MINNESOTA BOARD OF PSYCHOLOGY
May 30, 2025
Board Meeting

Order of Business

PUBLIC SESSION:

1. **Call to Order**

2. **Adoption of Tentative Agenda**

3. **Announcements**

    A. **Web Ex Meeting Link**

4. **Approval of the Board Minutes**

    A. **Approval of Board Meeting Minutes**

5. **Consent Agenda**

    A. **Staff Delegated Authority Report**

6. **New Business**

    A. **Presentation on Licensure Demographics**
    B. **Master's Level Licensure**
    C. **Executive Director's Report**
    D. **Board Administrative Terminations**

7. **Committee Reports**

8. **Adjournment**

- MINNESOTA BOARD OF PSYCHOLOGY

DATE: 5/30/2025

SUBMITTED BY: Assistant Executive Director

TITLE: Web Ex Meeting Link

INTRODUCTION TO THE TOPIC:

Meeting link:
https://minnesota.webex.com/meet/samuel.sands

Meeting number:
966 811 163

Join from a video conferencing system or application
Dial: samuel.sands@minnesota.webex.com
You can also dial 173.243.2.68 and enter your meeting number.

Join by phone
+1-415-655-0003 United States Toll
Access Code: 966 811 163

Global call-in numbers
https://minnesota.webex.com/minnesota/globalcallin.php?MTID=m0f8b8d96df6f1583dab9f301a08c30ac

BOARD ACTION REQUESTED:

- MINNESOTA BOARD OF PSYCHOLOGY

DATE: 5/30/2025

SUBMITTED BY: Assistant Executive Director

TITLE: Approval of Board Meeting Minutes

INTRODUCTION TO THE TOPIC:

The Board Meeting Minutes for March 2025 are respectfully submitted.

BOARD ACTION REQUESTED:

ATTACHMENTS:

Description	Upload Date	Type
March Board Meeting Minutes	5/30/2025	Cover Memo

MINNESOTA BOARD OF PSYCHOLOGY
BOARD OF PSYCHOLOGY

MINNESOTA BOARD OF PSYCHOLOGY
Minutes of the March 21, 2025, Board Meeting

Board Members and Staff in Attendance: Sonal Markanda, Sebastian Rilen, Cesar Gonzalez, Jill Idrizow, Daniel Hurley, Michael Thompson, Pamela Freske, Nancy Cameron, Joel Bakken, Michelle Zhao, Sam Sands, Trisha Hoffman, and Wondwosen Darsebo.

Guests: Nick Lienesch, Sarah Bauer.

PUBLIC SESSION

1. Call to Order

Sonal Markanda called the meeting to order at 9:33AM. The meeting was held in a hybrid format with some individuals in attendance in person and others online. Voting was held by roll call.

A. Webex MeetingLink

2. Adoption of Tentative Agenda

Daniel Hurley moved, seconded by Seb Rilen Motion: to adopt the tentative agenda. There being 9 "ayes" and 0 "nays" the Motion Passed.

3. Announcements

Sam Sands announced the hiring of a new Investigator, Wondwosen Darsebo.

4. Approval of the Board Minutes

Daniel Hurley moved, seconded by Joel Bakken Motion: to adopt the February 21, 2025, Board Meeting Minutes. There being 9 "ayes" and 0 "nays" the motion Passed.

5. Consent Agenda

A. Staff Delegated Authority Report

6. **New Business**

   A. **Criminal Background Check Program Overview**

   Sarah Bauer gave a presentation on the Criminal Background Check program that serves the Minnesota Licensing Boards.

   B. **Executive Director's Report**

   Trisha Hoffman provided an update on the work of the Licensure Unit as it continues to support the Mission and Vision of the Board, including bringing the total of Licensed Behavior Analysts to 611 and continuing to assist applicants for licensure as Psychologists.

   Sam Sands reported that several licensees have raised concerns about conflicts between federal executive orders and ethical duties of Psychologists, highlighted a lawsuit challenging Colorado's ban on conversion therapy that will be heard by the U.S. Supreme Court, provided a legislative update, and flagged the potential of the growing use of Artificial Intelligence technologies to generate new ethical issues.

   C. **Board Administrative Terminations**

   Nancy Cameron moved, seconded by Michel Thompson Motion: to approve the Board Administrative Terminations. There being 9 "ayes" and 0 "nays" the motion Passed.

7. **Committee Reports**

8. **Adjournment**

   Adjourned at 12:15 PM

EXECUTIVE SESSION

1. Stipulation and Consent Order
2. Stipulation and Consent Order
3. Stipulation and Consent Order

- MINNESOTA BOARD OF PSYCHOLOGY

DATE: 5/30/2025

SUBMITTED BY: Assistant Executive Director

TITLE: Staff Delegated Authority Report

INTRODUCTION TO THE TOPIC:

The Board utilizes a consent agenda for routine financial, legal, or administrative matters that require Board action or inform the Board of action taken under authority delegated by the Board.

The items on the consent agenda are expected to be non-controversial and not requiring of a discussion.

The consent agenda is voted on in a single majority vote, but made be divided into several, separate items if necessary.

The items on the consent agenda will be considered early in the meeting. The Board chair will ask if any member wishes to remove an item from the consent agenda for separate consideration, and if so, the Chair will schedule it for later in the meeting.

BOARD ACTION REQUESTED:

ATTACHMENTS:

Description	Upload Date	Type
Psychology Licensure Consent Agenda	5/28/2025	Cover Memo
Behavior Analyst Consent Agenda	5/28/2025	Cover Memo

CONSENT AGENDA ITEMS: Staff Delegated Authority Report

Admission to Examination for Professional Practice in Psychology (EPPP)

Under delegated authority from the Board, Board staff approved the following applicant(s) for Admission to the Examination for Professional Practice in Psychology (EPPP) pursuant to Minnesota Rules 7200.0550.

Applicant(s) Granted Admission to the (EPPP) Exam
Ahmed Karie, Psy.D
Rochelle Gredvig, Psy.D
Mitchell Fritz, Psy.D
Stephenie Wescoup, Ph.D
Michael Hamilton, Ph.D
Quannah Parker-McGowan, Psy.D
Julia Jordan, Psy.D
Katherine Picard, Psy.D
Jordan Anderson, Psy.D
Rita Taylor, Ph.D
Katie Albright, Psy.D
Timothy Johnson, Psy.D
Heather Wyayy, Psy.D
Autumn Dow, Psy.D
Alison Riley-Schmida, Psy.D
Darrick Scott, Ph.D
Dee Vang, Psy.D
Lois Ahn, Psy.D.
Cara Peterson-Fuchs, Psy.D.
Lovey Peissig, Ph.D.
Benjamin Bassier, Psy.D.
Jonathan Rosario, Psy.D.
Amber Hays, Ph.D.
Sophia Mullen, Psy.D.
Amanda Gordon, Ph.D
Karen Carlson, Ph.D

Admission to Professional Responsibility Examination (PRE)

Under delegated authority from the Board, Board staff approved the following applicant(s) for Admission to the Professional Responsibility Examination (PRE) pursuant to Minnesota Rules 7200.0550.

Applicant(s) Granted Admission to the (PRE)
Brittany Van Buskirk, Psy.D
Brenda Roche, Ph.D
Hannah Flanery, Ph.D
Elise Hocking, Ph.D
Adriana Hughes, Ph.D

Stephanie Garcia, Ph.D	
Jolene Jacquart, Ph.D	
Kendra Van Rossum, Psy.D	
Michael Hamilton, Ph.D	
Quannah Parker-McGowan, Psy.D	
Lindsay Hines, Ph.D	
Rochelle Holtzman, Ph.D	
Autumn Dow, Psy.D	
Katie Albright, Psy.D	
Carrie Atikune, Psy.D	
James Torildson, Ed.D.	
Gabrielle Golenberg, Ph.D	
Sharon Foster, Psy.D	
Nathan Andrews, Psy.D	
Kelsey Hobbs-Mattson, Ph.D	
Kiana Wright, Psy.D	
Adam Mills, Ph.D	
Sally Keckeisen, Psy.D.	
Jennifer Schlak, Ph.D.	
Kathleen McVey, Ph.D.	
Alexa Koester, Psy.D.	
Amber Hays, Ph.D.	
Catherine Wilson, Psy.D.	
Rochelle Gredvig, Psy.D.	
Nina Plotnikov, Ph.D.	
Trista Wolfgram, Psy.D.	
Melissa Schroers, Ph.D.	
Samantha North, Psy.D.	

Licensed Psychologist (LP)

Under delegated authority from the Board, Board staff approved the following applicant(s) for Licensed Psychologist (LP) licensure pursuant to Minnesota Statutes, section 148.907 and the administrative rules of the Psychology Practice Act.

License Number	Licensee
LP7178	Stacy Luther, Psy.D.
LP7179	Alexandra Kaufman, Psy.D.
LP7180	Barbara Vetter, Ph.D.
LP7181	Amanda Landwehr Klamm, Psy.D.
LP7182	Brenda Roche, Ph.D.
LP7183	Amber Maiwald, Psy.D.
LP7184	Savana Naini, Psy.D.
LP7185	Wendi Major, Ph.D.
LP7186	Stephanie Garcia, Ph.D.
LP7187	Lynn Martell, Ph.D.

LP7188	Brittany Van Buskirk, Psy.D.
LP7189	Adam Sumner, Ph.D.
LP7190	Marty Witucki, Ph.D.
LP7191	Sheena Czipri, Psy.D.
LP7192	Anne Stocker, Ph.D.
LP7193	Michael Tindall, Psy.D.
LP7194	Melissa Jents, Psy.D.
LP7195	Drea Tuott, Psy.D.
LP7196	Mikala Hanson, Psy.D.
LP7197	Jolene Jacquart, Ph.D.
LP7198	Alexandria Colburn, Ph.D.
LP7199	Elise Hocking, Ph.D.
LP7200	Rebecca Kazinka, Ph.D.
LP7201	Adam Mills, Ph.D.
LP7202	Nathan Andrews, Psy.D.
LP7203	Erin Tahauri, Psy.D.
LP7204	Gabrielle Golenberg, Ph.D.
LP7205	Hannah Flanery, Ph.D.
LP7206	Amy Swier-Vosnos, Psy.D.
LP7207	Margo Abrams, Psy.D.
LP7208	Lindsay Hines, Ph.D.
RL00105	Cara Crisson

Guest Licensure (GL)

Under delegated authority from the Board, Board staff approved the following applicant(s) for Guest Licensure (GL) pursuant to Minnesota Statutes, section 148.916 and the administrative rules of the Psychology Practice Act.

License Number	Licensee
GL0138	Rochelle Holtzman

Licensure for Voluntary Practice (L-VP)

Under delegated authority from the Board, Board staff approved the following applicant(s) for Licensure for Volunteer Practice (LPV) pursuant to Minnesota Statutes 148.909 and the administrative rules of the Psychology Practice Act.

License Number	Licensee

Emeritus Registration (Em.)

Under delegated authority from the Board, Board staff approved the following applicant(s) for Emeritus Registration pursuant to Minnesota Statutes, section 148.9105.

License Number	Licensee
ER00198	Beatrice Robinson

ER00199	Jeremy Britzius
ER00200	Ann Jarvis
ER00202	Rhonda Krossner
ER00203	Ellen Snoxell

Voluntary Terminations (VT)

Under delegated authority from the Board, Board staff terminated the following License's pursuant to Minnesota Rules 7200.3700.

License Number	Licensee
LP2177	Arlow Andersen Jr.
LP1919	Donna Cairncross
LP4291	Jeremy Britzius
LP3630	Ann Jarvis
LP2418	Bruce Renken
LP3178	Marian Flammang
LP2313	Janice Bransford
LP2320	Joan Rojas
LP4587	Susan Brown
LP2472	Rhonda Krossner
LP1066	Joseph Herder
LP2755	Ellen Snoxell
LP2679	Mark Johnson
LP2564	Patricia Spaulding
LP3654	Todd Larson

Continuing Education Variance Requests

Under delegated authority from the Board, Board staff approved the following licensee(s)' requests for a six (6) month continuing education variance pursuant to Minnesota Rules 7200.3860, D.

License Number	Licensee
LP3259	Kathleen Pfaffinger
LP6897	Alexandra Lerner
LP6400	Allison Richards
LP4784	Jerry Bakka
LP4565	Theresa Bernard
LP2251	Linda Oakes
LP25602	Victoria Othon

MINNESOTA
BOARD OF PSYCHOLOGY

Licensure Progression Statistics

The following data is a summary of the length of time it takes for an applicant to obtain licensure with the Minnesota Board of Psychology. The starting point is staff review; when the applicant has submitted all required documents for the specific type of license application.

Number of Initial, Reciprocity and Mobility LP applications filed since last Board meeting: 33

Of applications filed, number of LP applications still in review: 1

Reasons for continued review: Additional information needed.

Initial, Reciprocity, and Mobility applications days to license: 12 days

Number of Guest License applications filed since last Board meeting: 1

Of applications filed, number of Guest License applications still in review: 0

Reasons for continued review: N/A

Guest License applications days to license: 25

MINNESOTA BOARD OF PSYCHOLOGY

CONSENT AGENDA ITEMS: Staff Delegated Authority Report

Licensed Behavior Analyst (LBA)

Under delegated authority from the Board, Board staff approved the following applicant(s) for Behavior Analyst (LBA) licensure pursuant to MN Statute 148.9983.

License Number	Licensee
LBA0612	Jessica Maxwell
LBA0613	Amy Hilsen
LBA0614	Jennifer Erickson
LBA0615	Crystal Clark
LBA0616	Reina Howell
LBA0617	Brandon Castillo
LBA0618	Alex Braun
LBA0619	Mahkena Stroh
LBA0620	Benjamin Witts
LBA0621	Shaina Nease
LBA0622	Ruth Kutcher-Bier
LBA0623	Steven Huynh
LBA0624	Tremayne Parker
LBA0625	Bayan Jaber
LBA0626	Lauren Bonneau
LBA0627	Stacy Iwamoto
LBA0628	Brendan Odegaard
LBA0629	Emma Scheyder
LBA0630	Mariah Harlan
LBA0631	Erica Beasley
LBA0632	Amber Trotta
LBA0633	Monica Lannon
LBA0634	Anna Milligan
LBA0635	Rebecca Boggs
LBA0636	William Oelke
LBA0637	Erin Schroeder
LBA0638	Johanna Ruch
LBA0639	Shawna Molloy
LBA0640	Ariana Carrasco
LBA0641	Lindsey Edinger
LBA0642	Victoria Boone
LBA0643	Karen Lewis
LBA0644	Bronwyn Coddington

LBA0645	Caitlyn Marty
LBA0646	Brian Austria
LBA0647	Erika Odberg
LBA0648	Mackenzie Irwin
LBA0649	Rebecca Withington
LBA0650	Layla Ali
LBA0651	Joel Christian
LBA0652	Aarti Patel
LBA0653	Rachael Houck
LBA0654	Dresden Warminski
LBA0655	Jaylan Ishac
LBA0656	Syeda Ahmed
LBA0657	Yocheved Wasserman
LBA0658	Carolyn Smith
LBA0659	Dara Wise
LBA0660	Jacob Sadavoy
LBA0661	Marjorie Lacap
LBA0662	Pauline Cubelio
LBA0663	Emma Seamans
LBA0664	Kathryn Gorycki
LBA0665	Kelly Magill
LBA0666	Kathryn Spellmeyer
LBA0667	Elizabeth Tidwell
LBA0668	Victoria Suarez
LBA0669	Katherine Irwin
LBA0670	Faith Champ Trapp
LBA0671	Stephanie Brown
LBA0672	Kaylea Brogan
LBA0673	Emily Freeman
LBA0674	Naomi Mielke
LBA0675	Rachel Germscheid
LBA0676	Latoniya Deline
LBA0677	Candace Brown
LBA0678	Shayla Ellis
LBA0679	Karishan Somu
LBA0680	Jade Saechao
LBA0681	Samantha Mey
LBA0682	Ed Lisecki
LBA0683	Cynthia Ellsworth
LBA0684	Holly Williams
LBA0685	Deanna Estes

LBA0686	Jaleesa Beard
LBA0687	Amber Valentino
LBA0688	Tia Ly
LBA0689	Colin Gran
LBA0690	Taylor Kuck
LBA0691	Daniel Alongi
LBA0692	Shianna Everson
LBA0693	Trisha Iannotta-Bieszczad
LBA0694	Paul Bastedo
LBA0695	Katherine Brown

Licensure Progression Statistics

The following data is a summary of the length of time it takes for an applicant to obtain licensure as a Behavior Analyst with the Minnesota Board of Psychology.

Total Number of LBA Applications Filed Since Last Council Meeting: 97

Of applications filed, number of LBA applications that have satisfied all license fees: 50

Of these applications, number submitted to CBC program (anticipated timeline to process CBC is 30 days): 50

Of all applications filed (and paid fees), number in compliance review: 10

Average days for license to be granted (time counted from staff review to license application approved): 1

Of applications filed, number of Behavior Analyst License applications still in review: 843 applications filed in all, 53 still in review

Reasons for continued review: Applications are either in Final Review, Staff Review, or in progress.

- MINNESOTA BOARD OF PSYCHOLOGY

DATE: 5/30/2025

SUBMITTED BY: Executive Director

TITLE: Presentation on Licensure Demographics

INTRODUCTION TO THE TOPIC:

Teri Fritsma, Lead Healthcare Workforce Analyst at the Minnesota Department of Health will present on licensure demographic data.

BOARD ACTION REQUESTED:

- MINNESOTA BOARD OF PSYCHOLOGY

DATE: 5/30/2025

SUBMITTED BY: Executive Director

TITLE: Master's Level Licensure

INTRODUCTION TO THE TOPIC:

Dr. Alex Siegel, ASPPB's Director of Professional Affairs will present on Master's Licensure.

BOARD ACTION REQUESTED:

Materials related to the work of ASPPB's PRI-LM Task Force may be found through this link to the ASPPB website: ASPPB Shares Updates on PRI-LM Task Force on Masters Title and Scope - Association of State and Provincial Psychology Boards

- MINNESOTA BOARD OF PSYCHOLOGY

DATE: 5/30/2025

SUBMITTED BY: Executive Director

TITLE: Executive Director's Report

INTRODUCTION TO THE TOPIC:

The Executive Director Report communicates, in advance, information that brings board members up to date on what has occurred since the last board meeting and is intended to lead to engagement and interaction at the next board meeting. The Executive Director Report seeks to offer reminders to board members on upcoming commitments, relevant dates and events, and to raise issues for board members to address during the board meeting. The Executive Director Report is also intended to give board members information that is useful in their role as board members and in stakeholder outreach.

BOARD ACTION REQUESTED:

ATTACHMENTS:

Description	Upload Date	Type
FY25 Revenues Third Quarter	5/28/2025	Cover Memo
FY25 Expenditures Third Quarter	5/28/2025	Cover Memo
AI Article	5/29/2025	Cover Memo
Mid Year Meeting Agenda Booklet	5/29/2025	Cover Memo
SF3611	5/29/2025	Cover Memo
ED Report	5/29/2025	Cover Memo

BOARD OF PSYCHOLOGY
ACTUAL RECEIPT REPORT

Receipts as of: 04/01/25

Through March 2025

	REVENUE SOURCE CODE #	CURRENT REVENUE BUDGET	ESTIMATED UNCOLLECTED RECEIPTS	1ST QUARTER RECEIPTS	2ND QUARTER RECEIPTS	3RD QUARTER RECEIPTS	4TH QUARTER RECEIPTS	TOTAL YR TO DATE RECEIPTS	% RECEIPTS OF TOTAL BUDGET
Civil Penalties	512417	$10,000.00	$10,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Credit Card Clearing	553094	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Not Budgeted
H7V Professional Firms Initial	608263	$8,000.00	$3,850.00	$1,400.00	$2,250.00	$1,500.00	$0.00	$5,150.00	64.00%
H7V Professional Firms Annual	608264	$8,000.00	$1,475.00	$450.00	$3,450.00	$2,625.00	$0.00	$6,525.00	81.56%
Licensure Volunteer Practice	643000	$2,000.00	$1,500.00	$0.00	$500.00	$0.00	$0.00	$500.00	25.00%
Bd Psych Appl Admission EPPP	643002	$20,000.00	$8,150.00	$4,050.00	$4,050.00	$3,750.00	$0.00	$11,850.00	59.25%
Bd Psych Appl Adm Prof Resp E	643003	$20,000.00	$50.00	$6,600.00	$5,700.00	$7,650.00	$0.00	$19,950.00	99.75%
Lic Psych Appl For License	643004	$90,000.00	$19,500.00	$23,000.00	$19,500.00	$28,000.00	$0.00	$70,500.00	78.00%
Lic Psych Appl For Renewal	643005	$900,000.00	$242,500.00	$209,500.00	$266,500.00	$181,500.00	$0.00	$657,500.00	73.06%
Lic Psych Late Renewal Fee	643006	$10,000.00	($3,000.00)	$2,750.00	$6,000.00	$4,250.00	$0.00	$13,000.00	130.00%
Bd Psych Emeritus Registration	643010	$5,000.00	$2,600.00	$0.00	$1,050.00	$1,350.00	$0.00	$2,400.00	48.00%
Bd Psych Degree Upgrade	643011	$150.00	$150.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Be Psych Mailing/Duplication	643013	$400.00	$195.00	$80.00	$55.00	$70.00	$0.00	$205.00	51.00%
Bd Psych Verification Receipts	643015	$90,000.00	$33,180.00	$18,560.00	$17,560.00	$20,700.00	$0.00	$56,820.00	63.00%
Psychologist Guest Licensure	643018	$4,000.00	$1,750.00	$1,350.00	$450.00	$450.00	$0.00	$2,250.00	56.00%
Continuing Ed Sponsrshp Fee	643019	$35,000.00	$5,720.00	$7,360.00	$10,000.00	$11,920.00	$0.00	$29,280.00	84.00%
Post DR Sup Exper Pre Appr	643023	$1,000.00	$700.00	$150.00	$150.00	$0.00	$0.00	$300.00	2.00%
BA Initial Application License Fee	643025	$90,000.00	$65,700.00	$0.00	$130,950.00	$34,750.00		$155,700.00	173.00%
								$0.00	
TOTAL REVENUE		**$1,293,550.00**	**$394,020.00**	**$275,250.00**	**$468,165.00**	**$298,515.00**	**$0.00**	**$1,031,930.00**	**79.78%**
Fund 2000									
Seminar - Workshop Fees	513304	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Not Budgeted
Criminal Background Check Fee	643022	$6,000.00	$4,703.25	$1,662.50	$5,728.00	$5,728.00	$0.00	$28,138.50	469.00%
TOTAL REVENUE		**$6,000.00**	**$4,703.25**	**$1,662.50**	**$5,728.00**	**$5,728.00**	**$0.00**	**$28,138.50**	**469.00%**
REPORT TOTALS		$1,299,150.00	$398,723.25	$276,912.50	$487,913.00	$304,243.00	$0.00	$1,060,068.50	82.00%

