



## **“Pathways to Licensure” Meeting notes 5/4/2017**

### **Section 2909**

#### **Q1. Who does this apply to?**

- It applies to those performing direct psychological services to patients
  - Exempt status if you are not giving psychological services (e.g. research, academic settings)
- People who have a PhD in psychology but don't provide psychological services.
  - Psychology professors, researchers, consultants, individuals hired for County mental health
- One stakeholder felt that who this applies to is more clearly stated with the wording in 2909(b), which is proposed to be removed.
- Proposed solution: Have two separate titles—one that describes those people who provide direct patient care and another for those who do not but are related to the field (e.g. researchers, academics)

#### **Q2. Should these individuals be in exempt status?**

Yes:

- The Psychology field has a lot of research psychologists and social psychologists; it would be harmful to eliminate the exemption. Instead look at what they can and cannot do versus what they call themselves.
- Faculty are not licensed, it would be problematic for them to not call themselves psychologists.
- Reference to the case in Texas relating to whether a person would be able to call herself a psychologist when she studied and received her degree and she won.

No:

- Either license all or none. If anyone is using the title or term psychologist then they should be licensed, no exemptions, it's best for consumer protection.
- Duty in protecting the profession as well as the public. Is the person interrogating an individual, how do they portray themselves and the profession?
- No exemptions because there are people who do clinical research and while do so they are also interacting with patients.

Thoughts/Suggestions:

- Need to distinguish between the two categories—perhaps a dual program with different titles: Licensed psychologist (provide services) and psychologist (do not provide services). This way there is control over the title used and the exemptions can be clarified.

- Differentiate between clinical licensed psychologist and licensed psychologist.
- 2909 is unclear and should be clarified to reflect the two distinctions in the field.
- Review 2903 and redefine the practice of licensed psychology to make it clearer.

Questions posed:

- What are we concerned about when an individual calls themselves a psychologist?
- Have there been any complaints relating to calling oneself a psychologist?
- Do we need exemptions?
- What services performed require a psychologist to be licensed?
- What are they doing in the field or in exempt settings?
- How is someone doing research in psychology and calling themselves a psychologist harming the public?
- Have there been issues/complaints in reference to those people working in exempt environments?

**Q3. Should individuals in exempt settings be able to conduct research and disseminate findings and call themselves psychologists?**

Yes:

- As long as an individual is not doing 2903 in exempt settings then it is fine.

Thoughts/Suggestions:

- Adding “research” in front of psychologist would clarify it for the public.
- Redefine what the practice of psychology is and is not.
- List what the Board does not oversee in section 2903.
- It was suggested that there be further parameters on what we call research. Define research study vs. research treatment and determine what type of research requires a license and what does not.

Questions:

- What consists of patient services?
- What is the scope of licensed practice?

**Section 2909.5**

**Q1. What would be an alternate term for “registered psychologist”?**

Pre-licensed psychologist:

- How do you distinguish this in relation to interns or (graduate) students?
- Not this because this assumes they will be licensed at some point.

Psychology Associate:

- Preferred because the word psychologist is not included and as a result there is no confusion of the title.
- This can be misconstrued to mean psychologist.

Thoughts/Suggestions:

- Psychological Assistant!
- It was also recommended that this section be deleted entirely.

### Section 2913

**Q1. Should board-certified psychiatrists be allowed to be primary supervisors for psychological assistants since they are not required to take the 6-hour course in supervision, are not subject to any other of the psychology regulations, and they do not promote the kind of socialization into the field of psychology that might be more applicable to psychologists?**

Yes:

- If they were to continue to be allowed to be primary supervisors then yes they should be required to take the course of supervision. (however the Board has no authority over psychiatrists)

No:

- This feels like a loophole.
- In order to accumulate hours, the supervisee would have to be supervised by someone with supervision training.

Thoughts/Suggestions:

- The majority of the group agrees that the primary supervisor should be required to be a licensed psychologist.
- If the Board has authority over the supervisee, then the Board could regulate who they are allowed to be supervised by, but that may further reduce the number of sites trainees have to get educated.

Questions:

- How many trainees are relying on psychiatrists? Most programs require psychologists.

**Q2. What would be the ramifications to remove board-certified psychiatrists as primary supervisors? Would the Board be limiting supervision opportunities in some settings such as institutions?**

Thoughts/Suggestions:

- Trending is an incredible decrease in the number of sites with psychiatrists on staff. I would rather see someone with the appropriate credential supervising.
- Someone with a Master's degree shouldn't be supervising a doctorate student
- It doesn't affect that many people so it can be phased out, current supervisors would have to be grandfathered in though.
- Having a delegated supervisor is a good option, someone with competency around the interdisciplinary experience.

**Q3. Should a psychological assistant be allowed to advertise considering they are not allowed to practice independently? If so, should there be restrictions in how a psychological assistant can advertise? What are the restrictions? Can a psychological assistant have a website? (2913(d)(1))**

Yes:

- It makes sense that they could do some advertising with the appropriate disclaimers that they are under supervision, etc.
- Psych assistants have to connect their name to their supervisors already so how is this different? As long as connected to supervisor it's adequate consumer protection.
  - If there is more than one supervisor (e.g. multiple assistantships) advertise with the supervisor who is connected to the specific setting they are working at.
- As far as restrictions, perhaps a mandatory description on the advertisements for the services they are offering.
- Yes psychology assistants can have a website as long as they are meeting the criteria to do so.
- If they are supervised by multiple people, then they should list the primary supervisor for each of the different services they are providing or advertising for on their website.

