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er's areas of competence as defined by verifiable training and experience. When extending services beyond the range of their usual practice, psychologists shall obtain pertinent training or appropriate professional supervision.

1.7 Psychologists who wish to change their service specialty or to add an additional area of approval specialization must meet the same requirements with respect to subject matter and professional skills that apply to doctoral training in the new specialty.¹³

INTERPRETATION: Training of doctoral-level psychologists to qualify them for change in specialty will be under the auspices of accredited university departments or professional schools that offer the doctoral degree in that specialty. Such training should be individualized, due credit being given for relevant coursework or requirements that have previously been satisfied. Merely taking an internship or acquiring experience in a practice setting is not considered adequate preparation for becoming a clinical, counseling, industrial-organizational, or school psychologist when prior training has not been in the relevant area. Fulfillment of such an individualized training program is attested to by the award of a certificate by the supervising department or professional school indicating the successful completion of preparation in the particular specialty.

Standard 2. Programs

2.1 Composition and organization of a psychological service unit

2.1.1 The composition and programs of a psychological service unit shall be responsive to the needs of the persons or settings served.

INTERPRETATION: A psychological service unit shall be structured as to facilitate effective and economical delivery of services. For

example, a psychological service unit serving a predominantly low-income, ethnic or racial minority group should have a staffing pattern and service program that is adapted to the linguistic, experiential, and attitudinal characteristics of the users.

2.1.2 A description of the organization of the psychological service unit and its lines of responsibility and accountability for the delivery of psychological services shall be available in written form to staff of the unit and to users and sanctioners upon request.

INTERPRETATION: The description should include lines of responsibility, supervisory relationships, and the level and extent of accountability for each person who provides psychological services.

2.1.3 A psychological service unit shall include sufficient numbers of professional and support personnel to achieve its goals, objectives, and purposes.

INTERPRETATION: The workload and diversity of psychological services required and the specific goals and objectives of the setting will determine the numbers and qualifications of professional and support personnel in the psychological service unit. Where shortages in personnel exist so that psychological services cannot be rendered in a professional manner, the director of the psychological service unit shall initiate action to modify appropriately the specific goals and objectives of the service.

2.2 Policies

2.2.1 When the psychological service unit is composed of more than one person wherein a supervisory relationship exists or is a component of a larger organization, a written statement of its objectives and scope of services shall be developed and maintained.

INTERPRETATION: The psychological service unit shall review its objectives and scope of services annually and revise them as necessary to insure that the psychological services offered are consistent with staff competencies and current psychological knowledge and practice. This statement should be distributed to staff and, where appropriate, to users and sanctioners upon request.

2.2.2 All providers within a psychological service unit shall support the legal and civil rights of the user.¹⁴

INTERPRETATION: Providers of psychological services shall safeguard the interests of the user with regard to personal, legal, and civil rights. They shall continually be sensitive to the issue of confidentiality of information, the short-term and long-term impact of their decisions and recommendations, and other matters pertaining to individual, legal, and civil rights. Concerns regarding the safeguarding of individual rights of users include, but are not limited to, problems of self-incrimination in judicial proceedings, involuntary commitment to hospitals, protection of minors or legal incompetents, discriminatory practices in employment selection procedures, recommendations for special education provisions, information relative to adverse personnel actions in the armed services, and the adjudication of domestic relations disputes in divorce and custodial proceedings. Providers of psychological services should take affirmative action by making themselves available for local committees, review boards, and similar advisory groups established to safeguard the human, civil, and legal rights of service users.

2.2.3 All providers within a psychological service unit shall be familiar with and adhere to the American Psychological Association's Ethical Standards of Psychologists, Psychology as a Profession, Standards for Educational and Psychological Tests, and other official pol-

icy statements relevant to standards for professional services issued by the Association.

INTERPRETATION: Providers of psychological services, users, and sanctioners may order copies of these documents from the American Psychological Association.

2.2.4 All providers within a psychological service unit shall conform to relevant statutes established by federal, state, and local governments.

INTERPRETATION: All providers of psychological services shall be familiar with appropriate statutes regulating the practice of psychology. They shall also be informed about agency regulations that have the force of law and that relate to the delivery of psychological services (e.g., evaluation for disability retirement and special education placements). In addition, all providers shall be cognizant that federal agencies such as the Veterans Administration and the Department of Health, Education, and Welfare have policy statements regarding psychological services. Providers of psychological services shall be familiar with other statutes and regulations, including those addressed to the civil and legal rights of users (e.g., those promulgated by the federal Equal Employment Opportunity Commission) that are pertinent to their scope of practice.

It shall be the responsibility of the American Psychological Association to publish periodically those federal policies, statutes, and regulations relating to this section. The state psychological associations are similarly urged to publish and distribute periodically appropriate state statutes and regulations.

2.2.5 All providers within a psychological service unit shall, where appropriate, inform themselves about and use the network of human services in their com-

munities in order to link users with relevant services and resources.

INTERPRETATION: It is incumbent upon psychologists and supporting staff to be sensitive to the broader context of human needs. In recognizing the matrix of personal and societal problems, providers shall, where appropriate, make available information regarding human services such as legal aid societies, social services, employment agencies, health resources, and educational and recreational facilities. The provider of psychological services shall refer to such community resources and, when indicated, actively intervene on behalf of the user.

2.2.6 *In the delivery of psychological services, the providers shall maintain a continuing cooperative relationship with colleagues and co-workers whenever in the best interest of the user.¹⁵*

INTERPRETATION: It shall be the responsibility of the psychologist to recognize the areas of special competence of other psychologists and of other professionals for either consultation or referral purposes. Providers of psychological services shall make appropriate use of other professional, technical, and administrative resources whenever these serve the best interests of the user, and shall establish and maintain cooperative arrangements with such other resources as required to meet the needs of users.

2.3 *Procedures*

2.3.1 *Where appropriate, each psychological service unit shall be guided by a set of procedural guidelines for the delivery of psychological services. If appropriate to the setting, these guidelines shall be in written form.*

INTERPRETATION: Depending on the nature of the setting, and whenever feasible, providers

should be prepared to provide a statement of procedural guidelines in either oral or written form that can be understood by users as well as sanctioners. This statement may describe the current methods, forms, procedures, and techniques being used to achieve the objectives and goals for psychological services.

This statement shall be communicated to staff and, when appropriate, to users and sanctioners. The psychological service unit shall provide for the annual review of its procedures for the delivery of psychological services.

2.3.2. *Providers shall develop a plan appropriate to the provider's professional strategy of practice and to the problems presented by the user.*

INTERPRETATION: Whenever appropriate or mandated in the setting, this plan shall be in written form as a means of providing a basis for establishing accountability, obtaining informed consent, and providing a mechanism for subsequent peer review. Regardless of the type of setting or users involved, it is desirable that a plan be developed that describes the psychological services indicated and the manner in which they will be provided.¹⁶

A psychologist who provides services as one member of a collaborative effort shall participate in the development and implementation of the overall service plan and provide for its periodic review.

2.3.3 *There shall be a mutually acceptable understanding between the provider and user or responsible agent regarding the delivery of service.*

INTERPRETATION: Varying service settings call for understandings differing in explicitness and formality. For instance, a psychologist providing services within a user organization may operate within a broad framework of understanding with this organization as a condition of employment. As another example, psychologists providing professional services to

individuals in clinical, counseling, or school settings require an open-ended agreement, which specifies procedures and their known risks (if any), costs, and respective responsibilities of provider and user for achieving the agreed-upon objectives.

2.3.4 *Accurate, current, and pertinent documentation shall be made of essential psychological services provided.*

INTERPRETATION: Records kept of psychological services may include, but not be limited to, identifying data, dates of services, types of services, and significant actions taken. Providers of psychological services shall insure that essential information concerning services rendered is appropriately recorded within a reasonable time of their completion.

2.3.5 *Providers of psychological services shall establish a system to protect confidentiality of their records.¹⁷*

INTERPRETATION: Psychologists are responsible for maintaining the confidentiality of information about users of services whether obtained by themselves or by those they supervise. All persons supervised by psychologists, including nonprofessional personnel and students, who have access to records of psychological services shall be required to maintain this confidentiality as a condition of employment.

The psychologist shall not release confidential information, except with the written consent of the user directly involved or his or her legal representative. Even after the consent has been obtained for release, the psychologist should clearly identify such information as confidential to the recipient of the information.¹⁸ If directed otherwise by statute or regulations with the force of law or by court order, the psychologist shall seek a resolution to the conflict that is both ethically and legally feasible and appropriate.

Users shall be informed in advance of any limits in the setting for maintenance of confidentiality of psychological information. For in-

stance, psychologists in hospital settings shall inform their patients that psychological information in a patient's clinical record may be available without the patient's written consent to other members of the professional staff associated with the patient's treatment or rehabilitation. Similar limitations on confidentiality of psychological information may be present in certain school, industrial, or military settings, or in instances where the user has waived confidentiality for purposes of third-party payment.

When the user intends to waive confidentiality, the psychologist should discuss the implications of releasing psychological information, and assist the user in limiting disclosure only to information required by the present circumstance.

Rare psychological data (e.g., test protocols, therapy or interview notes, or questionnaire returns) in which a user is identified shall be released only with the written consent of the user or legal representative and released only to a person recognized by the psychologist as competent to use the data.

Any use made of psychological reports, records, or data for research or training purposes shall be consistent with this Standard. Additionally, providers of psychological services shall comply with statutory confidentiality requirements and those embodied in the American Psychological Association's *Ethical Standards of Psychologists* (APA, 1977).

Providers of psychological services should remain sensitive to both the benefits and the possible misuse of information regarding individuals that is stored in large computerized data banks. Providers should use their influence to ensure that such information is used in a socially responsible manner.

Standard 3. Accountability

3.1 *Psychologists' professional activity shall be primarily guided by the principle of promoting human welfare.*

INTERPRETATION: Psychologists shall provide services to users in a manner that is considerate, effective, and economical.

Psychologists are responsible for making their services readily accessible to users in a manner that facilitates the user's freedom of choice.

Psychologists shall be mindful of their accountability to the sanctioners of psychological services and to the general public, provided that appropriate steps are taken to protect the confidentiality of the service relationship. In the pursuit of their professional activities they shall aid in the conservation of human, material, and financial resources.