05/28/25

March 2025

	CURRENT ANNUAL BUDGET	AVAILABLE BALANCE	1ST QUARTER EXPENDED	2ND QUARTER EXPENDED	3RD QUARTER EXPENDED	4TH QUARTER EXPENDED	TOTAL YR TO DATE EXPENDED	% SPENT OF TOTAL BUDGET	SYSTEM PROJECTION- ENCUMBERED
PSYCHOLOGY OPERATIONS - FUND 1201 - H7V1111									
FULL - TIME SALARY	$653,000.00	$248,849.21	$102,261.74	$168,585.43	$133,303.62	$0.00	$404,150.79	61.89%	$248,849.21
PART-TIME, SEASONAL	$99,000.00	$37,635.98	$17,993.46	$22,337.98	$21,032.58	$0.00	$61,364.02	62.00%	$37,635.98
OVER-TIME PAY	$9,000.00	$9,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$9,000.00
OTHER BENEFITS- PER DIEMS	$50,000.00	$24,373.33	$1,427.00	18224,67	$5,975.00	$0.00	$25,626.67	51.00%	$24,373.33
SPACE RENTAL, MAINT & UTIL	$119,000.00	$30,507.50	$28,957.50	$29,767.50	$29,767.50	$0.00	$88,492.50	74.00%	$29,767.50
PRINTING & ADVERTISING	$20,000.00	$19,968.91	$0.00	$1.21	$29.88	$0.00	$31.09	1.00%	$2,307.52
PROF/TECH SERVICES	$90,000.00	$89,796.00	$136.00	$68.00	$0.00	$0.00	$204.00	0.23%	$26,296.00
IT PROF/TECH SERVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Not Budgeted	$0.00
COMPUTER/SYSTEM SERVICE	$1,000.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$500.00
COMMUNICATIONS	$9,000.00	$5,602.60	$275.57	$695.67	$2,426.16	$0.00	$3,397.40	38.00%	$5,163.04
TRAVEL, IN STATE	$20,000.00	$8,429.02	$313.36	$9,143.23	$2,114.39	$0.00	$11,570.98	47.00%	$9,218.26
TRAVEL, OUT STATE	$15,000.00	$13,430.86	($67.95)	$4,637.90	$0.00	$0.00	$4,569.14	30.46%	$12,350.00
EMPLOYEE DEVELOPMENT	$20,000.00	$18,140.62	$1,680.00	$179.80	$0.00	$0.00	$1,859.38	9.30%	$4,920.00
AGY PROVIDED PROF/TECH	$30,000.00	$21,839.00	$1,558.00	$1,720.00	$4,883.00	$0.00	$8,161.00	27.00%	$6,839.00
Rate Based MNIT Services	$132,000.00	$43,809.51	$9,501.47	$46,318.53	$31,370.49	$0.00	$87,190.49	66.05%	$43,809.51
Agency Specific MNIT Services	$20,000.00	$9,656.48	$481.54	$7,952.69	$1,909.29	$0.00	$10,343.52	51.72%	$6,433.28
SUPPLIES	$10,000.00	$8,911.80	$254.36	$453.39	$380.45	$0.00	$1,088.20	10.88%	$5,449.30
EQUIPMENT	$10,000.00	$8,133.84	$466.54	$699.81	$699.81	$0.00	$1,866.16	18.66%	$3,247.29
REPAIRS, MAINTENANCE	$5,000.00	$5,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$10.99
OTHER OPERATING COSTS	$562,751.12	$556,937.47	$1,252.97	$350.79	$4,209.89	$0.00	$5,813.65	1.03%	$14,012.58
EQUIPMENT - Capital	$5,000.00	$5,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00
EQUIPMENT - NON CAPITAL	$5,000.00	$5,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00
TOTAL OPERATION COSTS	$1,887,751.12	$1,172,022.13	$166,491.56	$292,911.93	$238,102.06	$0.00	$715,728.99	37.91%	$490,182.79
Behavior Analysts Licensure - Fund H7V30000									
Other Operating Costs	$81,000.00	$81,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00
PSYCHOLOGY CRIMINAL BACKGROUND CHECK FUND - 2000 - H7V30000									
AGY PROVIDED PROF/TECH	$31,000.00	$8,615.50	$0.00	$14,064.75	$8,319.75	$0.00	$22,384.50	72.21%	$5,615.50
TOTAL CRIMINAL BACKGROUND	$31,000.00	$8,615.50	$0.00	$14,064.75	$8,319.75	$0.00	$22,384.50	72.21%	$5,615.50
REPORT TOTAL	$1,999,751.12	$1,261,637.63	$166,491.56	$306,976.68	$246,421.81	$0.00	$738,113.49	34.00%	$495,798.29

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FILE NAME: FY25 PSY Expenses

Artificial Intelligence in Practice: Opportunities, Challenges, and Ethical Considerations

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Artificial intelligence (AI) tools are being rapidly introduced into the workflow of health service psychologists. This article critically examines the potential, limitations, and ethical and legal considerations of AI in psychological practice. By delving into the benefits of AI for reducing administrative burdens and enhancing service provision, alongside the risks of introducing bias, deskilling, and privacy concerns, we advocate for a balanced integration of AI in psychology. In this article, we underscore the need for ongoing evaluation, ethical oversight, and legal compliance to harness AI's potential responsibly. The purpose of this article is to raise awareness of key concerns amid the potential benefits for psychologists and to discuss the need for updating our ethical and legal codes to reflect this rapid advancement in technology.

Public Significance Statement
This article explores the integration of artificial intelligence (AI) in psychological practice, addressing potential benefits as well as ethical practical challenges. Specific recommendations are provided based on our analysis. This article serves as an early guide for psychologists and policymakers for responsibly adopting AI; it emphasizes the need for ethical oversight and adaptive legal frameworks to safeguard patient welfare.

Artificial intelligence (AI) often conjures notions from science fiction, imagining robots with full autonomy and decision making. These notions, however, stand in stark contrast to the current landscape of AI technologies that manifest primarily as large language models (LLMs) that are functionally specific tools. LLMs are far from the omnipresent or self-governing agents of science fiction; rather, they are complex algorithms designed to process and generate human-like text. Throughout this document, the term "artificial intelligence" (AI) is used for simplicity and accessibility, reflecting its widespread recognition. While future applications may employ alternative types of AI, LLMs dominate the landscape at this time due to their availability, flexibility, and usability.

The rapid generation of text can be extremely useful for many tasks, such as generating emails or explaining complex ideas. We

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asked ChatGPT, one of the leading AI tools from OpenAI, to explain LLMs using the prompt, "Explain LLMs for an audience of nonexperts. Use a paragraph style as would be appropriate for an article published in a peer reviewed journal. Keep the content narrow, focusing on explaining how LLMs work and what they can do." This was its response, edited for length:

LLMs stand out for their remarkable ability to understand and generate human language. At their core, LLMs are complex computer programs trained on vast amounts of text—from books to websites—enabling them to recognize and mimic the way humans communicate. This training involves processing the relationships between words and phrases, allowing the models to predict and generate coherent and contextually appropriate responses. Unlike simple keyword-based systems, LLMs can grasp nuances in language, making them adept at a variety of tasks such as writing articles and even … engaging in conversation. Their operation hinges on advanced algorithms known as neural networks, which, inspired by the human brain, identify patterns in data. It is crucial to understand; however, their responses, though often insightful, are limited to the scope of their training data and the algorithms' ability to interpolate from it.

The sophistication of this explanation is both impressive and unnerving because it is so human-like. Undoubtedly, it is challenging to fully grasp the scale at which these models employ statistical associations. The popularity of AI is clear, including for health service (i.e., clinical, counseling, school psychologists), because it has such high utility for both personal and professional purposes. Yet, there is a great deal that is unknown about its use for the provision of psychological services, creating uncertainty among professionals and trainers.

Thus, the purpose of this article is to delve into the multifaceted dimensions of AI in the practice of psychology. We focus specifically on its potential benefits, limitations, risks, legal issues, and ethical implications. By exploring these aspects, we aim to provide a comprehensive overview of the current state of AI in psychology and its prospective trajectory in the field, emphasizing the need for a balanced approach that integrates technological advancements with ethical and legal considerations.

AI in Psychological Practice

With AI becoming publicly available, there is considerable potential for AI in psychological practice, including for administrative tasks, conveying complex concepts, and providing therapeutic services. First, a substantial part of psychologists' work involves extensive documentation, including writing progress notes or treatment and educational plans. In an unpublished study, Griswold (2019) found that psychologists spent about 3 hr per week on progress notes, while Filter et al. (2013) found that school psychologists spent about 7.46 hr per week writing reports. The cumulative demands of these responsibilities, along with keeping pace with the latest advancements in their field, can contribute significantly to professional burnout (Engle et al., 2017).

To address these administrative burdens, AI becomes a highly promising tool. Psychologists, for instance, could dictate a session summary or allow AI to "listen in," producing notes appropriate for use in record management. AI could also integrate client data, generating a psychological report and overall easing many time-consuming components of practice. Although these applications

require specialized applications of AI, more mundane tasks require even less specialized tools, such as generating emails for correspondence or developing drafts of clinic policies. Finally, psychologists could use AI to generate explanations of complex concepts (e.g., diagnostic criteria) at prespecified reading and developmental levels or to translate information into multiple languages. AI, therefore, could broaden access to psychological services across culturally and linguistically diverse communities.

AI may enhance the availability and accessibility of psychological services, especially for individuals in communities where access to trained psychologists may be limited. By integrating AI tools, these communities may benefit from additional support that complements the efforts of available health care providers, ensuring that folks who would not otherwise have access to psychological services have more access to necessary care. It is critical, of course, that such uses of AI be carefully monitored and that AI is in no way a substitute for a trained mental health care provider. Given the scarcity of providers to address increasing mental health issues, there is a high need for clinical and school-based services (American Psychological Association, 2022; Goforth et al., 2021). In response to this need, psychologists could use AI-driven chatbots and virtual therapists, which provide low-level counseling, psychoeducation, and cognitive-behavioral interventions that are both cost-effective and accessible. Additional evaluation is necessary, but preliminary results suggest that one such chatbot, Woebot, has had generally positive outcomes, with symptom reduction and skill development for individuals with depressed mood, anxiety symptoms, and substance use disorders (e.g., Durden et al., 2023). Similarly, some studies suggest that AI may supplement psychologists' work by increasing "bedside manner" and enhancing diagnostic capabilities (Tu et al., 2024). Specialized applications are designed to support providers in interpreting common cognitive tests. Users input raw scores, and the program generates detailed interpretations, educational goals, and recommendations. These capabilities highlight AI's evolving role in augmenting the clinical decision-making process.

In sum, AI may help psychologists to simultaneously address administrative burdens while increasing mental health accessibility for their clients. Indeed, we foresee the emergence of AI-powered therapy assistants claiming to interpret language and emotional cues during sessions, providing personalized assessment and treatment plans, and generally enhancing psychologists' decision-making capacity. As we navigate this promising future it is imperative that we consider the implications of AI to protect the safety, rights, and privacy of all clients. The burgeoning use of AI in psychological practice heralds a future rich with possibilities. To better understand how to move forward, we first look back at the history of technological innovation in the field of psychology.

Historical Context of Technological Advancement in Clinical Practice

We often strive to innovate as a means of tackling ongoing challenges in life and work. This strategy is not unique to mental and medical care and has historical precedents in major technological shifts such as the printing press, the Industrial Revolution, and the advent of computing. Each of these innovations brought profound change to society and professional practice while also sparking concerns over societal impact. Worries of information overload from printing (Blair, 2003), from job loss and general ruin from industrial machinery (Binfield, 2004), and privacy and loss of

control from computing (Zuboff, 1988) and other concerns have followed nearly every major technological innovation.

In clinical practice, the integration of technology, from Meehl's (1954) clinical versus statistical prediction to modern telehealth, has faced scrutiny over its effectiveness and ethical implications (Burke & Normand, 1987; Groth-Marnat, 2000; Perle et al., 2013). Though debates continue (e.g., Krach & Corcoran, 2023), technology's role in clinical settings often solidifies over time. Advances address concerns through intentional improvements and implementation efforts, and comfort and adoption grow consistent with the diffusion of innovations theory (Dearing & Cox, 2018).

We acknowledge the parallels between the introduction of AI in modern practices and past technological milestones that initially stirred public and professional apprehension. History has shown us that innovation often outpaces societal and professional comfort, leading to periods of adjustment where fears and ethical considerations are vigorously debated—and in many cases addressed through further innovation. We write this article given this historical context with the aim of providing a nuanced perspective on the role of AI, seeking not to raise alarm or provoke outrage but to thoughtfully contribute to its ethical integration into practice and the improvement of AI for psychological care. Our goal is to provide practitioners with an overview of AI's possibilities and boundaries and to empower informed decision making in the face of this rapid technological evolution.

Considerations for Using AI in Psychological Practice

AI has begun to make significant inroads into psychological practice, as evidenced by the development of field-specific AI tools and the vibrant discussions within professional social media groups dedicated to AI in psychology. This trend underscores the growing acceptance and integration of AI technologies by practicing psychologists. However, there are additional professional, legal, and ethical factors that psychologists may need to consider. In this section, we describe the inherent biases within AI, the potential for "de-skilling," and other possible ethical and legal ramifications for using AI within psychological practice.

AI Bias, Reliability, and Accuracy

Just as humans have biases, so do these algorithms. AI are trained on large data sets that are entrenched with historical and societal biases. Responses by AI are shaped both by the data available to them and the quality of the prompt that a user generates (Hunter et al., 2023; Thirunavukarasu et al., 2023). That is, the output from AI is only as good as the input and training they receive, and thus, AI can amplify the biases of the societies from which the data sets were collected.

These biases can be explicit or implicit and can pervade the model's outputs in significant ways, perpetuating systemic biases and reinforcing oppression. Noble (2018), in her book *Algorithms of Oppression*, described the degree to which algorithms (e.g., search engines, social media) perpetuate and reinforce oppression, which she termed "technological redlining" (p. 1). She suggested that the existing AI technologies are created by humans and thus "openly promote racism, sexism, and false notions of meritocracy" (p. 2). For example, virtual assistants or chatbots are often designed to be female, while robots are often designed to be male, and these gender attributes rely on gender stereotypes (Craiut & Iancu, 2022). A United Nations Educational, Scientific and Cultural Organization policy report (West et al., 2019) highlighted the problematic ways that AI perpetuates gender biases, such as using feminized voices in virtual assistants (e.g., Amazon's Alexa, Apple's Siri), that reinforces a submissive or obliging stereotype. Along with racism and sexism, AI may also perpetuate biases based on religion (Abid et al., 2021), nationality, or disability (Venkit et al., 2023).

A related concern involves the reliability and accuracy of AI-generated output, leading to alarm among technology leaders and researchers. An open letter (Marcus, 2023) urged for a 6-month moratorium on training generative AI systems (Rawte et al., 2023) due to the potential for mis- and/or disinformation. Although the possibility of using AI to create deliberate misinformation (e.g., propaganda) is a concern, most falsehoods provided by generative AI are "hallucinations" (Rawte et al., 2023). Hallucinations are the generation of semantically correct and plausible output that is factually incorrect or otherwise not based on the data provided (Chung et al., 2023). These hallucinations occur, in part, because AI models are trained on data that are incomplete or incorrect (Neugebauer, 2023) and are exacerbated due to the inability of AI to assess the accuracy of their own output (Wang et al., 2023). Thus, psychologists who use AI must also note that the generated outputs may be hallucinations.

Overall, there are significant concerns about the biases, accuracy, and reliability reflected in AI outputs. Consequently, these biases might result in misdiagnosis, stemming from the inclination to under- or overdiagnose based on gender or race. Further, AI outputs might suggest treatments that may be inappropriate, not align with a client's culture, or otherwise perpetuate inequity.

Effects on Psychologists

Another possible downside of relying on AI is the deskilling of psychologists. Hoff (2011) defined deskilling as the reduction of discretion, autonomy, decision-making capacity, and knowledge on professional tasks due to an overreliance on technological innovation. Hoff studied the impact of technological innovation on primary care physicians' clinical decision-making skills and found that the introduction of clinical guidelines and electronic medical records (EMRs) led to the self-reported loss of clinical knowledge, decreased physician–patient trust, a decrease in implementing nuanced understanding of individual patients, and decreased confidence when engaging in clinical decision making. While it can be argued that EMR and clinical guidelines both generally improve medical and psychological practice—reducing variance in practice associated with untested, ineffective, harmful, and unnecessary practice (Hollon et al., 2014)—technologies may reduce the requirement that practitioners engage with literature deeply. Closely related is automation bias, the phenomenon where individuals working with automated systems start to overrely on these tools (Monteith et al., 2022). Automation bias is the tendency of professionals to overvalue outputs from automated systems and to devalue or ignore contradictory empirical information—or perhaps to fail to check the output at all. This propensity may lead to a passive approach to decision making, relying more on the automated system rather than applying their own expertise.

Like EMR and clinical guidelines, AI may offer quick solutions but may do so by reducing the necessity of psychologists and psychologists-in-training to rely on their critical thinking skills to solve complex problems. Unlike clinical guidelines, which are static

and crafted through expert consensus, and EMR systems, which are moderated by an individual or small group of clinicians, AI has the capacity to generate content across a wide variety of domains, mimicking expert-level proficiency without true understanding (Steele, 2023). This distinct feature of AI is unique among technologies and may lead to a type of automation bias where clinicians may not apply sufficient skepticism to AI-generated outputs. However, just as with EMR and clinical guidelines, there are potential benefits to integrating AI in psychological practice. To do so ethically, psychologists must take proactive steps to ensure that their reliance on AI does not diminish their professional capacity or skillset. This includes maintaining a critical engagement with AI outputs, continually updating their knowledge base, and ensuring that AI tools are used as supplements to, rather than replacements for, the professional scientific literature and their clinical acumen.

Psychologists should only accept AI-generated output if they understand and can critically evaluate the reasoning behind them. Reflecting on the ethical principle articulated by Clifford (1877), professional practice should be based on well-founded beliefs. Clifford argued that it is morally wrong to believe anything based on insufficient evidence. Applying this to AI, if psychologists cannot verify the underlying logic and evidence used by AI to develop a particular output, then relying on the output without scrutiny is not just impractical but ethically questionable—ethically speaking, this is like the notion that we *do not practice outside of our scope of practice*. This is not to say that psychologists must understand LLMs and the way that they generate content but that they should have sufficient understanding in their own area and of the topic of interest to meaningfully and intentionally evaluate AI-generated outputs to ensure it is consistent with the clinical context (i.e., not producing errant information or making illogical connections), is consistent with available theoretical and scientific information (e.g., is not producing information that contradicts established psychological theories or recommending practices inconsistent with the scientific literature), and is ethically sound. By engaging skeptically with AI output, psychologists can help to safeguard their professional standards and contribute to the ongoing development and refinement of AI applications in the field.

Effects on the Job Market

Along with concerns related to deskilling of psychologists, another concern is the potential of a loss of jobs. Researchers at OpenAI and the University of Pennsylvania predicted that 80% of jobs could be impacted by AI (Eloundou et al., 2023). Notably, they opined those jobs requiring a college education will be the most impacted, with as much as 50% of work tasks being performed by AI. Goldman Sachs (2023) predicted that the automation of 300 million jobs could occur in the next 10 years, while the World Economic Forum (Di Battista et al., 2023) predicted a net loss of 14 million jobs by 2027. Although it is unclear the degree to which AI would affect psychologists' jobs, automation has been linked to wage declines and increases in wealth inequality since the 1980s (Acemoglu & Restrepo, 2022). Overall, psychologists are likely to see the impact of AI on their own work as well as on society.

Ethical and Legal Considerations

Building on the concerns outlined above, the emergence of AI raises several potential ethical and legal issues. Psychologists'

ethical codes (e.g., American Psychological Association [APA]) have guided professional conduct through various technological advancements; nonetheless, the use of AI poses contemporary challenges due to its unprecedented applications and scope. We provide an overview of some of the ethical considerations, as well as legal and regulatory considerations, some of which overlap in content and context.

Privacy and security are critical concerns when using AI in clinical practice. Privacy and confidentiality, core ethical principles highlighted in APA Principle 4, require psychologists to take "reasonable precautions" (American Psychological Association, 2017, p. 7). However, AI is so new that it becomes unclear what is "reasonable." For instance, if a psychologist uses an AI platform to develop a more coherent report using deidentified data, they must consider not only the security of the data but also the transparency of the AI processes and the potential for data to be reidentified. While some platforms have obtained Health Insurance Portability and Accountability Act (HIPAA)-level certifications, the reliability of data privacy measures on other AI platforms is sometimes uncertain. Despite assurances, the actual practices may fall short, especially given the potential for algorithmic decisions to access and analyze deeply sensitive data without human oversight.

Relatedly, record keeping and documentation (i.e., APA Principle 6) also become important considerations. Psychologists' obligation to maintaining control of any data, including related to storing and disposing of these data and "whether these are written, automated, or in any other medium" (American Psychological Association, 2017, p. 9) becomes complicated if they choose to use AI within their practice. There are legal considerations given the necessity of sharing personal identifiable information (PII) with AI systems. The opacity surrounding how these systems manage, protect, and potentially incorporate prompt data into their training data sets poses significant risks. Additionally, the reliance on cloud-based infrastructure for AI models introduces vulnerabilities to data breaches during transmission and storage, potentially compromising the information provided to the model—though this aspect is no different for cloud-based scoring systems, such as Pearson's QGlobal or the iPAR system. Incidents like the software malfunction in ChatGPT that exposed users' queries and credit card information (Marks & Haupt, 2023) exemplify these risks, along with the "blackbox" nature of AI technology (Burrell, 2016; Monteith et al., 2022), which complicates understanding how AI operates.

Related to privacy protections, the use of AI raises thorny legal issues related to data security and privacy. Existing laws like the HIPAA and Family Educational Rights and Privacy Act (FERPA) create categories of information protected from disclosure by covered entities to third parties and others without a legitimate need. Typically, these laws require that covered entities enter into formal agreements with third parties before sharing protected information. These agreements require third parties to maintain the privacy of the information and only use it for authorized purposes (Kanter & Packel, 2023; Privacy Technical Assistance Center, 2015). However, depending on the nature of the AI tool and whether it is publicly available or a contracted service, there is the potential that such agreements are not in place. If this is the case, any PII provided to the system would constitute an unauthorized disclosure (Kanter & Packel, 2023). While properly deidentifying information may resolve this issue, Marks and Haupt (2023) argued that emerging technologies have rendered false HIPAA's assumption that data can

be successfully stripped of personal information and thus be safe to disclose. Furthermore, emerging research has begun to show the power of AI tools to infer and reconstruct personal data from available anonymous information (Staab et al., 2023). To date, regulators and courts have not fully grappled with these issues. However, at least one court has rejected a patient's privacy claim that relied on his assertion that deidentified medical records provided to Google by his health care provider could be reidentified, given the information available to Google (Dinerstein v. Google and LLC, 2023).

Another ethical consideration is the use of virtually embodied AI agents or chatbots. Fiske et al. (2019) reviewed ethical issues related to the use of AI robots or virtually assisted therapy. They highlighted the potential for harm during therapy with AI due to malfunctioning. Similarly, they pose an important question about how psychologists could adhere to the ethical principles of informing authorities if a client is a threat to themselves or others if the therapeutic method is through AI. Currently, there are no guidelines about duty of care when there are therapeutic chatbots or AI agents.

