, etc.

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*Michael Hoag, Ph.D.
Clinical Psychologist*

Handwritten signature or initials

TO: Rick Cotti
Division of Occupational Licensing
Pouch D
Juneau, AK 99811

DATE: January 4, 1982

FILE NO:

TELEPHONE NO:

SUBJECT: Psychologist Licensure



FROM: R. Steven Harrison, Ph.D.
Regional Supervisor (SCR0)
Division of Mental Health &
Developmental Disabilities

Enclosed are my comments concerning Chapter 10 and 12 from The Regulation of Psychotherapists. I have also included some comments about the Licensure of Psychologist in Alaska.

I disagree with many of the points raised by the author especially as they relate to psychologist. I have a disadvantage in that I did not have access to the complete text and therefore missed definitions and the development of key ideas. However, I feel that I am familiar enough with the therapy field to comment on the author's conclusions.

It is important to realize that this article deals with psychotherapy and that while it has some application to the psychologist licensing process, it is felt that the application is limited. This is because psychotherapy as dealt with in the article includes the counseling or helping relationship that occurs between any helper and the person who desires that service. This lumps all helpers into one category and all clients into another. The author does state that many professional practice psychotherapy and goes on to list "psychology, social work, and marriage counseling". I would add that school counselors, physicians (psychiatrist), crisis line workers, alcohol counselors, psychiatric nurses, pastors, and others provide "psychotherapy" as defined in this article. Thus, I feel that the author is creating a straw man when he claims that the process of psychotherapy is being regulated. Many people can and do provide counseling or therapy without regulation. Pastors and social workers are two examples of groups in Alaska which provide a considerable amount of therapeutic service with virtually no regulation. At this time, individuals can and do offer counseling or psychotherapy through growth centers, counseling centers, workshops, or other avenues that are not regulated by license requirements. Thus, they can not do in other countries' psychol...

Thus, in the maze of helping professions, licensing provides the public with a guide to a professional who has an identified level of training and possesses a knowledge of the therapeutic process.

The author makes many statements that are controversial and not necessarily accepted by the professional community. One such statement is, "Empirical evidence indicates that those in the helping professions bring about similar results no matter what techniques are used, no matter what the purpose of their method is, and irrespective of type of academic training." Several examples from what actually occurs in practice appears to contradict that statement: (1) practitioners in the field often seek consultation from those who have a higher level of training, (2) beginning therapist soon realize that there are specific therapeutic interventions that are more effective with one problem than another, and (3) the professional with additional training has more resources with which to address a given problem and is not limited to one treatment method for all clients.

In discussing the changes that occur in therapy the author makes the following statement.

Contrary to much professional opinion, however, the effectiveness of therapists is more determined by the presence of certain personality characteristics and interpersonal skills than technical abilities, diagnostic skills, and theoretical knowledge. Specifically a therapist's ability to empathize, to be warm and caring, and to be genuine appear necessary for successful work. While diagnostic ability (as traditionally defined), technical skills, ability to use various methods of treatment, and theoretical knowledge are undoubtedly relevant to the highest levels of competence, little evidence exists that they are essential for minimal competence, or that their absence will lead to significant harm.

This is another example of a very biased view point. A person who spends four to six years studying human behavior and practicing therapy techniques under supervision, and then completes a year of supervised internship working in various clinical settings, is obviously better prepared to provide therapy than someone who is merely personally "warm and caring". It is felt that when a client pay \$50 to \$70 per hour for a service that is expected to be therapeutic,

he can expect more than a warm, caring and emphatic person. Very often individuals with only these prerequisites exacerbate the problems of those that they are attempting to help.

The author often makes statements to the effect that "academic training is not particularly helpful in preparing competent practioners". I totally disagree. Since psychology is a relatively new field, there's a large amount of research being done and new advances being made that a competent therapist needs to be aware of. Academic training provides a background in the science of human behavior, the skills necessary to critically analyze new research and methods of therapy, and the reference material to use in future practice. Most of the institutions that offer a Ph.D. in psychology provide a mixture of academic courses and practicum experience.

Another point that should be made when applying this article concerning "psychotherapy" to the Regulation of Psychologists is that psychotherapy is only one of the many activities in which psychologist engage. Some of these activities include: psychological testing and evaluation; consultation to various companies, groups and agencies; administration, education, research, prevention activities, as well as individual, family and group therapy. A skill such as psychological evaluation is definitely not something one can do by being "warm and caring". Since evaluations that are performed by psychologists directly affect the lives of individuals as they impact in the criminal justice system, educational system, court system and other agencies and institutions; it is important that clinicians performing these evaluations have adequate training. The same rationale applies to the abilities of psychological consultants. The agencies and companies which utilize consultant services can expect a certain level of training and expertise from a licensed psychologist. This is important since recommendations made by consultants often impact the lives of those working for the company or agency. There are several other points that the author makes that I feel are in conflict with my experience as a psychologist. However, these do not directly apply to psychologist licensure.

The main reason for licensure is the protection of the public. By licensing psychologists, it is possible to set very specific requirements for entry into the field. This provides guidelines to individuals who wish to become clinicians as well as guidelines for individuals who wish to secure a therapist with specific training. Currently the profession of psychology requires a high degree of education and training in mental health and emotional processes. A doctoral program in clinical psychology requires four to six years of vigorous academic and practicum experience and one year in a full time supervised internship at a clinic, hospital or training center. Because of this training, psychologists are recognized as fully qualified to diagnose and treat mental disorders and can offer a much needed service to the public through mental health centers, private practice or other helping agencies.

Like Alaska, some states are reviewing the process of psychology licensure. However, through the years licensure of psychologist has gained acceptance and by 1977, all 50 states and the District of Columbia had enacted laws regulating the practice of psychology. Most states established the following criteria for licensure: (1) a doctoral degree from an accredited university, (2) two years of supervised experience, and (3) a successful written and oral examination.

The public is further protected by the ethical standards to which psychologist adhere. Psychology as a profession has been very active in the development of ethical standards under which psychologist practice. The standards that were adopted by the American Psychological Association have also been incorporated by most states in the regulations that pertain to the licensure of psychologists.

In the mental health system of Alaska, licensure has been important in several ways: (1) the Alaska licensing requirements have provided guidelines to the local boards in the selection of psychologists, (2) licensed psychologists are able to bill third party payers which increases the financial resources of the mental health center and helps the center secure the required matching funds, (3) the protection of the confidential information gained through the client-therapist relationship, (4) the legal and ethical standards to which psychologists adhere as well as sanctions for violation of those standards.

While I am in favor of the continued licensing requirement for psychologists, I would like to see some changes in the procedure. One area that should be addressed is the local portion of the examination. There are several factors which make Alaska unique as a state in which to practice psychology, and testing for knowledge of these factors would enhance awareness of these issues by licensed psychologists. Some potential areas of examination are: the commitment laws of the state; laws, regulations and ethical considerations unique to Alaska; and a thorough knowledge of Alcohol and Drug Abuse and the accepted methods of treatment.

These are some of my thoughts concerning the licensing of psychologists. If I can be of assistance in the review process please contact me.

IN THE _____

BY THE RULES COMMITTEE
REQUESTED BY THE GOVERNOR

June?

BILL NO. _____
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE - SECOND SESSION

For an Act entitled: "An Act relating to the practice of psychology and providing for an effective date."

*Section 1. AS 08.86.150(1) is amended to read:

(1) he holds a doctoral degree with primary emphasis on psychology from an accredited school with an approved program;

*Sec. 2. AS 08.86.180(a) is amended to read:

Sec. 08.86.180. Practice of psychology. (a) Unless he is licensed under this chapter, a person may not practice psychology, or offer to practice psychology, or represent to the public that he is a psychologist or that he practices psychology. A person represents himself to be a psychologist when he holds himself out to the public by a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychometrics," "psychometrist," "psychological counseling," "psychological counselor," ["PSYCHOTHERAPY," "PSYCHOTHERAPEUTIC," "PSYCHOTHERAPIST,"] "psychoanalysis," or "psychoanalyst," or when he holds himself out to be trained, experienced or qualified to render services in the field of psychology.

*Sec. 3. AS 08.86.180(b)(3) is amended to read:

(3) a qualified member of another profession, such as a social worker, drug or alcohol abuse counselor, or pastoral counselor, in doing work of a psychological nature consistent with his training and consistent with the code of ethics of his profession, if he does not hold himself out to the public by a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychometrics," "psychometrist," ["PSYCHOTHERAPIST,"] "psychoanalysis," "psychoanalyst" or represents himself to be trained, experienced or qualified to render services in the field of psychology;

*Sec. 4. This Act takes effect immediately in accordance with AS 01.10.070(c).