The psychological service unit will not withhold services to a potential client on the basis of that user's race, color, religion, sex, age, or national origin. Recognition is given, however, to the following considerations: The professional right of psychologists to limit their practice to a specific category of user (e.g., children, adolescents, women); the right and responsibility of psychologists to withhold an assessment procedure when not validly applicable; the right and responsibility of psychologists to withhold evaluative, psychotherapeutic, counseling, or other services in specific instances where considerations of race, religion, color, sex, or any other difference between psychologist and client might impair the effectiveness of the relationship.¹⁹

Psychologists who find that psychological services are being provided in a manner that is discriminatory or exploitative to users and/or contrary to these Standards or to state or federal statutes shall take appropriate corrective action, which may include the refusal to provide services. When conflicts of interest arise, the psychologist shall be guided in the resolution of differences by the principles set forth in the *Ethical Standards of Psychologists* of the American Psychological Association and by the *Guidelines for Conditions of Employment of Psychologists* (1972).²⁰

3.2 *Psychologists shall pursue their activities as members of an independent, autonomous profession.*²¹

INTERPRETATION: Psychologists shall be aware of the implications of their activities for the profession as a whole. They shall seek to

eliminate discriminatory practices instituted for self-serving purposes that are not in the interest of the user (e.g., arbitrary requirements for referral and supervision by another profession). They shall be cognizant of their responsibilities for the development of the profession, participate where possible in the training and career development of students and other providers, participate as appropriate in the training of paraprofessionals, and integrate and supervise their contributions within the structure established for delivering psychological services. Where appropriate, they shall facilitate the development of, and participate in, professional standards review mechanisms.²²

Psychologists shall seek to work with other professionals in a cooperative manner for the good of the user and the benefit of the general public. Psychologists associated with multidisciplinary settings shall support the principle that members of each participating profession shall have equal rights and opportunities to share all privileges and responsibilities of full membership in the human service facility, and to administer service programs in their respective areas of competence.

3.3 *There shall be periodic, systematic, and effective evaluations of psychological services.*²³

INTERPRETATION: When the psychological service unit is a component of a larger organization, regular assessment of progress in achieving goals shall be provided in the service delivery plan, including consideration of the effectiveness of psychological services relative to costs in terms of time, money, and the availability of professional and support personnel.

Evaluation of the efficiency and effectiveness of the psychological service delivery system should be conducted internally and, when possible, under independent auspices.

It is highly desirable that there be a periodic reexamination of review mechanisms to ensure that these attempts at public safeguards are effective and cost efficient and do not place unnecessary encumbrances on the provider or unnecessary additional expense to users or sanctioners for services rendered.

3.4 *Psychologists are accountable for all aspects of the services they provide and shall be responsive to those concerned with these services.*²⁴

INTERPRETATION: In recognizing their responsibilities to users, sanctioners, third-party purchasers, and other providers, wherever appropriate and consistent with the user's legal rights and privileged communications, psychologists shall make available information about, and opportunity to participate in, decisions concerning such issues as initiation, termination, continuation, modification, and evaluation of psychological services. Additional copies of these *Standards for Providers of Psychological Services* can be ordered from the American Psychological Association.

Depending upon the settings, accurate and full information shall be made available to prospective individual or organization users regarding the qualifications of providers, the nature and extent of services offered, and, where appropriate, financial and social costs.

Where appropriate, psychologists shall inform users of their payment policies and their willingness to assist in obtaining reimbursement. Those who accept reimbursement from a third party should be acquainted with the appropriate statutes and regulations and should instruct their users on proper procedures for submitting claims and limits on confidentiality of claims information, in accordance with pertinent statutes.

Standard 4. Environment

4.1 *Providers of psychological services shall promote the development in the service setting of a physical, organizational, and social environment that facilitates optimal human functioning.*

INTERPRETATION: Federal, state, and local requirements for safety, health, and sanitation must be observed. Attention shall be given to the comfort and, where relevant, to the privacy of providers and users.

As provider of services, psychologists have the responsibility to be concerned with the environment of their service unit, especially as it affects the quality of service, but also as it impinges on human functioning in the larger unit or organization when the service unit is included in such a larger context. Physical arrangements and organizational policies and procedures should be conducive to the human dignity, self-respect, and optimal functioning of users, and to the effective delivery of service. The atmosphere in which psychological services are rendered should be appropriate to the service and to the users, whether in office, clinic, school, or industrial organization.

NOTES

¹ The footnotes appended to these Standards represent an attempt to provide a coherent context of other policy statements of the Association regarding professional practice. The Standards extend these previous policy statements where necessary to reflect current concerns of the public and the profession.

² NIMH Grant MH 21696.

³ For the purpose of transition, persons who met the following criteria on or before the date of adoption of the original Standards on September 4, 1974, shall also be considered professional psychologists: (a) a master's degree from a program primarily psychological in content from a regionally accredited university or professional school, (b) appropriate education, training, and experience in the area of service offered; (c) a license or certificate in the state in which they practice, conferred by a state board of psychological examiners, or the endorsement of the state psychological association through voluntary certification, or, for practice in primary and secondary schools, a state department of education certificate as a school psychologist provided that the certificate required at least two graduate years.

⁴ Minutes of the Board of Professional Affairs meeting, Washington, D.C., March 8-9, 1974.

⁵ This definition is less restrictive than Recommendation 4 of the APA (1967) policy statement setting forth model state legislation affecting the practice of psychology (hereinafter referred to as *State Guidelines*), proposing one level for state license or certificate and "requiring the doctoral degree from an accredited university or college in a program that is primarily psychological, and no less than 2 years of supervised experience, one of which is subsequent to

the granting of the doctoral degree. This level should be designated by the title of 'psychologist' (p. 1099).

The 1972 APA "Guidelines for Conditions of Employment of Psychologists" (hereinafter referred to as CEP Guidelines) introduces slightly different shadings of meaning in its section on "Standards for Entry into the Profession" as follows:

Persons are properly identified as psychologists when they have completed the training and experience recognized as necessary to perform functions consistent with one of the several levels in a career in psychology. This training includes possession of a degree earned in a program primarily psychological in content. In the case of psychological practice, it involves services for a fee, appropriate registration, certification, or licensing as provided by laws of the state in which the practices will apply. (APA, 1972, p. 331)

In some situations, specialty designations and standards may be relevant. *The National Register of Health Service Providers in Psychology*, which based its criteria on this standard, identifies qualified psychologists in the health services field.

⁷ As noted in the opening section of these Standards, functions and activities of psychologists relating to the teaching of psychology, the writing or editing of scholarly or scientific manuscripts, and the conduct of scientific research do not fall within the purview of these Standards.

⁸ These definitions should be compared to the State Guidelines, which include definitions of *psychologist* and the *practice of psychology* as follows:

A person represents himself to be a psychologist when he holds himself out to the public by any title or description of services incorporating the words "psychology," "psychological," "psychologist," and/or offers to render or renders services as defined below to individuals, groups, organizations, or the public for a fee, monetary or otherwise.

The practice of psychology within the meaning of this act is defined as rendering to individuals, groups or organizations, or the public any psychological service involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, thinking, emotions, and interpersonal relationships; the methods and procedures of interviewing, counseling, and psychotherapy; of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotion, and motivation; and of assessing public opinion.

The application of said principles and methods includes but is not restricted to: diagnosis, prevention, and amelioration of adjustment problems and emotional and mental disorders of individuals and groups; hypnosis; educational and vocational counseling; personnel selection and management; the evaluation and planning for effective work and learning situations; advertising and market research; and the resolution of interpersonal and social conflicts.

Psychotherapy within the meaning of this act means the use of learning, conditioning methods, and emotional reactions, in a professional relationship, to assist a person or persons to modify feelings, attitudes, and behavior which are intellectually, socially, or emotionally maladjustive or ineffectual.

The practice of psychology shall be as defined above, any existing statute in the state of _____ to the contrary notwithstanding. (APA, 1967, pp. 1098-1099)

⁹ The relation of a psychological service unit to a larger facility or institution is also addressed indirectly in the CEP Guidelines, which emphasize the roles, responsibilities, and prerogatives of the psychologist when he or she is employed by or provides services for another agency, institution, or business.

¹⁰ This Standard replaces earlier recommendations in the 1967 State Guidelines concerning exemption of psychologists from licensure. Recommendations 8 and 9 of those Guidelines read as follows:

8. Persons employed as psychologists by accredited academic institutions, governmental agencies, research laboratories, and business corporations should be exempted, provided such employees are performing those duties for which they are employed by such organizations, and within the confines of such organizations.

9. Persons employed as psychologists by accredited academic institutions, governmental agencies, research laboratories, and business corporations consulting or offering their research findings or providing scientific information to like organizations for a fee should be exempted. (APA, 1967, p. 1100)

On the other hand, the 1967 State Guidelines specifically denied exemptions under certain conditions, as noted in Recommendations 10 and 11:

10. Persons employed as psychologists who offer or provide psychological services to the public for a fee, over and above the salary that they receive for the performance of their regular duties, should not be exempted.

11. Persons employed as psychologists by organizations that sell psychological services to the public should not be exempted. (APA, 1967, pp. 1100-1101)

The present APA policy, as reflected in this Standard, establishes a single code of practice for psychologists providing covered services to users in any setting. The present minimum requirement is that a psychologist providing any covered service must meet local statutory requirements for licensure or certification. See the section Principles and Implications of the Standards for an elaboration of this position.

¹¹ A closely related principle is found in the APA (1972) CEP Guidelines:

It is the policy of APA that psychology as an independent profession is entitled to parity with other health and human service professions in institutional practices and before the law. Psychologists in interdisciplinary settings such as colleges and universities, medical schools, clinics, private practice groups, and other agencies expect parity with other professions in such matters as academic rank, board status, salaries, fringe benefits, fees, participation in administrative decisions, and all other conditions of employment, private contractual arrangements, and status before the law and legal institutions. (APA, 1972, p. 333)

¹² See CEP Guidelines (section entitled "Career Development") for a closely related statement.

Psychologists are expected to encourage institutions and agencies which employ them to sponsor or conduct career development programs. The purpose of these programs would be to enable psychologists to engage in study for professional advancement and to keep abreast of developments in their field. (APA, 1972, p. 332)

¹³ This Standard follows closely the statement regarding "Policy on Training for Psychologists Wishing to Change Their Specialty" adopted by the APA Council of Representatives in January 1976. Included therein was the implementing provision that "this policy statement shall be incorporated in the guidelines of the Committee on Accreditation so that appropriate sanctions can be brought to bear on university and internship training programs which violate [it]."

¹⁴ See also APA's (1977) *Ethical Standards of Psychologists*, especially Principles 5 (Confidentiality), 6 (Welfare of the Consumer), and 9 (Pursuit of Research Activities); and see *Ethical Principles in the Conduct of Research with Human Participants* (APA, 1973a).