Importantly, using AI does not relieve psychologists of their ethical or legal duties and responsibilities. The same ethical and legal rules that apply without the use of AI continue to apply with the use of AI. Psychologists can use these tools to assist in fulfilling their professional obligations, but the user bears the ultimate responsibility of meeting those obligations. In one infamous and instructive example out of the field of law, two attorneys were fined after submitting a brief to a federal district court filled with fictitious cases and citations generated by ChatGPT; the judge rejected the excuse that the attorneys were unaware that AI could hallucinate false information, concluding that they were responsible for the submitted brief (Weiser, 2023).

Relatedly, the U.S. Equal Employment Opportunities Commission (EEOC) recently provided guidance on how AI and algorithmic decision making can violate employers' obligations under the Americans with Disabilities Act and Title VII of the Civil Rights Act of 1964 (Equal Employment Opportunity Commission, 2022, May 12, 2023, May 18). Pursuant to this, the EEOC recently settled a discriminatory hiring lawsuit where the EEOC alleged the company's applicant review software automatically rejected applicants based on a combination of gender and age variables. Thus, as psychologists consider using AI, they must avoid automation bias and continue to evaluate whether their use of AI meets established standards of care and other legal requirements (Haupt & Marks, 2023). As these examples make clear, the practitioner or organization using AI ultimately shoulders legal responsibility for that use. It is incumbent on psychologists to understand how AI tools work and to scrutinize and verify their outputs. For psychologists, this could mean ensuring that the use of AI does not breach any obligations owed to clients, like applicable duties of care or the need to protect confidentiality under HIPAA and FERPA.

Unique to psychologists are the ethical requirements around ensuring the validity of all interpretations of test results. Interpretation must consider the purpose of the assessment as well as various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect the psychologists' judgments or in anyway reduce the accuracy of their interpretations. Importantly, these requirements extend to the use of automated or third-party test scoring and interpretation services (APA Standard 9.09, National Association

of School Psychologists Standard II.3.5). While it is not explicit that these standards apply to the use of AI, we believe that these standards provide insight into the responsibilities of psychologists should they choose to use AI platforms to score or interpret test data.

Psychologists integrate ethical guidelines and laws into a structured decision-making process. Rational models, such as those described by Forester-Miller and Davis (2016), Jacob et al. (2022), and Koocher and Keith-Spiegel (2016), are prevalent in direct care psychology fields. These models prioritize evaluating potential consequences and involve identifying problems, assessing contextual and cultural factors, developing and evaluating solutions, and implementing decisions. Specifically, Koocher and Keith-Spiegel (2016) emphasized the importance of broadly consulting established guidelines, including ethical codes, laws, research evidence, and more general ethical principles to guide decisions. They caution that emerging technologies continually introduce new ethical challenges and advocate for applying established ethical principles like nonmaleficence, beneficence, autonomy, and justice to address these challenges effectively rather than waiting for new guidelines to emerge.

Integrating AI Into Practice and the Role of Ethical Decision-Making Models

Regarding the use of AI in clinical practice, we should consider that not all applications of AI have the same consequences. Consider that a psychologist uses AI to help develop or improve general templates for progress notes by inputting general information such as the type of therapy that the AI uses to create structured templates. According to Koocher and Keith-Spiegel's (2016) model, this use of AI would likely not constitute an ethical issue at all. However, the situation becomes more complex when a psychologist includes detailed summaries of specific client sessions to generate progress notes. These summaries include updates on the client's presentation, response to treatment, which may include test results, and homework completion. Although they do not include direct identifiers like names and birth dates, there is still a risk that the information could lead to identification, especially if the AI model integrates these data with information freely available online, such as personal blogs, social media posts, and images. Even excluding the possibility of client identification, the data entered into an AI model may be used internally to further train and enhance the model (Leffer, 2023) which may violate a client's autonomy over how their patient health information is being used. Table 1 specifies each of these uses of AI in a generalized rational ethical decision-making and provides an example of how a psychologist may go about deciding which actions to take. These uses are much different than the use of an AI chatbot to provide therapy directly to a client, which comes with its own unique set of ethical and legal challenges.

As psychologists consider the ethical and legal implications of using AI in their professional practice, it is crucial to recognize that this is an emerging area of law with few clear-cut rules. The existing legal frameworks have been around long before these technologies, complicating the application of these laws to situations never envisioned by those who wrote them. While the ethical guidance that is available was not written with AI in mind, many of our same principles apply and can help to guide the decisions we make about AI in practice.

Table 1
Hypothetical EDM Approach for the Use of AI in Documentation Development

Generalized EDM step	Outcome
Problem identification	Entering client data into an AI model may violate the client's privacy.
	The use of the client's data without their permission may violate their autonomy.
Consult established guidelines and ethics	While no AI-specific guidelines or ethics have been developed, some standards may still apply. For instance, the following standards from the American Psychological Association and the National Association of School Psychologists may be interpreted in the context of AI.
	APA Standard 2.05, "Delegation of Work to Others," requires that psychologists delegate tasks only to individuals or services that are equipped to perform those tasks competently, based on their education, training, or experience. Furthermore, psychologists must ensure that these tasks are carried out competently.' This implies that AI tools should be selected based on performance data.
	APA Standard 4.01, "Maintaining Confidentiality," requires psychologists to take reasonable steps to protect a client's confidential information. This implies that psychologists must ensure that AI tools comply with strict data protection regulations to prevent unauthorized data access or breaches.
	APA Standard 4.05, "Disclosures," states that psychologists may disclose confidential information with written consent unless otherwise prohibited by law. This implies that explicit consent from the client is required.
	APA Standard 9.09, "Testing Scoring and Interpretation Services," part b specifies that psychologists must select scoring and interpretation services based on the evidence of validity of the software or program. Part c specifies that the psychologist maintains responsibility for the appropriate use of the data and interpretation. This implies that psychologists remain responsible for the interpretation and use of AI-generated content and must ensure it aligns with professional standards.
	NASP Standard II.3.5, "Digital Administration and Scoring," mandates that school psychologists ensure the responsible use of digitally administered or computer-assisted scoring or interpretation programs, particularly in the context of assessment. They must ensure that such programs meet professional standards for accuracy and validity. While narrowly written, this language may apply to any service the school psychologist selects to use to assist them in interpreting data and thus implies that results transcribed and interpreted in AI-generated content must be accurate and valid.
	NASP Standard II.4.1, "Notification of Rights and Responsibilities Regarding Records," asserts that school psychologists notify parents and students when their records are stored and transmitted and the associated privacy risks. This implies that school psychologists should notify clients if they intend to use AI and any potential risks associated with digital data transmission and the potential storage of data by the AI developer.
Consider contextual and cultural factors	The psychologist might consider several factors, such as whether the AI tool they intend to use has robust and up-to-date security protocols. Psychologists may look for an externally completed Hi-Trust certification that attests to the appropriate security features.
	The psychologist might consider whether the company is willing or has entered into a business associate agreement for the purpose of documenting how client data would be protected.
	The psychologist should consider whether the client has been informed that their day may be entered into an AI tool. Such disclosure might include clear explanations of how their data will be used, stored, and protected, and the potential risks of data processing by AI.
	Evaluate whether the AI model has been trained on diverse data sets to minimize bias and whether content generated by the model has been documented to exhibit any notable biases. Psychologists should consider the cultural and demographic backgrounds of their clients to ensure that the AI tools do not perpetuate or amplify biases. This might involve consulting with experts in AI ethics or cultural competency to understand the implications of AI-generated content.
Consult with a trusted colleague	This step may occur once or multiple times throughout this process, with the psychologist seeking assistance in identifying variables, ethical and legal guidelines, potential solutions, and potential consequences for each solution. It may also involve seeking explicit advice from the other psychologist regarding how to proceed. Ideally, the psychologist would consult a trusted colleague who also has some additional expertise in ethics, the role of technology in practice, or both.
Generate potential solutions	The psychologist might identify two general categories of solutions: Those that answer the initial question explicitly and those that mitigate risks of using AI.
	Primary solutions identified:
	1. Do not use AI at all.
	2. Use AI to develop generic wording and templates that do not involve any client-specific information, thereby reducing—if not eliminating—privacy concerns and risk.
	3. Use AI along with deidentified data to help write notes for specific sessions.
	4. Use AI along with identified data (e.g., audio recordings of sessions to help write notes for specific sessions).
	Mitigation strategies identified:
	1. Revise your informed consent forms to comprehensively include the specifics about AI use, detailing how data are handled, potential risks, and clients' rights regarding AI data processing. The psychologist might provide a checkbox that indicates whether each individual client opts in to AI use.
	2. Evaluate the available security certifications of AI tools available and eliminate those that do not meet minimum standards (e.g., HIPAA compliance).

(table continues)

Table 1 (*continued*)

Generalized EDM step	Outcome
	3. Develop a strategy to regularly audit and update AI-generated output to minimize the risk of bias.
	4. Obtain and/or provide additional training for clinical staff on AI model functionality, ethical use, prompt development, and bias mitigation to enhance responsible use.
	5. Establish mechanisms to gather and analyze client feedback regarding the use of AI-enhanced services to continuously monitor outcomes.
	Note that many of these potential solutions are not exclusory, and multiple solutions can be selected.
Consider potential consequences of each solution	The psychologist should develop a list of both positive and negative potential outcomes associated with each primary solution as well as salient ones for the mitigating strategies. While such a list is too lengthy to include here, examples might include:
	1. Do not use AI at all.
	Positive consequences: Eliminates all risk associated with data privacy and AI biases associated with the potential use of AI.
	Negative consequences: Missing out on the increased efficiency and potential enhancements in service quality that AI could provide and may fall behind in technological familiarity.
	2. Use AI along with deidentified data to help write notes for specific sessions.
	Positive consequences: Reduces the risk of data breaches concerning personal information and aligns with privacy laws. May enhance note consistency and accessibility without compromising client confidentiality.
	Negative consequences: Limits the depth of AI assistance as this approach still requires considerable note-writing on the part of the psychologist after the template is generated. May fall behind in technological familiarity.
	3. Use AI along with identified data to help write notes for specific sessions.
	Positive consequences: Maximizes the potential benefits of AI to increase efficiency in documentation. A more nuanced approach helps to check for grammar, structure, and accessibility of the final note.
	Negative consequences: Increases risk of data breaches and unauthorized access to sensitive client information. Requires stringent security measures and could raise client concerns about privacy.
Make and implement a decision	After carefully considering the potential solutions and their respective consequences, the psychologist makes a decision about which primary solution and any mitigating strategies they wish to implement. For instance, the psychologist may choose to use AI with deidentified data to assist with writing notes for specific session and enhance the informed consent process to fully detail the use of AI and the potential risks. They also commit to audit AI-generated output *each time* to ensure accuracy and to minimize bias. Finally, they engage in ongoing training to stay updated on AI technology and ethical practices.

Note. This review is based on Koocher and Keith-Spiegel's (2016) approach to ethical decision making and pulls from the American Psychological Association's (2017) and National Association of School Psychologists' (2020) ethical frameworks. APA = American Psychological Association; AI = artificial intelligence; EDM = Ethical Decision-Making; HIPAA = Health Insurance Portability and Accountability Act; NASP = National Association of School Psychologists.

Ultimately, psychologists need to assume responsibility for their use of AI and must use it in ways informed by the values and considerations advanced by these laws and aligning with ethical principles. Additionally, aligning these practices with evidence-based practice in terms of following the available research literature regarding assessment, intervention, and other services we provide to clients is a necessary start to ensuring that we are being good stewards of our clients' trust. This also ensures that we are diligently evaluating the recommendations provided by AI platforms. Lilienfeld et al. (2019) adeptly pointed out that the primary reason for Evidence Based Practice was not to ensure perfect practice but to prevent against untested, ineffective, unnecessary, or harmful practice (i.e., low value practices, see Farmer et al., 2022).

Due to the ways in which their models are trained (e.g., Leffer, 2023), AI platforms may suggest practices or interpret diagnostic data in ways that are not supported by the research literature. For instance, asking ChatGPT-4o to produce a list of potential recommendations to help an individual with autism spectrum disorder to communicate more effectively generates a range that includes highly effective strategies. These strategies encompass the use of augmentative and alternative communication devices and visual supports, as well as speech and language therapy. However, it also suggests contextually inappropriate strategies like structured literacy and cognitive behavior therapy, along with questionable and untested strategies such as animal-assisted therapy and nature-based therapy. This variety underscores the critical need for psychologists to meticulously review and selectively apply AI-generated content, ensuring they are consistent with validated, evidence-based practices. While AI can augment our capabilities, the responsibility for ensuring that these tools are used in a manner consistent with our ethical principles rests squarely on the shoulders of psychologists.

Guidance and Remedies in Using AI in Psychological Practice

There are clear professional, legal, and ethical factors that psychologists may need to consider in using AI technologies. Given the considerable lack of research and professional guidance focusing on psychological practice, we provide some possible remedies and considerations. To enhance the organization of our recommendations, we highlight the specific roles and responsibilities that technology companies, professional organizations, individual psychologists, and graduate training programs each have in addressing these potential issues.

Recommendations for AI Developers and Vendors

Technology companies that are at the forefront of AI development and deployment must accept some responsibility for mitigating bias, addressing oversight, and ensuring the accuracy of AI applications; this is in addition to promoting encryption methods that protect health data. To mitigate bias, for example, a critical step is the adoption of "fairness-aware learning," a specialized domain within machine learning focused on minimizing bias and ensuring that AI systems' decisions are fair, equitable, and free from perpetuating existing social disparities (E. Ferrara, 2023; C. Ferrara et al., 2024). Similarly, developers of AI systems should require human oversight and input (Edwards, 2021), ensuring that psychologists remain actively involved to direct the AI to function consistent with evidence-based practices. Figure 1 includes several steps that must be taken to promote fairness.

To address concerns about the reliability and accuracy of AI applications in psychological practice, technology companies must prioritize transparency in their AI methodologies (Haresamudram et al., 2023). This transparency would include explainability, which would enable psychologists to understand how and why certain outputs are generated; it will also contribute to building trust and enabling more informed use of AI tools. One possible way to promote transparency would be to provide statistics about the rate of hallucinations generated by their systems (Fallman, 2023) or specific information of how text was generated and references for the data sources that were used (Haresamudram et al., 2023). It

would also appear important that AI systems undergo regular updates and maintenance to correct errors, update information, and integrate new research findings, ensuring their outputs remain reliable and accurate (Figure 2).

Finally, technology companies have a responsibility to protect the welfare of people receiving psychological services. Implementing robust data encryption methods is a must (Filkins et al., 2016). At a minimum, AI systems must adhere to relevant privacy laws and regulations (e.g., HIPAA and FERPA) to protect client and patient information. Companies could conduct regular internal compliance audits (Gracy, 2023) and make the results of those audits available to users. Strict access controls and authentication measures should be in place to ensure that only authorized personnel can access sensitive information. Further, training on data privacy and security best practices for all users of AI systems is also crucial. Whenever possible, AI systems should use anonymized or deidentified data, especially during the training phase, to minimize privacy risks (Filkins et al., 2016). However, deidentifying information is likely not sufficient (McKeon, 2023; Staab et al., 2023), and it would seem ill-advised to use this as the only way of protecting PII.

Guidance for Professional Associations and Organizations

It is also imperative for legislators and professional organizations, such as the APA, to establish guidelines for the legal and ethical use of AI. Given that many legal requirements were not written with

Figure 1

Steps to Promote Fairness and Mitigate Bias for AI Companies

1. **Select development teams diverse in gender, race, ethnicity, and cultural background to aid in algorithm development and bias detection.** This foundational step ensures a variety of perspectives from the beginning of the AI development process.
2. **Use training data that is representative of diverse groups.** This step builds on the diverse team's perspectives, aiming to prevent the reinforcement of historical biases through a broad and inclusive dataset.
3. **Use fairness-aware algorithms to identify and mitigate biases during training.** With a diverse team and representative data in place, applying fairness-aware algorithms can more effectively identify and mitigate biases.
4. **Engage in cross-collaboration with users and other professionals (e.g., computer scientists, data scientists, legal experts, and psychologists) to enrich and evaluate the development process.** Collaboration broadens the evaluation of the AI system, incorporating diverse insights and expertise to refine the development process.
5. **The decision-making processes of the model must be transparent, providing clear explanations that facilitate the identification and rectification of biases.** Transparency in how decisions are made allows for ongoing scrutiny and improvement, building trust and making it easier to address biases as they are identified.
6. **Regular and independent audits are crucial to ensure equitable functioning of AI systems.** The findings from these audits should be shared with all stakeholders. After the system is developed and operational, regular audits verify its fairness and functionality, adjusting based on findings to continuously improve the AI system.

Note. Data derived from "Standards for Protecting At-Risk Groups in AI Bias Auditing" by H. Domin, J. VanDodick, C., Lawrence and F. Rossi, 2022, *IBM* (https://www.ibm.com/downloads/cas/DV4YNKZL); "High-Stakes AI Decisions Need to Be Automatically Audited" by O. Etzioni and M. Li, 2019, *Wired* (https://www.wired.com/story/ai-needs-to-be-audited/); C. Ferrara et al., 2024; "Embracing Large Language Models for Medical Applications: Opportunities and Challenges" by M. Karabacak and K. Margetis, 2023, *Cureus*, *15*(5), Article e39305 (https://doi.org/10.7759/cureus.39305); "Fairness-Aware Machine Learning: A Perspective" by I. Zliobaite, 2017, arXiv preprint (https://arxiv.org/abs/1708.00754). AI = artificial intelligence.

Figure 2

Prompts for Considering Bias in Using AI Tools for Psychological Science

Assessment
- To what degree does the psychological report consider the client's demographic, sociocultural, and ecological contexts? How individualized or personalized is this report?
- Was too much student or patient health information provided to generate this report? How do you know? Why or why not?
- How does the AI tool account for intersectionality in the client's identity and experiences? Is this reflected in the generated output or not?

Intervention
- In what ways does the mental health intervention align with the values, norms, or culture of the client?
- How is the client's data protected if there is a third-party company hosting the intervention?
- What are the relevant ethical (e.g., APA Principles) and legal issues (e.g., HIPAA, FERPA) in the implementation of this intervention?
- Is the intervention the AI selected appropriate for the individual given their goals, demographic, sociocultural, and economic background? Why or why not? If it is inconsistent, why?
- Does AI provide a rationale for its recommendations, allowing for further verification prior to adoption and use?

Other
- Is the strategy selected appropriate for the context, including the resources, training, and skills of the staff anticipated to implement the strategy? Why or why not?
- Does the use of AI in psychological practice increase accessibility and reduce disparities, or does it risk widening the digital divide?
- How are biases in the AI tool identified, reported, and corrected in an ongoing process?
- Should clients be informed when AI is used to facilitate the services they receive from a psychologist? Why or why not?

Note. AI = artificial intelligence; APA = American Psychological Association; HIPAA = Health Insurance Portability and Accountability Act; FERPA = Family Educational Rights and Privacy Act.

today's technological landscape in mind (Brodwin & Reed, 2023; Marks & Haupt, 2023), establishing a set of regulations for the use of AI in psychological practice is crucial for their responsible and ethical implementation. These regulations must also be frequently updated and adaptable, as this technology is rapidly evolving.

Furthermore, organizations (e.g., hospitals, clinics, school districts) leveraging AI in health care or educational settings must ensure their AI vendors comply with stringent health care and student data protection standards. This encompasses HIPAA for patient health information and FERPA for student educational information. Organizations should incorporate strict data protection clauses and sign business associate agreements for HIPAA (U.S. Department of Health and Human Services, 2017) and similar assurances for FERPA compliance. To further protect privacy, organizations might opt to anonymize data by replacing identifiers in the 18 HIPAA protected health information categories and student information covered under FERPA with nonidentifiable placeholders or by fully deidentifying the text (Yang et al., 2022). Failure to properly deidentify sensitive data not only constitutes a violation of HIPAA and FERPA but may also breach AI companies' terms of use (Bricker Graydon, 2023; Vaishya et al., 2023).

Organizations should employ continuous risk assessments and audits to verify ongoing compliance and to ensure that the AI systems do not inadvertently compromise the confidentiality of sensitive data. Both vendor-provided and in-house AI models require ongoing monitoring to assess output quality, fidelity, and the presence of

bias. As such, organizations should engage with professionals and other stakeholders to collect continuous feedback for improvement. Moreover, organizations should engage in thorough training on the utilization, limitations, and potential risks associated with AI to safeguard against inadvertent breaches of patient and student privacy. Despite these precautions, it is best practice to minimize the use of PII wherever possible. Critically, organizations should develop an incident response plan for data breaches and audit AI use for security breaches to bolster their own preparedness (Gracy, 2023).

Guidance for Individual Psychologists and Psychology Training Programs

Given that it is highly likely that AI will be a core component of psychological practice in the future, it will become increasingly important for practicing psychologists and graduate students to understand the perils of AI as well as how they can use it as a tool for psychological practice. It is highly recommended that individual psychologists adhere to the policies and procedures of the organization that employs them, as well as adhere to all legal and ethical guidelines (once they are established). As psychologists use AI, it is prudent for them to gain professional development on the subject and consult with a legal expert. Further, at a minimum, psychologists should completely anonymize and pseudonymize all data when using AI technologies, keeping in mind that even if they

do not input PII, AI may be able to infer the person's identity from the data they provide. Psychologists who are considered "covered entities" by HIPAA standards should consider business associate agreements with AI vendors as a matter of legal necessity.

Psychologists may also consider how AI may impact their work and ensure that they are not being "deskilled." Psychologists must carefully navigate the balance between leveraging AI to enhance efficiency and maintaining their own analytical skills to ensure they retain professional oversight of their work. Requiring psychologists to write a set percentage of reports without the aid of AI may be helpful to ensure that they are maintaining their critical thinking and clinical skills. Failure to fully learn and practice skills related to the interpretation of data will, undoubtedly, lead to the loss of skills like those seen in the medical field as they have adopted various technologies (Staab et al., 2023). Continuous professional education emphasizing critical thinking, ethical considerations, and a comprehensive understanding of AI tools will further support psychologists in maintaining their expertise and preventing an overreliance on AI.

Practitioners and graduate students who intend to use AI in their practice may need to develop skills related to prompt development— or "prompt engineering"—for the purpose of increasing the quality of AI-generated content. Prompt engineering is the process of developing and optimizing input prompts to guide the behavior of AI models to produce the most accurate, relevant, and contextually appropriate responses. Tutorials and reviews are appearing for prompt engineering by medical professionals and researchers (Giray, 2023; Meskó, 2023). While a comprehensive guide to prompt engineering for health service psychology is outside the scope of this article, we acknowledge the importance of this skillset and the need for training in this area if AI is to be integrated into practice. Future training programs and continuing education in psychology might focus on prompt engineering with the goal of helping practitioners use AI technology effectively.

