

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86 / 2

1555 SHESS SB 823

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NOTE REGARDING THE FOLLOWING FRAME ON MICROFILM:

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STATE OF ALASKA



BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE
EXAMINERS

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

PRINTED: January 1982

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BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL
ASSOCIATE EXAMINERS

SUPPLEMENT

January 1992

BOARD REPORTS

Background

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

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

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

The term " Annual Report " comes from AS 08.

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

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

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

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

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

MEMORANDUM

State of Alaska

TO: Dickerson Regan, Consultant
Alaska Code Revision Commission

DATE: September 2, 1981

FILE NO:

TELEPHONE NO:

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

SUBJECT: Suggested Revisions in
AS 08 Reporting Statutes

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

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

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

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

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

HDT/kkk3/2

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

Report Format

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

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

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

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

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

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

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

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

I. INTRODUCTION & POSITION SUMMARY

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

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

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

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

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

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

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

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

II. DETAILED ANALYSIS AND RECOMMENDATION

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

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

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

THE EXPRESSED AIMS AND PURPOSES OF THE APA INCLUDE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. SUMMARY AND CONCLUSION

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

OUR BASIC FINDINGS ARE:

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

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

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

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

II. FISCAL DETAIL

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

EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

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

IV. DATE March 8, 1982

PREPARED BY Marjorie Odland
AGENCY Division of Occupational Licensing

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

33-001 (Rev. 12/81)

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

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

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

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

Psychology: Science and Profession

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

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

How are psychological methods applied to health problems?

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

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

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

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

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

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

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

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

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

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

How many psychologists serve in the health care field?

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

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

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

Where do psychologists' health care professionals work?

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

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

Are psychological services cost-effective?

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

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

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

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

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

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

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

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

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

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

These results and others collected over a period of years indicate

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

* * *

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

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

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

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Board of Psychologist and Psychological Associate Examiners

1) Problems or needs

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

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

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

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

2) Objectives and anticipated accomplishments

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

3) Other programs

There are no similar or conflicting programs

4) Alternative methods

Provide certification only through the state

5) Eliminating the board

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

6) Justification

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

7) Other information

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

FY '80 Performance Report

Board of Psychologist & Psychological Associate Examiners

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

1. OVERVIEW

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

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

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

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

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

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

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

II BOARD ACTIVITIES

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

III EXAMINATIONS

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

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

IV STATISTICAL DATA

Licensed Issued:

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

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

TRAVEL

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

CONTRACTUAL SERVICES

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

SUPPLIES AND MATERIALS

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

Board or
Commission

Appointee

Term

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

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

July 1, 1980

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

July 1, 1980

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

July 1, 1981

Charles C. Bovee, Ed.D.
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July 1, 1980

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

July 1, 1982

Board of Psychologists &
Psychological Associate Examiners
Goals & Objectives

Objectives:

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

Goals:

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

FY '82 GOALS AND OBJECTIVES

Board of Psychologist & Psychological Associate Examiners

Goals:

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

Objectives:

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

FY 79 Performance Report

Board of Psychologist & Psychological Associate Examiners

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

I. OVERVIEW

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

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

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

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

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

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

II. BOARD ACTIVITIES

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

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

III. EXAMINATIONS

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

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

IV. STATISTICAL DATA

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

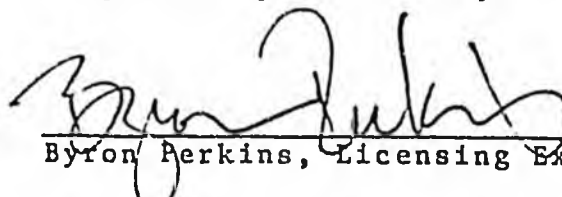
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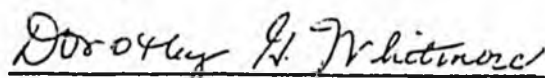
Expenditures for Fiscal Years 1978 and 1979* Board of Psychologist & Psychological Associate Examiners

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

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

Respectfully Submitted,


Byron Perkins, Licensing Examiner


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

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

by the Senate HESS Committee

Sec. 08.86.070 is repealed and reenacted to read:

Duties of the Board. (a) The Board shall

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

Sec 08.86.150 (1) is amended to read:

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

Sec 08.86.180 (a) Delete:

"Psychotherapy", "Psychotherapeutic", "Psychotherapist"

Sec 08.86.180 (b) (3) Delete:

"Psychotherapist"

Continue the existence of the Board for four years.

POSITION PAPER ON THE BOARD OF PSYCHOLOGISTS
AND PSYCHOLOGICAL ASSOCIATE EXAMINERS

PAUL E. TURNER, PH.D.

BOARD MEMBER

INTRODUCTION

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

DIVISION OF OCCUPATIONAL LICENSING POSITION

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

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

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

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

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

BOARD OF PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES POSITION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MASTER'S LEVEL INDEPENDENT PRACTICE

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

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

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

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

LICENSURE OF ALL QUALIFIED MENTAL HEALTH PRACTITIONERS

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

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

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

SUMMARY AND CONCLUSIONS

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

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

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

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

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

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

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

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

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

Article 2. Administration of Board Affairs.

Section

70. Duties of the board

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

(1) pass on qualifications of applicants for licenses;

(2) prepare, administer and grade written examinations;

(3) Repealed by § 24 ch 58 SLA 1980.

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

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

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

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

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

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

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

Title 6
Banks and Financial
Institutions

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

Hogan's Position

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

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

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

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

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

He alleges that licensing has the following harmful effects:

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

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

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

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

Nature of Evidence

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

in which he uses it.

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

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

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

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

Analysis of Hogan's Position

Failure of Licensing Laws: Refutation

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

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

In doing so, he sets up a straw man. To reject any intervention, whether it is social, medical, biological, because it is not 100% successful is

✓ unrealistic and bad social policy. What social intervention makes the claim of perfection? Neither the polio vaccine, which fails occasionally, nor licensing should be judged by such a specious criterion. (The issue of false positives and false negatives applies here. Theoretically, if we set the standard of eligibility high enough we could eliminate all incompetent practitioners. We would also in the process, eliminate many competent practitioners. Similarly, we could set the standard of eligibility low enough to eliminate no competent practitioners at the cost of passing through many incompetent practitioners. Where we set the standard is a value judgement

* about how much of which kind of deviation from perfection we wish to tolerate.)

* The correct criterion to apply is whether or not the public is better served by a practitioner group identified through licensing than by an alternative procedure. If we consider the alternative advocated by Hogan, the question would be as follows. (Is the public better served by a practitioner

* group identified through a credential and experience-based licensing procedure than by a self-identified group?) The data Hogan cites to determine the usefulness of licensing as a regulatory procedure need to be examined in reference to this criterion, not whether licensing can "assure the public that only competent people are allowed to practice." (p. 255)

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