¹⁵ Support for this position is found in the section in *Psychology as a Profession* on relations with other professions:

Professional persons have an obligation to know and take into account the traditions and practices of other professional groups with whom they work and to cooperate fully with members of such groups with whom research, service, and other functions are shared. (APA, 1968, p. 5)

¹⁶ One example of a specific application of this principle is found in Guideline 2 in APA's (1973b) "Guidelines for Psychologists Conducting Growth Groups":

The following information should be made available *in writing* [italics added] to all prospective participants:

- An explicit statement of the purpose of the group;
- Types of techniques that may be employed;
- The education, training, and experience of the leader or leaders;
- The fee and any additional expense that may be incurred;
- A statement as to whether or not a follow-up service is included in the fee;
- Goals of the group experience and techniques to be used;
- Amounts and kinds of responsibility to be assumed by the leader and by the participants. For example, (i) the degree to which a participant is free not to follow suggestions and prescriptions of the group leader and other group members; (ii) any restrictions on a participant's freedom to leave the group at any time; and,
- Issues of confidentiality. (p. 933)

¹⁷ See again Principle 5 (Confidentiality) in *Ethical Standards of Psychologists* (APA, 1977).

¹⁸ Support for the principle of privileged communication is found in at least two policy statements of the Association:

In the interest of both the public and the client and in accordance with the requirements of good professional practice, the profession of psychology seeks recognition of the privileged nature of confidential communications with clients, preferably through statutory enactment or by administrative policy where more appropriate. (APA, 1968, p. 8)

25. Wherever possible, a clause protecting the privileged nature of the psychologist-client relationship be included.

26. When appropriate, psychologists assist in obtaining general "across the board" legislation for such privileged communications. (APA, 1967, p. 1103)

¹⁹ This paragraph is drawn directly from the CEP Guidelines (APA, 1972, p. 333).

²⁰ "It is recognized that under certain circumstances, the interests and goals of a particular community or segment of interest in the population may be in conflict with the general welfare. Under such circumstances, the psychologist's professional activity must be primarily guided by the principle of promoting human welfare." (APA, 1972, p. 334)

²¹ Support for the principle of the independence of psychology as a profession is found in the following:

As a member of an autonomous profession, a psychologist rejects limitations upon his freedom of thought and action other than those imposed by his moral, legal, and social responsibilities. The Association is always prepared to provide appropriate assistance to any responsible member who becomes subjected to unreasonable limitations upon his opportunity to function as a practitioner, teacher, researcher, administrator, or consultant. The Association is always prepared to cooperate with any responsible professional organization in opposing any unreasonable limitations on the professional functions of the members of that organization.

This insistence upon professional autonomy has been upheld over the years by the affirmative actions of the courts and other public and private bodies in support of the right of the psychologist—and other professionals—to pursue those functions for which he is trained and qualified to perform. (APA, 1968, p. 9)

Organized psychology has the responsibility to define and develop its own profession, consistent with the general canons of science and with the public welfare.

Psychologists recognize that other professions and other groups will, from time to time, seek to define the roles and responsibilities of psychologists. The AFA opposes such developments on the same principles that it is opposed to the psychological profession taking positions which would define the work and scope of responsibility of other duly recognized professions. . . . (APA, 1972, p. 333)

²² APA support for peer review is detailed in the following excerpt from the APA (1971) statement entitled "Psychology and National Health Care":

All professions participating in a national health plan should be directed to establish review mechanisms (or performance evaluations) that include not only peer review but active participation by persons representing the consumer. In situations where there are fiscal agents, they should also have representation when appropriate. (p. 1026)

²³ This Standard on program evaluation is based directly on the following excerpts of two APA position papers:

The quality and availability of health services should be evaluated continuously by both consumers and health professionals. Research into the efficiency and effectiveness of the system should be conducted both internally and under independent auspices. (APA, 1971, p. 1025)

The comprehensive community mental health center should devote an explicit portion of its budget to program evaluation. All centers should inculcate in their staff attention to and respect for research findings; the larger centers have an obligation to set a high priority on basic research and to give formal recognition to research as a legitimate part of the duties of staff members.

Only through explicit appraisal of program effects can worthy approaches be retained and refined, ineffective ones dropped. Evaluative monitoring of program achievements may vary, of course, from the relatively informal to the systematic and quantitative, depending on the importance of the issue, the availability of resources, and the willingness of those responsible to take the risks of substituting informed judgment for evidence. (Smith & Hobbs, 1966, pp. 21-22)

²⁴ See also the CEP Guidelines for the following statement: "A psychologist recognizes that . . . he alone is accountable for the consequences and effects of his services, whether as teacher, researcher, or practitioner. This responsibility cannot be shared, delegated, or reduced" (APA, 1972, p. 334).

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Ethical Principles of Psychologists

PREAMBLE

Psychologists respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights. They are committed to increasing knowledge of human behavior and of people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare. While pursuing these objectives, they make every effort to protect the welfare of those who seek their services and of the research participants that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and communication, psychologists accept the responsibility this freedom requires: competence, objectivity in the application of skills, and concern for the best interests of clients, colleagues, students, research participants, and society. In the pursuit of these ideals, psychologists subscribe to principles in the following areas: 1. Responsibility, 2. Competence, 3. Moral and Legal Standards, 4. Public Statements, 5. Confidentiality, 6. Welfare of the Consumer, 7. Professional Relationships, 8. Assessment Techniques, 9. Research With Human Participants, and 10. Care and Use of Animals.

Acceptance of membership in the American Psychological Association commits the member to adherence to these principles.

Psychologists cooperate with duly constituted committees of the American Psychological Association, in particular, the Committee on Scientific and Professional Ethics and Conduct, by responding to inquiries promptly and completely. Members also respond promptly and completely to inquiries from duly constituted state association ethics committees and professional standards review committees.

Principle 1 RESPONSIBILITY

In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

a. As scientists, psychologists accept responsibility for the selection of their research topics and the methods used in investigation, analysis, and reporting. They plan their research in ways to minimize the possibility that their findings will be misleading. They provide thorough discussion of the limitations of their data, especially where their work touches on social policy or might be construed to the detriment of persons in specific age, sex,

ethnic, socioeconomic, or other social groups. In publishing reports of their work, they never suppress disconfirming data, and they acknowledge the existence of alternative hypotheses and explanations of their findings. Psychologists take credit only for work they have actually done.

b. Psychologists clarify in advance with all appropriate persons and agencies the expectations for sharing and utilizing research data. They avoid relationships that may limit their objectivity or create a conflict of interest. Interference with the milieu in which data are collected is kept to a minimum.

c. Psychologists have the responsibility to attempt to prevent distortion, misuse, or suppression of psychological findings by the institution or agency of which they are employees.

d. As members of governmental or other organizational bodies, psychologists remain accountable as individuals to the highest standards of their profession.

e. As teachers, psychologists recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship by presenting psychological information objectively, fully, and accurately.

f. As practitioners, psychologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence.

This version of the Ethical Principles of Psychologists (formerly entitled Ethical Standards of Psychologists) was adopted by the American Psychological Association's Council of Representatives on January 24, 1981. The revised Ethical Principles contain both substantive and grammatical changes in each of the nine ethical principles constituting the Ethical Standards of Psychologists previously adopted by the Council of Representatives in 1979, plus a new tenth principle entitled Care and Use of Animals. Inquiries concerning the Ethical Principles of Psychologists should be addressed to the Administrative Officer for Ethics, American Psychological Association, 1200 Seventeenth Street, N.W., Washington, D.C. 20036.

These revised Ethical Principles apply to psychologists, to students of psychology, and to others who do work of a psychological nature under the supervision of a psychologist. They are also intended for the guidance of nonmembers of the Association who are engaged in psychological research or practice.

Any complaints of unethical conduct filed after January 24, 1981, shall be governed by this 1981 revision. However, conduct (a) complained about after January 24, 1981, but which occurred prior to that date, and (b) not considered unethical under prior versions of the principles but considered unethical under the 1981 revision, shall not be deemed a violation of ethical principles. Any complaints pending as of January 24, 1981, shall be governed either by the 1979 or by the 1981 version of the Ethical Principles, at the sound discretion of the Committee on Scientific and Professional Ethics and Conduct.

Principle 2 COMPETENCE

The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and the profession as a whole. Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. In those areas in which recognized standards do not yet exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render.

a. Psychologists accurately represent their competence, education, training, and experience. They claim as evidence of educational qualifications only those degrees obtained from institutions acceptable under the Bylaws and Rules of Council of the American Psychological Association.

b. As teachers, psychologists perform their duties on the basis of careful preparation so that their instruction is accurate, current, and scholarly.

c. Psychologists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time.

d. Psychologists recognize differences among people, such as those that may be associated with age, sex, socioeconomic, and ethnic backgrounds. When necessary, they obtain training, experience, or counsel to assure competent service or research relating to such persons.

e. Psychologists responsible for decisions involving individuals or policies based on test results have an understanding of psychological or educational measurement, validation problems, and test research.

f. Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities.

Principle 3 MORAL AND LEGAL STANDARDS

Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensi-

tive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. Psychologists are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

a. As teachers, psychologists are aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may give offense, they recognize and respect the diverse attitudes that students may have toward such materials.

b. As employees or employers, psychologists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based on considerations of race, handicap, age, gender, sexual preference, religion, or national origin in hiring, promotion, or training.

c. In their professional roles, psychologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions.

d. As practitioners and researchers, psychologists act in accord with Association standards and guidelines related to practice and to the conduct of research with human beings and animals. In the ordinary course of events, psychologists adhere to relevant governmental laws and institutional regulations. When federal, state, provincial, organizational, or institutional laws, regulations, or practices are in conflict with Association standards and guidelines, psychologists make known their commitment to Association standards and guidelines and, wherever possible, work toward a resolution of the conflict. Both practitioners and researchers are concerned with the development of such legal and quasi-legal regulations as best serve the public interest, and they work toward changing existing regulations that are not beneficial to the public interest.