No:

Thoughts/Suggestions:

- Having psychological assistants add "unlicensed" or "pre-licensed" to their title could be further clarifying to the public.
- How much do we want to be prescriptive to what we include in advertising, as part of informed consent it has to be clear in the law already?

**Section 2914**

**Q1. By listing the fields of specializations in psychology, would potential applicants be excluded for licensure and what qualifying degrees would be left out? How would this impact the field?**

Thoughts/Suggestions:

- It should be more about the coursework and what they were trained in, currently there is not requirement about coursework and nearly every other state is more specific.

- I am cautious about being specific with the terms and am more concerned with what was done within the program.
- The current list of specializations is good but perhaps add a provision for combined programs (schools that offer programs with more than one specialization).
- There is a concern that it will “weed out” program that don’t have the specific specializations called out, maybe use a broader term such as “applied” but then define the coursework further.
- I like that it’s getting a little narrower, closing some of the loopholes (said by 2 people). Psychology is the only profession that doesn’t require accreditation in the academic program, why? Requiring accredited programs would be good for consumers.
  - We think the non-accredited schools are similar to those that are, an alternate pathway is necessary
    - APA doesn’t recognize alternative methods of education (online), PCSAS is growing and we don’t want to discount that.
      - Where is the evidence students are going to do harm or get subpar training if they come from a non-accredited school?
- Things are in flux more than in previous decades, there is no way to predict what types of different programs are going to pop up in the future and there could be challenges with that if we are too specific.
- If we list the specializations programs may just identify based on the regulations.

#### Questions:

- Where does re-specialization come in, this would be adding on to the clinical piece.
- Why isn’t licensure required for I/O?
- What about the PsyD in Marriage and Family, are they included or not?
- Rather than just institution accreditation, why don’t we just use COA accreditation?
  - Want to include other pathways, not just from accredited schools
- Why not require an internship?

#### **Q2. Are the listed fields of specializations adequate to ensure consumer protection and access to care?**

#### Thoughts/Suggestions:

- Include all of the degrees specifically because it is easier to understand and allows for fewer loopholes.
- Include the catchall from 2913 into 2914 to incorporate all of the applied degrees.
- There should be some practicum training at the doctoral level, by listing more specific degrees it could allow for more people to enter the field without the practical training.

#### [Section 1382-1382.6](#)

#### **Q1. Are these topics still relevant?**

Yes:

- Suggestion that the Board stand more firmly on certain principles above and beyond of the basic level of the doctoral degree so as to maintain a level of competency above the minimum level. Call to be above the generic level of what it means to be a psychologist.
- The courses should remain, because they have legal implications and are helpful.
- You can be in practice with a patient and not know they have an issue with alcohol, gender identification, etc. until months into seeing them.
- Yes they are relevant but perhaps not necessary.
- They are currently in there for a reason; further research or information is needed before looking to remove the requirement.

No:

- California is one of the only states in that requires these requirements that are not accepted for training. It seems like those courses are an intrusion on the education process. Why is the Board requiring these?
- The course requirements are superfluous, they are not needed, because it is creating a list of requirements which will then be adjusted or questions will arise whether other topic areas should be added. As a result, we are creating a cycle of whether new courses should be added or deleted.
- Is it an undue financial burden having all those courses required especially when those courses are taught in other already required courses?
  - Not all psychologists need to know the material that is taught in those courses.
- This creates a barrier to licensure. Taking these additional courses is delaying entry into the profession and postponing access to care.
- Topics taught are interwoven in other areas, so it would be a burden to recover a topic that was covered in another class.
  - Concerns that the director of training may not want to certify that a student has completed x amount of hours of a specific course when that specific course is interwoven with other courses, because it may not meet the hours required, but the topic was covered.
  - If these courses are “taught” in other courses/interwoven, it should be verified that they really are taught or interwoven, before removing them.

Thoughts/Suggestions:

- Verify whether those courses are necessary before deciding to remove them.
- Identify which courses require statutory removal.
  - Human sexuality, child abuse, and aging are possibly statutorily required.

Questions:

- Is there data to show it is needed or significant? There should be a rationale before completely removing the requirement.
- What is the rationale of the legislature in creating the statutory required courses?

**Q2. Is six to seven hours adequate for exposure to these issues?**

Thoughts/Suggestions:

- Suggestion that one hour of exposure is adequate.
- Is it in line with what other states require?
- There were concerns that the amount of hours for these courses is too high and the cost associated is too much.
- The Board should study the courses to determine the relevancy and necessity of them before determining the number of hours of adequate exposure.

**Section 1387**

**Q1. Currently a maximum of 44 hours per week can be credited toward SPE. What is your experience regarding the maximum SPE hours claimed per week? (1387.1(b)(3))**

Thoughts:

- 44 hours can be claimed, but more than 44 are worked.
  - The additional hours can be charting, administrative, etc.
- 40 hours allowed (4 additional hours are allowed for research or other activities).

**Q2. Should the maximum hours of SPE that include the additional ten (10) percent of supervision be capped at 40 or 44 hours per week? (1387.1(b)(3))**

Thoughts/Suggestions:

- Allow for 45 hours to make the math simple and easy to understand for everyone. Allows for more easily clarifying the 90/10 breakdown.
- The percentage is what is unclear for people.
- 44 hours total, which includes the 4 hours of supervision.
- Having the word "additional" with the 10% supervision will eliminate the confusion.