Graduate training programs should actively work toward preventing deskilling by integrating essential AI knowledge with critical thinking and content knowledge. This includes preparing students to supplement their knowledge, critical thinking, and decision making with AI, to be skeptical of AI-generated content, and to critically evaluate AI outputs to understand how they are generated and to guard against hallucinations. Programs might cover different ways that AI can support practice, such as facilitating work with EMR or diagnostic assessment (Bohr & Memarzadeh, 2020). At the same time, they should continue to emphasize psychologists' critical skills.

Along with this content, graduate students will need opportunities to engage in critical thinking through group discussions, individual reflections, and clinical supervision to understand the implications of using AI in their practice. This critical thinking in AI would then augment the clinical skills in conducting assessments and implementing interventions. Clinical supervisors could provide opportunities for their supervisees to understand how to integrate AI when providing services to clients. For example, it may be likely that test publishing companies will integrate AI within their existing technologies, whereby multiple tests and measures could be administered, behavioral observations could be entered, and intake information could be inputted, resulting in a fully written, comprehensive psychological report. Supervisors could guide their

graduate students to consider how to use these systems efficiently (i.e., reducing time and effort) while simultaneously ensuring that the resultant report is clinically accurate.

Similarly, graduate programs should offer opportunities for students to comprehend the ethical and legal implications of using AI and to engage in practical exercises for ethical decision making. Incorporating ethical dilemmas in graduate courses (e.g., see Appendix A) may be helpful for students to analyze the ethical principles that are relevant to using AI as well as practice making decisions that may be complicated. Similarly, providing case vignettes for graduate students may prompt them to understand the complexity of some of the legal ramifications of using AI. For example, a supervisor could prompt graduate students to consider the specific laws that would be applicable in the use of digital mental health interventions or conversational agents (e.g., ChatBots). Graduate students could then consider legal issues associated with data privacy and HIPAA compliance when there are third-party companies (Appendix B).

Finally, graduate programs may also want to consider promoting learning outcomes that include understanding how the data and algorithms may perpetuate bias and stereotypes. For example, course instructors could discuss how the data within AI may perpetuate bias and stereotypes. If test publishers use AI to integrate scores from multiple tests and measures as well as integrate data from intake forms, interviews, and observations into a comprehensive psychological report, graduate students should understand that the output would likely be a statistical prediction model based on data input by human beings. Importantly, neither the sociocultural nuances of the community nor the ecological context of the client would be considered within that psychological report. In fact, there is a possibility that these would be completely ignored or neglected, impacting the interpretation of the data and ultimately, the diagnosis.

Exploration and Adaptation: A Call to Action

As psychologists, we are navigating a complex and evolving process related to the integration of AI and psychological practice. As it stands, the legal and ethical frameworks governing AI's application in psychology were built for other forms of technology, and any attempts to generalize to AI itself are nascent. These frameworks are marked by limited legal precedents and almost nonexistent regulatory guidelines. While professional guidelines and case studies for AI have not yet been developed or documented, we can rely on our underlying ethical codes, ethical decision-making models, and the extant literature to help guide our choices.

As a field, we have an ethical imperative for both organizations and individual psychologists to address the dual challenge of ensuring that AI's use is maximally beneficial while minimizing client harm. We must have a proactive approach to the oversight, development, and application of AI; this may include collaborating with AI developers and vendors to promote a commitment to transparency, fairness, and the safeguarding of privacy, alongside rigorous testing to identify and mitigate biases and vulnerabilities.

Training programs must also adapt their curricula to address the impact of AI across various aspects of psychological practice, such as documentation, diagnostics, treatment planning, and intervention selection. Psychologists must pursue specialized training to interact

ethically and responsively with these technologies, aiming to reduce or eliminate bias. As there is little research on the intersection of AI and psychological practice currently, there is a great need of extensive research and guidance.

For now, the onus of navigating this landscape falls squarely on the psychologists who choose to integrate AI into their practice. We must remain vigilant, informed, and ethically grounded, balancing AI's innovative potential against the paramount importance of client welfare. Said another way, we must ensure that clients receive high-quality, evidence-based care while we actively avoid the use of low-value care in practice. This responsibility includes a thorough vetting of AI tools for compliance with current legal and ethical standards, a deep understanding of the technology's capabilities and limitations, and an ongoing engagement with the broader implications of its use.

Collaboration between psychologists, AI developers, regulatory bodies, members of historically marginalized communities, and scholars in legal and ethical practice will be essential in crafting a framework that ensures AI's benefits are realized ethically and effectively, enhancing psychological practice while protecting those we aim to serve. We enter a period of exploration and adaptation regarding AI in psychological practice, one that requires a steadfast commitment to ethical principles and dynamic responses to an ever-evolving landscape. By embracing both the promise and the challenge of AI, psychologists can lead the way to developing practices that are not only innovative but grounded in the highest standard of care and ethical responsibility.

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Appendix A

Ethical Decision-Making Vignette: Personalized Counseling Services via AI

*This vignette was generated by ChatGPT with the prompt: "Provide a prompt for an ethical dilemma that a psychologist may encounter as it relates to artificial intelligence."

As a seasoned psychologist, you are approached by a technology company developing an advanced AI system designed to provide therapeutic support for individuals dealing with mental health issues. The AI, equipped with sophisticated natural language processing and emotional intelligence algorithms, claims to offer personalized and effective counseling services. The company seeks your expertise to evaluate and endorse their AI therapist for widespread use.

Consider the ethical dilemma surrounding the integration of artificial intelligence in mental health care. Reflect on the potential benefits of widespread access to AI therapy, such as affordability and scalability, versus the concerns related to privacy, human connection, and the risk of relying solely on machines for emotional support.

As a psychologist, you must grapple with the decision of whether to support the adoption of AI therapists and, if so, under what conditions. How do you balance the promise of technological advancement with the potential risks to the well-being and autonomy of individuals seeking mental health support? What ethical considerations and guidelines would guide your decision in navigating this complex intersection of psychology and artificial intelligence?

Appendix B

Sample Policy for Departments Related to the Use of AI

Credit: Department of Psychology, University of Montana, Developed by Anisa N. Goforth, Hillary Powell, and Katelyn Melcher.

This policy establishes four standards for the ethical and responsible use of large language models or generative artificial intelligence (AI) in the provision of psychological services to clients by health service psychology clinicians (i.e., graduate students in clinical psychology, graduate students in Specialist in School Psychology and PhD in school psychology, interns, postdoctoral residents). The Department defines generative AI (e.g., ChatGPT, Gemini) as complex computer science programming trained on vast amounts of text or images, enabling it to recognize and mimic the way humans communicate. The overarching aim of this policy is for clinicians to adhere to the ethical standards and principles outlined by relevant professional associations (i.e., American Psychological Association, National Association of School Psychologists). This policy seeks to ensure the well-being, confidentiality, and trust of clients while harnessing the benefits of technological advancements. The Department also acknowledges that as technology advances, we encourage continued conversations about generative AI that will inform evolving policies.

1. *Clinicians must not use AI in which client information/data (e.g., test scores, background history) are inputted.* That is, clinicians may not use AI for record keeping (e.g., treatment notes), psychological report writing, or other documents relevant to a specific client's treatment. In accordance with the profession's ethical principles, client data should be kept confidential. Clinicians should be aware that providing any client information—even information that is perceived as nonidentifiable—to an open-source generative AI program means that the resultant information exchange is out of the hands of the clinician, the client, the supervisor, and other relevant parties. As a result, there is a potential breach of confidentiality that is avoidable. Importantly, clinicians should be aware that even if a generative AI has a business associate agreement and indicates Health Insurance Portability and Accountability Act compliance, clinicians should consider their ethical responsibilities for client privacy.

2. *Clinicians are expected to improve their skills in tailoring assessment feedback, case conceptualization, and treatment planning to a specific client (or clients) under close clinical supervision.* The use of AI is antithetical to this aim; that is, using AI to generate psychological reports or treatment summaries is counter to the goal of individually tailoring assessments and interventions for clients. Further, competency in documentation is a key training goal of health service psychology programs. To the extent that clinicians might rely on AI-generated documentation, this would prevent them from independently attaining such competency. Finally, AI-generated material may contain a number of inaccuracies, misrepresentations, and biases.

3. *Clinicians must not solely rely on AI technologies for clinical interpretation, clinical decision making, and review of the clinical literature.* What AI produces is limited by its source data in regard to scope, recency, quality, relative weighting, and bias of information. In contrast, evidence-based practice requires the dynamic integration of the best available research, the client's characteristics and preferences, and the clinician's background and judgment. AI-generated clinical interpretations should be reviewed with caution and in consultation with one's supervisor.

4. *Clinicians must consult on the use of AI and disclose when such technologies have contributed to the development of materials.* AI is a promising tool for aiding in the provision of health service psychology. Thus, when reasonable and beneficial to client well-being, clinicians may use AI to generate materials that do not involve a specific client's information (e.g., generating self-monitoring logs or mindfulness exercises to use with a client). Prior to using AI, clinicians must obtain consultation and clarification about the appropriateness of AI use from their clinical supervisors. Clinicians are required to be transparent about the use of AI with their clinical supervisors, sharing which AI platform, prompts, and results are used for the provision of client care.

ASPPB's 39th Midyear Meeting

Fresh Focus: Critical Updates and Expanding Perspectives in Psychology Regulation

Montreal, QC, Canada
April 24th – 27th, 2025

ASPPB
Association of State and
Provincial Psychology Boards
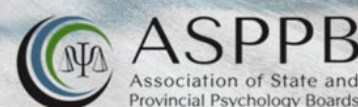
THURSDAY, APRIL 24, 2025

10:00 a.m. – 2:30 p.m. EDT
Salon Ete, 2nd Floor

Board Administrators and Registrars Committee (BARC) Meeting
RSVP Needed

11:00 a.m. – 2:30 p.m.
Salon Hiver, 2nd Floor

Board and College Chairs Committee (BCCC) Meeting
RSVP Needed

3:00 p.m. – 4:30 p.m.
Salon Printemps, 1st Floor

Meeting of the ASPPB Boards of Directors and ASPPB Members

5:30 p.m. – 7:30 p.m.
Pierre de Coubertin

Welcome Reception and Registration
Dinner on Your Own

FRIDAY APRIL 25, 2025

7:30 a.m. – 8:45 a.m. EDT

Pierre de Coubertin

General Session Breakfast and Registration

7:30 a.m.– 8:45 a.m.

Petite Salon, 1st Floor

First-time Attendees Breakfast

FRIDAY, APRIL 25, 2025

9:00 a.m.

Salon Des Saisons

Welcome and Call to Order
> Hugh D. Moore, PhD, MBA, ASPPB President

Welcome from Ordre des Psychologues du Quebec (Quebec Board of Psychologists)
> Stephané Beaulieu, Secretary General

Midyear Meeting Program
> Cindy Olvey, PsyD, ASPPB Secretary-Treasurer
> Chair, Midyear Meeting Committee

Continuing Education and Meeting App Instructions
> Bryan Gardner, ASPPB Meetings and Events Coordinator

SESSION 1
(CE PROGRAM BEGINS)

9:30 a.m.

Keynote Address:

Mobility and Admission to Professions: Guidance for Regulators from International Instruments and Trade In Services Agreements
> André Gariépy, Lawyer, F.C.Adm., C.Dir, Commissioner for Admissions to Professions

10:30 a.m.

Q and A

10:45 a.m.

Break

SESSION 2

11:00 a.m.

Impacts to Board/College Composition - Yesterday, Today, and in the Future
> Lori Rall (AL)
> Robert Romig (TX)
> David Fye (KS)

12:00 p.m.

Q and A

ASPPB

12:15 p.m.	Lunch
Pierre de Coubertin	

SESSION 3

1:30 p.m.	**Building Trust and Reputation Through Impactful Customer Service** Laura M. Arnold (NV) David Fye (KS)
2:15 p.m.	**Q and A**

2:30 p.m.	**Break**

SESSION 4

2:50 p.m.	**ASPPB Updates**

- EPPP Collaborative Implementation Task Force (CITF) Update
  Jennifer C. Laforce, PhD, CPsych, ASPPB President-Elect, Chair, CITF
- Potential Regulatory Implications of Licensing Master's Trained Individuals
  Task Force (PRILM TF)
  Alex Siegel, JD, PhD, ASPPB Director of Professional Affairs
  PRILM TF Co-Chair
- Strategic Plan Update
  Mariann Burnetti-Atwell, PsyD, ASPPB Chief Executive Officer

3:50 p.m.	**Q and A**
4:10 p.m.	**Recess**
6:00 − 9:00 p.m.	**President's Dinner**
Pierre de Coubertin	

SATURDAY, APRIL 26, 2025

7:30 a.m. − 8:45 a.m. EDT	**General Breakfast**
Pierre de Coubertin	

7:30 a.m. − 8:45 a.m.	**New Board Member Training Breakfast** Alex Siegel, JD, PhD, Director of Professional Affairs
Petit Salon	

ASPPB

SATURDAY, APRIL 26, 2025

9:00 a.m.

Salon Des Saisons

Call to Order and Announcements
> Hugh D. Moore, PhD, MBA, ASPPB President

Consider Volunteering for ASPPB
> Jennifer C. Laforce, PhD, CPsych, ASPPB President-Elect

Running for the Board of Directors/ASPPB Awards
> Michelle G. Paul, PhD, ASPPB Past-President, Chair, Nominations Committee

SESSION 5

9:15 a.m.

The Road to RxP
> Joseph E. Comaty, MS, PhD, MSCP, MP, ABSMIP – Moderator
> Tony DeBono, PhD, CPsych (ON)
> Dawn Cureton, PsyD, MSCP (ID)
> Jaime T. Monic (LA)

10:15 a.m.

Q and A

10:30 a.m.

Break

SESSION 6

10:45 a.m.

Jurisdictional Updates

11:45 p.m.

Pierre de Coubertin

LUNCH

SESSION 7

12:45 p.m.

The Current Landscape of Ethics Codes and Codes of Conduct
> Cindy Olvey, PsyD (AZ) –M, PhDoderator
> Janel Gauthier, PhD (QC)
> Linda Campbell, PhD (GA) and Lindsay Childress-Beatty, JD, PhD, CAE
> Alex Siegel, JD, PhD (PA)

1:45 p.m.

Q and A

2:15 p.m.	Recess

5:30 – 7:00 p.m.	**President's Reception**
Pierre de Coubertin	Dinner on Your Own

SUNDAY, APRIL 27, 2025

7:30 a.m. – 8:30 a.m.	**Breakfast**
Pierre de Coubertin	

SUNDAY, APRIL 27, 2025

8:30 a.m.	**Call to Order and Announcements**
Salon Des Saisons	Hugh D. Moore, PhD, MBA, ASPPB President

SESSION 8

8:30 a.m.	**Legal Updates**
	Dale Atkinson, Esq, The Atkinson Firm
9:30 a.m.	**Q and A**
9:45 a.m.	**Break**

SESSION 9

10:00 a.m.	**Current Workforce Shortages and the Need for Competent Providers**
	Anca Anghel, Program Lead, Canadian Institute for Health Information
11:00 a.m.	Shannon Weir-Seeley, Manager of Data Development, Canadian Institute for Health Information
	Q and A
11:30 a.m.	**Adjourn**
	Hugh D. Moore, PhD, MBA, ASPPB President

ASPPB

ASPPB welcomes interaction with our LinkedIn and Twitter social media sites. Please keep in mind that while mentioning ASPPB at our meetings is encouraged, we ask that you refrain from posting content that is presented or images of participants during all ASPPB meetings. It is important to respect the privacy of our regulatory boards and the proprietary nature of ASPPB's meeting content. Thank you!

ASPPB
Association of State and
Provincial Psychology Boards

39th Midyear Meeting
April 24 – 27, 2025
Montreal, Quebec

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Stacy Waldron, PhD
Whitney Koch Owens, PsyD

April 2, 2025

Dear Colleagues,

There's a saying that gets attributed to the Chinese—though no one seems to know where it actually came from—that goes, *"May you live in interesting times."* The sentiment pops up in other traditions too: the Talmud's warning about upheaval, Heraclitus's view that *"war is the father of all things,"* the Russian plea, *"God save us from living in times of change."* No matter how it's phrased, one thing is clear: these *are* the times they were talking about. And here we are!

That's why I'm especially grateful to welcome you to ASPPB's 39th Midyear Meeting. This year's theme, Fresh Focus: Critical Updates and Expanding Perspectives in Psychology Regulation, reflects the spirit of the moment. Unlike previous years, we aren't centering the meeting around a single topic like telepractice or the EPPP. Instead, we're leaning into the complexity and embracing a wide range of issues that are shaping regulation right now—because that's what our members have asked for, and that's what our current landscape demands.

We're opening with a keynote from André Gariépy, Commissioner for Admission to Professions in Québec. André brings deep expertise in international mobility and regulatory frameworks, and he'll challenge us to think about how we can support greater movement across borders while still upholding our core values of fairness, transparency, and public protection. His insights, drawn from global agreements and decades in the field, are especially timely as we confront workforce shortages and growing demands on the profession.

Later in the program, we're fortunate to hear from Shannon Weir-Seeley and Anca Anghel of the Canadian Institute for Health Information (CIHI). Their presentation dives into how national-level workforce data is helping guide health policy and planning in Canada, offering practical strategies for managing provider shortages and supporting system resilience. Their data-driven perspective brings clarity to some of the most urgent questions we face in ensuring access to competent care.

Other sessions will tackle a range of hot topics in regulation—from legal updates with Dale Atkinson, to the latest on ethics codes (APA's current and draft versions, CPA's, and ASPPB's Code of Conduct), and ongoing developments in prescriptive authority (RxP). We'll also explore the evolving makeup of regulatory boards and colleges, and how enhanced customer service is helping jurisdictions build public trust and strengthen stakeholder relationships. And of course, our always-popular Jurisdictional Updates will give everyone a chance to hear what's happening on the ground in real time.

A word of appreciation: as always, the Midyear Meeting Planning Committee worked hard to put together this program, and this year's committee included outstanding representatives from our host jurisdiction in Québec. Their insight and assistance were instrumental in shaping the content and connecting us with several key speakers. While every Committee member brought energy and ideas to the table, we're especially grateful for the collaborative spirit our Québec colleagues shared with us. The Midyear Meeting Planning Committee consists of:

- Cindy Olvey, PsyD, Chair, ASPPB Secretary Treasurer
- Michelle G. Paul, PhD, Nevada, ASPPB Past President
- Whitney Koch Owens, PsyD, Nevada, ASPPB 1st Year Member-at-Large
- Trish Miller, PhD, South Dakota, Delegate Member
- Esther Saville, PhD, Wyoming, Delegate Member
- Vito DonGiovanni, PsyD, Pennsylvania, Delegate Member
- Stéphane Beaulieu, Québec, Local Delegate
- Natan Plouffe. Québec, Local Delegate
- ASPPB Staff
  - Mariann Burnetti-Atwell, PsyD, Georgia, CEO as Consultant
  - Leslie Browning Carroll, CAE, Georgia
  - Bryan Gardner, Georgia
  - Lindsey Peeples, Georgia

So yes, we live in interesting times—but they're also full of possibility. And hope. My wish is that this meeting leaves you feeling informed, challenged, and energized for the work ahead. I'm so glad you're here.

Warmly,

Hugh Deo Moore, Ph.D., MBA
2025 President, Association of State and Provincial Psychology Boards
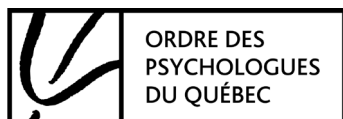
ASPPB

Montreal, April 11, 2025

ASPPB
Association of State and
Provincial Psychology Boards

To ASPPB,

On behalf of the Ordre des psychologues du Québec, we are honored to welcome ASPPB to Montreal for the 2025 Midyear Meeting, a unique occasion to bring together North American regulatory bodies in psychology to pursue our shared mission: protecting the public and ensuring excellence in the practice of psychology.

ASPPB's dedication to professional standards, ethics, and continuous development of the field serves as an inspiration and a model for the professional community. The Midyear Meeting provides a valuable opportunity to exchange knowledge, share best practices and strengthen our North American collaboration in regulating the field of psychology.

Montreal, renowned for its warm welcome, vibrant energy, and cultural diversity, offers the ideal setting for fostering these essential discussions and deepening the bonds between psychology regulatory bodies. We hope your stay brings not only enriching exchanges but also the chance to experience the treasures of our city. We wish you a most successful and inspiring meeting.

Welcome to Montreal!

Dr. Christine Grou, Psychologist
President
Ordre des psychologues du Québec

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Bryan Gardner, ASPPB Meetings and Events Coordinator

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REMINDER

ASPPB Call for Nominations

The deadline to submit nominations for the Board of Directors and

Awards is fast approaching.

Please submit your forms no later than Monday, May 12, 2025.

This year, the Call for Nominations for positions on the

ASPPB Board of Directors is for:

- President-Elect

- 1st-year Member-at-Large

Nominations may also be submitted for the following awards:

- ASPPB Fellow

- ASPPB Ming Fisher Board Administrator/Registrar Award

- ASPPB Norma P. Simon Regulatory Service Award

- ASPPB State-Provincial Service Award

Any questions, please contact Leslie Browning Carroll, CAE, at lcarroll@asppb.org.

President
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Ramona N. Mellott, PhD
Stacy Waldron, PhD
Whitney Koch Owens, PsyD

Dear Colleagues:

Act as if what you do makes a difference. It does.
— commonly attributed to William James

Please consider sharing your time, unique experience and perspective, and expertise with ASPPB by volunteering for one of our committees or task forces.

As President-Elect of ASPPB, one of my responsibilities is issuing this call for volunteers for 2026—my year as President. This task falls close to my heart. When I reflect on ASPPB, what stands out most are the people: those I have had the privilege of collaborating with on committees and task forces—sharing Zoom windows, ideas, and, often, meals.

Without fail, our volunteers have been capable, generous, thoughtful, and incredibly committed—not just to the work and to public protection, but to each other. They bring more than expertise; they bring care, perspective, and a sense of community. This spirit of collaboration and shared purpose is one of ASPPB's greatest strengths.

To carry that strength forward, we need people whose experiences reflect the many ways we live and work—bringing varied insights, professional lenses, and stages of career development. We need long-time members and new faces alike. If you've even paused for a moment while reading this, I encourage you to take the next step and fill out the volunteer interest survey below.

The survey will ask about your interests and areas within ASPPB where you may wish to contribute. Completing it now allows us to thoughtfully match members to roles as opportunities arise. If you have questions, please feel free to reach out to me at jlaforce@asppb.org or Leslie Browning Carroll, our Director of Governance and Volunteer Operations, at lcarroll@asppb.org.

https://www.surveymonkey.com/r/2026Volunteers

Thank you for considering this invitation to serve.

Warmly,

Jennifer C. Laforce, Ph.D., C.Psych.
President-Elect

Presenter Biographies

2025 ASPPB Midyear Meeting

Montreal, QC, Canada

Anca Anghel is a registered nurse with 20+ years of experience in the healthcare sector. She has worked across various specialties in large hospital settings, including Surgical and Critical Care. Before joining the Canadian Institute for Health Information (CIHI), she has played a pivotal role in advancing virtual care, leading the successful adoption and implementation of digital health solutions across hundreds of clinical departments in Ontario. Now serving as a Program Lead at CIHI, Anca leverages her deep understanding of healthcare systems, change management, and implementation strategies to enhance data collection, standardization, and accessibility. Her work supports CIHI's partners in making evidence-based decisions and advocating for meaningful improvements that impact Canadian health workers and the broader health system. Anca is passionate about data-driven healthcare transformation and strengthening the health workforce.