Principle 4 PUBLIC STATEMENTS

Public statements, announcements of services, advertising, and promotional activities of psychologists serve the purpose of helping the public make informed judgments and choices. Psychologists represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organizations with which they or the statements may be associated. In public statements providing psychological information or professional opinions or providing information about the availability of psychological products, publications, and services, psychologists base their statements on scientifically acceptable psycholog-

cal findings and techniques with full recognition of the limits and uncertainties of such evidence.

a. When announcing or advertising professional services, psychologists may list the following information to describe the provider and services provided: name, highest relevant academic degree earned from a regionally accredited institution, date, type, and level of certification or licensure, diplomate status, APA membership status, address, telephone number, office hours, a brief listing of the type of psychological services offered, an appropriate presentation of fee information, foreign languages spoken, and policy with regard to third-party payments. Additional relevant or important consumer information may be included if not prohibited by other sections of these Ethical Principles.

b. In announcing or advertising the availability of psychological products, publications, or services, psychologists do not present their affiliation with any organization in a manner that falsely implies sponsorship or certification by that organization. In particular and for example, psychologists do not state APA membership or fellow status in a way to suggest that such status implies specialized professional competence or qualifications. Public statements include, but are not limited to, communication by means of periodical, book, list, directory, television, radio, or motion picture. They do not contain (i) a false, fraudulent, misleading, deceptive, or unfair statement; (ii) a misinterpretation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts; (iii) a testimonial from a patient regarding the quality of a psychologist's services or products; (iv) a statement intended or likely to create false or unjustified expectations of favorable results; (v) a statement implying unusual, unique, or one-of-a-kind abilities; (vi) a statement intended or likely to appeal to a client's fears, anxieties, or emotions concerning the possible results of failure to obtain the offered services; (vii) a statement concerning the comparative desirability of offered services; (viii) a statement of direct solicitation of individual clients.

c. Psychologists do not compensate or give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of or in return for professional publicity in a news item. A paid advertisement must be identified as such, unless it is apparent from the context that it is a paid advertisement. If communicated to the public by use of radio or television, an advertisement is prerecorded and approved for broadcast by the psychologist, and a recording of the actual transmission is retained by the psychologist.

d. Announcements or advertisements of "personal growth groups," clinics, and agencies give a clear statement of purpose and a clear description of the experiences to be provided. The education, training, and experience of the staff members are appropriately specified.

e. Psychologists associated with the development or promotion of psychological devices, books, or other products offered for commercial sale make reasonable efforts

to ensure that announcements and advertisements are presented in a professional, scientifically acceptable, and factually informative manner.

f. Psychologists do not participate for personal gain in commercial announcements or advertisements recommending to the public the purchase or use of proprietary or single-source products or services when that participation is based solely upon their identification as psychologists.

g. Psychologists present the science of psychology and offer their services, products, and publications fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration, or superficiality. Psychologists are guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices.

h. As teachers, psychologists ensure that statements in catalogs and course outlines are accurate and not misleading, particularly in terms of subject matter to be covered, bases for evaluating progress, and the nature of course experiences. Announcements, brochures, or advertisements describing workshops, seminars, or other educational programs accurately describe the audience for which the program is intended as well as eligibility requirements, educational objectives, and nature of the materials to be covered. These announcements also accurately represent the education, training, and experience of the psychologists presenting the programs and any fees involved.

i. Public announcements or advertisements soliciting research participants in which clinical services or other professional services are offered as an inducement make clear the nature of the services as well as the costs and other obligations to be accepted by participants in the research.

j. A psychologist accepts the obligation to correct others who represent the psychologist's professional qualifications, or associations with products or services, in a manner incompatible with these guidelines.

k. Individual diagnostic and therapeutic services are provided only in the context of a professional psychological relationship. When personal advice is given by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, mail, or similar media, the psychologist utilizes the most current relevant data and exercises the highest level of professional judgment.

l. Products that are described or presented by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, or similar media meet the same recognized standards as exist for products used in the context of a professional relationship.

Principle 5 CONFIDENTIALITY

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons

in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

a. Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy.

b. Psychologists who present personal information obtained during the course of professional work in writings, lectures, or other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information.

c. Psychologists make provisions for maintaining confidentiality in the storage and disposal of records.

d. When working with minors or other persons who are unable to give voluntary, informed consent, psychologists take special care to protect these persons' best interests.

Principle 6 WELFARE OF THE CONSUMER

Psychologists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychologists' employing institutions, psychologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Psychologists fully inform consumers as to the purpose and nature of an evaluative, treatment, educational, or training procedure, and they freely acknowledge that clients, students, or participants in research have freedom of choice with regard to participation.

a. Psychologists are continually cognizant of their own needs and of their potentially influential position vis-à-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisors, close friends, or relatives. Sexual intimacies with clients are unethical.

b. When a psychologist agrees to provide services to a client at the request of a third party, the psychologist assumes the responsibility of clarifying the nature of the relationships to all parties concerned.

c. Where the demands of an organization require psy-

chologists to violate these Ethical Principles, psychologists clarify the nature of the conflict between the demands and these principles. They inform all parties of psychologists' ethical responsibilities and take appropriate action.

d. Psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients. They neither give nor receive any remuneration for referring clients for professional services. They contribute a portion of their services to work for which they receive little or no financial return.

e. Psychologists terminate a clinical or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

Principle 7 PROFESSIONAL RELATIONSHIPS

Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

a. Psychologists understand the areas of competence of related professions. They make full use of all the professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve psychologists of the responsibility of securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed by clients.

b. Psychologists know and take into account the traditions and practices of other professional groups with whom they work and cooperate fully with such groups. If a person is receiving similar services from another professional, psychologists do not offer their own services directly to such a person. If a psychologist is contacted by a person who is already receiving similar services from another professional, the psychologist carefully considers that professional relationship and proceeds with caution and sensitivity to the therapeutic issues as well as the client's welfare. The psychologist discusses these issues with the client so as to minimize the risk of confusion and conflict.

c. Psychologists who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.

d. Psychologists do not exploit their professional relationships with clients, supervisees, students, employees, or research participants sexually or otherwise. Psychol-

ogists do not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient.

e. In conducting research in institutions or organizations, psychologists secure appropriate authorization to conduct such research. They are aware of their obligations to future research workers and ensure that host institutions receive adequate information about the research and proper acknowledgment of their contributions.

f. Publication credit is assigned to those who have contributed to a publication in proportion to their professional contributions. Major contributions of a professional character made by several persons to a common project are recognized by joint authorship, with the individual who made the principal contribution listed first. Minor contributions of a professional character and extensive clerical or similar nonprofessional assistance may be acknowledged in footnotes or in an introductory statement. Acknowledgment through specific citations is made for unpublished as well as published material that has directly influenced the research or writing. Psychologists who compile and edit material of others for publication publish the material in the name of the originating group, if appropriate, with their own name appearing as chairperson or editor. All contributors are to be acknowledged and named.

g. When psychologists know of an ethical violation by another psychologist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behavior to the attention of the psychologist. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, psychologists bring it to the attention of the appropriate local, state, and/or national committee on professional ethics and conduct.

Principle 8 ASSESSMENT TECHNIQUES

In the development, publication, and utilization of psychological assessment techniques, psychologists make every effort to promote the welfare and best interests of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations. Psychologists make every effort to maintain the security of tests and other assessment techniques within limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

a. In using assessment techniques, psychologists re-

spect the right of clients to have full explanations of the nature and purpose of the techniques in language the clients can understand, unless an explicit exception to this right has been agreed upon in advance. When the explanations are to be provided by others, psychologists establish procedures for ensuring the adequacy of these explanations.

b. Psychologists responsible for the development and standardization of psychological tests and other assessment techniques utilize established scientific procedures and observe the relevant APA standards.

c. In reporting assessment results, psychologists indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested. Psychologists strive to ensure that the results of assessments and their interpretations are not misused by others.

d. Psychologists recognize that assessment results may become obsolete. They make every effort to avoid and prevent the misuse of obsolete measures.

e. Psychologists offering scoring and interpretation services are able to produce appropriate evidence for the validity of the programs and procedures used in arriving at interpretations. The public offering of an automated interpretation service is considered a professional-to-professional consultation. Psychologists make every effort to avoid misuse of assessment reports.

f. Psychologists do not encourage or promote the use of psychological assessment techniques by inappropriately trained or otherwise unqualified persons through teaching, sponsorship, or supervision.

Principle 9 RESEARCH WITH HUMAN PARTICIPANTS

The decision to undertake research rests upon a considered judgment by the individual psychologist about how best to contribute to psychological science and human welfare. Having made the decision to conduct research, the psychologist considers alternative directions in which research energies and resources might be invested. On the basis of this consideration, the psychologist carries out the investigation with respect and concern for the dignity and welfare of the people who participate and with cognizance of federal and state regulations and professional standards governing the conduct of research with human participants.

a. In planning a study, the investigator has the responsibility to make a careful evaluation of its ethical acceptability. To the extent that the weighing of scientific and human values suggests a compromise of any principle, the investigator incurs a correspondingly serious obligation to seek ethical advice and to observe stringent safeguards to protect the rights of human participants.

b. Considering whether a participant in a planned

study will be a "subject at risk" or a "subject at minimal risk," according to recognized standards, is of primary ethical concern to the investigator.

e. The investigator always retains the responsibility for ensuring ethical practice in research. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur similar obligations.

d. Except in minimal-risk research, the investigator establishes a clear and fair agreement with research participants, prior to their participation, that clarifies the obligations and responsibilities of each. The investigator has the obligation to honor all promises and commitments included in that agreement. The investigator informs the participants of all aspects of the research that might reasonably be expected to influence willingness to participate and explains all other aspects of the research about which the participants inquire. Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and dignity of the research participants. Research with children or with participants who have impairments that would limit understanding and/or communication requires special safeguarding procedures.

e. Methodological requirements of a study may make the use of concealment or deception necessary. Before conducting such a study, the investigator has a special responsibility to (i) determine whether the use of such techniques is justified by the study's prospective scientific, educational, or applied value; (ii) determine whether alternative procedures are available that do not use concealment or deception; and (iii) ensure that the participants are provided with sufficient explanation as soon as possible.

f. The investigator respects the individual's freedom to decline to participate in or to withdraw from the research at any time. The obligation to protect this freedom requires careful thought and consideration when the investigator is in a position of authority or influence over the participant. Such positions of authority include, but are not limited to, situations in which research participation is required as part of employment or in which the participant is a student, client, or employee of the investigator.

g. The investigator protects the participant from physical and mental discomfort, harm, and danger that may arise from research procedures. If risks of such consequences exist, the investigator informs the participant of that fact. Research procedures likely to cause serious or lasting harm to a participant are not used unless the failure to use these procedures might expose the participant to risk of greater harm, or unless the research has great potential benefit and fully informed and voluntary consent is obtained from each participant. The participant should be informed of procedures for contacting the investigator within a reasonable time period following participation should stress, potential harm, or related questions or concerns arise.

h. After the data are collected, the investigator provides the participant with information about the nature of the study and attempts to remove any misconceptions that may have arisen. Where scientific or humane values justify delaying or withholding this information, the investigator incurs a special responsibility to monitor the research and to ensure that there are no damaging consequences for the participant.

i. Where research procedures result in undesirable consequences for the individual participant, the investigator has the responsibility to detect and remove or correct these consequences, including long-term effects.

j. Information obtained about a research participant during the course of an investigation is confidential unless otherwise agreed upon in advance. When the possibility exists that others may obtain access to such information, this possibility, together with the plans for protecting confidentiality, is explained to the participant as part of the procedure for obtaining informed consent.

