

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1398 HHESS HB 855 - HB 856 398

262 E. 42nd Avenue
Anchorage, Alaska 99503
April 7, 1982

Honorable Michael F. Beirne
Chairman, HESS Committee
P.O. Box 41539
Anchorage, Alaska 99501

RE: HB 855, Right to Natural Death

Dear Representative Beirne:

At this time I would like to summarize my testimony given at the teleconference hearing of March 12, 1982, before your committee relating to HB 855: An Act Relating to the Right to a Natural Death. The views and analysis are primarily mine.

The sponsors of HB 855 are to be commended for their efforts to protect patients' rights against the unwanted and unwarranted intrusion of health care people and members of one's own family. Hopefully, the bill would not be misused by a few to save money for society by not providing medical care for people who would wish to have, and could benefit from medical care.

My comments will pertain to three areas: (1) some specifics of HB 855 which may create problems, mainly definitions; (2) some possible consequences and general implications of the bill; and (3) a consideration of options.

I. Some Specifics of HB 855 That May Cause Problems:

- (1) The phrase "terminal condition" which is central to the bill is not defined. For some, including some physicians, one may be seen in an exaggerated sense as dying from birth; for others, after maturity; for others, after some deterioration associated with old age. There are some further problems: could cases similar to Karen Ann Quinlan be taken off respirators only if one is terminal? So that a non-terminal person on a respirator must be maintained on that respirator even though there is no expectation of any form of recovery. Or does one consider a case like Quinlan to be in a terminal condition though she has breathed on her own for six years?
- (2) In the section on Definitions, definition (3) "life-sustaining procedures" Part (B) is too restrictive as to comfort care, where the word "medical" seems to exclude other kinds of care necessary for comfort care. A possible reading might be "medical AND NURSING procedures considered necessary to provide comfort care." A better and more inclusive phrasing would be to say "medical AND OTHER TYPES OF procedures." This would include such things as fluids, nutrition,

bed care, etc., without such an addition situations might arise where the ethics of the nursing profession and the morality of individuals might be placed in a state of compromise based on the present wording. Similar changes in wording should be in the Declaration itself.

- (3) In Sec. 18.12.010, paragraph (c) on page 2, the sentence "If a specific direction is held to be invalid, the invalidity does not affect other directions of the declaration that can be given effect without the invalid direction" is a superb exercise in non-specificity, challenging one's intelligence. Presumably the active hastening of a patient's death such as mercy killing would be considered to be an invalid direction, yet none of this is clarified in the bill. A direction asking for 50 cc of oxygen into one's blood stream or 100 mg of insulin would be invalid directions. Some content is needed as to the meaning of "invalidity," especially touching upon mercy killing, homicide, and being an accomplice to a suicide.
- (4) In the Purpose, in order to avoid a connotation of conferral of rights by the legislature or by this bill, the word "pre-existing" be inserted before the word "right" so the new wording would read: ". . . the legislature declares that the laws of the state recognized the PRE-EXISTING right of an adult person to make a written declaration . . ." In the Declaration a similar change might be used changing "my legal right" to "my pre-existing right."

II. General Implications and Possible Consequences:

- (1) The proxy/guardian paragraph in the Declaration is very good by its inclusion, for it allows for greater flexibility to meet the contingencies and new realities of the situation, many of which cannot foresee years in advance.
- (2) If the purpose of the act is to reassert the rights of patients as to their medical care, then it is not clear that HB 855 furthers that purpose. As it stands, certification of "terminal condition" is left to two physicians; hence the control and responsibility devolves onto the physicians and not really the patient.
- (3) As far as the "invalidity" statement discussed in I-3 above, two problems arise: What constitutes the content of invalidity? And who is to decide? Lawyers, courts, physicians, hospitals, nurses, family?
- (4) The living will aims at protecting the patient and his autonomy; however, many other autonomies are involved. Conscience clauses would help to protect health care professionals, their ethics and integrity.