A PERFORMANCE REVIEW OF THE
BOARD OF PSYCHOLOGIST AND
PSYCHOLOGICAL ASSOCIATE EXAMINERS

August 12, 1981

Audit Control Number
08-121-1054-R

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|--|-------------------|
| Commissioner, Department of Commerce and Economic Development | Charles R. Webber |
| Deputy Commissioner, Department of Commerce and Economic Development, Acting | Lois Cook |
| Deputy Commissioner, Department of Commerce and Economic Development | Vacant |

Members of the Board of Psychologist
and Psychological Associate Examiners

| | |
|-------------|-------------------------|
| Chairperson | Pam Delys-Baglien, Ph.D |
| Member | Dorothy Whitmore, Ed.D |
| Member | James Greenough, Ph.D |
| Member | Paul E. Turner, Ph.D |
| Member | Charles C. Bovee, Ed.D |

3-16-1981
Don Allen 3816

STATE OF ALASKA

AUDIT DIVISION
POUCH W—ALASKA OFFICE BUILDING

THE LEGISLATURE

FINANCE DIVISION
POUCH WF—STATE CAPITOL

BUDGET AND AUDIT COMMITTEE

JUNEAU, ALASKA 99811

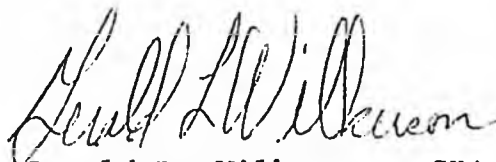
August 12, 1981

Members of the
Legislative Budget and Audit Committee:

In accordance with the intent of Title 24 and 44 of the
Alaska Statutes, the attached report is submitted for your
review.

A PERFORMANCE REVIEW OF THE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS

August 12, 1981



Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit

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PURPOSE AND SCOPE OF THE REVIEW

Purpose

In accordance with the intent of Alaska Statutes 24.20.271(1) and 44.66.050 (Sunset legislation), a review of the Board of Psychologist and Psychological Associate Examiners was conducted to review Board activities and accomplishments to determine if the Board has been operating in an effective, efficient, and economical manner.

As required by legislative intent, this report shall be considered during the legislative oversight function in determining whether the Board of Psychologist and Psychological Associate Examiners should be reestablished. The law currently specifies that this Board will terminate on June 30, 1982, but will continue until June 30, 1983, for the purpose of concluding its affairs.

Scope

The major areas reviewed were the Board's operations and its licensing, examination, administration, complaint and affirmative action functions. Our review consisted of analyzing and evaluating the following:

1. Applicable statutes and Board regulations.
2. Interviews with Board members.
3. Interviews with health agencies and professional associations.
4. Tests of records and documents of the Board and the Division of Occupational Licensing (OL), Department of Commerce and Economic Development.
5. Interviews with OL employees.
6. Complaints filed with OL, the Ombudsman's Office, Consumer Affairs Agency, and the Equal Employment Opportunity Office.
7. Review of other states' licensing requirements.

ORGANIZATION AND FUNCTION

The Board of Psychologist and Psychological Associate Examiners (PPAE) was established under the provisions of Title 8 Chapter 86 of the Alaska Statutes. The Board consists of four licensed psychologists and one public member appointed by the Governor and approved by the Legislature.

The Board regulates licensed psychologists and psychological associates in the State. A psychologist is licensed to use psychological principles, methods and procedures for the treatment of emotional and mental disorders. A psychological associate is licensed to perform psychological services under the supervision of a licensed psychologist.

The Board's duties are basically the following:

1. Examining and issuing licenses to qualified applicants.
2. Establishing or amending rules and regulations necessary and desirable to enforce State statutes.
3. Holding hearings in order to revoke or suspend the license of a person violating the psychologist and psychological associate statutes and regulations.

An applicant may be licensed by passing an exam given by the Board or by credentials. For credentials, an applicant must provide proof of licensure by another authority with equal licensing requirements.

In order to qualify for licensure as a psychologist by examination, an applicant must pass a written examination, have a doctorate and one year of experience. The examination is composed of two parts: an objective national examination composed by the Professional Examination Service (PES) and an essay examination composed by the Board.

Psychological associates may qualify for the examination if they have three years supervised experienced after obtaining a Master's Degree.

REPORT CONCLUSION

Policy Issues

This review contains policy issues raised as a result of our evaluation of various Board practices. The final policy decisions affecting these practices are not within the scope of this review but require legislative consideration. In debating these decisions, the legislative oversight committees should consider the findings and alternatives presented in this report so that the potential impact of policy changes can be evaluated.

Report Conclusion

In our opinion, the continuation of the Board and the licensing of psychologists and psychological associates is not necessary to protect the public's health, safety and welfare. The Board's performance has not always been in the public's best interest. Two prior audit reports dated August 5, 1975, and October 31, 1978, show that the Board had been unnecessarily restricting the licensing of qualified psychologists and psychological associates in the State. These conditions still exist (see Recommendation No. 1).

In the event that the Board is reestablished, certain changes need to be implemented in order for the Board to more effectively serve the public. A statutory change should be considered which will increase the number of public members on the Board and allow the public to be better represented (see Prior Audit Recommendation No. 1).

2
3
Legislation should be introduced which clarifies the jurisdiction of the Board. The Board has not established regulations defining which professions are exempt from Title 8 Chapter 86 of the Alaska Statutes. The lack of regulations has caused confusion as to which professions are covered by the statutes (see Recommendation No. 2).

Legislation needs to be introduced to change the licensing statutes of psychological associates (PA's). The statutes should be changed to encourage additional qualified applicants to apply and become licensed in the State without lowering the quality of services provided by PA's (see Prior Audit Recommendation No. 8).

The Board should consistently apply statutory licensing criteria to all applicants (see Prior Audit Recommendation No. 2). The Board needs to openly conduct its meetings and provide documentation supporting its deliberations and

decisions (see Prior Audit Recommendation No. 3). The Board should develop a test manual and consistently grade the examination given to license applicants (see Prior Audit Recommendation No. 7).

The Board needs to establish regulations which specifically define the conditions in which a licensed psychologist may be restricted to a speciality (see Prior Audit Recommendation No. 6). Also, the Board needs to develop regulations defining the type of continued competency required before a psychologist's license is renewed (see Prior Audit Recommendation No. 9).

The Division of Occupational Licensing should develop a procedures manual for the licensing examiner supporting the Board (see Prior Audit Recommendation No. 11).

FINDINGS AND RECOMMENDATIONS

Recommendation No. 1

The Board of Psychologist and Psychological Associate Examiners should be allowed to terminate and the licensing of psychologists and psychological associates should be discontinued.

The Board has had a long history of not always operating in the public's best interest. Two reports by the Division of Legislative Audit dated August 5, 1975, and October 31, 1978, found that the Board has been unnecessarily restricting the licensing of qualified psychologists and psychological associates in the State. Several times the Attorney General has had to intervene and strongly advise the Board to halt these practices. Other reports by different organizations supported these findings.

We have reviewed the Board's performance since 1978 and conclude that past conditions still exist. The following has been left unresolved by the Board.

1. The Board has continued to be inconsistent in approving applicants to take the Board's examination and in licensing psychologists and psychological associates (see Prior Audit Recommendation No. 2).
2. The Board has continued to conduct its deliberations in secrecy (see Prior Audit Recommendation No. 3).
3. The Board has proposed and supported statutory changes which have unnecessarily restricted the licensing and practice of psychological associates and decreased the representation of the public on the Board (see Prior Audit Recommendations No. 1 and No. 8).
4. The Board has not passed or developed regulations establishing specialty designations for psychologists and psychological associates and requiring proof of continued competency before a license is renewed. Both types of regulations are required by AS 08.86.070 (see Prior Audit Recommendations No. 8 and No. 9).
5. The Board has inconsistently graded the essay examination. In addition, the records of applicants' grades are confusing, unorganized, and inaccurate (see Prior Audit Recommendations No. 2 and No. 7).

In our opinion, the Board's performance has not always been in the public's best interest. These actions not only discourage qualified applicants from attempting to become

licensed in the State, but also harm the public by artificially creating shortages of mental health practitioners. These shortages tend to increase the costs of mental health services in the State.

In our prior audit dated October 31, 1978, we recommended that if the Board continues to inconsistently apply the statutes, the Board's licensing function should be transferred to the Department of Commerce and Economic Development.

However, we believe that the intent of Sunset legislation is to reduce government control and interference over the public. The Alaska statutes broadly define who is to be licensed to practice psychology. The Board has not established regulations to better identify those professions who are covered by the statutes or to give guidance to those who are exempt. We found no evidence after reviewing complaints filed against those practicing psychology in the State that the public would be harmed by not licensing psychologists. The Board has never revoked or suspended a license and the violations filed with the Board have been minor in nature. Therefore, we recommend that the State eliminate licensing of psychologists and psychological associates and allow the profession and other legal remedies to regulate and discipline the practice of psychology (see Recommendation No. 2).