Principle 10 CARE AND USE OF ANIMALS

An investigator of animal behavior strives to advance understanding of basic behavioral principles and/or to contribute to the improvement of human health and welfare. In seeking these ends, the investigator ensures the welfare of animals and treats them humanely. Laws and regulations notwithstanding, an animal's immediate protection depends upon the scientist's own conscience.

a. The acquisition, care, use, and disposal of all animals are in compliance with current federal, state or provincial, and local laws and regulations.

b. A psychologist trained in research methods and experienced in the care of laboratory animals closely supervises all procedures involving animals and is responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

c. Psychologists ensure that all individuals using animals under their supervision have received explicit instruction in experimental methods and in the care, maintenance, and handling of the species being used. Responsibilities and activities of individuals participating in a research project are consistent with their respective competencies.

d. Psychologists make every effort to minimize discomfort, illness, and pain of animals. A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value. Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.

e. When it is appropriate that the animal's life be terminated, it is done rapidly and painlessly.

June 1981

BACKGROUND
THE PRACTICE OF PSYCHOLOGY

Psychology is the scientific study of behavior and experience and the application of that knowledge to human problems. The American Psychological Association (APA) was founded in 1892 to advance psychology as a science and a profession and to promote human welfare.

Since the last century, psychology and psychologists have figured prominently in research and teaching concerning mental and emotional processes. During the Second World War, however, the psychological community was called upon to attempt for the first time the application of psychological knowledge on a massive scale in important aspects of the defense effort. By any measure, the contribution of the application of psychological skills, knowledge, and techniques in human resources planning, education and training, and in health care, was immense. Consequently, the need to regulate by law the applied practice of psychology became quickly apparent in the post war era. In 1945 the first statutory psychologist certification program was enacted into law in Connecticut.

Psychologist Licensure and Certification

By 1977 all fifty states and the District of Columbia had enacted laws regulating the practice of psychology. These are either certification or licensure laws; ~~certification laws limit~~ the use of the title "psychologist" while licensure laws regulate the use of the title and also define the scope of those activities for which a license to practice is required. Licensure laws ordinarily exempt from regulation members of other recognized professions employing psychological skills, techniques, or knowledge, provided those professionals do not hold themselves forth to the public as "psychologists" or a variation of the term implying training or expertise in psychology.

Most state psychology laws establish the doctoral degree in a field of study primarily psychological in nature plus two years of supervised experience as the minimum requirement for licensure or certification. Typically, a doctoral psychologist has completed at least two extensive research projects, the master's thesis and the doctoral dissertation, and has completed a wide variety of courses in the basic science of human behavior, statistics and research methodology. Professional psychologists also study techniques of applying their knowledge and usually undergo a year of internship training preceded by a year of practicum work under supervision. State examining boards administering laws regulating the practice of psychology also require that applicants pass an examination, either written, oral or both. Most state boards employ a standardized test developed by the Professional Examination Service in conjunction with the American Association of State Psychology Boards (AASPB). The AASPB is an organization separate and independent from the APA. Some boards supplement the standardized test with questions of their own.

Ordinarily, psychology licensure is generic. That is, certificates or licenses issued by statutorily constituted examining boards refer to "psychology" and to "psychologists," and not to any specialty grouping within the profession.

On July 1, 1979, statutes regulating the practice of psychology in Florida and South Dakota were terminated as a result of "sunset" legislation enacted by their respective state assemblies. Replacement legislation to resolve technical issues regarding training requirements for licensure eligibility is being developed in both states. In the interim the Florida affiliate of the American Psychological Association provides for the non-statutory certification of professional psychologists according to recognized standards. In March 1981 the South Dakota legislature reinstated licensure through enactment of a revised practice act.

Thirty-eight states have now enacted some form of "sunset" legislation mandating evaluation of a number of state regulatory programs, including occupational licensure. During 1980 psychological practice statutes in eight states -- Alaska, Arizona, Connecticut, Georgia, Oklahoma, Kansas, Mississippi, Rhode Island -- came up for review, and all eight programs received recommendations for continuation with small changes, mostly administrative in nature, suggested in several instances. While "sunset" review of psychology licensure and certification statutes in other states is going on at present, in none of the remaining states have the psychological practice statutes been scheduled for automatic termination this year in lieu of a favorable review.

Standards

Most states require that licensed or certified psychologists adhere to a code of ethics. In most states, the Ethical Standards of Psychologists developed by the APA are used. Some states employ a code which is based in large part on the Standards. The APA Ethical Standards require that psychologists limit their practice to those areas in which they have developed professional competence through training and experience.

In 1977 the APA Council of Representatives adopted a set of generic Standards for Providers of Psychological Services. The Standards specify minimally acceptable levels of performance for psychologists engaged in providing services.

The generic Standards for Providers are now joined by Specialty Guidelines for clinical, counseling, industrial/organizational, and school psychology. These four areas constitute the principal fields of specialization in applied psychology. The Specialty Guidelines will be followed by a revised version of the 1977 generic Standards for Providers.

The APA is currently proceeding to develop a program to test criteria which will be used to "designate" which doctorate programs train providers of psychological services. The trial "designation" program, when under way, will as presently envisioned employ criteria similar to those utilized by the APA Accreditation Program. APA accredits doctoral training programs and internships in applied psychology.

Should the designation program prove viable after the testing period, designation information would be made broadly available to students, directors of training programs, and to state boards of examiners administering laws regulating psychological practice. Most boards administering licensure or certification laws currently are called upon to determine on their own whether applicants have indeed been trained in programs "...primarily psychological in nature," which is the standard recommended by the APA in its 1967 Model for State Legislation Affecting the Practice of Psychology.

Designation is not intended to replace or change in any way the APA Accreditation Program, even though the criteria employed by the two programs may appear quite similar. While designation will attempt to determine in a limited time frame which programs purport to train providers of psychological services, Accreditation will continue to identify, only after careful scrutiny, which psychology training programs meet nationally recognized standards of excellence in program content and scope.

Psychologists as Health Service Providers

Psychologists licensed or certified for practice by state law or recognized by the non-statutory certification program in Florida are qualified to diagnose and treat mental conditions from a psychological perspective. Licensed or certified psychologists may be found in group or individual practice, clinics, community mental health centers, general and teaching hospitals, mental hospitals, and other service delivery settings. Unless otherwise qualified, licensed or certified psychologists do not engage in the practice of medicine. Psychologists do not, for example, prescribe drugs. Psychological health care ordinarily involves helping persons or groups to develop more effective responses to stress and to enhance constructive coping with mental health problems.

In addition to the treatment of classical mental disorders such as neurosis and psychosis, psychologists are involved in treating the emotional components of many "physical" health problems. Many major health problems -- heart disease, cancer, stroke, substance abuse, chronic pain syndrome, automobile accidents -- are caused by factors that may not be susceptible to direct medical intervention. The detrimental effects of many behaviors -- smoking, drinking, over-eating, careless driving and other habits -- are receiving increased recognition. At all levels of health care planning and delivery, it is being acknowledged that psychological factors play a major role in the origin of many diseases and disabilities, increasing susceptibility and deterring recovery.

To provide consumers, third party payers, and government planners a clear idea of which generically licensed or certified psychologists are specially trained and qualified to render health services, the National Register for Health Service Providers in Psychology was established in 1975. Approximately 12,000 providers are listed in the most current edition of the National Register. The Register has been recognized as identifying qualified providers by Civilian Health and Medical Program for the Uniformed Services (CHAMPUS), the Aetna and Blue Cross/Blue Shield Federal Employees Health Benefits Plans, and other groups, and has been referenced directly or indirectly.

Health Insurance Coverage

Thirty states and the District of Columbia, representing nearly 80% of the American population, have enacted laws establishing the direct recognition of psychological services for reimbursement purposes. In essence, these laws (also known as "freedom of choice" laws) amend a state's insurance code requiring carriers to provide reimbursement for services performed by a licensed or certified psychologist if the contract covers services within the scope of practice authorized for psychologists by the state's licensure or certification law. The Health Insurance Association of America, which represents the private insurance companies drawing up the largest percentage of health insurance policies nationwide, and the American Psychological Association have jointly developed a model for state legislation recognizing psychological services for reimbursement purposes. The states which have enacted direct recognition laws are: Arkansas, California, Colorado,

Connecticut, the District of Columbia, Georgia, Illinois, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, and Washington.

Increasing numbers of both public and private health insurance plans now reimburse the services of professional psychologists. The CHAMPUS plan (eight million people covered) and the Federal Employees Plan (ten million covered) as well as numerous private companies reimburse psychologists as independent providers and thus avoid costly physician referral.

Recognition of Psychology as an Independent Profession

- o The Rehabilitation Act of 1973 (Public Law 93-112) recognizes licensed/certified psychologists as independent providers of diagnostic and restorative services.
- o 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.
- o The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) (Public Law 95-111) recognized the autonomous practice of psychology in its nationwide health benefits program, covering both inpatient and outpatient services for approximately seven 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.
- o 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.
- o 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.
- o 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.

- o 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.
- o 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.
- o Medicaid coverage (Title XIX, Social Security Act) has been extended in almost half the states to include psychological services.
- o The Work Incentive Program (WIN) accepts professional evaluation by licensed/certified psychologists as evidence of illness or determinable physical or mental impairment.
- o 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."
- o Health Maintenance Organization regulations (implementing Public Law 92-222) include clinical psychologists among recognized health practitioners.
- o The Internal Revenue Service instructions for Standard Form 1040 Itemized Deductions for Medical and Dental Expenses have included payments to psychologists since 1973.
- o 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.
- o 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, and VandenBos, APA Publications) or The Professional Psychologist Today: New Developments in Law, Health Insurance, and Health Practice (Dorker and Associates, 1976).

Fees and Cost Controls

There are no standardized fee schedules for psychology or psychological services. Local Professional Standards Review Committees (PSRC's) gather information to determine what fee levels are reasonable, customary, and usual in the area.