- (5) What are the consequences of this bill toward those not included since they are not adults: infants, minors, retarded, those who have not made a statement? Does one need a living will in order to withdraw life support systems? What if one is not terminal but does not wish further burdensome treatments? Rather than widening the scope of withdrawing or limiting of life-prolonging treatments, the bill, in effect, seems to restrict it to the incurably terminal patient. This would be a very limited criterion. Better criteria would be the uselessness of the therapy and burdens and non-benefit of the therapies from the point of view of the patient.
- (6) Finally, the likely result will be to encourage the medical profession toward undertreatment of those with living wills and overtreatment of those without a living will. If a patient with a living will is possibly terminal -- and there is difficulty in knowing this -- one is safer in not treating that person for his eventual (possible) death is proof that treatment ought not to have been begun and even possible recovery might still be seen as battery. For those without living wills it is safer to treat even beyond some reasonable point since there is no declaration of his intention.

III. Possible Options and Recommendations:

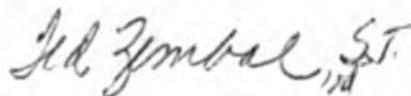
- (1) HB 855 might be amended to correct for deficiencies mentioned in I (above) and others, yet in my judgement the consequences mentioned in II (above) seem to far outweigh the advantages of the existence of such a law.
- (2) No law may be preferable to a law which creates more problems than it solves.
- (3) My personal preference would be to redo the bill, if a bill seems necessary. If the purpose of the bill is to protect patients' rights against unwanted and unwarranted intrusions of one's family or health care professionals, then a bill centered around proxy/guardian would best succeed. The most acceptable and least dangerous form of legislation is one whereby a person in good health or otherwise, names a proxy who will have decisive say in stating the patient's best interest during the patient's incompetency. While competent, the patient should maintain his right of self-determination as to the medical care so they coincide with his best interest and values and while competent the patient may update his proxy on his position. The living will concept would fall into a secondary position, serving as the guidelines for the proxy to use as to his best interests, but allowing the proxy to interpret these and his knowledge of the patient's wishes vis-a-vis the contingencies and realities of the actual situation.

Honorable Michael F. Beirne
April 7, 1982

4

I hope these comments are beneficial to your deliberations.

Sincerely,

A handwritten signature in cursive script that reads "Ted Zembal, S.J." The signature is written in dark ink and is positioned above the typed name.

(Rev.) Ted Zembal, S.J.

cc: Honorable Terry Martin
Honorable Bette Cato
Honorable Hugh Malone
Honorable Sarah J. Smith
Honorable Donald Clocksin
Honorable Brian Rogers

H B

8 5 6

ALASKA STATE LEGISLATURE - HOUSE OF REPRESENTATIVES

IN SESSION:



POUCH V
JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-3777

P.O. BOX 4-1539
ANCHORAGE, ALASKA 99509
TELEPHONE: (907) 277-6219

REP. M. F. "MIKE" BEIRNE

MEMBER OF:
FIFTH STATE LEGISLATURE
NINTH STATE LEGISLATURE
TENTH STATE LEGISLATURE
ELEVENTH STATE LEGISLATURE
TWELFTH STATE LEGISLATURE

COMMITTEES:
HEALTH, EDUCATION
AND SOCIAL SERVICES, CHAIRMAN
AND LEGISLATIVE COUNCIL

March 11, 1982

TO: Representative Joe Hayes, Speaker of the House
FROM: Representative Mike Beirne, Chairman House H.E.S.S.
REGARDING: Sunset Reviews

This is to notify you that the House Health, Education and Social Services Committee has agreed in principle that both the Board of Dental Examiners and the Board of Psychology should be continued. While the audit on the Board of Psychology expressed concern about the operation of the Board, the Committee felt that none of the problems warranted sunseting them.