Other alternatives to the above recommendation would include terminating the Board and allow the Department of Commerce and Economic Development to certify qualified applicants. This approach to licensing would allow only qualified applicants to use the title "psychologist" or "psychological associate". However this would not prohibit other persons from practicing psychology (see Recommendation No. 2). Another option would be registration. In this case, all persons who practice psychology must register with the State. However, they do not need to meet minimum educational or experience requirements or be required to pass an examination.

Another alternative would be to require that professionals must have a minimum amount of malpractice insurance before being allowed to practice psychology. The insurance companies would then be responsible for establishing the minimum licensing requirements for psychologists. The Department of Commerce could keep a register of those qualified persons.

If the Board is not terminated and the licensing functions are not discontinued, then the following should be implemented.

Recommendation No. 2

Legislation should be introduced which clarifies the jurisdiction of the Board.

The statutes which govern the Board (AS 08.86) prohibit any person, unless they are licensed or exempt, to practice psychology in the State. They also allow the Board to establish regulations defining which professions are exempt and under what conditions those exempt must operate. The Board has not done so and has caused confusion as to which professions are covered by the statutes.

AS 08.86.180 states that a person working for a governmental unit, educational unit, or private agency is exempt if she/he is under "appropriate supervision". In a memorandum dated February 9, 1976, sent from an Assistant Attorney General to both the Department of Health and Social Services and the then chairman of the Board, it was explained that "appropriate supervision" was too vague and required further definition by the Board through adoption of a regulation.

The memorandum also pointed out the need for the Board to adopt regulations defining its jurisdiction over other professions. The psychology statutes were changed in 1980. However, questions have again been raised as to who is covered under the psychology statutes. The National Association of Social Workers (NASW) sent a letter to the Board in March 1981 requesting that a resolution be passed saying that it was not the intent of the Board to regulate the practice of social workers. The Board passed a resolution only saying that they supported the licensure of NASW.

Due to the confusion that has arisen over the Board's jurisdiction and the lack of regulations clarifying this issue, legislation should be introduced specifying who is covered by the statutes. We suggest that the legislation allow anyone to practice psychology, but require that certain requirements be met before a qualified applicant can use the title "psychologist". This would effectively change the regulation process from licensing to certifying psychologists.

PRIOR AUDIT RECOMMENDATIONS

Three of the eleven recommendations presented to the Board in a previous audit report "A Performance Review of the Board of Psychologist and Psychological Associate Examiners, October 31, 1978", have been implemented. The following is the status of the remaining recommendations:

Prior Audit Recommendation No. 1

A statutory change should be considered which will increase the number of public members on the Board and allow the public to be represented.

Prior to June 5, 1980, the Board was composed of three psychologists and two public members. In questionnaires returned by State licensed psychologists, 39% of the respondents believed that the Board had not operated in the public's best interest.

The Board had been inconsistently licensing applicants even though an Attorney General's opinion and a prior Division of Legislative Audit report, dated August 5, 1975, noted prior inconsistencies and made recommendations to change these practices. Also, the Board had been conducting its meetings and making its deliberations in secrecy. Such actions not only exposed the State to lawsuits, but also threaten recruiting efforts of State mental health institutions for qualified psychologists and counselors.

Legislative Audit's Current Position

With the enactment of Chapter 58 SLA 1980, the Board is now composed of four psychologists and one public member. The public member has a doctorate in counselor education, a strong background in psychology and is a member of the American Psychological Association. While this is not a violation of the statutes, it contradicts the spirit of the law requiring public members.

The Board continues to have the problems noted above. We have found inconsistencies in granting of licenses, approving applicants to take the examination, and in the testing of applicants (see Prior Audit Recommendation No. 2). In addition, the Board has continued to conduct its meetings and making its decisions in secrecy (see Prior Audit Recommendation No. 3).

If Recommendation No. 1 is not implemented, then we recommend that the Board be composed of a majority of public members to help ensure that the Board acts in the public's best interest.

Prior Audit Recommendation No. 2

The Board of Psychologist and Psychological Associate Examiners should consistently apply statutory licensing criteria to all applicants.

In a prior Division of Legislative Audit report dated August 5, 1975, it was found that the provisions of AS 08.86, outlining the required qualifications for licensure of psychologists and psychological associates, had not been consistently applied by the Board. A review of available records filed from 1975 to 1978, indicated that this condition still existed.

Psychology regulations have been proposed but have not become effective as of September 30, 1978. Effective regulations will help guide the Board to consistently license qualified applicants. However, if regulations are not promptly implemented, then it is recommended that legislation be introduced to clarify AS 08.36.130(3).

Legislative Audit's Current Position

Although the Board adopted regulations in December 1978, a review of records since 1978 shows that the Board has continued to be inconsistent in licensing qualified applicants, approving applicants to take the examination and in grading the examination.

For example, the Board approved the qualifications of an applicant to take the examination for psychological associates. However, at the next meeting, the Board ordered the license examiner from the Division of Occupational Licensing after meeting in executive session to write a letter explaining what the Board had decided about the applicant's qualifications (see Prior Audit Recommendation No. 3). The letter explained that the Board had decided that the applicant was not qualified because of the lack of three years of experience. Documentation in the applicant's file showed that she had over six years of experience.

An applicant was licensed as a psychological associate (PA) without substantial evidence of a Master's Degree. Other licensed PA's were required to submit college transcripts as evidence.

Another applicant was denied the opportunity to take the examination because he had not submitted all the required information for licensure. However, two other applicants were allowed to take the examination pending receipt of the same type of information.

According to the Board's minutes, an applicant was required to retake the national psychology examination (PES) because:

1. Although the applicant's scores were above Alaska's standards for passing, they were not passing in the state where the examination was taken.
2. The applicant's scores were three years old.

Records show the applicant's scores were only two years old when received. In addition, Board regulations stated that a score of 75 standard deviation below the national mean is passing. The Board had accepted other applicants' examination scores from other states.

An applicant who took the essay test given in October 1980 received an average score of 59% and was given a passing grade. The minimum passing scores in prior examinations was 60%. Two applicants failed the essay test in April 1980 with scores of 50.6% and 51.8%.

An applicant was required to be retested with the entire essay examination in 1979 when the applicant failed only a section. Another applicant was required six months before to take only part of the essay examination that the applicant failed.

In conclusion the Board needs to consistently apply the licensing and testing requirements. We confirm our prior recommendation.

Prior Audit Recommendation No. 3

The Board should openly conduct its meetings and provide documentation supporting its deliberations and decisions.

The Board was found to be conducting its deliberations and parts of its meetings in secrecy. In addition, there was insufficient documentation to identify its decisions. Ambiguous minutes and lack of documentation in the files have caused licensing problems.

AS 44.62.312(a)(2) states:

"It is the policy of the State that it is the intent of the law that actions of those units (governmental units) be taken openly and that their deliberations be conducted openly."

This statute covers all meetings of a board and, therefore, should be strictly adhered to. Without compliance, the Board gives the impression that the decision making process is not for public knowledge. Also, it is difficult for

Board members and others to determine and trace the reasons for prior Board decisions without proper documentation.

Legislative Audit's Current Position

While there has been improvement in the documentation of the license files, the Board is continuing to deliberate in secrecy. They meet often in executive session and the minutes do not adequately explain why or what the Board decided. Such actions give the impression that the Board does not wish the public to be involved and aware of its decisions.

During our review of the Board's minutes, we found that the Board used executive session to:

1. Consider the grading procedures to be used for an examination after the examination was given.
2. Consider applicants for licensure.
3. Consider the status of investigations.

The essay examination given by the Board has had problems with its procedures (see Prior Audit Recommendation No. 7). However, no confidential information would have been exposed if the Board's deliberations about these procedures would have been open to the public.

In its recent meetings, the Board identified that it used executive session in reviewing applications and investigations in accordance with AS 44.62.310(c)(2). The statute allows use of executive sessions when discussions of subjects may tend to prejudice the reputation and character of individuals. However, the Board has at times held open meetings to discuss similar subjects. Also, none of these reviews should include prejudicial information. For instance, the investigative reports do not include names in order to protect the Board's impartiality when they may later have to hold an investigative hearing. The discussion of applicants' qualifications for licensure should be limited only to those attributes specified by statute or regulation. We found no evidence that demonstrated that prejudicial information was being or should have been discussed in those meetings.

If the Board uses executive session, it should ensure that the minutes accurately identify decisions and reasons for their decisions after the meeting is opened. During the March 1981 meeting, the Board directed the license examiner to write a letter to three applicants regarding their application status. Because the Board discussed these applications

in executive session, there was no other formal record of the Board's decisions regarding those applicants. A letter to one of the applicants said that the Board decided not to allow the applicant to take the examination because the applicant did not have the required number of years of experience. A review of the applicants' records show that the applicant had twice the required number of years of experience.