Psychologists' incomes vary widely. Industrial and organizational consulting psychologists tend to have the highest incomes as a subgroup. Psychologists in public service settings and in academia tend to have the lowest. These latter two groups are very large. Generally, an annual income of \$28,000 would be considered typical in these categories.

Several significant studies have been made to evaluate the impact and effectiveness of psychological services provided in organized health care settings. Especially noteworthy are the Kaiser Foundation Health Plan Study, the Kennecott Copper Study, and the CHAMPUS ten state psychological services report. These studies demonstrate that a well-planned and comprehensive delivery system for psychological services can bring about a dramatic reduction in the rate of medical utilization by plan members. The implications of these studies are profound. They underscore the urgent need for the inclusion of mental health services in any contemplated national health care plan.

Peer Review

As encouraged by the American Psychological Association, each APA-affiliated state psychological association has established a Professional Standards Review Committee (PSRC) to provide consumers and third party payers (health insurance) with a formal but readily accessible avenue of redress should a question arise regarding the customary, usual, and reasonable nature of any fee or service rendered. PSRC determinations are advisory in nature, and are based upon regional standards of practice as perceived by psychologist peers. In at least fourteen states, public (non-psychologist) members participate as PSRC members in review proceedings. The APA Committee on Professional Standards Review, which coordinates PSRC review activity nationwide, is also encouraging psychology's involvement in the implementation of the federal peer review and quality assurance program known as PSRO.

Another development in the area of quality assurance and peer review is the CHAMPUS Peer Review Project. (CHAMPUS stands for the Civilian Health and Medical Program for Uniformed Services.) Under contract to CHAMPUS, a panel of psychologist consultants has engineered a system for retrospective review of claims for services provided to CHAMPUS beneficiaries to insure that the services are appropriate and of high quality. The CHAMPUS Program, which provides health coverage for military dependents, military retirees, and some others, represents perhaps the largest unified group health plan in the country. Under the processing system which is now in operation, claims failing to meet the screening criteria developed by the CHAMPUS Project Panel of psychologists are subjected to "third-level" review by teams of psychologist peers in their locality.

Claims screening systems drawing upon the experience of the APA CHAMPUS Project have been established by the APA in conjunction with Aetna Life and Casualty and Travellers Insurance Companies. At least one APA affiliated state psychological association (Massachusetts) has employed the basic CHAMPUS Project methodologies to establish a screening and peer review program; in this case, for Massachusetts Blue Shield.

Employment

The primary criterion for individuals engaged in the delivery of services to the public in the context of independent and unsupervised general psychological practice is a license or certificate issued by a state psychology examining board, or non-statutory certification for practice by a state psychological association affiliated with the APA.

In some state mental health systems, unfortunately, a license is not required for certain work. In these settings it is not uncommon for persons to be employed to do psychological work, often under the title of "psychologist," without having to meet standards for such work as established in the private sector. Local psychological associations have tried and continue to try to eliminate this dual standard.

State departments of education in many states certify school psychologists for service delivery within educational settings. There are usually several levels of certification for school psychologists based upon educational qualifications. A master's degree in psychology and/or a prescribed course of study is the usual requirement for certification as a school psychologist. State Department of Education certification does not ordinarily constitute a license or certificate to engage in the independent, unsupervised practice of psychology on a for-fee basis outside of school settings.

A comprehensive listing of current employment opportunities in academic and research as well as applied psychology appears in each issue of the Monitor, the official newspaper of the Association. Registrants at the Association's annual meetings may further avail themselves of the job placement/employment locator service. The booklet, Careers in Psychology, which is available from the APA provides a brief overview of career opportunities. The first copy is free, although additional copies suitable for classroom use, for example, may be ordered. The APA also publishes a comprehensive guide to Graduate Study in Psychology. For additional price and ordering information, obtain a copy of the APA "Bookmonger" Order Form and the Journals' Nonmember Subscription Price List.

APA Membership

The APA membership requirement is a doctoral degree based upon a dissertation which is primarily psychological in nature, conferred by a graduate school of recognized standing. The membership standard differs from the standards for practice established by the APA, which call for doctorate training primarily psychological in nature. It is considered a violation of the APA Ethical Standards of Psychologists for individuals to cite membership in the Association as a credential when representing themselves to the public.

State psychological associations affiliated with the APA are independent of the APA. They have their own standards and procedures for membership. There are six regional psychological associations. The regional associations hold meetings each year to further scientific and informational exchanges and to supplement the APA annual meeting.

* * *

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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

consistently 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 a considered 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.

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. Fall, Richard Kilburg, Doris K. Miller, Rosalea A. Schonbar, George Stricker, Hans Strupp, Gary VandenBos. Their assistance is gratefully acknowledged. They should not be held responsible for its content.

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

He alleges that licensing has the following harmful effects:

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

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

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

Nature of Evidence

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

in which he uses it.

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

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

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

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

Analysis of Hogan's Position

Failure of Licensing Laws: Refutation

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

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

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

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

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

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

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

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

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

issue of competence are these:

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

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

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

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

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

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

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

5) Selection and grading criteria are unrelated to empathic ability. He states that "A general consensus exists that empathic ability is the critical and most important criterion of therapeutic competence." (p. 160) This statement discloses that Hogan has not read the literature critically. In the most extensive and intensive investigation, done by the individual who devised the best known system of measuring empathy, the relationship between empathy and outcome can at best be characterized as complex and ambiguous.³ One study directly addressing this question, which found no relationship whatever between empathy and outcome, is not cited.⁴ A recent review of this subject states: "Relevant clinical observations have also cast doubt on the universal applicability of the principle that the greater the degree of genuineness, empathy, and warmth, the greater the benefit to all patients. It has been noted, for example, that schizophrenic patients may be more harmed than helped by a therapist's premature display of warmth, and that an excessively empathic statement may provoke anxiety and

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

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

defensiveness in some neurotic patients."⁵

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

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

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

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

⁶ibid, p. 249.

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

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

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

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

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

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

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

Negative Effects of Licensing: Refutation

In the second phase of his argument, Hogan states that even if licensing does accomplish its avowed purpose, it "has significant negative effects that often outweigh any potential benefits in terms of protecting the public." (p. 265) According to Hogan, licensure has six harmful effects.

- 1) Exacerbation of shortages in the supply of practitioners

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

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

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

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

b) Hogan states, "By far the most convincing argument that licensing laws unnecessarily restrict the supply of practitioners in the mental health field is the evidence from preceding chapters that little, if any, relationship exists between requirements for licensure and competent practice. A fairly large group of professionals agrees that this is the case, and the empirical research tends to bear this out (see earlier chapters and Hogan, 1972)." (pp. 267-8) The analysis of Hogan's "preceding chapters" has disclosed his failure to identify any "empirical research" that has borne this out, along with his selective use of such professional opinion as agrees with his allegations.

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

asserts he has convincingly proved.

2) Exacerbation of maldistribution in the supply of practitioners

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

The "logical arguments" are essentially one, viz., "The geographic problem has been exacerbated because licensure laws make it difficult for licensed practitioners in one state to obtain a license in another." (pp. 272-3) This allegation is based on the assumption that if there was reciprocity between states practitioners would move from better served areas to underserved areas. This is a gratuitous assumption. A more likely consequence of reciprocity would be movement from underserved to better served areas, for the same reasons that have caused the better served areas to be reasonably well saturated with practitioners in the first place.

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

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

3) Increased cost of services

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

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

4) Ineffective utilization of paraprofessionals

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

reasonable that the situation in the mental health field is not likely to be substantially different from medicine....Thus problems created for paraprofessionals in medicine will most likely exist in psychotherapy." (p. 277) Typically, Hogan draws inferences from indirect evidence and then further attenuates the evidence by extrapolating from one profession to another. He claims that the absence of direct empirical research requires the use of indirect data, regardless of how far its significance must be stretched. However, he then converts tenuous evidence into definitive conclusions.

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

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

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

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

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

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

⁹1979, V. 86, pp. 80-92.

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

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

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

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

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

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

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

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

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

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

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

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

In New York State

1976-77	38.4	61.6
1978-79	34.0	66.0

Psychology Master's Degrees in the U.S.

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

In New York State

1976-77	44.4	55.6
1978-79	43.0	57.0

Psychology Doctoral Degrees in the U.S.

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

In New York State

1976-77	56.5	43.5
1978-79	53.0	47.0

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

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

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

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

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

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

Registration as an Alternative to Licensing: Evaluation

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

He presents his recommended alternative as follows:

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

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

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

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

1. Full disclosure

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

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

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

2. Client evaluations

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

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

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

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

3. Administration

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

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

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

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

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

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

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

• Discussion and Recommendations

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

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

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

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

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

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

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

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

Taylor Young - Psychologist in Juneau

has seen Board make
remarkable changes since 1979.
Would like to see Board
continued.

restrict psychotherapy
to clinical social workers.

Halford - Confidentiality Statutes.

- is it tight enough to
protect clients?

Should you add... when
information is not attached
to a name....

T. Young - covered by law
and code of ethics.

§02 - Statutory Change for
confidentiality of other
party in conversations w/
psychologist or psych.
associate

CS

Halford - recs. on confidant?

MAIL TELEGRAM TELETYPE

TO

Senator Joe Josephson

AT

SUBJECT

SB 169

DATE

7 Mar 83

Dear Joe,

This is the rest of the information
 supportive of Psychologists Board
 continuation that I typed & will
 send re: SB169

Dennis M. Schull PhD

Alaska Psych Assn

Box 186

Seward, AK 99664

224-3696

RECEIVED

MAR 10 1983

Josephson

PLEASE REPLY TO  SIGNED

Rediform®

45 461

POLY PAK (30 SETS)
4741

December 15, 1982

Harry D. Treager, Director
Department of Commerce and Economic Development
Division of Occupational Licensing
Pouch D
Juneau, Ak
99811

Dear Mr. Treager,

I would like to express my opinion regarding the "Sunset" legislation proposed for the Board of Psychologists and Psychological Associate Examiners. Having had a number of interactions with the board I find I agree with most of the findings of the audit. I was one of those people mentioned in the audit who started my supervision under the old "one year" regulations for licensure as a psychological associate, only to discover, after being told otherwise that I would be required to comply with the new requirement for three years supervision. Needless to say I was quite chagrined and angry at this turn of events. However, at this point in time I only have six (6) months to go for my three years so it may be a blessing in disguise.