Laura M. Arnold serves as the Executive Director for the Nevada Board of Psychological Examiners. Prior to this, she practiced primarily as a self-employed licensed legal professional in Nevada for nearly 30 years. Her practice included providing legal research and writing services to litigation and appellate attorneys in many areas of the law and trial consulting services with Trial Science, Inc. In addition to her professional endeavors, Laura enjoyed an equestrian lifestyle that spanned more than 30 years, currently enjoys the magic of and all that comes with living in the mountains near Lake Tahoe, and delights in spending her quiet time engaged in her various creative undertakings.

Dale J. Atkinson, Esq. is a licensed Illinois attorney who received his law degree from Northwestern School of Law in Portland, Oregon, and is now the sole managing member of The Atkinson Firm, now located in Eden, Utah, having moved from Northbrook, IL. He founded the firm of Atkinson & Atkinson, LLC with his father in 1989, with an emphasis on practice in the area of regulatory law. Mr. Atkinson represents associations in all matters relating to their operations as not-for-profit corporations, including regulatory activities, education and accreditation, disciplinary actions, model legislation and applications, and all phases of the development and administration of licensure examination programs, licensure transfer programs, licensure credentials verification, and storage. He is a frequent speaker before these association clients as well as other regulatory groups, agencies, and stakeholders, and produces numerous writings on these topics for publication. Mr. Atkinson was involved with the Federation of Association of Regulatory Boards for over 30 years, having served as the Executive Director of FARB for over 21 years, providing educational programs for board members, staff, investigators, and attorneys related to regulation in the interest of public protection. Mr. Atkinson continues to dedicate his career to representing not-for-profit associations that provide essential public protection services.

Stephane Beaulieu has been a psychologist since 1997 and Secretary General (Registrar) of the Order of Psychologists of Quebec (OPQ) for over 20 years. Mr. Stephane Beaulieu, M. Sc, is responsible for issuing licenses and supervising the annual registration of more than 9,400 psychologists, including 1,180 neuropsychologists, and nearly 1,700 psychotherapists. OPQ is an organization with 45 employees. Mr. Beaulieu has played an important role in bringing OPQ to the doctoral standard in the early 2000s. Among his responsibilities, he oversees the activities of the Psychologists' Training Committee. This tripartite committee, composed of representatives from the OPQ, the Bureau of Interuniversity Cooperation (BCI), and the Ministry of Higher Education (MES), is mandated to assess the quality of university doctoral programs in psychology leading to OPQ's license. He has also served as the treasurer of ACPRO for many years. In 2024, the OPQ conducted 399 professional inspections and processed 464 disciplinary inquiries. Additionally, the OPQ accredited 629 continuing education activities in psychotherapy and provided 7,787 ethical consultations to psychologists. The online referral service for the public received 307,000 requests, and the OPQ website was visited over 708,000 times.

Mariann Burnetti-Atwell, PsyD, serves as the Chief Executive Officer for the Association of State and Provincial Psychology Boards (ASPPB). Since assuming this position in 2018, Dr. Burnetti-Atwell has demonstrated exceptional leadership in guiding the organization through significant initiatives that advance the field of psychology regulation. Under her stewardship, ASPPB has strengthened its mission to support member jurisdictions in their mandate to protect

the public. Before joining ASPPB, Dr. Burnetti-Atwell was the Senior Vice President of Behavioral Health Services for Corizon Health, a national correctional healthcare company. In this role, she oversaw behavioral health programs across multiple states, demonstrating her capability to lead large, diverse teams and manage complex healthcare operations. For the 15 years before her tenure at Corizon Health, Dr. Burnetti-Atwell provided both behavioral health and administrative leadership to the State of Missouri. She held various leadership roles within the Departments of Corrections and Social Services, where she was instrumental in implementing innovative mental health programs and policies. Her leadership was pivotal in improving the quality of mental health services provided to the state's incarcerated and underprivileged populations. Additionally, Dr. Burnetti-Atwell served on the Missouri State Committee of Psychologists through appointments by two Missouri Governors. In this capacity, she contributed to regulating psychological practices within the state, ensuring adherence to high professional standards. Dr. Burnetti-Atwell's extensive experience in both public and private sectors, strategic vision, and leadership acumen continue to drive ASPPB's success and influence in the psychology community.

Linda Campbell, PhD, is a professor at the University of Georgia and Director of the Center for Counseling, the training clinic for Counseling Psychology doctoral students. She teaches assessment, cognitive-behavioral therapy, ethics, and practicum. She is currently working on a research project to identify characteristics of therapists who are effective with low SES clients who live in poverty. She is Vice-President of the Georgia State Board of Examiners of Psychologists and Chair of the APA Ethics Code Revision Task Force. She is a native of West Virginia and attended West Virginia University, the home of the Mountaineers. She and her husband, Alan, have been married for 30 years and together they have a Cavalier King Charles Spaniel, Maggie who is head of the household.

Lindsay Childress-Beatty, JD, PhD, CAE, APA's first Chief of Ethics, presents nationally and internationally and provides consultations on psychological and organizational ethics. Her most recent appearances include ethics and AI at the International Summit on Psychology and Global Health, the tech industry's 2024 Consumer Electronics Show, the APA 2024 Main Stage, and the 2024 American Society of Association Executives (ASAE) Annual Meeting, as well as, additional topics at the International Congress of Psychology in Prague in 2024 and APA 2024. She is a founding member of the Ethics Professionals Network, uniting over 30 U.S. medical and mental health association ethics directors. She is a former ASAE Ethics Committee Chair and co-author of an ethics chapter in the fourth edition of *Professional Practices in Association Management* (Susan Radwan, Executive Editor) among other publications. She is a licensed attorney with a MPhil in International Relations from the University of Cambridge, a JD from the University of Michigan, and a PhD in Clinical Psychology from Columbia University.

Joseph E. Comaty received his M.S. in experimental psychology from Villanova University; his Ph.D. in psychology with a specialization in clinical neuropsychology from the Rosalind Franklin University of Medicine and Science, in Illinois; and his postdoctoral Master of Science degree in Clinical Psychopharmacology (MSCP) from Alliant University/CSPP of California. He is a licensed psychologist in Louisiana and Illinois and a licensed Medical Psychologist (i.e., prescribing psychologist) in Louisiana. He retired from the Louisiana Department of Health, Office of Behavioral Health in 2013 where he was the Chief Psychologist and Medical Psychologist and Director of the Division of Quality Management. He has been an adjunct assistant professor in psychology at Louisiana State University (LSU) in Baton Rouge from 1994 to 2017, an adjunct instructor in Psychology in 2021, and served as emeritus faculty of the Southern Louisiana Internship Consortium (SLIC) in psychology at LSU until 2019. He served as a member of the Louisiana State Board of Examiners of Psychologists (LSBEP) from 2006 to 2010 and as its chair from 2010 to 2011. He is a past charter member of the APA Designation Committee for Postdoctoral Education and Training Programs in Psychopharmacology for Prescriptive Authority from 2010 to 2014 and as its chair from 2013 to 2014, and is a current chair of a site review team for APA's Commission on Accreditation. He was Secretary of APA Division 55 (Society for Prescribing Psychology) 2021-2023, and currently serves as the Representative of APA Division 55 to the APA Council. He was elected an APA Fellow of Division 55 in August of 2024. He is a past member of and current consultant to the Model Act and Regulation Revision Committee for the Association of State and Provincial Psychology Boards (ASPPB). He currently serves as Chair of the PEP Examination Development Committee (EDC) for ASPPB. He was a member of the Louisiana Department of Health IRB from 2010 to 2022 and Chair from 2019 to 2022. He has conducted forensic fitness for duty evaluations for Matrix, Inc., in Baton Rouge, LA, from 2013 to 2022. His research is in the areas of behavior therapy, pharmacology, and clinical psychopharmacology. He is the author of over 60 articles, book chapters, and presentations. He is a co-author of the psychopharmacology textbook, *Julien's Primer of Drug Action*, the most recent edition of which was published in 2023.

He has served on federal grant review committees and has been a reviewer for P*sychiatric Services; The Journal of Gerontology: Psychological Sciences; the Journal of Behavioral Health Services and Research; the Journal of Psychology & Clinical Psychiatry, and npj Mental Health Research*.

Tony DeBono, MBA, PhD, CPsych, is the Registrar and Executive Director of the College of Psychologists and Behaviour Analysts of Ontario. Tony received his doctoral degree in Clinical-Developmental Psychology from York University after completing his pre-doctoral internship at the Hospital for Sick Children. Tony earned dual MBAs from Queens University and Cornell University, graduating with distinction. He has held clinical and leadership roles in academic health science, as a Chief of Interprofessional Practice, a bioethics consultant, and as a psychologist on a psychiatric inpatient unit.

David Fye, JD serves as the Executive Director for the Kansas Behavioral Sciences Regulatory Board (BSRB), which regulates most mental health professions in Kansas. Mr. Fye is a licensed attorney, having received his Juris Doctorate from Washburn Law School. Mr. Fye has a Bachelor of Business Administration (dual emphasis in economics and management) from Washburn University School of Business and a Bachelor of Arts in Political Science from Washburn University. Prior to serving in his current position, Mr. Fye worked eight years as a Principal Fiscal Analyst for the Kansas Legislative Research Department, assisting members of the Kansas House and Senate with health and budget-related items.

André Gariépy is the Commissioner for Admission to Professions in Québec. During his career spanning several decades, he has been active and acquired an in-depth knowledge of the processes and issues relating to the regulation of professions, international mobility and integration, as well as the recognition of qualifications. He is called upon to provide his expertise in different contexts and forums in Québec, in Canada, and at the international level. He has also served on WHO expert groups on professional regulation, international mobility, and integration of health practitioners. Throughout his career, he has developed and brought an independent and critical vision, focused on the improvement and fairness of regulatory processes.

Janel Gauthier, PhD, is Professor Emeritus of Psychology at Laval University, Canada. He is a former President of the Canadian Psychological Association and of the International Association of Applied Psychology. He has served as Member of the Board of Directors of the "Ordre des psychologues du Québec" and chaired its Governance and Ethics Committee. He has chaired the Committee on Ethics of the Canadian Psychological Association of which he is still a Member. He was the instigator and leader of the development of the *Universal Declaration of Ethical Principles for Psychologists*, which was unanimously adopted by the International Union of Psychological Science and the International Association of Applied Psychology in 2008. He currently serves as Member of the Examination for Professional Practice in Psychology Part 2 Committee of the Association of State and Provincial Psychology Boards. He is currently co-editing a handbook on international psychological ethics for Oxford University Press and co-editing a special issue of *Canadian Psychology* to celebrate the 40th anniversary of the *Canadian Code of Ethics for Psychologists* in 2026.

Jennifer C. Laforce, PhD, CPsych, is a registered psychologist in private practice in Winnipeg, Manitoba. She previously served on the Executive Council for the Psychological Association of Manitoba (2011-2019) and on the board of the Manitoba Psychological Society (2006-2011). From 2004-2013, she was an Assistant Professor in the Department of Clinical Health Psychology at the University of Manitoba and worked at the Winnipeg Operational Stress Injury Clinic, serving as Clinical Director from 2009-2013. Dr. Laforce received her doctorate in Clinical Psychology from Queen's University at Kingston, Ontario, and completed her internship at SUNY Upstate in Syracuse, NY. She currently serves as President-Elect on the Board of Directors for ASPPB (2021–present).

Jaime T. Monic is the Executive Director for the Louisiana State Board of Examiners of Psychologists (LSBEP). With a Bachelor of Science in Education and a background as a legal secretary, Ms. Monic began her career with LSBEP in October 2000 as an Administrative Assistant. She was promoted to Executive Director in July 2006 and, after a brief retirement in 2012, returned to her role in September 2015. Ms. Monic is a recipient of the ASPPB's Ming Fisher Award (2011) and serves as a member of ASPPB's Board Administrators and Registrars Committee (BARC), and Ex Officio Member of the Licensed Specialist in School Psychology Committee to the LSBEP.

Hugh D. Moore, PhD, MBA is the 2025 President of the ASPPB Board of Directors—yes, he's the guy steering the ship (figuratively… though also literally, he's into sailing). He earned his PhD in Counseling Psychology from Colorado State University not *too* long ago (we're talking this century…no...actually, according to his son, in the 1900s), and holds licenses to practice in Tennessee and New Jersey. Thanks to PSYPACT, his reach stretches even further—kind of like a psychological superhero without the cape…or the hero. Hugh's career has taken him from the structured world of correctional institutions, where he served as both staff psychologist and Director of Behavioral Health, to the flexible life of private consulting. His enthusiasm for psychology goes way beyond the therapy chair. He's served on the Tennessee Board of Psychological Examiners and now helps shape the future of the profession through leadership roles like this one with ASPPB. If it involves interpreting rules, refining regulations, or improving how we keep things ethical and professional in the psych world, Hugh's probably in the mix. When he's not in board meetings or untangling regulatory language, Hugh tries to carve out time for his personal passions: sailing, flying, and travel. (Key word: *tries*. He's still working on that whole "work-life balance" thing—aren't we all?)

Cindy Olvey, PsyD, earned her Doctor of Psychology degree in clinical psychology and is licensed as a psychologist in Arizona. She served as Executive Director of the Arizona Board of Psychologist Examiners from 2009 - 2018. Dr. Olvey is a member of the Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB) and serves as Secretary-Treasurer. She Chairs the ASPPB Finance and Audit Committee, the Midyear Meeting Planning Committee and is a member of the ASPPB Policies and Procedures Committee as well as the ASPPB Bylaws Revision Task Force. Dr. Olvey serves as Associated Faculty for the Doctor of Psychology program at Midwestern University, Glendale, Arizona campus. She is President of the Eastern Arizona College Alumni Association and is Ex-Officio Member of the Eastern Arizona College Foundation.

Michelle G. Paul, PhD, earned her PhD in clinical psychology from the University of Vermont in 1997. Joining the University of Nevada, Las Vegas (UNLV) in 2004, she dedicated 19 years to the APA-Accredited Clinical Psychology Doctoral Program, serving as Associate Director. In 2012, she assumed the Endowed Executive Directorship of a UNLV interdisciplinary community mental and behavioral health training clinic. Recognized for her contributions, Dr. Paul was promoted to Assistant Vice President of Mental & Behavioral Health in 2023. Her achievements extend beyond academia. In 2018, Dr. Paul received the Nevada System of Higher Education Graduate Academic Advisor award. Appointed to the Nevada Board of Psychological Examiners in 2011, she made significant contributions during her eight-year tenure. Leading various committees and serving as President for three years, she contributed significantly to legislative and regulatory advancements, including securing Medicaid reimbursement for supervised doctoral psychology trainees. Dr. Paul's commitment to the regulatory branch of organized psychology is evident in her broader involvement. She has served on the Association of State and Provincial Psychology Boards' Mobility Committee, contributed as an item-writer for the EPPP2, held the position of Board of Directors Member-at-Large-Education and Training Track and chaired the ASPPB Equivalency Task Force. Currently, she serves ASPPB's Board of Directors as Past President for 2025.

Lori Rall has served as Executive Director of the Alabama Board of Examiners in Psychology since 2011. Holding to the Board's rules and regulations and Mission as guideposts, Lori strives to provide supportive and prompt service to the agency's rich network of stakeholders, including the Alabama Psychological Association where Lori is frequently invited to address professional matters affecting practice and regulation in the state and abroad. A return presenter at ASPPB, Lori is Chair-Elect of BARC. She is a member of ASPPB's PRI-LM Writer's Group and Task Force addressing professional practice at the Master's-level, the Long-Range Planning Committee, and the Committee on Disciplinary Issues. Lori was appointed Alabama's PSYPACT Commissioner in 2021 and is in her 2nd term as Vice-Chair of PSYPACT's Executive Board. With PSYPACT, she is Chair of the Training and Public Relations Committee and was a member the Commission's inaugural Strategic Planning Committee. An Alabama native and graduate of the University of West Alabama, Lori is a member of YMCA Camp Chandler Board of Directors and is completing a Certified Public Manager Program at Auburn University at Montgomery.

Robert Romig serves as the Deputy Executive Director of the Texas Behavioral Health Executive Council (BHEC), a state occupational licensing agency that regulates the practice of psychology, social work,

counseling, and marriage and family therapy. Prior to joining BHEC, Romig was a Review Director for the Texas Sunset Advisory Commission, a legislative commission that reviews state agencies to improve efficiency and effectiveness in government operations. Romig's Sunset review of Texas' mental and behavioral health professions led to the creation of BHEC in 2019. Romig's other professional experience includes serving as a post-conviction attorney for capital habeas corpus writs and clerking for the Texas Supreme Court and the U.S. Court of Appeals for the Armed Forces. He holds a J.D. from the University of Texas School of Law and a B.A. from Southwestern University.

Alex Siegel, JD, PhD, is an attorney and clinical psychologist. Three different Pennsylvania Governors (Ridge, Schweiker and Rendell) appointed Dr. Siegel to the Pennsylvania State Board of Psychology. He served on the Board for thirteen years, six of which were as Chair of the State Board. Dr. Siegel was elected to the Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB). He was also elected President of ASPPB in 2008. Currently, Dr. Siegel is the Director of Professional Affairs (DPA) for ASPPB. In his role as DPA, he serves as a liaison between ASPPB and state and national psychological associations. He provides training to new members of psychology licensing boards in the U.S. and the colleges of psychology in Canada. He was staff to the APA/ASPPB/APAIT Joint Task Force on Telepsychology and to the ASPPB task force on regulations for interjurisdictional telepsychological practice. He is the Chair of the Model Act and Regulations Committee (MARC) and Co-Chair of the COVID-19 Task Force. In addition, Dr. Siegel consults with state governments, attorneys, and courts and maintains a small clinical practice.

Shannon Weir-Seeley is a health information leader with 20+ years' experience collaborating with interdisciplinary teams to plan and execute national and international healthcare initiatives to drive evidence-based decision making. Prior to joining the Canadian Institute for Health Information (CIHI), Shannon worked as a Clinical Research Project Manager at the Hospital for Sick Children in Toronto, where she developed outcome measures for use in clinical trials to evaluate the effectiveness of various interventions for musculoskeletal disorders in children. Shannon obtained her Bachelor of Science degree in Kinesiology & Health Sciences from the University of Waterloo. She completed a Master of Science degree in Health Research Methodology & Epidemiology from McMaster University and earned her Project Management Professional (PMP®) designation from the Project Management Institute. As the Manager of Data Development at CIHI, Shannon leverages her skills and experience in epidemiology, research design and project management to enhance data collection and standardization. Shannon's work and that of her team, support CIHI to provide comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada.

Friday, April 25, 2025

ASPPB
Association of State and
Provincial Psychology Boards

Commissaire à l'admission aux professions

André Gariépy, Lawyer, F.C.Admin., C. Dir.
Commissioner for Admission to Professions

Mobility and Admission to Professions: Guidance for Regulators from International Instruments, Agreements, and Best Practices

ASPPB – 39th Midyear Meeting, Montréal, Québec, Canada

25 April 2025

Office des professions du Québec

Québec

Presentation Outline

1. The Commissioner.

2. International migration and labour mobility imperatives.

3. Regulator's role and mobility.

4. Qualification recognition and mobility.

5. Mutual Recognition Agreement (MRA)

6. Recognition of qualifications as a universal individual right.

7. Substantial equivalence/difference.

8. Types of learning.

9. Regulator's focus on fairness.

Preliminary Notes

The views expressed in this presentation are those of the Commissioner, in the independent exercise of his functions as provided for by law.

The Commissioner do not speak on behalf of the Office of the Professions nor of the Government of Québec.

1

The Commissioner for Admission to Professions

The Office of Commissioner

The Commissioner for Admission to Professions is instituted by legislation in Québec (Canada) as a specialised independent ombudsman, with oversight and research mandate and investigation powers.

The focus of the Commissioner's work is on admission to 56 health and non-health regulated professions.

- Licensure, registration, mobility, qualification recognition, credential assessment, including in the context of trade and mutual recognition agreements.

The Commissioner oversees the admission processes of 46 professional regulatory bodies and third parties.

- Including educational institutions, government departments and agencies, other organizations or persons in the public/private sector.

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2

International migration and labour mobility imperatives

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International Migration

- 280 millions migrants in the world (IOM, 2020).

- 48% are female (UN-DESA, 2020).

- Most are skilled workers (often high skilled).

- Human beings coming with their skills, qualifications and competence.

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Labour Mobility Imperatives

- The economic imperatives.
  - Labour shortage.
  - All economic actors active and contributing.
  - Trade agenda of liberalization and efficiency.
- The individual imperatives
  - Push and pull effect in migration.
  - A personal decision.
- The rights and fair treatment imperatives.
  - Basics rights.
  - Access to a credible recognition process.
    - Fair, transparent, objective, impartial.

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International Labour Mobility

- Mobility of people
  - An active element of globalization.
  - More than goods or capital, humans (and brains).
  - A right to migration that is emerging.
  - Some steppingstone and circular migration.

- Positive aspects
  - Management of labour shortages on a global scale.
  - Development of destination countries.
  - A certain and often precarious advantage for countries of origin.

International Labour Mobility

- Negative aspects
  - Poaching of skilled workers by developed countries.
  - Loss of development capacity of countries of origin.
    - Economy, health and social dimension.
  - Unacceptable if these talents are wasted in the destination country through inadequate integration and recognition processes.

3

Regulators' Role and Mobility

Regulators' Role

- The public interest/protection role:
  - Managing the risk associated with the regulated activities.
    - Registration requirements and processes.
    - Other regulatory functions (competence, integrity, discipline).

- The broader and complementary public interest role.
  - Social and economical issues.
  - Individual rights.

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Regulators' Role and Mobility

- Entry-to-practice requirements.
  - Objective and transparent.
    - Rational link between the limits and constraints arising from the requirements and the legitimate objective of public interest and protection.
      - Proportionality and validity.
    - Based on the competencies (knowledge and skills) required to support the different roles and activities of the regulated profession.
      - Competency profile.
      - Complemented by and aligned with a Qualification framework for the education and labour sectors in the state/province or country.

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Regulators' Role and Mobility

Office des professions du Québec

- Registration processes.
  - Fairness, transparency, objectivity, impartiality.
  - Timeliness, efficiency.
  - No more cumbersome than necessary.

Regulators' Role and Mobility

- Examples of requirements, processes and tools.
  - Approved or accredited educational institutions or programmes or certification of training completion.
  - Completion of registered or certified apprenticeship programmes.
  - Licensing examination or assessment.
    - Reliability and validity (standards for examination methods).
    - Are we assessing the right thing?
    - Do we really need an exam?