The minutes also need to better identify Board discussions and which members voted for or against a resolution. They should also include any letters or correspondence which are specifically mentioned in the minutes. During the July 1980 meeting, the minutes recorded that an individual in a letter accused the Board of instituting unwritten licensing policies. The letter was to be included with the minutes in the appendix. However, the official minutes filed with the Department of Commerce and Economic Development do not include the letter. We have been unable to obtain a copy from other sources.

The Board held a conference call meeting in April 1981 for an hour. During this time, the Board discussed important changes to their regulations. The minutes did not identify any of the discussion and summarized the meeting in only sixty words. They also did not identify how individual members voted on the resolution.

Although the license examiner for the Department of Commerce and Economic Development takes the minutes, the Board is responsible for them. Board minutes are the official public record of all proceedings of a meeting and the only means a board has to formally state its actions. These actions and deliberations should be conducted in the open and within the public's scrutiny. Therefore, we confirm our prior recommendation.

Prior Audit Recommendation No. 6

The Board should develop a more aggressive investigation policy by establishing clear regulations for licensing violations and by promptly filing complaints against those practitioners who violate the law.

There were at least four unlicensed practitioners in Alaska who may have been advertising and practicing psychology or counseling in violation of AS 08.86.180 and AS 08.86.185. In addition, several licensed psychologists expressed concern in a Legislative Audit questionnaire that psychologists educated in areas other than clinical psychology may obtain a license and practice clinical psychology without being qualified to do so.

AS 08.86.220 allowed the Board to restrict the practice of a licensed psychologist by specialty, upon a finding that there is a demonstrated problem with competence, experience, education or health. However, according to investigative files and Board meeting minutes, the Board had never sought to do so. Nor had it composed regulations to provide guidance in this investigative area.

Legislative Audit's Current Position

The Board has been doing a better job in filing complaints against unlicensed practitioners. However, we still found a number of counselors practicing without a license. Because of the broad definition of psychology in the statutes and a vague series of exemptions (see Recommendation No. 2), it is unclear whether these persons are in violation of the statute.

The Board has not implemented or established regulations which specifically define under what conditions a licensed psychologist may be restricted to a specialty. We still believe that the Board needs to do so.

Prior Audit Recommendation No. 7

The Board should develop standards and a test manual for the examination given to license applicants.

Several respondents to a Legislative Audit questionnaire sent to licensed psychologists in the State noted that the essay and oral questions were exactly identical. A review of past tests shows that the Board made no marks of grading on the test sheets. In addition, there are no written standard answers or grade sheets with which the Board can properly evaluate and grade applicants' tests. One examinee charged that the examination is unfair.

The Board should follow the American Psychology Association's standards by proposing and implementing regulations and a test manual. Such actions will help the Board treat all applicants in a consistent manner and avoid costly litigations against the Board.

Legislative Audit's Current Position

The Board has made some improvements in its testing. However, problems still exist as evidenced by the following:

1. Grade sheets contained math errors and were left incomplete.

2. Two applicants were given different identification numbers to take the national examination. One applicant did not show to take the examination. However, the Division of Occupational Licensing received grades for the identification number of the no-show. These grades were sent to the other applicant.
3. The Board took four months to process the grades for four applicants tested in October 1980. This processing time could be greatly reduced.
4. Board members are inconsistently grading the essay examination. We found that for the October 1980 examination, grades computed separately by two Board members for an applicant varied by 34 points. One member scored the examination as 52%. Another member grading the same paper scored it as an 86%. The official score given to an applicant is calculated by averaging the four Board members grades. This score could be skewed by a large difference in two members scores such as in the above example.
5. A Board member forgot to grade a question in the October 1980 examination. The question had a value of as much as 15 points.

The Ombudsman's Office has reviewed two complaints against the Board for delays in grading the examination. In addition, the office received another complaint in 1980 concerning ambiguous exam instructions. The complaint was later withdrawn since the complainant was allowed to retake the examination.

We found that the questions on the essay examination are similar to the topics covered on the standard national examination. Because of the similarity and the problems experienced with the essay examination, we suggest that the Board consider dropping the essay portion. In any case, we concur with our prior recommendation and recommend that a test manual be developed.

Prior Audit Recommendation No. 8

Legislation should be introduced to change licensing statutes for psychological associates in order to encourage more qualified applicants to apply and become licensed in the State.

As of September 30, 1978, there were only three licensed psychological associates (PA) in the State. Other psychological associates who were statutorily exempt from being licensed

may also have been practicing in the State. However from 1975 to 1978, at least two applicants were denied licensure because of the licensing requirements. Others may have been discouraged from applying.

Legislative Audit's Current Position

Chapter 58 SLA 80 made the following significant changes to the licensing requirements for PA's in 1980.

1. A qualified applicant for a PA's license must have three years postgraduate experience after obtaining a Master's Degree. The prior statutory requirement that applicants must have two years of Alaskan experience was deleted.
2. In order to practice as a PA, a licensee must be supervised by a licensed psychologist.
3. The duties that PA's may perform within the State were expanded. However, the statutes require that the Board restrict the practice of PA's to a speciality and identify the speciality on the license. The Board has not complied with all the statutes.

The licensing requirements now in effect are more restrictive than the prior statutes. Since the enactment of Chapter 58 an applicant has already been denied by the Board to take the PA examination due to his lack of three years of experience. He would have been eligible under the old statutory requirements.

There are eighteen other states which issue licenses to applicants with Master's Degrees. In a comparison of these states' licensing requirements, we found:

1. Nine of 13 states (69%) which issue psychological associate licenses similar to Alaska, require that applicants have one year or less of postgraduate experience before being qualified.
2. Five states (Iowa, Minnesota, Missouri, Pennsylvania, and West Virginia) issue psychology licenses to applicants with Master's Degrees. These states require that applicants have more than two years experience (the average is four years). However, they allow licensees to independently practice psychology. Minnesota does require that the licensees meet once a year with a licensed psychologist with a doctoral degree. Also, they license applicants with Master's Degrees by endorsement.

There have never been any complaints filed against PA's in the State. Based on the evidence, we suggest that the statutory licensing requirements be changed to allow PA's to be licensed after one year of postgraduate experience. In addition, they should be allowed to practice independently within their specialty with an option that for the more complex psychological practices, supervision may be required. An alternative would be to allow applicants with Master's Degrees and four years of experience to be licensed as psychologists. Also we suggest that the Board be allowed to license PA's and/or psychologists with Master's Degrees by endorsement.

Prior Audit Recommendation No. 9

Legislation should be introduced requiring continuing education for psychologists and psychological associates.

A program of continuing education will assist in avoiding professional obsolescence and keep practitioners aware of changes taking place in the profession. Twenty-two of 28 psychologists responded to a Legislative Audit questionnaire that they believed continuing education should be required for their profession. In addition, the American Psychology Association endorsed the concept and had determined that 11 states required it.

Legislative Audit's Current Position

Chapter 58 SLA 1980 in part states: "The Board shall adopt regulations requiring proof of continued competency before a license is renewed." As of May 15, 1981, the Board has not held hearings on nor adopted continued competency regulations. However, they have discussed the need for these regulations in their meetings. We encourage them to begin the process of adopting regulations as soon as possible.

Prior Audit Recommendation No. 11

The Division of Occupational Licensing should develop a procedures manual for the licensing examiner supporting the Board.

In 1978 the licensing examiner supporting the Board had no procedures manual with which to guide his/her actions. There have been five license examiners for the Board from 1976 to 1978. With this high turnover, it is necessary that there are standard guidelines to help new and old employees.

Legislative Audit's Current Position

A formal procedure manual to guide the licensing examiner for the Board has not been developed.

We believe that the Board should give the license examiner written instructions about Board activities and the Division of Occupational Licensing should incorporate these instructions with a formal procedures manual. This will help ensure that the Board's minutes are accurate and complete (see Prior Audit Recommendation No. 3) and possibly decrease the amount of time it takes for examinations to be processed and grades sent to applicants (see Prior Audit Recommendation No. 7).

ANALYSIS OF PUBLIC NEED

Limited Analysis

The following analyses indicate both positive and negative attainments as Board activities relate to the public need factors defined in the "Sunset" law. These analyses are not intended to be comprehensive in nature, but address those areas we were able to cover within the scope of our review.

- I. The extent to which the board, commission or program has operated in the public interest.
 1. The following areas demonstrate the extent to which the Board has operated in the public's best interest.
 - A. The Board has held public hearings to update its regulations concerning application forms, supervision over PA's, licensure by endorsement, examination grades, competency requirements for psychologists and PA's, and the requirement for confidentiality of information obtained by psychologists in their practice.
 - B. The Board has developed goals and objectives. In 1980, the Board accomplished three of seven objectives. Those accomplished include:
 - (1) Support legislation requiring continuing education for relicensure.
 - (2) Clarify the role of the Board in the investigative process.
 - (3) Introduce legislation to repeal the two-year residency requirement for PA's.
 - C. The Board has updated its application forms.
 2. The following areas demonstrate the extent to which the Board has not operated in the public's best interest.
 - A. The Board needs to be consistent in approving qualified applicants to take the examination and in licensing psychologists and psychological associates (see Prior Audit Recommendation No. 2).