It is therefore my intention to either pass out HB 856 and 857 from my committee or wait for the Senate versions to reach our side. Senator Parr has informed me that his committee will be acting on their versions of these bills next week so it is quite likely that I will await Senate action.

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. •

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.

Michael Huff, Ph.D.
Clinical Psychologist

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 NO, 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 PERFORMAMNCE 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. *strong!*

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 "PRIMARYLY 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 "PRIMARYLY 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 RECIPROCITY. ONLY TWO SETS OF STATES HAVE RECIPROCITY 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 EARL ER, 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.

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 '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)	<u>200.00</u>	<u>--</u>	<u>1,020.54</u>
 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	<u>--</u>	<u>320.00</u>	<u>169.00</u>
 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

Pam Delys-Baglien, Ph.D.
Kodiak/Aleutian 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 Psychologist &
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 Agressive 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 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 psychologist 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 Ailen 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.

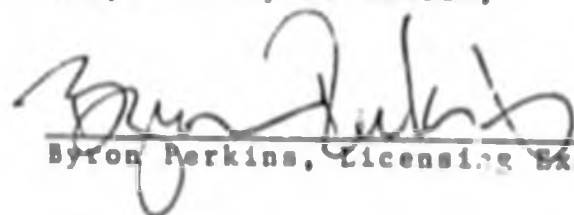
V.

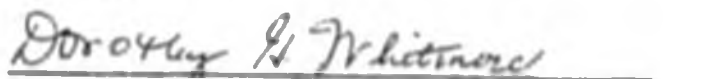
Expenditures for Fiscal Years 1978 and 1979* Board of Psychologist & Psychological Associate Examiners

<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

Alaska State Legislature



Speaker of the House of Representatives

Pouch V
State Capitol
Juneau, Alaska 99811
(907) 465-3721

Official Business

MEMORANDUM

TO: Representative Mike Beirne, Chairman
Health, Education and Social Services

FROM: Speaker Joe Hayes *JH*

DATE: February 16, 1982

RE: Sunset Audit Reports of Boards and Commissions

Enclosed are the Sunset Audit Reports of Boards and Commissions that will terminate June 30, 1982. I am asking the HESS Committee to perform a legislative oversight of:

A PERFORMANCE REVIEW OF THE BOARD OF DENTAL EXAMINERS

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

and ask that the committee submit its recommendation on these sunset audit reports to the House of Representatives as soon as possible.

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 analyzing 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 "obviously irrelevant requirements." (p. 254) "Many requirements are 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?

no ref citation

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 Efficacy in Psychotherapy, J. of Abnormal Psychology, 1969, V 74, p. 480)

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., Truax, 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 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

φ

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 x < φ

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

¹¹Pearlman, 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	51.5	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 Earned 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. 72)

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.

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

[Handwritten scribbles]

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

DATE: January 4, 1982

FILE NO.

TELEPHONE NO.



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

SUBJECT: Psychologist Licensure

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 effects into another. The author's categories are: professional, paraprofessional, and general. He lists "psychology, social work, and marriage counseling." I would add that school counselors, dividers (psychiatrist), nurses, and others, should also be included. I feel that the author is a little rigid when he claims that the process of psychotherapy is being rendered by the people who do provide counseling or therapy without regulation. There are a number of places, for example, in Alaska which provide a form of counseling or therapy without regulation. At the time of writing this report, I was not aware of any such places, but I am sure that there are. I am sure that the author's intent is to regulate the practice of psychology.

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 simply personally "warm and caring". It is felt that when a client pay \$50 to \$75 per hour for a service that is expected to be therapeutic

he can expect more than a warm, caring and empathic 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 practitioners". 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 psychologists 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 practical 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 psychologist.

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 psychologist 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.

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

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 those 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 fads 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. Roy 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 A.P.A.

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 Lindezan 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 PSYCHOLOGIST AND PSYCHOLOGICAL
ASSOCIATE EXAMINERS**

SUPPLEMENT

January 1982