Regulators' Role and Mobility

- Examples of requirements, processes and tools (cont.).
    - Recognition of qualifications and practice experience.
        - Particularly when obtained in another country/jurisdiction.
        - Open and inclusive recognition.
            - Recognise what has already been recognized.
        - Mutual recognition agreements.
            - Compare scope of practice.
            - Compare entry-to-practice requirements (outcome on competence).
            - Identify substantial difference in scope of practice and in competence.
            - Determine compensation measure (training, internship) to get full license.

Regulators' Role and Mobility

- Flexibility in practice authorisation.
  - Special authorisation.
    - For a mandate, a contract or in case of emergencies (Pandemic, natural disaster, etc.).
    - Without the obligation of a full license.
  - Restricted licence.
    - Temporary or permanent.
    - Authorisation to practice limited to activities the individual has the competence for.

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4

Qualification Recognition and Mobility

Qualification Recognition and Mobility

- A tool for:
  - responding to increasing migration/mobility for trade, academic or personal motives;
  - implementing the liberalization of trade in professional services.

- Human beings are moving with their skills, qualifications and competencies.
  - The issue of recognition of their qualifications is crucial for them and for their country of destination or origin.
  - To succeed in their integration and to contribute to their full potential (socially and economically).

Qualification Recognition

- QR has its own legal, normative and technical framework.
  - Mostly coming from the education, labour, and migration fields.
  - International instruments, some trade/mobility agreements.
  - Guides, codes and other 'normative' documents.
  - Countries legal texts and public policies.
  - Principles and best practices.
  - Need for different recognition mechanisms to recognise and complement eachother.

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QR - International Sources

- Migration.
  - UN and ILO Conventions, Recommendations and Multilateral Framework (Migrant Workers).
  - Humanitarian Conventions (Refugees)
  - WHO Code of Practice (Recruitment and Mobility of Health Personnel) (2010)
    - List of "Sensitive" Countries
    - Guidance document on agreements on mobility (March 2024)
  - Global Compact for Safe, Orderly and Regular Migration (UN, 2018)

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International Sources

- Education, training and recognition.
  - *[Lisbon Convention on the Recognition of Qualifications concerning Higher Education](#)* (UNESCO) (1979 and 1997).
  - *[Global Convention on the Recognition of Higher Education Qualifications](#)* (UNESCO) (2019).

- Trade and mobility agreements.
  - Multilateral, regional and bilateral.

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Trade Agreements - Liberalization Principles

- Historically designed for goods, then applied to services and their providers (including natural persons/human beings).

- Applied to natural persons, they gain a new dimension with a complementary legal and normative framework (individual and social).

- This is where trade and qualification recognition principles and methods, although from different fields, intersect and mutually benefit.

Internal and Other Sources

- Constitution.
  - In Canada
    - Mobility rights in the Constitution (art. 6 of the *Canadian Charter of Rights and Freedom*)
      - "to move to and take up residence in any province; and
      - to pursue the gaining of a livelihood in any province."
  - In the United States
    - Privileges of occupations, trade and commerce in the several States (art. IV, S2.,C1, *Constitution of the United States of America*)
- Legislation and jurisprudence.

Internal and Other Sources

- Canadian Free Trade Agreement (CFTA- CANADA)
  - Between Provinces and Territories.
  - Goods and services.
  - Regulated professions.
    - Full recognition of licences. Additional requirements if scopes of practice have substantial difference.

- Licensure Interstate Compacts (US)
  - Mutual recognition of licences.
  - Harmonised standards.
  - Cooperation in licensure processes.
  - With the consent of the US Congress.

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5

Mutual Recognition Agreement (MRA)

Mutual Recognition Agreement (MRA)

- The Quebec-France Agreement (2008).
  - Umbrella agreement for MRAs for all regulated professions and trades.
  - Structured, government supervised, common process of negotiating MRAs.
  - Aiming at full licence recognition, with set compensatory measures, where justified.

Mutual Recognition Agreement (MRA)

- Appearing in recent trade agreements or under negotiation
    - CETA, TTIP, TPP
    - More details, wider scope, and greater expectations

Mutual Recognition Agreement (MRA) – Advantage

- Better identify and manage the substantial differences between jurisdictions.
  - Gap training and conditions justified and realistic.
  - Transparency.
  - Predictability.
  - Objectivity.
  - Fairness.
  - Efficiency.
  - Foster a structured and respectful dialogue between jurisdictions.

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Mutual Recognition Agreement (MRA) – Lessons Learned

- Better results when partners are compatible.
  - Easier to generate a core set of requirements to work with, and reach harmonization and/or recognition.
    - Education systems (training standards and quality).
    - Professional practice contexts.
    - Regulation schemes (scope of practice, assessment, professional conduct, ethics and development).
    - Legal systems.
    - Economies (comparable and/or complementary).
    - Cultural aspects.

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Mutual Recognition Agreement (MRA) – Lessons Learned

- Better results when partners are compatible (cont.)
    - Otherwise, very broad principles and standards.
        - Low and less rigorous common denominator.
        - Nice to have, but no real practical use to base a recognition and migration scheme in the field.

- Process facilitated when a forum is already in place.
    - Ex.: EU, regional or multilateral forum or association (ex.: ASPPB), international association.
    - An advantage, but not a prerequisite.
        - Countries' sovereignty or constitutional principles.

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Mutual Recognition Agreement (MRA) – Lessons Learned

- Prioritize according to reality.
    - Geography and else (ex. Canada/USA).
    - More relevance and incentives where sizeable economic ties and migration flows exist (ex. Canada/USA).

- It takes time to
    - Understand the different contexts.
    - Assess the impact, positive and negative.
    - Get the buy-in from stakeholders.
    - Negotiate and ratify.
    - Implement.

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Mutual Recognition Agreement (MRA) – WHO Guidance 2024

WHO Guidance on Bilateral Agreements on Health Worker Migration and Mobility, March 2024

https://www.who.int/publications/i/item/9789240073067

- Mapping and critical review of MRAs worldwide.
- Principles, issues and policy considerations on the preparation, the negotiation, and the implementation of MRAs.

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6

Recognition of qualifications as a universal individual right

The Building Blocks

- Different international instruments.

- Right to recognition of qualifications under UN and ILO international instruments.

  - Instruments not always to date. Issues of interpretation and cross-reference. Issues of variable obligations on concrete implementation aspects (ex. qualif. recogn.).

  - Depends on the status of the applicant (notion of migrant worker and some exceptions).

  - Depends on the implementation by countries and recognition process in place.

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The Building Blocks

- Right to recognition of qualifications under the:

  1) *Lisbon Convention on the Recognition of Qualifications concerning Higher Education* (UNESCO) (1979 and 1997).

  2) *Global Convention on the Recognition of Higher Education Qualifications* (UNESCO) (2019).

    - Sound and concrete obligations.

    - For higher education.

    - In and between the ratifying countries.

    - Depends on the recognition process in place.

    - But, still, has a global credibility and appeal.

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The Building Blocks

- Right to recognition of qualifications under trade and mobility agreements.
  - Depends on the prescriptive nature of the obligations and processes under the agreement.
  - Depends on the enforcement mechanisms.
  - Depends on the presence of exceptions and exclusions.
  - Depends on the recognition process in place.
  - Only in and between the signatory countries.
  - But, still, more and more provisions on QR.

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The Building Blocks

- Right to recognition of qualifications under internal legal texts.
    - Depends on the nature of the qualification.
    - Depends on the status of the applicant (national, migrant, or categories thereof).
    - Only in a country with legal texts.
    - Depends on the recognition process in place.

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The Building Blocks – The European Experience

- Institutions and decision-making process.
  - More than a trade agreement, a common market with political and legal frameworks.
  - European Parliament, Council of Europe, European Commission.
  - European civil society and private sector networks.

Québec ✹✹

The Building Blocks – The European Experience

- Legal framework and "European acquis".
  - Sound and concrete obligations.
  - Free movement of individuals as a principle.
  - Common legal texts, values and policies. Set of treaties and directives.
  - Recognition of qualifications directive with a number of professions under automatic mutual recognition. With complementary directives.
- Still some implementation issues.

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A Global Push for QR

- [Global Compact for Safe, Orderly and Regular Migration](#) (UN, 2018).
  - Outcome of global dialogue under the UN.
  - Non-legally binding but comprehensive and far reaching.
  - Objectives and commitments with suggested actions (policy options, best practices).
  - One objective (#18).

    "Invest in skills development and facilitate mutual recognition of skills, qualifications and competences".

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A Global Push for QR

- Objective #18 suggested actions
  - Standards, guidelines, mechanism, network for mutual recognition, compatibility, cooperation.
    - Qualifications, formal credentials and non-formally acquired skills, qualification framework and stakeholders.
  - Transparency, compatibility, and use of technology.
  - Mutual recognition agreements (in or distinct from trade agreements).

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Converging Discourse

- Different international instruments.

- Recognition of qualifications builds itself as an individual right, with social and economic aspects.

- This right is complementary and reinforcing the
  - Right to education;
  - Right to equality;
  - Right to work;
  - Right to decent work;
  - Right to fair treatment.

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Shift of focus on the person

- Skills, qualifications and competence are <u>personal attributes</u> of any individual.
  - They cannot be ignored or denied on a discriminatory or frivolous basis.
  - Hence recognition is an individual fundamental right.

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7

Substantial Equivalence/Difference

Substantial Equivalence

- Substantial equivalence/difference.
  - *Global Convention on the Recognition of Higher Education Qualifications* (UNESCO) (2019).
    (Section I. Definition of terms, Article 1)

    "**Substantial differences**: significant differences between the foreign qualification and the qualification of the State Party which would most likely prevent the applicant from succeeding in a desired activity, such as, but not limited to, further study, research activities, or employment opportunities."

Substantial Equivalence

- Substantial equivalence/difference regarding training.

  - *Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications* , *European Union* (Article 14, par. 4) (text as of 2024-06-20).

    "…'**substantially different matters**' means matters in respect of which knowledge, skills and competences acquired are essential for pursuing the profession and with regard to which the training received by the migrant shows significant differences in terms of content from the training required by the host Member State."

Substantial Equivalence

- Overall equivalency and substantial difference.
    - *Canada-European Union Comprehensive Economic and Trade Agreement (CETA)*, 2017.
      (Chapter 11 and Annex 11-A – Guidelines for MRAs)
    - Overall equivalency.
        - No substantial differences between the scope of practice rights or the qualifications.
    - Substantial difference in the scope of qualifications.
        - Important differences in the essential knowledge.
        - Significant differences in the duration or content of the training.

Substantial Equivalence

- Comparability.

  - *Review of good practices in the recognition of equivalence of diplomas and training acquired outside Quebec*, CIQ, 2006 (translation from French)

    "*Comparable* does not mean identical. Equivalence is not incompatible with the presence of differences between diplomas that can be expressed, for example, in the educational approach, the structure, the educational path, or even the duration and frequency of certain activities. Indeed, several skills can be acquired through multiple combinations of training and experience. The important thing is that these combinations are equivalent in terms of their results, that is to say, in terms of the skills acquired by the individual."

Substantial Equivalence

- Substantial equivalence.
    - *[Review of good practices in the recognition of equivalence of diplomas and training acquired outside Quebec](#)*, CIQ, 2006 (translation from French)

        "The **equivalence** sought is **substantial**, in the sense that it allows us to affirm with reasonable confidence that the candidate has the skills required to practice the profession at the entry level and with a view to preventing harm associated with the practice."

Lessons Learned on Substantial Equivalence

- The difference is predictable.

- It is impossible to make detailed comparisons, given that differences are inevitable and constantly changing throughout the world.

- We are not seeking to reproduce exactly our methods, means and processes of learning and evaluation.

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Lessons Learned on Substantial Equivalence

- Not all differences are substantial or relevant.

- Training outcomes (knowledge, skills, competencies) are more important than the program or modality (formal aspect) that led to the qualification.

- Adopt the right analysis and decision-making posture.

  - Compare and analyse, based on a professional standard, to recognise and not to refuse.

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Lessons Learned on Substantial Equivalence

- You will often have to use your judgment to decide on a situation.

  - Draw on your knowledge of the profession.

  - Do not resort to shortcuts that rely on anxious caution, value judgments or biases.

  - Be able to explain your reasoning, including concerning areas of ambiguity in a case.

8

Types of learning

All should be considered

- Fairness calls for taking into account all types of learning.
  - International instruments and best practices.
  - Competence is an attribute of the person and must be recognized. An individual right.
  - Competence is acquired by different types of learning
    - Formal, non-formal, informal, life-long.
    - Definition in some international instruments
  - Some types of learning may present greater challenges in terms of documentation, analysis, relevance and comparison with a professional standard.

Formal Learning

- *[Global Convention on the Recognition of Higher Education Qualifications](#)* (UNESCO) (2019).
(Section I. Definition of terms, Article 1)

  "**Formal learning**: learning derived from activities within a structured learning setting, leading to a formal qualification, and provided by an education institution recognized by a State Party's competent authorities and authorized thereby to deliver such learning activities."

Non-formal learning

- *[Global Convention on the Recognition of Higher Education Qualifications](#)* (UNESCO) (2019).
  (Section I. Definition of terms, Article 1)

  "**Non-formal learning**: learning achieved within an education or training framework which places an emphasis on working life and which does not belong to the formal education system."

Informal Learning

- *Global Convention on the Recognition of Higher Education Qualifications* (UNESCO) (2019).
(Section I. Definition of terms, Article 1)

  "**Informal learning**: learning which occurs outside the formal education system and which results from daily life activities related to work, family, local community, or leisure."

Lifelong learning

- *[Global Convention on the Recognition of Higher Education Qualifications](#)* (UNESCO) (2019).
  (Section I. Definition of terms, Article 1)

  "**Lifelong learning**: a process which refers to all learning activities, whether formal, non-formal, or informal, covers the entire lifespan and has the aim of improving and developing human capacities, knowledge, skills, attitudes and competencies."

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9

Regulators' focus on Fairness

Inspired by literature and practices from the ombudsman community in Canada

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The three angles to fairness

1. Procedural fairness.

2. Substantive fairness.

3. Relational fairness.

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1. Procedural fairness

- About the process and the methods by which a decision is made.

  - The person impacted is informed on the process and criteria, involved as much as possible, and has real opportunity to provide relevant input.

  - The regulator is thorough and thoughtfully review all relevant and credible elements.

  - The regulator is compliant with procedures, policies and methods.

  - The regulator is impartial.

  - The decision is transparent and communicated with meaningful explanation understandable by the person impacted.

  - An efficient recourse is offered.

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2. Substantive fairness

- About the decision being legal and reasonable.
    - The decision is according with the legal parameters.
    - The decision must be reasonable, and the reasoning behind it must be understandable to the person impacted.
    - The decision does not discriminate against the person impacted on prohibited grounds (i.e. human rights).

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3. Relational fairness

- About the way the person is treated and his/her perception of the registration process and the decision.
  - Look beyond the process and the methodology.
  - Being considerate.
  - Being courteous, timely, clear, and direct in communication.
    - What is and what is not.
    - What we can do and what we cannot.
  - Confidentiality.
  - Admit error or misunderstanding, apologise, and correct.

Fairness in real life

- Fairness is not always easy or obvious.
  - Like an ethical discussion. Not a definitive and simple solution. Need to step back and think.
  - The situation tells the scope of a fairness issue, generates the rule and indicates the way forward.
  - Lessons learned, open discussion and feed-back, sharing with colleagues pave the way for correcting a situation and improvements
  - The situation might reveal a limit or a flaw of the registration or assessment processes and their methods. It points to a need for improvement.

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Thank you.

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Impacts to Board/College Composition: Yesterday, Today, and In the Future

Lori Rall

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This presentation will be added to CE-Go prior to the meeting.

How History Shapes Regulatory Boards

or How I Learned to Stop Worrying and Love Sunset Reviews

Robert Romig
Deputy Executive Director
Texas Behavioral Health Executive Council

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Actions of legislatures are born out of something – the historical moment, the needs of the governed, the whims of politicians.

However, that means those major events – that shape the populace and impact political movements – are then reflected in the regulatory bodies created by statute.

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1960s / 1970s – Distrust of Government

Vietnam War   Kent State   Financial scandals   Watergate

The public is paying attention

Reforms of the 1960s/1970s–Transparency & Public Oversight

Freedom of Information Act

Sunshine Laws

OPEN MEETINGS LAW

Birth of many licensing programs

1980s / 1990s – Crisis and Uncertainty

Iran hostage crisis   HIV/AIDS epidemic   Air India Flight

Space Shuttle Challenger   Los Angeles riots

Who is accountable???

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Reforms of the 1980s /1990s – Less Government / More Data

Calls for government reforms / shrinking government

Performance measures

Education standardized testing

Balanced budgeting, performance-based budgeting

Growth of the computer, internet, and digital age

Let's measure something

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2000s / 2010s – Bad Management

Iraq war controversies   Enron scandal   Hurricane Katrina response

Walter Reed/Army, HUD, VA, IRS, CIA, GSA, etc. leadership scandals

Who, specifically, is in charge?

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Reforms of the 2000s / 2010s – New Oversight

Creation of oversight boards

Creation of reporting mechanisms

Replacement of board / commission members

Restructuring of government agencies

Combining regulatory boards

We'll tell you who is in charge.

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2017 – Sunset Review of Texas behavioral health boards

Four separate professional boards
- One stand-alone agency (psychology)
- Three administratively attached to a large health agency

Sunset Review identified significant concerns with operations:
- Months long backlog of licensing applications
- 3+ years long backlog of complaint cases
- Ineffective administrative attachment structure – too many leaders
- Lack of cohesive services, approaches to governing

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Battleground Positions for 2017 Legislative Session

Regulatory Boards / Professional associations –
- Proposed separate boards and agencies for each profession.
- Focused on:
  - Uniqueness of professions
  - Independence
  - Self-governance

Initial legislative proposals:

- Send all professions to a general licensing agency, with only advisory boards

- Transfer all professions under the Medical Board

- Consolidation into a behavioral health agency

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Failure during the 2017 session

Only 1 of 4 professional boards and no professional associations supported a consolidated model.

The Sunset Legislation failed to pass . . .

. . . meaning all four professions would be deregulated.

Passage of Legislation in 2019

In the next legislative session, everyone was at the table.

Some points were not negotiable:

- Single administrative agency and direct accountability
- Unified authority for rules and final decision making
- Checks against conflicts of interest and anti-trust concerns

Others were:

- Individual boards – not only a consolidated board
- Authority over practice standards and ethics
- Limitations on standardization
- Keeping the board and professional identity

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Umbrella commission model
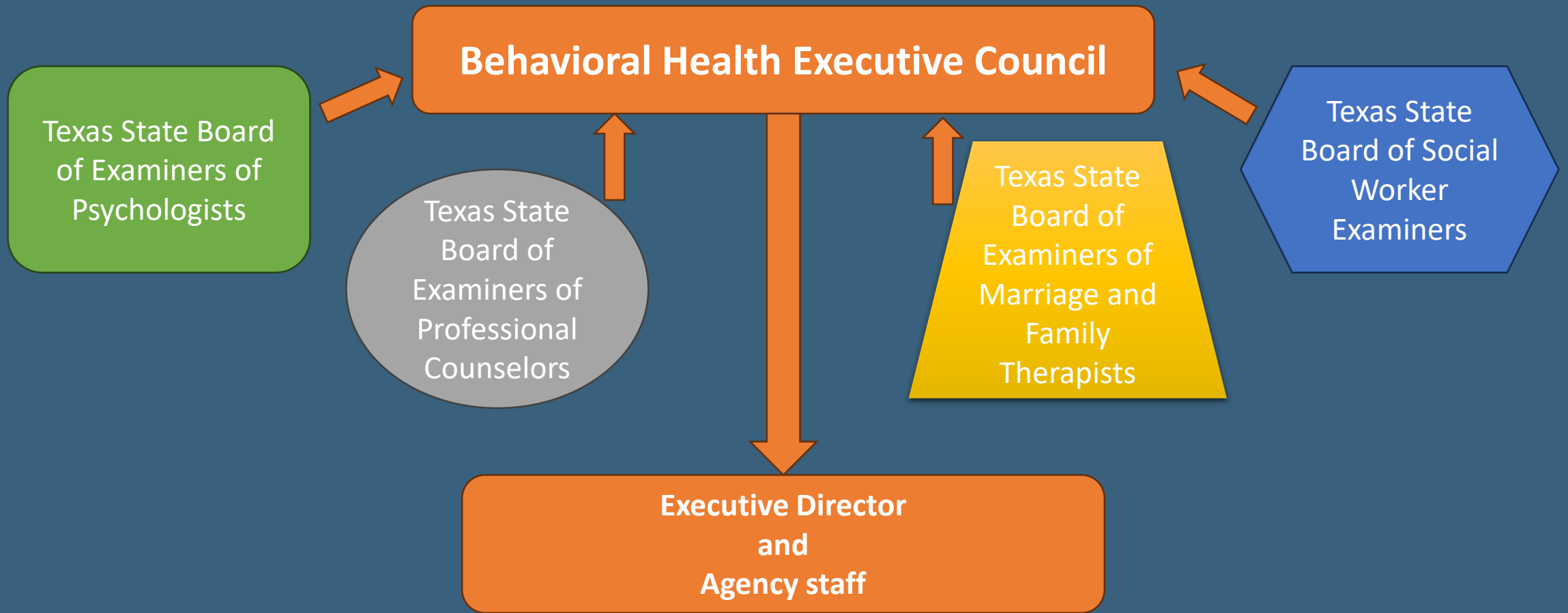
Behavioral Health Executive Council

Texas State Board of Examiners of Psychologists

Texas State Board of Examiners of Professional Counselors

Texas State Board of Examiners of Marriage and Family Therapists

Texas State Board of Social Worker Examiners

Executive Director and Agency staff

Since then . . .

The Council structure has allowed each profession to retain its identity, ethics, and rules.

The backlog of license applications and complaints has been eliminated.

The Council functions with less staff and less funding than originally predicted.

The public gets faster services, clear messaging, and uniform experience.

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So what does the future hold?

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2020s – A New Kind of Distrust

Unified theory of the executive

All or none regulation

Political/policy divisiveness

Higher expectations of direct access, information, and control

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What might this mean for future boards/commissions?

Is it enough to be appointed by the executive head? What does vetting look like?

Who initiates new policy proposals? What level of direction does the executive branch give?

What is the role of the legislative branch? Who are reports being sent to? Written for?

Is enforcing/administering the plain text of a statute enough? Are there expectations beyond the written text?

What happens to "rogue" agencies and boards/commissions?

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Questions?

1980 – The Creation of the BSRB

In 1980, the Kansas Legislature combined the operations of the State Board of Examiners of Psychologists and the Board of Social Work Examiners. The new agency was titled the Kansas Behavioral Sciences Regulatory Board (BSRB)

Psychology

+

Social Work

Growth of the BSRB

Over the years that followed, as more mental health and behavioral health professions gained licensure status, those professions were organized under the BSRB, including:

- Professional counseling
- Marriage and family therapy
- Master's level psychology
- Addiction counseling
- Behavior analysis

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The Board

All Board members are appointed by the Governor to serve a four-year term and may be re-appointed for a second term, allowing service on the Board for a maximum of eight consecutive years.