- B. The Board needs to discontinue its practice of deliberating in secrecy (see Prior Audit Recommendation No. 3).
- C. The Board needs to develop regulations establishing specialty designations for psychologists and psychological associates and regulations defining the type of continued competency before a license is renewed. Both are required by AS 08.86.070 (see Prior Audit Recommendations No. 6, No. 8 and No. 9).
- D. The Board needs to develop a test manual and consistently grade the examination given to license applicants (see Prior Audit Recommendations No. 2 and No. 7).
- E. According to Board minutes, it took over one year for the Board to comply with an agreement that the Attorney General's office made with an applicant improperly denied a license. The applicant had filed an administrative complaint against the Board alleging that the Board had violated due process requirements in denying the applicant's licensure. Our prior audit report dated October 31, 1978 recommended that the Board comply with the Attorney General's advice. The Board did comply in October 1979. Lengthy delays in complying with the advice from the Attorney General exposes the State to litigation proceedings.

II. The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

- 1. The jurisdiction of the Board needs to be clarified to identify which professions are to be regulated by the Board (see Recommendation No. 2). The lack of specific statutory guidelines has caused confusion among other professions as to whether their practice is covered by Title 8 Chapter 86 of the Alaska Statutes.

2. The Division of Occupational Licensing needs to develop a procedures manual for the license examiner with the help of the Board. A manual may help improve the quality of the Board minutes and the processing time for grading examinations (see Prior Audit Recommendation No. 11).

III. The extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

1. The Board recommended that continuing education be a requirement for relicensure and that the two year Alaska experience requirement for psychological associates be removed. These were implemented by Chapter 58 SLA 1980 (see Prior Audit Recommendations No. 8 and No. 9).
2. The Board has resolved to recommend that the term "psychotherapy" be excluded from the definition of "to practice psychology." This would allow social workers to use this practice and not be regulated by the Board.
3. The Board proposed and supported statutory changes for the following:
 - A. The composition of the Board was changed from three psychologists and two public members to four psychologists and one public member
 - B. The statutory responsibilities for PA's were expanded. However, the licensing requirements were made more restrictive. In addition, a licensed PA is now required to practice under the supervision of a psychologist.

In our opinion, these statutory changes, except for the expansion of duties for PA's, are not of benefit to the public interest.

4. According to its minutes, the Board is going to recommend that the initial license fee be decreased from \$200 to \$30. In our opinion, this decrease in fees would not be in the public's best interest because of the Board's current deficit (see Appendix A).

IV. The extent to which the board, commission or or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service and availability of service which it has provided.

1. We noted no evidence which demonstrates Board encouragement.

V. The extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

1. The following are examples of how the Board has encouraged public participation.

A. The Board has held part of its meetings to meet with interested persons.

B. The Board, through OL, advertises its meetings, examinations and regulatory changes in newspapers and sends notices to interested parties. This is in compliance with the Administrative Procedures Act.

2. The following are examples of how the Board has discouraged public participation.

A. The Board needs to discontinue the practice of holding its meetings in secrecy. Also, it needs to improve the clarity of its Board minutes.

VI. The efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which a board or commission is administratively assigned, or with the office of the ombudsman have been processed and resolved.

1. The Office of the Ombudsman has closed eight complaints against the Board since October 1978. Two complaints were about applicants not being issued temporary permits. Those were favorably resolved. A complaint was filed concerning the Board's refusal to comply with an agreement made by the Attorney General's office with an applicant. The Board finally complied a year after the agreement. A complaint was filed about the Board's

refusal to issue a license to an applicant by endorsement proceedings. The complaint was judged as unsupported. A complaint was filed about the Board denying the use of out-of-state psychology test scores for licensing an applicant. The Ombudsman's Office ruled that since the Board had no regulations, it was up to their discretion to accept or reject the scores. And an applicant filed a complaint that the Board's examination instructions were ambiguous. This complaint was withdrawn since the complainant was allowed to retake the test.

VII. The extent to which a board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

1. Due to problems with statutes, especially in the area of exemptions, it is difficult to tell where the Board's jurisdiction begins and where it ends (see Recommendation No. 2).
2. The Division of Occupational Licensing has closed five cases against individuals for unlicensed activity. There are currently eight cases under investigation, six for unlicensed activity, one for unethical conduct and one for incompetence. We have found no cases which have resulted in hearings, suspension or revocations of licenses.

VIII. The extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

1. Psychology and psychological associate applications require unnecessary information such as an applicant's age and picture.

IX. The extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

Please refer to the previous sections, recommendations and prior recommendations.

APPENDIXES

APPENDIX A

BOARD OF PSYCHOLOGIST AND
PSYCHOLOGICAL ASSOCIATE EXAMINERS
REVENUES COMPARED WITH EXPENDITURES
Fiscal Year 1980
(UNAUDITED)

| | |
|--|-------------------|
| Average Revenue (see Schedule 1 and Note 1) | \$ 2,650 |
| Expenditures | <u>35,369</u> |
| Excess of Revenues Over Expenditures | <u>\$(32,719)</u> |

Schedule 1
Types of Revenues

| <u>Revenues for Psychologists and Psychological Associates</u> | <u>Amount</u> |
|--|---------------|
| Application Fee | \$ 25 |
| Examination Fee | \$125 |
| Credential Review Fee | \$125 |
| Initial License Fee | \$200 |
| License Renewal (due every four years) | \$200 |

Note 1

Most of the psychology revenues are composed of renewal registration fees. These fees in the past were collected once every two years and cause revenues in one year to be much greater than the revenues collected in the next year. Therefore, we calculated and reported an average of the revenues collected in fiscal year 1979 and 1980 in order to obtain an accurate representation of collected revenues.

Note 2

Expenditures include those made by Board members, such as travel and per diem and an allocated percentage (estimated) of total administrative expenses of OL. They do not include expenditures for efforts of other departments, such as the Department of Law, that may be assisting the Board and OL.

APPENDIX B
ADMINISTRATIVE STATISTICS

Schedule 1
Number of Licenses

| | <u>As of</u> <u>March 6, 1981</u> |
|-----------------------------------|--------------------------------------|
| Licensed Psychologists | 78 |
| Licensed Psychological Associates | <u>9</u> |
| | <u>87</u> |

Schedule 2
Licenses Issued by Fiscal Year

| | <u>1978</u> | <u>1979</u> | <u>1980</u> | <u>1981</u> <u>As of</u> <u>March 6, 1981</u> |
|--------------------------|-------------|-------------|-------------|---|
| Psychologists | 14 | 12 | 15 | 5 |
| Psychological Associates | <u>-0-</u> | <u>-0-</u> | <u>3</u> | <u>3</u> |
| <u>Total</u> | <u>14</u> | <u>12</u> | <u>18</u> | <u>8</u> |

APPENDIX C

EXAMINATION STATISTICS

| | Examination Date | | | | | | | | | |
|-----------------------------------|------------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| | <u>10/29/78</u> | | <u>04/29/79</u> | | <u>10/19/79</u> | | <u>04/11/80</u> | | <u>10/10/81</u> | |
| | <u>No.</u> | <u>%</u> | <u>No.</u> | <u>%</u> | <u>No.</u> | <u>%</u> | <u>No.</u> | <u>%</u> | <u>No.</u> | <u>%</u> |
| Failed at least one Section | -0- | -0- | 6 | 60% | 3 | 43% | 4 | 44% | -0- | -0% |
| Passed | <u>4</u> | <u>100%</u> | <u>4</u> | <u>40%</u> | <u>4</u> | <u>57%</u> | <u>5</u> | <u>56%</u> | <u>6</u> | <u>100%</u> |
| <u>Total</u> | <u>4</u> | <u>100%</u> | <u>10</u> | <u>100%</u> | <u>7</u> | <u>100%</u> | <u>9</u> | <u>100%</u> | <u>6</u> | <u>100%</u> |

Note 1

One person who failed the essay portion of the examination was licensed previous to an out-of-court settlement arranged by the Attorney General's Office due to a complaint filed against the Board.

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH D

JUNEAU, ALASKA 99811

Phone: 465-2500

December 2, 1981

RECEIVED

DEC 02 1981

LEGISLATIVE
AUDIT

Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit
Pouch W
Juneau, Alaska 99811

Dear Mr. Wilkerson:

RE: Preliminary Audit: Board of Psychologists and
and Psychological Associate Examiners

Thank you for the opportunity to comment on the August 12, 1981 Preliminary Performance Review of the Board of Psychologists and Psychological Associate Examiners. The following comments address the Performance Review's 10 recommendations.