It is my opinion that, as stated in the audit, the board and the regulations promulgated by the board discriminate against masters-level mental health professionals, which is not in the public's best interest. And I also contend that the argument put forth by the board to support this position i.e. to "protect the public" is specious and undemonstrable. In fact, I would go so far as to say that my observation has been that several psychologists licensed by the board, who worked in this region before my advent, did in fact "harm the public" and provided incompetent work. I would challenge the board to make a visit to Nome and talk to all the primary agency consumers here, such as the medical personnel, the state Division of Family and Youth Services, the school districts and others to determine if their licensure did protect the public or assure competent work. I would also like to show them some of the psychological evaluations written by licensed psychologists that are clearly incompetent. I also find it a paradox that the state (division of mental health) has given it's imprimatur to me being the primary provider of psychological services in this region when prior to this time only Ph.D.'s were allowed to be the providers. I'm also frequently told that I do better work. At the same time another division of the state says I can't be licensed to do the very thing I'm doing, or when I am licensed I will have to be supervised to do probably less critical work than I am doing now.

I do support licensure, but I support a licensure that is reasonable, equitable, non-discriminatory, and does set out to protect the public (not only against incompetence, but also against monopolies, and inflated costs for services).

In sum, I agree with the findings of the audit, but I do support licensure. I feel that licensure at the psychological associate level should require

two (2) years of supervised experience beyond the Master's degree. I also strongly agree with the Prior Audit Recommendation No. 8, where it compares other states licensing requirements, especially #2. I feel that the psychological associate should be able to practice independently or with limited supervision that recognizes the remoteness of Alaska and takes this into account when developing the supervision requirements. I also support licensure of masters-level mental health professional at the psychologist level after a certain amount of supervision or experience beyond the psychological associate level.

It is my goal, after obtaining my license, to set up a private practice in a small isolated community where no mental health services exist. This is going to be impossible if very restrictive supervision requirements are imposed upon me.

Thank you for your time, and I'll continue my contact with you and others in this matter.

Sincerely,



Robb Stokes, M.S., Ph.D. Candidate
Norton Sound Family Services
P.O. Box 966
Nome, AK
99762

TOK AREA MENTAL HEALTH CENTER

P.O. Box 398
Tok, Alaska 99780
(907) 883-4851

November 24, 1982

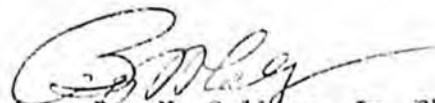
Harry D. Treager
Director, Division of Occupational Licensing
Department of Commerce & Economic Development
Pouch D
Juneau, AK 99811

Dear Mr. Treager:

Its been some time since you taught a criminal justice course (six years) and I'm sure that doing your current activity is just as hot as your old investigator position. I was quite suprised last year to learn of your current activity. Congratulations. I am sending my response through you to the "Sunset" activity for the Board of Psychologist and Psychological Associate Examiners, so I can have a chance to say "hello" to one of my former part-time teachers. Hope things are well.

Yes, I am concerned regarding the possibility of the "sunsetting" of licensing legislation. The most important concern of the moment would be to be informed of the reasons the previously approved legislation was vetoed. This information was not adequately disseminated to those affected. Without being so informed as well as being provided information related to the alternatives which have been considered, it is very difficult to comment. I feel it important, however, that adequate and appropriate restriction be placed on who may practice and provide psychological services to the people of Alaska and that those so designated be licensed by the State. There appears to have been a long history in Alaska of political intrusion into the licensing process, and perhaps time has allowed for many of these problems to have dissipated. Hopefully better communication can begin to clear the real issues.

Sincerely,


Boy N. Collier, Jr. Ph.D.
Director

BNC/dc

3325 Upland Drive
Anchorage, Alaska 99504

November 3, 1982

Harry D. Treager, Director
Dept. of Commerce & Economic Development
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99811

Dear Mr. Treager:

I received your letter dated October 12, 1982 notifying Psychologists of the elimination of the Board of Psychologists and Psychological Associate Examiners through the "Sunset" legislation. As I recall, considerable input was made to your office and the Legislature during the FY82 legislative session. The fact that the bill providing for continued support of the Board was passed by the Legislature would indicate support for continued licensure of Psychologists under the present system. I believe that the Governor was ill advised when he vetoed that bill. It is felt that the information presented to him was outdated and did not accurately represent the issues involved with the licensure of Psychologists.

I would recommend that the information and comments that were provided last year by Psychologists, other individuals and agencies be made available to the Legislators and the Governor's office this year. Hopefully reason will prevail and the Board of Psychologists and Psychological Associate Examiners will be continued.

Please let me know if there is an agency or specific manner through which comments facilitating reexamination of this issue should be addressed.

Sincerely,

A handwritten signature in cursive script that reads "R. Steven Harrison". The signature is written in dark ink and includes a long horizontal flourish at the end.

R. Steven Harrison, Ph.D.
Psychologist

cc: Board Members



UNIVERSITY OF ALASKA

108 Bunnell Building
303 Tanana Drive
Fairbanks, Alaska 99701

October 27, 1982

Harry D. Treager
Department of Commerce &
Economic Development
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99801

Dear Mr. Treager:

I very much support the continuation of the Board of Psychologists and continuation of the Board of Psychologists and Psychological Examiners. I believe it would be irresponsible to deregulate this, or any other professional board. I do believe, however, that it would be appropriate to relax the laws for "counseling", "hypnosis", and related disciplines, while allowing "psychotherapy" to be administered only by licensed professionals. That is, I believe the Psychologist law is too specific in its restrictions to areas like "counseling", while it should focus more on activities like "psychotherapy".

Sincerely,

A handwritten signature in cursive script that reads "Lawrence Mohr".

Lawrence Mohr, Ph.D.
#160

LM:eb

11/2



UNIVERSITY OF ALASKA, FAIRBANKS
Fairbanks, Alaska 99701

October 27, 1982

Mr. Harry D. Treager
Department of Commerce & Economic
Development
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99801

Dear Mr. Treager:

I am writing to you in response to "Sunset" legislation regarding the Board of Psychologists and Psychological Associate Examiners. I am presently a faculty member at the University of Alaska, Fairbanks and a licensed psychologist in Alaska. Whereas I agree that there has been problems with licensing in the past, I do not think that abolishing the practice of licensing is the answer.

Licensing serves several useful functions. It insures that persons calling themselves psychologists meet certain minimum requirements with regards to training. By doing so I think that it insures a certain level of expertise that is necessary for the public that uses the services of psychologists. Also, experiences in other states (e.g., Florida) that have sunsetted psychology licensing have shown a proliferation of persons offering counseling with no skills. The public in these cases has often been abused.

I urge you to support continuation of licensing of psychologists. The proposed solution will be much worse than working within the present licensing framework.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth D. Green".

Kenneth D. Green, Ph.D.
Assistant Professor of Psychology
Department of Behavioral Sciences
and Human Services
College of Human and Rural Development

KDG:peg

Carol C. Greenough, Ph.D.
James W. Greenough, Ph.D.
Licensed Psychologists

P.O. Box 1978
201 Lincoln Street
Sitka, Alaska 99835
(907) 747-5831

Consultation

Clinical Services

Research

November 2, 1982

Harry D. Treager, Director
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99811

Dear Mr. Treager,

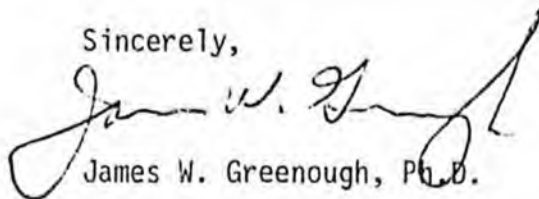
Thank you for your response to my letter regarding proposal of legislation to continue the Board of Psychologist and Psychological Associate Examiners. I appreciate all assistance you can give us with this matter.

Your point regarding inclusion of the phrase "with an approved program" is a good one. Clearly the phrase needs more complete definition, though we take its meaning for granted. It may be more appropriate for this requirement to be in regulation, although I believe we all see it as a minimum requirement, and likely to remain so.

You may rest assured that I will bring up this point for consideration at our December meeting in Anchorage.

I want to thank you also for your personal expression of concern over our nautical misadventure aboard the Alaska Explorer.

Sincerely,



James W. Greenough, Ph.D.

COMMUNITY MENTAL HEALTH CENTER

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



October 20, 1982

Harry D. Treager
Department of Commerce and
Economic Development
Division of Occupational Licensing
Pouch D
Juneau AK 99801

Dear Mr. Treager:

Thank you for your letter of October 12, 1982 advising that the Board of Psychologists and Psychological Associate Examiners is currently being sunsetted. I was previously aware that Governor Hammond had vetoed the legislation for continuation of the Board which had been endorsed by the vast majority of the Senate and the House during the 1981-82 legislative session. I am deeply concerned about this situation and feel quite strongly that the Board of Psychologists and Psychological Associate Examiners plays a crucial role in the protection of consumers of psychological services throughout Alaska.

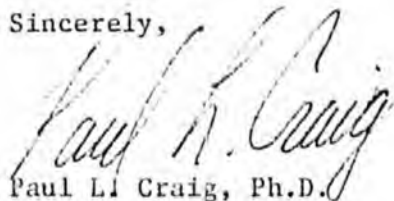
I recently received my license to practice as a Psychologist in Alaska and am currently employed as the Director of the Community Mental Health Center in Homer. I found my interaction with the Board while applying for licensure to be useful insofar as they thoroughly reviewed my credentials and my test performances in order to assure that I was adequately trained and knowledgeable in order to practice at the independent level as a Clinical Psychologist. Without such a Board composed of practicing Psychologists, there would be a greater likelihood of inadequately trained individuals claiming to the public that they are capable and competent to provide psychological services.

It is my understanding that there is some concern in Alaska regarding the possibility that the Board may be attempting to restrict fair competition within the state. I sincerely doubt this is the case given how expediently my application was processed. Additionally, it is clearly the case that there is plenty of mental health work throughout Alaska for all levels of practitioners. Additionally, it is my understanding that the Board is not responsible for overseeing unlicensed counseling services provided by other mental health professionals. Rather, the Board plays the vital role of assuring that all psychological services provided within Alaska are provided by adequately trained psychologists. The practice of psychology has been demonstrated to involve a unique set of skills and knowledge. The Board should continue to exist in order to assure that individuals who claim to be able to provide psychological

services possess these specialized skills and knowledge and are able to apply them in a competent and ethical manner.