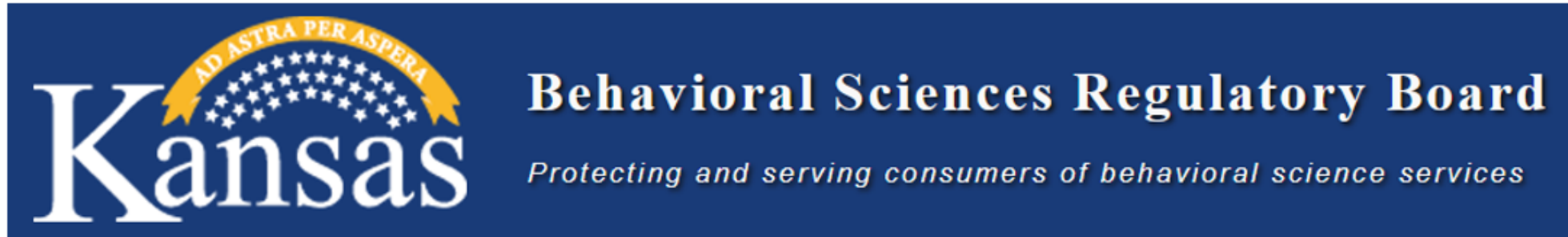**ASPPB**
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Composition of the Board

- **2 Licensed Psychologists**

- **2 Social Workers**

- **1 Professional Counselor**

- **1 Marriage and Family Therapist**

- **1 Master's Level Psychologist**

- **1 Addiction Counselor**

- **4 Public Members**

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Board Meetings

Regular Board meetings last 3 hours, every-other-month, in hybrid format, allowing either in-person or remote attendance.

In addition, the Board holds closed monthly remote one-hour meetings under the Administrative Procedures Act, to consider applicants requiring Board review.

Advisory Committees

By regulating seven different professions, the BSRB acts as seven-agencies-in-one. However, to ensure there is adequate discussion and feedback from members of each of the seven professions, the Board utilizes seven standing subcommittees, called Advisory Committees, one for each of the professions regulated by the Board.

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Advisory Committees

- **Advisory Committees are chaired by the member of the Board for that profession and a public member of the Board serves on each Advisory Committee.**

- **The remaining 3 to 10 members are usually practitioners in those professions, working in public practice, private practice, education, or other areas.**

- **Advisory Committees make recommendations on members to the Chair of the Board, who has authority to appoint individuals to the Advisory Committees**

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Advisory Committees

- **Advisory Committee meetings occur remotely, every-other-month, and generally last two hours**

- **The primary role of Advisory Committees is to discuss items referred to it by the Board, discuss other items relevant to the profession, and make recommendations back to the Board on possible changes to the statutes and regulations for the professions.**

- **Currently, between 50 to 60 individuals volunteer to serve as Advisory Committee members for the Board**

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2025 Advisory Committees of the BSRB

Addiction Counselor Advisory Committee
(9 Members)

Professional Counselor Advisory Committee
(12 Members)

BSRB BOARD
(12 MEMBERS)

Master's Level Psychology Advisory Committee
(12 Members)

Social Work Advisory Committee
(13 Members)

Behavior Analysis Advisory Committee
(10 Members)

Psychology Advisory Committee
(12 Members)

Marriage and Family Therapy Advisory Committee
(8 Members)

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Agency Operations

- **The BSRB is a fee funded agency**

- **The agency does not receive funding from the State General Fund but, by statute, contributes 10 percent of revenue, or up to $100,000 per year**

- **The agency earns its revenue from license fees**

- **Annual Budget: a little over $1.1 million**

- **The agency employees 12 full-time staff members**

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Growth of Professions

Behavioral Sciences Regulatory Board
History of Permanent Licenses July 2015 to Current

	July 2015	July 2016	July 2017	July 2018	July 2019	Mar 2020	July 2021	July 2022	July 2023	Jan 2024	Mar 2024	May 2024	July 2024	Sept 2024	Nov 2024	Jan 2025	Mar 2025
LP	897	967	926	984	949	1,006	988	952	1,034	1,083	1,094	1,106	985	1,011	1,037	1,047	1,058
LASW	22	21	21	19	17	13	9	5	4	4	4	4	4	4	4	4	4
LBSW	1,756	1,754	1,764	1,725	1,638	1,577	1,466	1,346	1,241	1,202	1,201	1,194	1,160	1,142	1,133	1,132	1,137
LMSW	3,519	3,684	3,774	3,862	3,927	3,861	3,970	4,012	4,087	4,102	4,107	4,078	4,128	4,157	4,148	4,137	4,137
LSCSW	1,966	2,009	2,033	2,088	2,172	2,274	2,474	2,680	2,900	2,980	3,009	3,062	3,109	3,151	3,207	3,239	3,282
LPC	648	733	760	813	847	882	937	981	1,047	1,110	1,108	1,118	1,139	1,178	1,200	1,209	1,221
LCPC	500	546	561	619	704	747	843	1,034	1,169	1,260	1,298	1,319	1,373	1,407	1,446	1,486	1,512
LMLP	288	304	303	302	295	291	294	308	335	337	341	345	346	350	349	348	352
LCP	291	298	294	297	288	293	282	289	276	277	281	280	279	269	274	274	274
LMFT	354	350	340	347	324	327	335	330	313	315	319	307	309	302	292	305	311
LCMFT	444	499	535	566	611	620	681	754	794	821	830	845	852	862	874	878	885
LAC	930	919	729	620	618	569	578	522	542	511	512	515	515	517	518	520	517
LMAC	-	-	262	343	363	375	427	431	415	430	435	436	441	440	433	433	433
LCAC	537	528	541	527	566	541	570	556	583	569	572	572	580	580	587	593	595
LaBA	-	-	15	18	14	14	12	17	19	16	18	18	18	19	18	18	17
LBA	-	-	129	175	199	229	263	333	396	436	441	449	456	469	477	488	502
Total Permanent Licenses	12,152	12,612	12,987	13,305	13,532	13,619	14,129	14,550	15,155	15,453	15,570	15,648	15,694	15,858	15,997	16,111	16,237

Note: In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed enforcement of expiration of licenses until the end of May 2021.
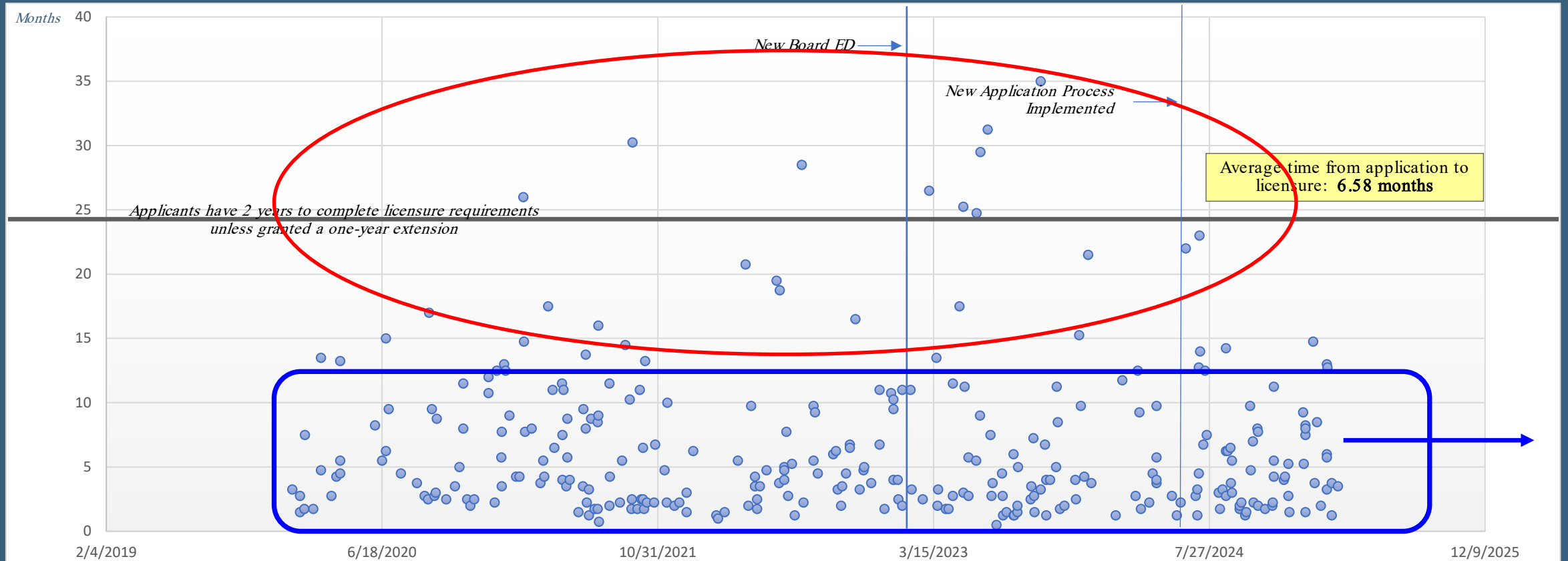
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Financial Benefits of Composite Boards

Between 2015 and the current date, the total number of permanent licenses regulated by the BSRB increased from 12,000 to about 16,000.

- By sharing clerical staff, licensing specialists, and investigators, the agency has benefited from efficiencies by cross-training employees.

- By sharing equipment and office space, the agency avoids duplicate costs felt independently by separate boards.

- Despite increasing staffing from nine employees in 2020 to 12 employees in 2024, costs are kept low.

  - Example: Price to renew a two-year psychologist license = $150

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Other Benefits of Composite Boards

Based on the composition of the Kansas BSRB, no one profession has controlling interest. Professions must work together.

- By sitting at the same table, representatives from different professions have continuous dialogue through the year.

- The mindset is how the Board can protect the public across the different professions, which helps direct the conversation to the overall goal and away from "turf war" type dialogue.

- The Board can strive for consistent standards in certain areas like supervision or unprofessional conduct.

- Working in collaboration on a regular basis has led to most Board decisions being made unanimously.

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Questions?

For more information, please contact:

Behavioral Sciences Regulatory Board

Protecting and serving consumers of behavioral science services

David B. Fye, JD
Executive Director
Kansas Behavioral Sciences Regulatory Board
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Building Trust and Reputation Through Impactful Customer Service

David Fye

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Providing helpful customer service

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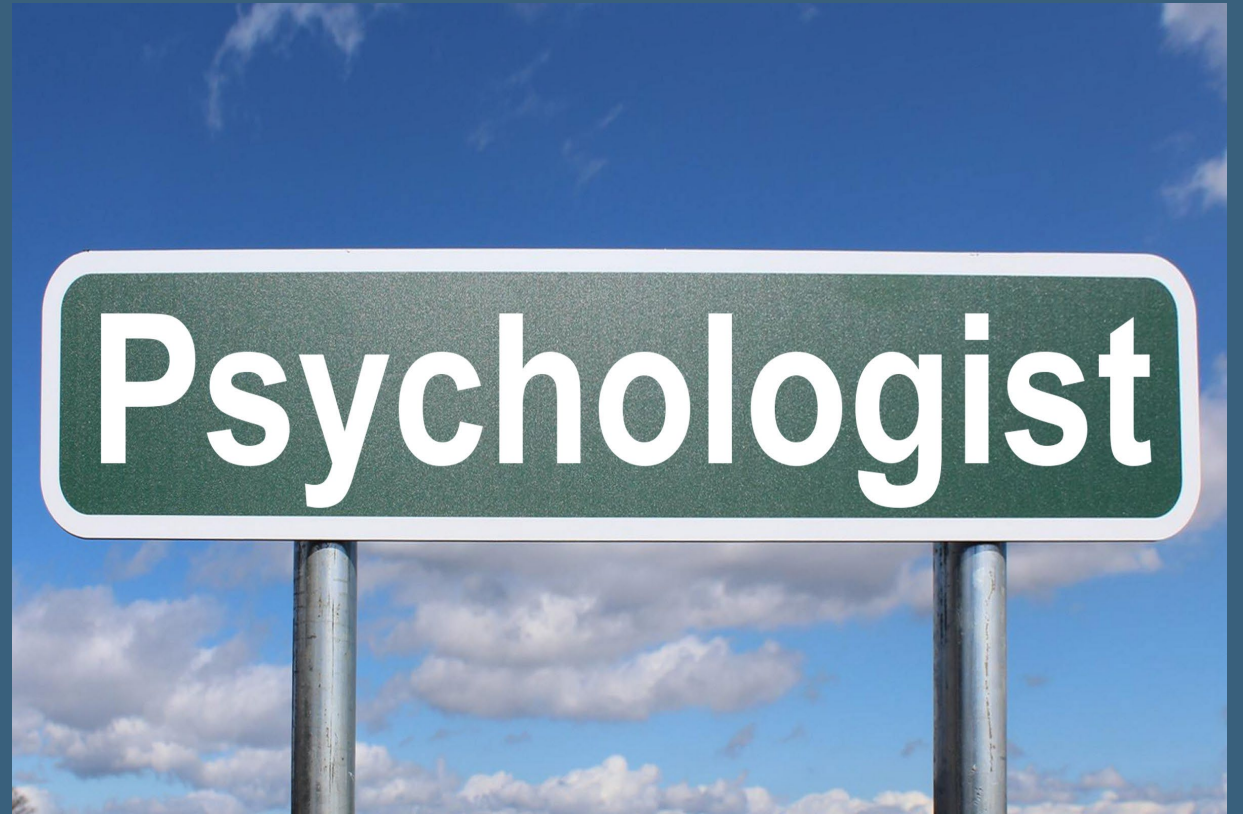
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Providing helpful customer service

Customer service as a tool to gain knowledge and educate

- *Thank you for your inquiry regarding whether the CE program you took is accepted by the Board for purposes of renewal.   The short answer to your question is yes. Here's why:*
    - *NAC 641.136, which is the Board's Continuing Education regulation, states that the Board accepts…*
    - *If you look at the information in the link that you provided for the CE program, you will see that the [_____] Association recognizes this course…*

- *I'm sorry you were unable to find the answer to your question in our regulations. NAC 641.[___] is the regulation that addresses your inquiry regarding… According to that regulation, the Board requires…*

- *Unfortunately, doctoral programs that are completed 100% online do not satisfy Nevada's requirements for licensure. NAC 641.062 is the regulation that outlines the educational requirements for licensure. If you look at the website for [_____] University's psychology doctoral program, you will see that it is advertised as "100% online with no residency required" and specifically states that the doctoral degree offered does not lead to licensure.*

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Providing helpful customer service

Protecting the public through customer service

Timely and quality responses to inquiries aligns with being public safety stewards

- Inquiries to the Board office often touch, in some way, on the public's safety.

    - *Out of state psychologists wanting to provide telehealth services to someone in Nevada*
    - *Clinical Supervisors confirming the minimum number of supervision hours required*
    - *Licensee from another behavioral health board making sure a certain service does not constitute the practice of psychology*

- Providing timely answers with quality information lessens the risk of those inquiring making up their own minds about the answer when we delay or avoid providing them.

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Reducing unnecessary barriers by streamlining the application/licensure process

Giving Meaning to Licensure by Endorsement

- Prior application procedure was based on one application for all applicants.

- Nevada law generally permits the Board to issue a license by endorsement as a psychologist to those who:
  - hold a valid an unrestricted correspondent psychologist license in the U.S.
  - have not been disciplined or investigated by their regulatory agency
  - have no criminal or civil liability
  - submit fingerprints for a background check
  - pay the licensure fee

See, NRS 641.196

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Reducing unnecessary barriers by streamlining the application/licensure process

Giving Meaning to Licensure by Endorsement

ASPPB's Statement of Responsibilities and Roles of State and Provincial Psychology Boards regarding the Certificate of Professional Qualification in Psychology credential[*] triggered what became the Board's tiered application by endorsement process based on credentials or years of licensure elsewhere.

- Certificate of Professional Qualification in Psychology (CPQ)
- National Register of Health Science Psychologists (NR)
- American Board of Professional Psychology (ABPP)
- Continuous Licensure for 20 or more years
- Continuous Licensure for 5-20 years

[*] See, ASPPB's Mobility Program Policies and Procedures, page 38.

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Reducing unnecessary barriers by streamlining the application/licensure process

Giving Meaning to Licensure by Endorsement

- CPQ, NR, and ABPP provide verification of information that is different than the others, the CPQ verifying the most information and, therefore, requiring the least applicant information.

- Those continuously licensed elsewhere for 20+ years receive the benefit of that experience and the information on which they were licensed. NAC 641.025

- Pursuant to Board policy, those continuously licensed elsewhere for 5-20 years also received the benefit of their experience and the information on which they were licensed but provide additional detail.

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Reducing unnecessary barriers by streamlining the application/licensure process

Screening Application
(name, certain demographics, basic degree information, applicant category)

Endorsement
- Conduct Questionnaire
- Fingerprints Submission
- Letters of Recommendation
- Nevada Jurisprudence Exam

New Licensure
- Forwarded to PLUS - Verifications and Collection of Required Information
- Fingerprints Submission – Background Check
- Nevada Jurisprudence Exam and EPPP (if applicable)

CPQ
- CPQ Verification

NR
- NR Verification
- Employment History

ABPP
- ABPP Verification
- Postdoctoral Experience
- National Exam
- Employment History

5+ Years
- Licensure history
- Doctoral education
- Pre- and post-doctoral training
- National Exam
- Employment history
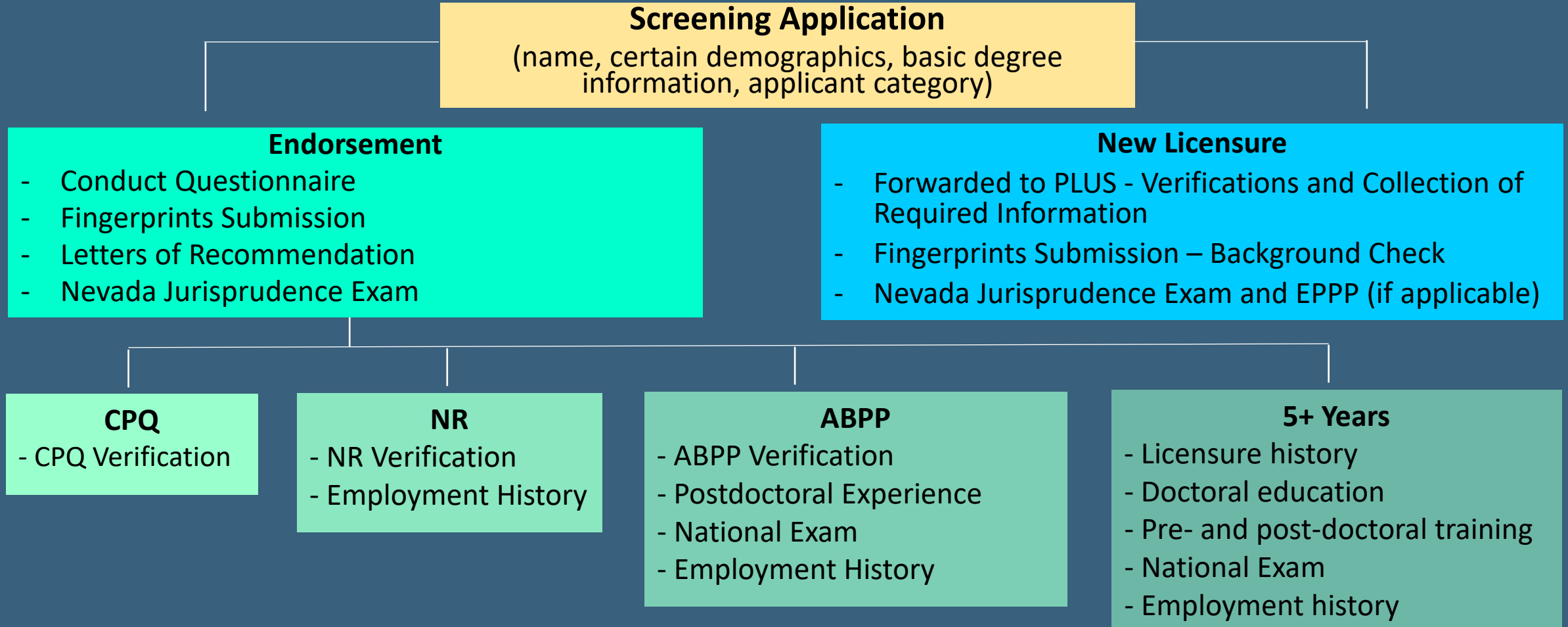
Reducing unnecessary barriers by streamlining the application/licensure process

Decreasing Time to Licensure

New Board ED

New Application Process Implemented

Applicants have 2 years to complete licensure requirements unless granted a one-year extension

Average time from application to licensure: 6.58 months

Months

40
35
30
25
20
15
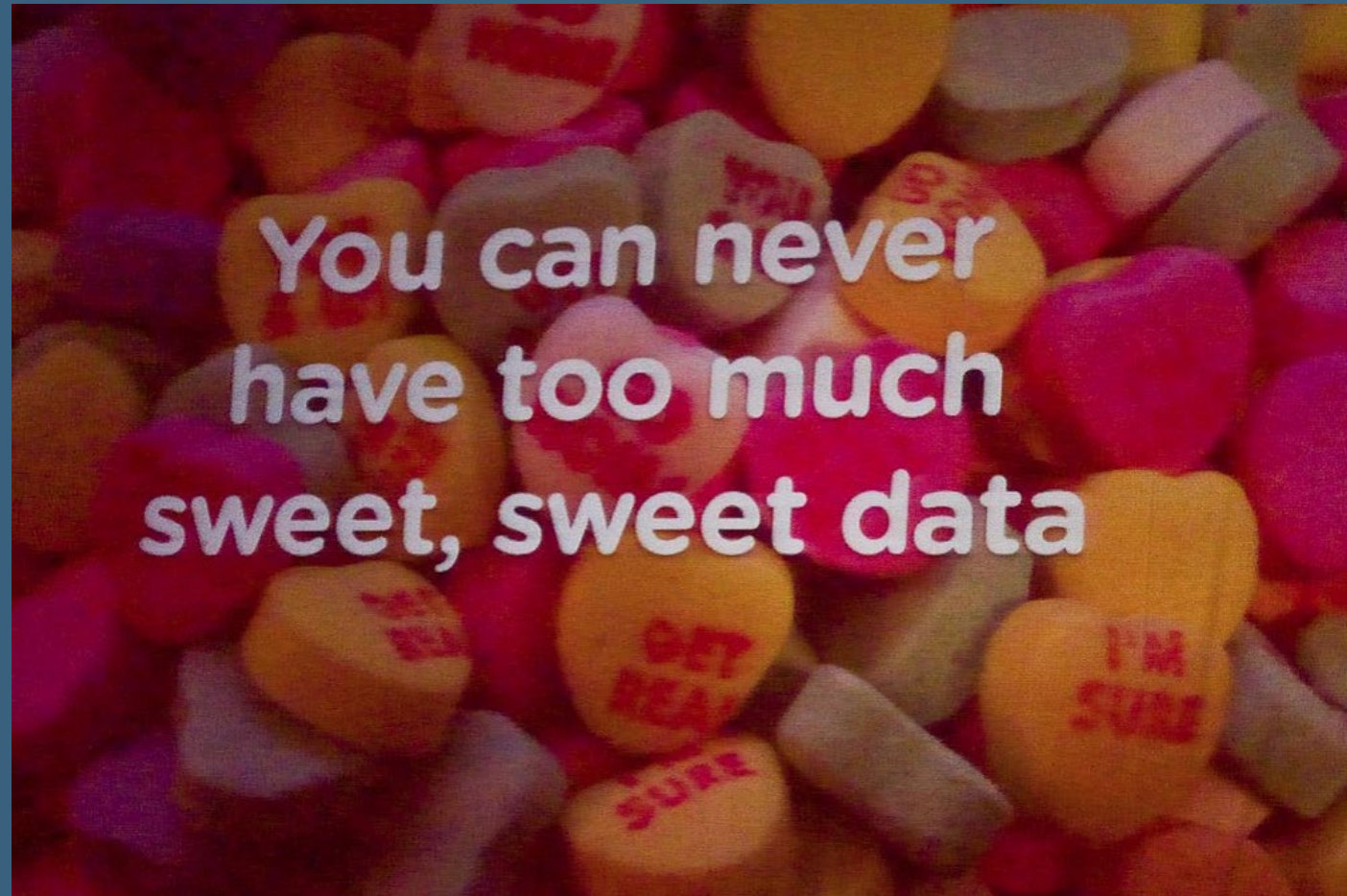10
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2/4/2019   6/18/2020   10/31/2021   3/15/2023   7/27/2024   12/9/2025

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Building Trust and Reputation Through Impactful Customer Service

Providing helpful customer service

- *Gain Knowledge and Educate*

- *Protect the Public*

Reducing unnecessary barriers by streamlining the application/licensure process

- *Give Meaning to Licensure by Endorsement*

- *Decrease the Time to Licensure*

- *Impactful customer service a natural byproduct of efficient processes*

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References

NAC 641.062 – Regulation regarding education requirements

NAC 641.136 – Regulation regarding continuing education requirements

NRS 641.196 – Licensure by Endorsement Statute
     NAC 641.025 – Licensure by Endorsement Regulation – 20+ years
     NAC 641.028 – Licensure by Endorsement Regulation – Credential

Certificate of Professional Qualification
(ASPPB's Mobility Program Policies and Procedures - v. 4.2024 - https://asppb.net/wp-content/uploads/ASPPB-Mobility-Committee-Policies-and-Procedures-Manual-April-2024.pdf)

National Register (NR) Credentialing Requirements
(https://www.nationalregister.org/apply/credentialing-requirements/)

American Board of Professional Psychology (ABPP) Requirements
(https://abpp.org/application-information/general-requirements/)

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2025 Surveys of Professions

In January 2025, to better fulfill its mission to protect the public and to understand a changing workforce, the Kansas Behavioral Sciences Regulatory Board (BSRB) drafted and issued surveys to licensees in six professions, including:

- Licensed Psychology

- Master's Level Psychology

- Professional Counseling

- Marriage and Family Therapy

- Addiction Counseling

- Behavior Analysis

2025 Surveys of Professions

These surveys were modeled after similar surveys of social workers by the BSRB's Social Work Advisory Committee in 2021 and 2024.