Recommendation No. 1: The Board of Psychologists and Psychological Associate Examiners should be allowed to terminate and the licensing of psychologists and psychological associates should be discontinued.

Comment: Since the department's research into the justification for and implications of this recommendation are still in progress, it is not possible at this point to agree or disagree with this recommendation. The department is conducting research into the question of certification vs. licensing and relicensing. Evaluation of the information gathered will form the department's position.

The above recommendation does not address the effect that the elimination of licensure may have on the ability of the public to pay for needed services through third party reimbursement. It would be counterproductive to eliminate regulation if the consequence was to erect an economic barrier which placed services out of the financial reach of the people who need those services.

Recommendation No. 2: Legislation should be introduced which clarifies the jurisdiction of the board.

Comment: The department agrees with the need to clarify the jurisdiction of the board. For reasons stated above, the department cautions against replacing the licensure with certification if it means the elimination of third party reimbursement.

PRIOR AUDIT RECOMMENDATION NO. 1: A statutory change should be considered which will increase the number of public members on the board and allow the public to be represented.

Comment: The department concurs with this recommendation. It should be noted that the number of members and composition of the board should be set with an eye to actual duties and responsibilities. The present legislatively mandated duties of the board (e.g., detailed application review, continuing education, etc.) require a substantial amount of professional time. With proper guidelines the department could accomplish the legislative mandates.

PRIOR AUDIT RECOMMENDATION NO. 2: The Board of Psychologists and Psychological Associate Examiners should consistently apply statutory licensing criteria to all applicants.

Comments: The department concurs with this recommendation.

PRIOR AUDIT RECOMMENDATION NO. 3: The board should openly conduct its meetings and provide documentation supporting its deliberations.

Comments: The department concurs with this recommendation. The department has instructed the board and provided it with legal opinions from the Department of Law concerning the use of "Executive" sessions. Guidance has also been given for conducting open meetings, and the requirements to identify subjects discussed during executive sessions, the requirement of motions and voting only in open sessions. The board was using AS 44.62.310 (c)(2) for agency meetings, public protection of the applicants, and investigative information in the broadest senses.

PRIOR AUDIT RECOMMENDATION NO. 6: The board should develop a more aggressive investigation policy by establishing clear regulations for licensing and by promptly filing complaints against those practitioners who violate the law.

Comment: The department concurs with the need for an aggressive investigation policy and clearer regulations.

PRIOR AUDIT RECOMMENDATION NO. 7: The board should develop standards and a test manual for the examination given to test applicants.

December 2, 1981

Comments: The department concurs with this recommendation. Efforts are underway for evaluation of the presently written essay examination to be reviewed for extensive change. The department has corresponded with professional testing services and various schools with graduate psychology programs for a comprehensive psychology test. We disagree with the present examinations composition and administration. The board is presently re-writing the essay portion of the examination. A test manual will result from this effort.

PRIOR AUDIT RECOMMENDATION NO. 8: Legislation should be introduced to change licensing statutes for psychological associates in order to encourage more qualified applicants to apply and become licensed in the state.

Comment: The department concurs with this recommendation.

PRIOR AUDIT RECOMMENDATION NO. 9: Legislation should be introduced requiring continuing education for psychologists and psychological associates.

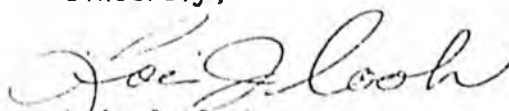
Comments: As noted in the narrative accompanying this recommendation, legislation has been passed requiring continuing education as recommended. The board has developed a draft set of regulations which are scheduled for public hearing after January 1, 1982.

Based on the research presently available, we seriously doubt the value of continuing education as a licensing or renewal requirement. In addition, the development and enforcement of continuing education regulations has turned out to be an inordinately burdensome undertaking for the board. Although the department concurs with continuing education requirements a number of concerns develop. The availability of acceptable and recognized programs, the type of acceptable methods (seminars, independent study, tape programs, etc.). The question of transferring cost by providers of the service to the users of the service. Overall we would concur a properly administered and scrutinized program would be beneficial.

PRIOR AUDIT RECOMMENDATION NO. 11: The Division of Occupational Licensing should develop a procedures manual for the licensing examiner supporting the board.

Comment: The department concurs with this recommendation. The staff in the Division of Occupational Licensing is preparing a procedures manual. The manual is approximately half complete and will be completed prior to June 1982.

Sincerely,



Lois J. Cook
Acting Deputy Commissioner

Kodiak Island Mental Health Center

Pamela J. Delys Baglien, Ph. D.
Director

J. Ray Langdon, M.D., F.A.P.
Psychiatrist

December 15, 1981

Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit
Pouch W
Juneau Ak 99811

RECEIVED

DEC 16 1981

LEGISLATIVE
AUDIT

Dear Mr. Wilkerson,

This letter is in response to your Performance Review of the Board of Psychologist and Psychological Associate Examiners dated August 12, 1981 and received by me on or about December 5, 1981. Since many parts remain the same as in the Interim Letter No. 1 of June 9, 1981 from Dan Allen, I am also including my detailed response to the Interim Letter as part of this response.

I will respond to your findings and recommendations in the order of their presentation.

Recommendation No. 1

The Board of Psychologist and Psychological Associate Examiners should be allowed to terminate and the licensing of psychologists and psychological associates should be discontinued.

In my opinion termination of the Board and discontinuation of licensing would very clearly not be in the best interest of Alaska's consuming public. You neglected to note in your report that the states of Florida and South Dakota both followed that course as a result of their Sunset process. Both of those legislatures reinstated the board procedure at the first opportunity as a result of the difficulties entailed in functioning without professional licensing boards.

Functioning of the Board has increased dramatically in effectiveness during the past two years. The Board most certainly has not approved every individual who has applied for licensure examination and will probably not do so in the future. A number of applicants are not qualified on the basis of training, experience, or character reference to be licensed for practice as psychologists or psychological associates. A few disappointed applicants have constituted a noisy and persistent complaint group; however, a strong duty of the professional Board in protecting the public will always involve licensing on the basis

of careful and critical scrutiny of such matters as training, experience, and character. Refusing licensure on these grounds does not constitute inconsistency even though it sometimes results in a few disgruntled applicants.

Due to the heavy workload required of professional members on the Board an increase in the overall size of the Board was requested. This increase was not allowed; however, one of the public member positions was filled with a professional in order to increase the work force for test development, test scoring, and other jobs requiring professional expertise. The Board would still prefer to see an increase in the Board size in order to receive more public member input.

The Board has concentrated focus on complying meticulously with the open meeting policy while at the same time making every effort to avoid public deliberation which might taint the reputation of individuals. The Board met with a representative of the Department of Law during 1981 specifically for the purpose of clarifying this issue procedurally.

Since the implementation of new regulations, there has been a steady increase in the number of both applications and granted licenses to psychological associates. Regulations for continued competency through continued education have been written and are being processed through hearings and the Department of Law. Psychological associate licenses are now being issued with imprinted specialty areas. A request has been submitted for a minor statute change in this area.

The Board is currently evaluating the possibility of contracting from a professional testing service for the essay portion of the exam in order to further objectify scoring of that portion of the licensing exam.

Recommendation No. 2

Legislation should be introduced which clarifies the jurisdiction of the Board.

Definitions of "appropriate supervision" have been clarified through regulations.

Regulations clarifying the relationship with other professionals have been through hearings and are being processed.

A number of changes have occurred in the past year which facilitate improved Board function. The Division of Occupational Licensing has taken an assertive position about providing improved supportive services to the Board. Board meetings are regularly attended by a regulations specialist, the Division director, and appropriate investigators. Advisors from the Department of Law are available on a regular basis. Communication and working relations between the Board, the Division and the Attorney General's office have been significantly improved through coordination efforts on the part of Mr. Traeger's organization.

Improved guidelines and support systems for licensing examiners have been developed by the Board and the Division. This is expected to lower the possibilities of errors in handling applications and test files. The Board is working toward having the total administration and scoring of the tests handled by testing services thus eliminating the possibility of inter-member variance. This process would also eliminate many hours of test related work by professional members and free the entire board for greater refinement of other procedures and for attending to broader issues. It would also make operating with the present, small unpaid Board far more realistic.

A recent meeting of the various licensing board chairmen sponsored by the Division of Occupational Licensing allowed an opportunity for in-depth work among boards and with representatives of legal and investigative branches, as well as the Governor's office. This type of board support on the part of the Division will play a very important part in problem solving of occupational licensing at all levels throughout the state.

I thank you for this opportunity to respond to the Performance Review and look forward to being of assistance to the legislative process again in the future.

Sincerely,

Patricia J. Delys-Eaglien, Ph.D.
Chairman, Board of Psychologists and Psychological
Associate Examiners

CC: Dorothy Galtmote, Ed.D.
James Greenough, Ph.D.
Paul Turner, Ph.D.
Charles Bwee, Ed.D.