If Alaska does not continue to have a Board of Psychologists and Psychological Associate Examiners, I and many other Psychologists may reconsider our decision to practice in Alaska. While I was in graduate school in Wyoming, I was very aware of the period during which Alaska did not have a licensing law for psychologists. Prior to accepting employment in Alaska, I made certain that a licensing law existed within the State. I am sure that other well trained Clinical Psychologists currently enrolled in graduate programs would similarly research the licensing laws prior to moving to Alaska. If we are interested in attracting competent professionals to Alaska in the future, it is imperative that Alaska have an ongoing licensing board composed of practicing psychologists. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Paul L. Craig". The signature is written in dark ink and is positioned above the typed name.

Paul L. Craig, Ph.D.
Psychologist, Director

PLC:mb

cc: Members of the Board of Psychologists and
Psychological Associate Examiners

November 10, 1932

Harry D. Treager
Director
Department of Commerce and Economic Development
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99811

Dear Mr. Treager:

I would like to urge the Legislature of the State of Alaska to vote in favor of the continuation of the Board of Psychologists and Psychological Associate Examiners. The existence of the Board serves chiefly as a means of protection for the citizens of Alaska against the potential abuses posed by unregulated, self-designated, "experts" representing themselves to the public as knowledgeable about the highly complex science and practice of Psychology.

Although I was myself put to some inconvenience in my attempt to obtain licensure as a psychologist in Alaska, and might currently be working as a psychologist there were it not for unavoidable delays in obtaining my license, I never questioned the necessity of having to demonstrate to a Board of Examiners, charged with screening the quality of training and experience of applicants for licensure, that I met their standards of professional adequacy. I understand the importance of the Board's work, and strongly urge the legislators of Alaska not to deny Alaskans this important protection.

Sincerely,

Mildred J. McIntyre, Ph.D.
Mildred J. McIntyre, Ph.D.

cc: James J. Greenough, Ph.D.

P.O. Box 110 98
Bethel, AK 99559
11-07-87

Harry G. Treger, Director
Division of Occupational Licensing
Pouch W
Juneau, AK 99811

Dear Mr. Treger;

As a professional, respectful of his
trade & jealous of his hard-earned
qualifications & certification as a Credentialed
Specialist in the field of psychology, I
am vigorously supporting and
urging the continuation of rigorous
licensure and surveillance, by
a highly qualified Licensing Board
of Examiners of all professional
psychologists in other than academic
settings, who practice without
supervision of a Ph.D. level, licensed
psychologist. Furthermore, it seems
essential that there continue to be
the same two, distinct levels of
licensure. Please communicate these
concerns to the State Governing
bodies.

Thank you,
John A. Hunkin, D. Min., Ph.D.



CENTER FOR
PSYCHOLOGICAL/COUNSELING
SERVICES

3098 AIRPORT WAY
FAIRBANKS, ALASKA 99701-5599
(907) 456-4409

FRANK J. GOLD, Ed.D.

Registered Psychologist

BARRY M. LEVIT, M.Ed.

Psychological Associate

CYNTHIA E. AIKEN, M.S.

Certified Counselor

November 4, 1982

Mr. Harry Treager
Dept. of Commerce and Economic Development
Division of Occupational Licensing
Pouch D.
Juneau, Alaska 99801

Dear Mr. Treager,

In response to your letter of 10-12-82, regarding the discontinuation of the psychology board, I have the following to say. I am in favor of licensure, meaningful and equitable statutes, and a board strong enough to monitor the profession. I do not support these things to solely or even primarily protect the public. I'm not sure they are that much in need of it, nor do I see that the private sector could do more harm than the public sector, which is unregulated. An individual currently working for a non-profit organization can legitimately call himself a psychologist by virtue of his employer alone. This is inequitable. I do support the above partially for protection, partially for consistency, and partially for the public who seemingly needs regulation in order to feel secure.

The legislature should consider the following documents in their debate on licensure. Chapters 10 and 12 taken from "The Regulation of Psychotherapists". These were provided to me by yourself. These chapters were most enlightening and certainly broaden the scope of what a successful regulatory structure should encompass. Secondly, the Performance Review of the board dated August 12, 1981, # 08-121-1054-R, should be looked at thoroughly.

As always, my primary emphasis is on the licensure of Masters Level people. Please pay close attention to page 14 of the audit, recommendation No. 8. Pay close attention also to the makeup of the board relative to educational level. The statutes, the regulation of Psychological Associates, and the professional attitude towards Psychological Associates must change.

Data and experience do not support the inequities applied to the practice of almost any job of a psychological nature. There is no reason then, short of economics, to restrict the independent practice of psychology at the Psychological Associate level, to restrict the benefits that the public could derive from the many competent practitioners at this level, or to restrict one from earning a living because he can't or will not meet the requirements established for him by those totally unempathetic with the reality.

I have recently heard that in many ways the board is doing better, I sincerely hope this is true. I cannot stress enough however, that in my experience, the audit hits the nail on the head as far as historical problems. Obviously, others agreed. If the necessary time and effort, along with some open-mindedness, are put into the task, a well structured set of statutes, regulations, and a capable board can be developed.

Sincerely,

Barry Levit M. ED.

Barry Levit
Psychological Associate # AA0201

Dear Mr. Treager,

I am writing to you concerning the "sunsetting" of AS 08.03.010, the licensing law for psychologists and psychological associates. It is my belief that psychologists should monitor themselves, both individually and as a profession, to insure quality services are being delivered to the public. To this end I support the need for a State of Alaska Board of Examiners for Psychology. Nevertheless, based on the research I have read, as well as my personal experience, I am skeptical of the usefulness of a paper-and-pencil measure of psychological information as a primary criterion for licensing psychology practitioners. I would hope that the next session of the Alaska Legislature would reinstate the Board of Examiners of Psychologists and Psychological Associates, of which you are Director. At the same time, I would encourage the Board to develop more comprehensive criteria (e.g. interviews with applicants; oral exams; case conference reviews) for the licensing of future practitioners.

Sincerely,

Jay T. McClamara, Ph.D. AK License # HA 0210

20
17
COH
ALASKA DEPT. OF
COMMERCE & ECONOMIC
DEVELOPMENT



October 22, 1982

Harry D. Treager
Department of Commerce & Economic
Development
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99801

Dear Mr. Treager:

I am writing to you as a licensed psychologist about the possible "sunsetting" of the Board of Psychologists and Psychological Associate Examiners in 1983. In doing so, I am not aware of your own personal position, but I would like to express my own to you as a professional.

First of all, I have never understood why several states have undertaken the process of sunsetting various boards while are mandated to monitor quality services for a variety of professions. Is it expense of running the boards? Is it part of the recent deregulation process occurring in many industries? Is it an outgrowth of the philosophical attempt to reduce "government?"

Whatever the purpose, I believe some quality control of psychologists is necessary, even after years of graduate training. I am proud to have my license and I know that other professionals and agencies look at me as more skilled and experienced than a non-licensed psychologist. The license does not guarantee perfection, but it does mean that I have passed through the "final hoop" of peer critique through written and oral examinations. Thus, the fact that I have a license probably is a positive indicator that enough professionals have sanctioned me as a good provider of services. My group of peers have not found anything to contraindicate usefulness, and licensing status thus exists as something that can be taken away from me should I deviate from the standards of ethics. That all by itself is a very powerful deterrent, in that removal of a license is shameful to one's reputation.

Let me tell you honestly that I do not believe the licensing process in most states is necessarily a good predictor of skill, but it is much better than no review process at all. Please write to me with your reactions to my thoughts about sunsetting.

Sincerely,
Stephen J. Cummings
Stephen J. Cummings, Ph.D.
Licensed Psychologist

John Murray
 I don't know whether or not you remember me - You helped me on a fishing loan before you took the position in D.O.C. At that time, I was impressed by your objectivity & integrity. It occurred to me that you may not have seen this article. It sets forth concrete rationale for licensure & spells out the impact on the consumer. I am endlessly encountering clients who have been misinformed & mistreated by incompetent & unethical practitioners in Alaska. Faddists & "Fringe" therapists have flocked to Anchorage & the consumer has very

When shopping for a therapist, look for the license

Finding a qualified therapist in Anchorage is no easy matter. There is a confusing array of services offered by practitioners who have a wide range of training and approaches. As a consumer of health services, you can't be expected to evaluate the credentials of health service practitioners. However, the state can legally act in the public interest by licensing professional health practice.

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

- This assures that when you engage a therapist, that person has had high levels of education, training and supervised

experience. Licensed providers have been screened and evaluated carefully in terms of specific standards before they are allowed independently to provide services to you. The license also assures you that those standards are uniform from state to state, so if you are in therapy when you move, it is very likely the therapy can continue without major disruption.

- It provides a requirement that your therapist must continue his/her education and stay up to date on recent developments.
- It ensures privileged communications between you and your therapist (confidentiality).
- It discourages the use of fads and untested or experi-



dr. ken mueller

mental forms of therapy.

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

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

- It assures you that your therapist is a member of a profession that will police itself. For example, the ethical standards of psychologists are stricter than any other set of standards regarding independent practice.
- It demonstrates respectability and accountability. Your therapist voluntarily applies for licensure. By so doing, he/she is making an effort to upgrade the quality of professional services. Your therapist should also be active with a state association. Submitting to peer review is an act of good faith.
- It provides an opportunity

for you to press for redress of grievances without costly litigation.

- It helps consumers identify reputable therapists. Licensure makes qualified therapists more accessible by making it easier to find them. According to Will Bukland of the American Psychological Association, this results in increased competition in economic terms among professionals licensed in the same category, resulting in stability of fees and lower costs.

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

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

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

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

Dr. Mueller is an Anchorage psychologist.

John Murray
 I am personally aware of several so-called horror stories where marriage, families, & the personal health of individuals have been harmed by unethical practitioners. I can only imagine it's going to get worse as word gets out to the lower 48 that Alaska sanctioned its board & doesn't regulate psychology. It's quite serious & I hope you can help a new board create a new law to organize for more effective functioning. We sure need your help & the help of many others.
 Thanks, Ken

CS for SB 109 (HESS) - BILL ANALYSIS

Section 4 Deletes "SUCH AS SOCIAL WORKER, DRUG OR ALCOHOL ABUSE
COUNSELOR, OR PASTORAL COUNSELOR,"

leaves in the statute the terms "PSYCHOTHERAPIST"

Section 5 NEW SECTION

EXEMPTS CLINICAL SOCIAL WORKERS FROM RESTRICTIONS ON
USAGE OF TERMS "PSYCHOTHERAPY", "PSYCHOTHERAPIST", AND
"PSYCHOTHERAPEUTIC".