Kodiak Island
Mental Health Center

Pamela J. Delys Baglier, Ph. D.
Director

J. Ray Langdon, M.D., F.A.P.A.
Psychiatrist

July 7, 1981

Daniel A. Allen, CPA
Auditor
Division of Legislative Audit
Pouch W
Juneau, AK 99811

Dear Mr. Allen:

Thank you for your call alerting my attention to the Interim Letter No. 1 from the Division of Legislative Audit. As chairman of the Board of Psychologists and Psychological Associate Examiners, I am responding to your letter. The Board will be having a regular meeting in August and review the issues as a body at that time.

As chairperson, I feel you have some valid concerns, most of which the Board shares with you. Others, I feel may be based on missing information or inaccurate information. All in all, I feel strongly that this very small, unpaid board has accomplished a great deal in view of being funded for only three two day meetings per year. The board clearly needs a few more members and more meeting time in order to accomplish all tasks as quickly as might be desired.

I will attempt to respond to some of the highlights of your letter point by point.

Recommendation No. 1

In the past two years, the Board has taken great caution to be as consistent as possible. They have someone from the Attorney General Office either present or available for consultation for all meetings. They have worked on extensive revisions to regulations in order to clarify issues and avoid confusion or lack of specificity which may lead to inconsistency. The Board, at times, is caught in a double bind in some of these situations between attempting absolute consistency, while at the same time, having individuals who are concerned about too rigid regulations constituting restrictiveness.

2. (p.2) In order to avoid any concern about lack of openness regarding Board matters, for the past several years all meetings including work sessions have been tape recorded. Only executive sessions, which contain information and personal materials regarding individual applicants or complaints which have been filed, are not taped. Meetings are set and publicly announced for time and place well ahead of time. There are frequently members of the public in attendance at meetings.
3. (p.2) The Board supported adding another professional member to the board to share the workload. No funds have been available to pay for scoring of exams, developing pools of test items, or other extremely time consuming work which cannot be accomplished by public members. The board is funded for only three two day meetings a year, which severely limits working time. The Board has never favored limiting public members and would welcome their addition. Board requests for additional members have not been met.
4. (p.2) The Board may have draft regulations by the August 1981 meeting regarding specialty designations. This area requires careful deliberation since such designations are only now being formulated at the national level by the American Psychological Association. Before the new regulations were formulated, this designation process had been very restrictive in Alaska for psychological associates and limited them to only two narrow areas of practice. In recent years, new and very legitimate areas of practice have been developing in psychology. The intention of the Board is to avoid limiting any qualified professional from practice in the state. There is also concern for designing regulations which will be compatible with standards in other parts of the country and enhance opportunities for qualified psychological professionals from other areas who may come to Alaska.

Draft regulations for continued competency standards are expected after the August meeting. Once again, the intention is to develop strong standards which are compatible with other areas of the country.

5. (p.2) The Board has begun requiring that at least the chairperson, if not the entire Board, review all nonroutine correspondence sent out for the Board by the Occupational Licensing staff. Scoring and computation of test average scores is also being reviewed by the Board as a double check against computational errors or misinformation. The staff position has a history of fairly rapid turnover, which has always concerned the Board. The individual is sometimes gone before they have had an opportunity to become job proficient.

On page 3, you note that two states have eliminated state licensing of psychologists. Please also note that South Dakota found that situation so unworkable that they have reinstated state licensing. As of today, I understand, the Florida legislature has reinstated state licensing of psychologists and that bill is on the governor's desk awaiting signature.

You comment that the Board has neither revoked nor suspended any licenses. This would indicate that the initial licensing procedures, even with their occasional difficulties, have been working quite effectively.

Recommendation No. 2

- (p.3) The Board has been working for several years to refine identifying and defining regulations to eliminate ambiguity and/or confusion regarding who is or is not included in the practice of psychology. The Board was concerned about continued difficulty in this area and requested additional public hearings before final recommendations on the latest proposed regulations. The teleconference hearings held on May 4, 1981 helped clarify these issues and provided opportunity for input by concerned professionals. It was found that a few semantic problems in the proposed regulations were creating confusion for a few other qualified professionals (particularly social workers). Changes were made in the recommended regulations to remedy the problem.

New regulations for the area of adequate supervision for doctoral level licensing applicants were also presented during the teleconference hearing which are expected to provide for more flexible arrangements in outlying areas. This has been a long and difficult area to develop satisfactorily.

Prior Audit Recommendation No. 1

(p.4) As pointed out earlier, the Board requested the addition of at least one more professional member in order to share the work load. While this increase was made with a new appointment, the total size of the Board was not increased with the resultant under-representation of public members. This is indeed a serious problem and the Board would welcome the addition of more public members. The Board would certainly support such a statutory change.

Prior Audit Recommendations No. 2

(p.6) In this section of your letter, you make incomplete reference to certain applicant cases implying that there may have been error or inconsistency in handling the cases. I am not able to respond to this unidentified case material. The Board will happily review clearly identified and specific case problems.

I have mentioned several safeguards the Board is implementing to avoid this kind of problem, such as the review of all non-routine correspondence and all test score calculations prior to their release by the Division of Occupational Licensing. More detailed information regarding individual case decisions needs to be formally entered in Board minutes as well. Not only details of action, but more rationales for the decisions need to be formally recorded in order to avoid misinterpretation by those outside the Board.

Once again, let me reassure you that the Board will gladly review clearly identified and specific concerns you may have regarding individual cases. The Board is very concerned about these issues. However, I feel you will usually find that concerns come from someone with incomplete information.

The Board appreciates the fine support from the Division of Occupational Licensing, but is continually concerned about accurate and complete presentation of information to licensing applicants and to the public. The Board is working on a number of projects to assure simple and accurate information management.

Prior Audit Recommendation No. 3

(p.8) While the open nature of Board activities is of supreme importance, the protection of reputation and character of individuals must also be carefully guarded. In the past, work sessions were not tape recorded; however for at least two years, even work sessions are recorded except for executive sessions, which may influence reputation and character of individuals applying for licensure or under review. It is important to realize that in a professional community as small as Alaska, the elimination of names alone in no way protects the identity of an individual in a situation which requires such discretion.

Again I concur that the Board needs to provide for more detail and rationale for decisions made in either executive or regular session. I share your concern regarding failure to attach correspondence or other documents to Board minutes before submission to Occupational Licensing. This procedure is handled by the staff member and the Board must insist that this is corrected. I have attached a note to the minutes of the April conference call requesting the attachment be added as indicated.

Prior Audit Recommendation No. 6

(p.11) The development of specialty designations should be helpful in this area. The Board has neither statutory authority nor intent to regulate any professional outside psychology. Psychology is not alone, as a profession, in its concern with assuring the public of quality in professional services.

Prior Audit Recommendation No. 7

(p.12) The Board has spent a great deal of time improving testing procedures and is aware that there is still more to be desired. The oral examination procedure has been completely eliminated in order to avoid possible inequities. The written essay portion is improving considerably with the development of more specialty questions (which also require a scoring format and answer citations). Scoring forms are being improved to assure more consistent scoring by individual board members.

The nature of board involvement with applicants during and after testing provides for total anonymity of applicants until such time as all pass-fail decisions are complete. This necessitates careful management and security by staff members who administer the tests and handle test materials.

The Board is helping the staff develop a testing procedure manual to eliminate possible errors. As mentioned previously, the Board is now reviewing all calculations as a double check against error.

Professional members of the Board score exams with only a number as case identification. This does not allow members to always know whether the applicant is after a psychologist or psychological associate license. For this reason, scoring sheets are sometimes indicated as passing at the psychological associate level. Designation of levels would sometimes reveal the identity of psychological associate applicants since there are very few of them during most test administrations. Scoring time is being improved. However, scoring is done by unpaid professional members and requires considerable time for mailing test material all over the state and back to Juneau. Tests take a significant amount of time for careful review and scoring. Once all tests are returned to Juneau, tallies and computations need to be rechecked. The Board is working to expedite this whole process.

As you indicated, there is a great deal of similarity between certain questions which have been used in the essay exam and the standard national exam. However, the multiple choice nature of the national exam does not allow a well qualified applicant to demonstrate the depth and detail of knowledge shown through an essay exam. The essay exam provides an opportunity to examine areas unique to the Alaskan situation as that is indicated. Also, while the national exam covers a broad range of areas in psychology, it does not demonstrate an individual's thorough knowledge in specific areas. The national exam can be passed by intensive study of a strong academically oriented introductory general psychology text. The national exam is very complimentary to the very in depth nature of the essay portion because it indicates broad general understanding of the entire field of psychology. Both sections have an important part in determining qualified professionals.

Prior Audit Recommendation No. 8

(p.14) I am enclosing copies of two letters to legislators which cover the issues regarding the licensing of psychological associates.

The Board is very much aware of the need to broaden the scope of professionals in such a place as Alaska and has

provided to allow that broading. However, the distance, isolation, and lack of other referral resources in many Alaskan communities places far more than average importance on guaranteeing highly qualified individuals with adequate back up and supervision arrangements to provide services. The Board is concerned, not just with numbers of such professionals, but with quality of training and adequate support for service providers at all levels. As noted in the letter, the doctoral level of training is the beginning level of entry for independent practice. A psychological associate, like a physicians assistant, does not become a doctor without going back for the additional training and degree.

Prior Audit Recommendation No. 9

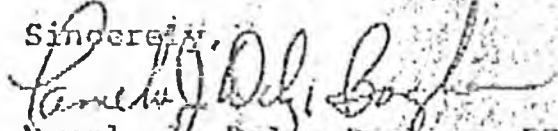
(p.16) As indicated earlier, the Board hopes to have draft regulations for continued competency by this fall.

Prior Audit Recommendation No. 11

(p.16) Again as indicated earlier, the board shares serious concern about rapid turn over in Division support staff. The Board is working with the current licensing examiner to develop a much needed manual. The Board depends heavily on the licensing examiner to provide and relay information, manage case files, and of course administer exams. That individual needs all the clarity and completion of information possible to handle the great deal of responsibility placed with them. The Board is unable to function expeditiously without accurate and quick work on the part of the examiner. The Division of Occupational Licensing has been very supportive and deserves a great deal of appreciation from the Board.

Thank you, Mr. Allen, for your lengthy review of concerns regarding the Board of Psychologist and Psychological Associate Examiners. While our conclusions clearly differ in many areas, you bring out many pertinent points for the Board to examine and improve. I look forward to further contact with you in the future.

Sincerely,


Pamela J. Delys-Baglien, PH
Chairman
Board of Psychologist and
Psychological Associate
Examiners

cc. Dr. Paul Turner
Dr. Dorothy Whitmore
Dr. Jane Krouse
Dr. Charles Bovee
Division of Occupational Licensing

Dr. Mueller Continues His Media Effectiveness on Behalf of Psychology: Dr. Kenneth Mueller of the East Anchorage Psychiatric Group has continued his outstanding contribution to the advancement of Psychology as a science and profession in Alaska through his frequently occurring columns in the Living and Leisure section of the Anchorage Daily News. In early March Dr. Mueller, (a recent candidate for ALPA President-Elect) published a column that effectively synopsized some of the key concerns in support of continued licensure of Alaskan psychologists. The text of his article is reproduced below. The Executive Committee of ALPA expresses its sincere thanks to Dr. Mueller for his continued active contribution to our profession here in "The Great Land".

When shopping for a therapist, look for the license

Finding a qualified therapist in Anchorage is no easy matter. There is a confusing array of services offered by practitioners who have a wide range of training and approaches.

As a consumer of health services, you can't be expected to evaluate the credentials of health service practitioners. However, the state can legally act in the public interest by licensing professional health practice.

If your therapist is a psychologist or a clinical social worker, here are 10 reasons why he or she should be licensed:

- This assures that when you engage a therapist, that person has had high levels of education, training and supervised experience. Licensed providers have been screened and evaluated carefully in terms of specific standards before they are allowed independently to provide services to you. The license also assures you that these standards are uniform from state to state, so if you are in therapy when you move, it is very likely the therapy can continue without major disruption.

- It provides a requirement that your therapist must continue his/her education and stay up to date on recent developments.

- It ensures privileged communications between you and your therapist (confidentiality).

- It discourages the use of facts and untested or experi-

mental forms of therapy.

- Insurance reimbursement is possible. If your therapist is licensed, your insurance company has a standard for recognition and payment of this important health benefit to its subscribers.

- It ensures an enforceable code of professional conduct. The license can be denied, suspended or revoked to counter a threat to the public welfare.

- It assures you that your therapist is a member of a profession that will police itself. For example, the ethical standards of psychologists are stricter than any other set of standards regarding independent practice.

- It demonstrates respectability and accountability. Your therapist voluntarily applies for licensure. By so doing, he/she is making an effort to upgrade the quality of professional services. Your therapist should also be active with a state association. Submitting to peer review is an act of good faith.

- It provides an opportunity for you to press for redress of grievances without costly litigation.

- It helps consumers identify reputable therapists. Licensure makes qualified therapists more accessible by making it easier to find them. According to Will Bukland of the American Psychological Association, this results in increased competition in economic terms among



dr. ken
mueller

professionals licensed in the same category, resulting in stability of fees and lower costs.

When licensing boards are under public review, grievances often emerge about their performance. Of course, the value of licensure to you, as a potential consumer of such services, clearly outweighs the problems that occasionally re-

sult from board performance. The bath water may need changing, but the baby is worth saving.

Clinical social workers are presently working toward a licensure bill so they can more effectively police themselves. This should directly benefit those who turn to them for help.

Licensure isn't a guarantee that you and your therapist will work effectively together, but it does increase the probability of a positive outcome by assuring that your therapist has met rigorous standards.

■ Dr. Mueller is an Anchorage psychologist.

Sunset Update: Bills to continue the licensing Board were submitted in late February. The Health, Education and Social Services Committees of both houses are reportedly in favor of a four year continuation. Hearings are to be held in Juneau on the 8th of March at 3PM. Members are urged to express their support of House Bill 856 and Senate Bill 823 as soon as possible; especially if any of the following committee members are your representatives/senators: Senators Parr, Stimson, Fischer, Colletta and Kelly; Representatives Bierne, Martin, Cato, Smith and Malone.

Treasurer's Perspective: With the receipt of the Psychology Defense Fund Grant of \$5000 ALPA will be financially solvent for 1982 and able to meet the major aspects of its 1982 program, lobbying and Executive Officer costs states Treasurer Hal Post. However, very few of the membership came through with donations in excess of the basic \$65 dues assessment for 1982. This result occurred despite the resolution of the general membership at the 1981 meeting that "Members are encouraged to make additional voluntary dues contributions up to an amount equal to one day's pay." Thus far only four members have made contributions in excess of the mandatory dues. Special appreciation is expressed to Dr. Jane Krauss, Dr. Cheryl Frair, & Dr. Boy Collier for their generous contributions as well as to Dr. Joel Wieman, each of these members paid dues in a manner consistent with the spirit of the resolution made at the 1981B meeting. Other members are encouraged to consider additional payments insofar as ALPA is not likely to receive further PDF grants if licensure is continued. We'll need to carry the full burden of continuing development of our state association by ourselves.

President-Elect Frair Accepts Position: (Dr. Cheryl Frair our newly elected President-Elect responded to the Executive Committee's request for an acceptance message with the following.)

Thank-you for your support in my becoming President-Elect of ALPA. With the major issues facing psychologists in Alaska at this time we need to remember ALPA, as our professional association, can be far stronger than any one of us alone. Over the years of my association with ALPA I have been dismayed at the factionalism and the attitude of "them" against "us". As professionals we need each others support in being better able to function as a psychologist, be it in a university or college classroom, a mental health clinic in Ketchikan, a school in Anvik, a private office in Fairbanks or at API. The development of the regional groups with representatives on the Executive Committee and the liaison with the Alaska School Psychologists Association are a start toward developing a stronger statewide association. Please join together in supporting your profession and colleagues through ALPA.

Cheryl Frair, PhD

ALPA Executive Officer Invited to Address 1982 APA Convention: ALPA EO Dr. Dennis Scholl recently received and accepted an invitation from Division 31 of APA, Division of State Psychological Association Affairs, to participate in a State Psychological Association Affairs panel at the 1982 APA convention in Washington D.C.. The panel, chaired by Dr. James Lindeman the Division 31 president-elect and faculty of the U. of Oregon Health Sciences Center, will be entitled "Perils and Plusses of the Small State Psychological Association". EO Scholl is very interested in receiving letters, records or comments from Alaskan psychologists that will broaden the data base and validate his historical perspective on ALPA. If you have information on the history of ALPA or can otherwise contribute to the breadth and accuracy of Dr. Scholl's presentation please send in your information as soon as possible to the ALPA address. It is worthwhile to note that the Division 31 officers as well as APA see ALPA's support of the EO position as a model for all small population state associations.

BOARD of Psych.

Audit recommendations

Legislation

1. increase number of public members on the BOARD
2. change licensing statutes for psychological Associates.
3. Continuing education required. - Continuing competency?
4. continue BOARD

REGULATIONS:

1. consistent licensing criteria
2. define jurisdiction over other professions.
3. consistent testing requirements.
4. Clarify licensing violations / promptly file complaints.
5. Develop standards and a test manual
6. Procedure manual for licensing examiner

Until

- temp license to practice in rural area.
- temp permit to practice under a dentist until exam.