- Survey questions were drafted by each Advisory Committee for the Board
- Uniformity of language was preferred to allow later cross-profession analysis
- Some differences were permitted based on unique aspects of professions
- Number of questions was limited - between 15 to 20 questions
- SurveyMonkey.com was used to send and collect data
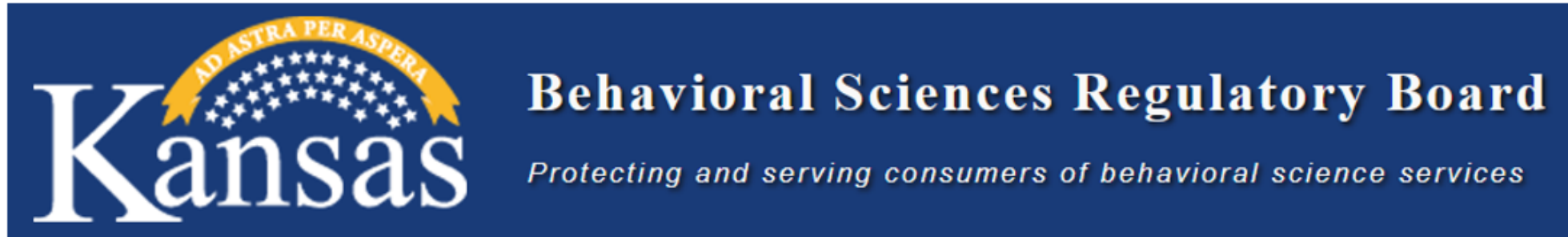- Responses were anonymous, though targeted reminders messages were used
- Survey was held open for 31 days

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2025 Survey of Licensed Psychologists

Psychologists

- **1,047 Licensed Psychologists (LPs), in Kansas, as of January 2025**

- **297 LPs completed the survey**

- **Response rate of 28.4%**

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2025 Survey of Licensed Psychologists
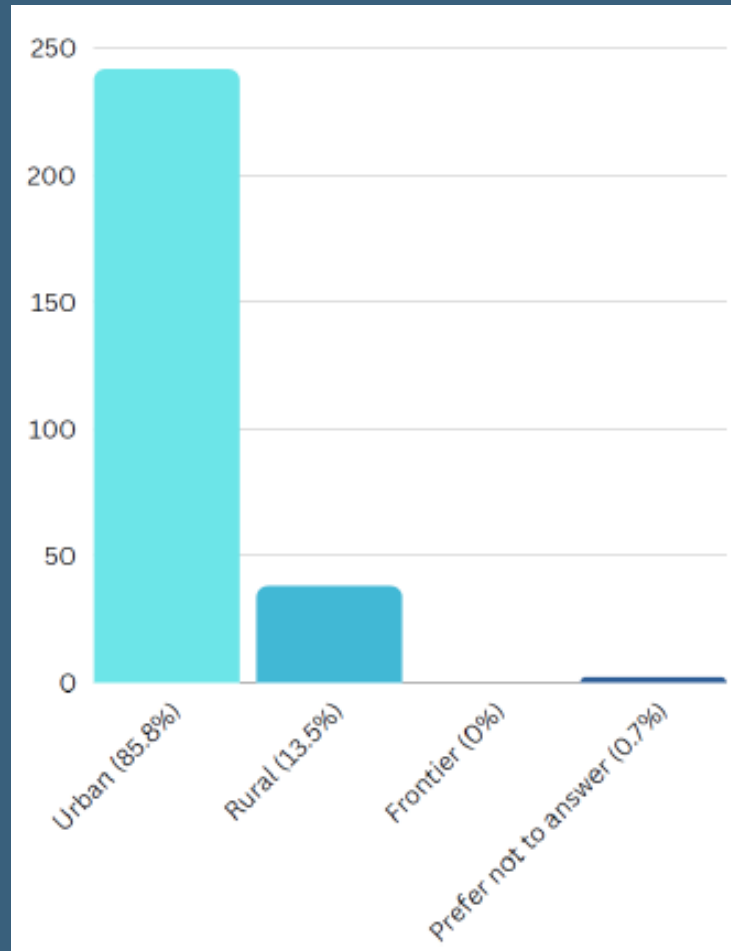
Geographic Distribution

- **Respondents were asked to identify the counties in which they provided services**

- **Most common responses identifying a single county included the most populous areas of the state**

- **According to the 2020 U.S. Census, about 57% of Kansans live in urban counties**

- **According to survey responses, about 86% of Licensed Psychologists report working in urban areas**
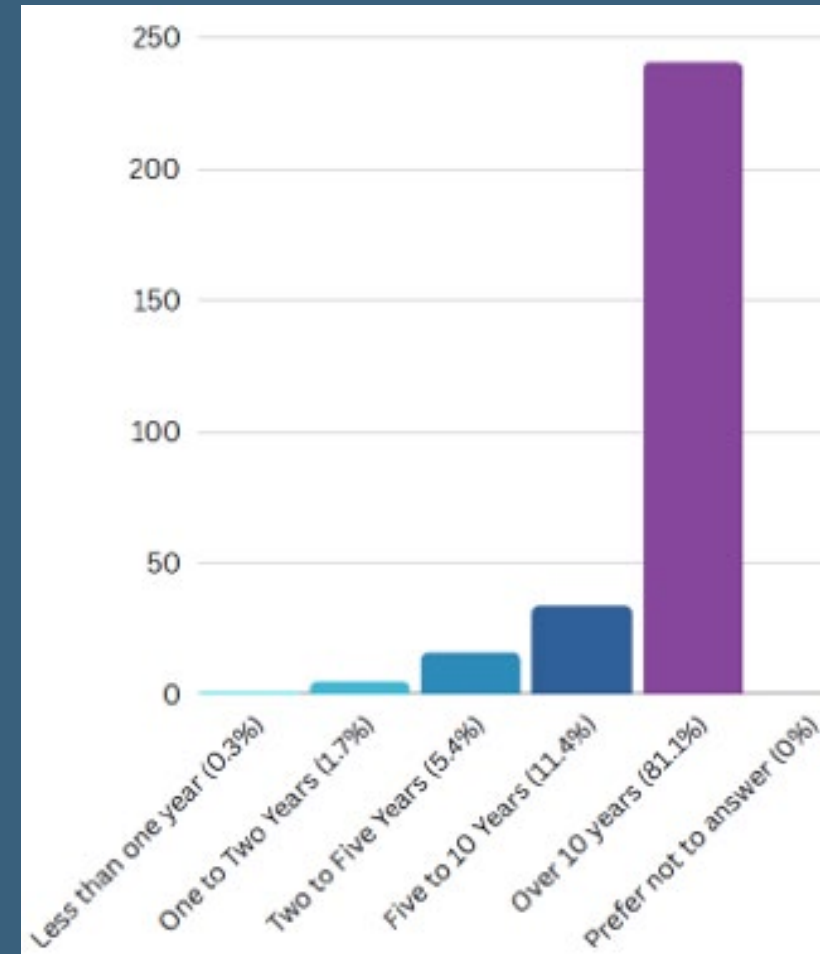
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2025 Survey of Licensed Psychologists
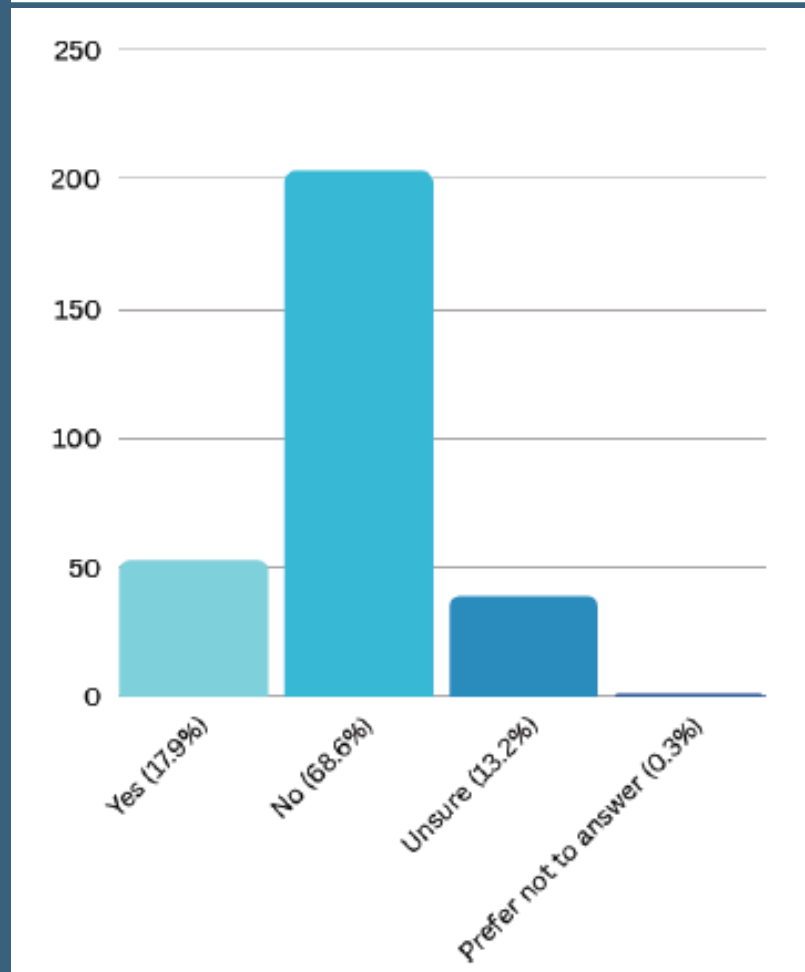
Future Changes in Workforce

- Respondents were asked "Do you anticipate retiring from the psychology profession in the next five years?"

- 69% responded "No"

- 18% responded "Yes"

- 13% responded "Unsure"

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Other Workforce Questions Included in Survey:

- "Do you primarily work in a public practice, private practice, educational setting, or another setting?"

- "In a typical week, how many hours do you:
  - Provide in-person services?
  - Provide telehealth/remote services?
  - Supervise, manage, or oversee the work of others?"

- "How many individuals do you currently provide supervision to?"

- "Do you currently use artificial intelligence in your practice? If so, in what areas do you use AI?"

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2025 Survey of Licensed Psychologists

Targeted Questions to Identify and Address Problems

- "Over the past two years, based on your observations and experience practicing in the psychology profession, could you share information on any practice-related negative issues you have seen, such as areas where practitioners appeared to need more continuing education or training in a certain area?"

- "Over the past two years, have you experienced any issues concerning telehealth, either through professional practice or observations of other practitioners?"

- "Over the past two years, have you experienced any negative issues involving supervision? If so, please explain."

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Direct Questions to Identify and Address Problems

- "Based on your experience as a licensee in Kansas, do you have any recommendations on additional ways the BSRB could protect and serve consumers of services offered by BSRB licensees?" (297 responses)

- "Do you have any other comments or feedback you think would be helpful for the members of the Advisory Committee to receive when evaluating possible recommendations for changes to the statutes and regulations for the psychology profession?" (180 responses)

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2025 Survey of Licensed Psychologists

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2025 Survey of Licensed Psychologists

Possible Areas of Focus After Initial Review

- Supervision guidance
- Reimbursements
- Continuing education requirements
- License portability
- Regulating artificial intelligence
- Upgrades to agency website
- Jurisprudence resources

- Disciplinary complaint process
- Student loan reimbursements
- Telehealth guidance
- Offering continuing education
- Discuss the possibility of prescription authority
- Other issues

2025 Survey of Licensed Psychologists

Examples of Positive Feedback

- "All of my interactions with BSRB have been timely and professional. They are knowledgeable and helpful! Great experiences getting licensed!"

- "I appreciate all the BSRB does!"

- "I appreciate the work that you all do."

- "I think the process works."

- "Thanks for soliciting feedback."

- "Thank you for committing the time and resources to this survey."

- "I will say that when working with the board for licensure and renewal, the administrative support and the Board have been fantastic."

- "Please extend my thanks to all of the BSRB Board members, Advisory Committee members, and staff who provide a great service to the citizens and in habitants of Kansas."

- Thanks for surveying the field and supporting us."

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2025 Survey of Licensed Psychologists

Timeline and Next Steps for Survey Reports

- **Beginning in April 2025, separate draft survey reports were provided to Advisory Committees for the Board**

- **The draft survey reports were organized with an emphasis on summary of the responses**

- **However, full survey responses to each question were included as appendices at the end of the report**

- **Following the release of the draft survey reports, a report across professions will be provided to the BSRB Board on May 12, 2025, then posted online**

- **Final reports per profession will be available on the BSRB website at ksbsrb.ks.gov**

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Questions?

For more information, please contact:

Behavioral Sciences Regulatory Board

Protecting and serving consumers of behavioral science services

David B. Fye, JD
Executive Director
Kansas Behavioral Sciences Regulatory Board
David.Fye@ks.gov
Https://ksbsrb.ks.gov

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EPPP Collaborative Implementation Task Force (CITF) Update

Jennifer C. Laforce, PhD, CPsych, ASPPB President Elect, Chair, CITF

This presentation will be added to CE-Go prior to the meeting.

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PRI-LM TASK FORCE

Alex Siegel, JD, PhD, Chair

Jacqueline Horn, PhD, Chair

Stacy Waldron, PhD

Peter Oppenheimer, PhD

Susan Hurt, JD, PhD

Heidi Paakkonen, MPA

Lori Rall

Lynn Bufka, Ph.D, ABPP (Liaison)

Joel Bakken, MS, LP

Brenda Nash, PhD

Amanda Catapano, MBA, ASPPB Staff

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Association of State and Provincial Psychology Boards Masters-Level Licensed Practitioner of Psychology Process
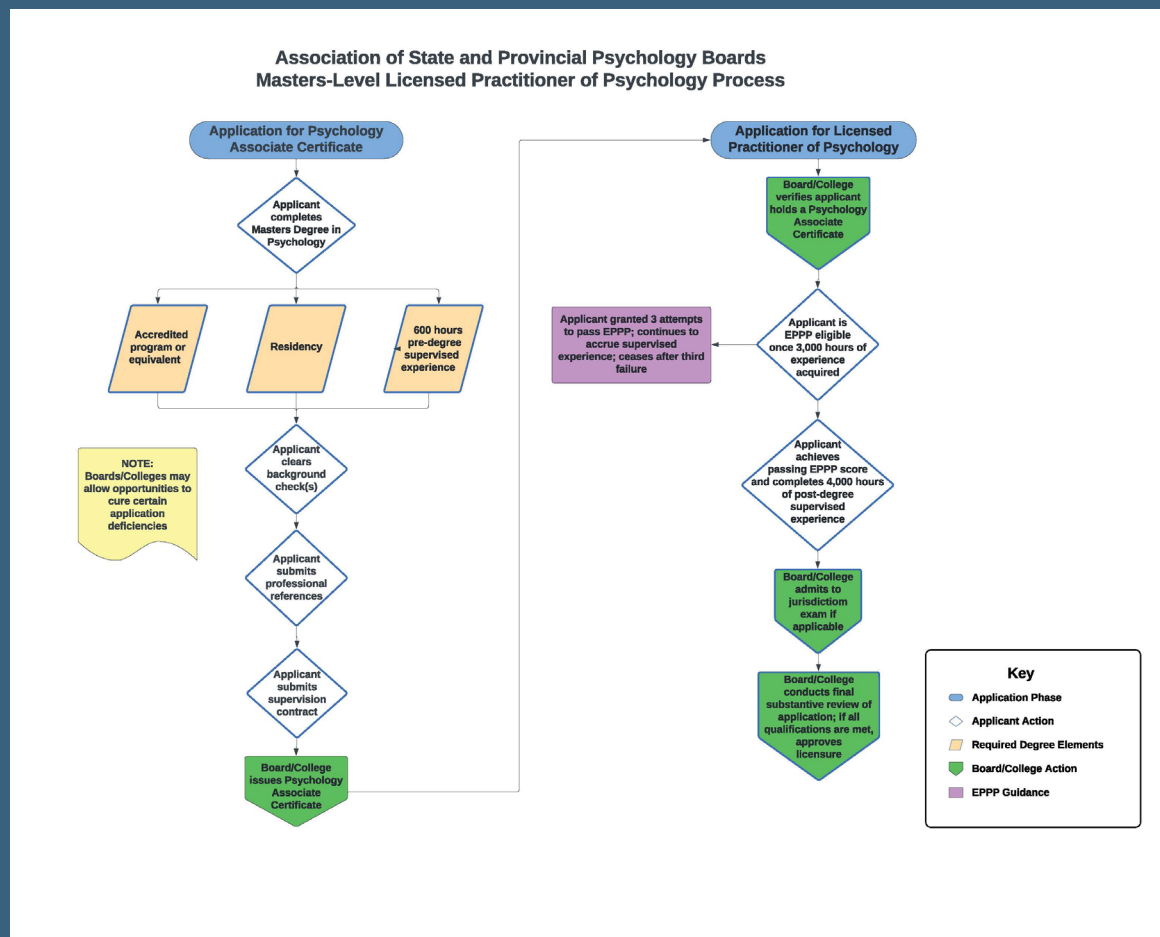
TESTING AND ASSESSMENT

Treatment Planning

- The scope of practice includes testing and assessment to inform mental health treatment planning by other professionals, such as psychologists and psychology practitioners, medical or other healthcare professionals, psychiatrists, and counselors in professions other than psychology.

- Testing and assessment for mental health treatment planning by other health professionals is limited to mental health treatment planning by those professionals.

- The scope of practice does not include treatment planning in domains other than mental health treatment planning, such as risk assessment or appropriateness of organ transplant or other surgical interventions.

Educational Planning and Placement

- The scope of practice includes testing and assessment that is requested by educational institutions where the individual being assessed receives services or is enrolled. The purposes of the assessment may include eligibility for services, clarification of educational needs, remediation planning, and disability manifestation determinations related to school-based discipline.

- The scope of practice includes testing and assessment requested by individuals and organizations other than educational institutions where the referral and the assessment serve the purposes of educational planning and placement for the individual being assessed.

- The scope of practice is limited to measures of cognitive ability and potential, adaptive functioning, academic achievement, and data from parent and teacher reports of behavioral and school functioning. Parent and teacher reports may be obtained by standardized measurement or structured or unstructured interview.

- The scope of practice does not include testing and assessment for determinations other than educational planning and placement, such as institutional liability for failure to meet a student's needs.

Occupational Planning and Placement

- The scope of practice includes referrals from individuals or educational institutions to assess an individual's interest in or goodness of fit for occupational fields or career paths. The scope of practice does not include referrals from employers, licensing boards, or other sources of privileges to determine an individual's fitness for duty, fitness for practice, fitness for tenure, or fitness for continued service.

- Scope of practice does not generally include evaluation of an individual's eligibility for disability, based on the individual's scope of abilities and limitations in the workplace, including the individual's needs for accommodations in the workplace. Notwithstanding this general limitation, individuals authorized to practice psychology as a Licensed Practitioner of Psychology may apply for credentialing by public agencies where those agencies provide their own requirements for credentialing, which include practice with a master's degree, and where the Licensed Practitioner of Psychology practices within the scope provided by the public agency. Examples may include contributions to determination of an individual's eligibility for Social Security disability benefits or an individual's eligibility for veteran's benefits. Individuals authorized to practice psychology as a Licensed Practitioner of Psychology or Psychology Associate may not provide second opinions or other consultations outside the purview of credentialing provided by the public agency.

- The scope of practice does not include referrals for assessments related to wrongful termination, compensation and damages, failure to provide accommodations, discrimination, or other personal injury, regardless of the referral source.

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INTERVENTION

PRI-LM Documents

https://asppb.net/wp-content/uploads/ANNOUNCEMENT-LETTER-PRI-LM.pdf

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PRI- LM Supplemental Documents and Sample Templates

- Program Verification including pre-degree supervised experience

- Psychological Associate Supervision Contract

- Post-degree Supervised Experience Report Form

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Alex Siegel, JD, PhD at asiegel@asppb.org

ASPPB website: www.asppb.net

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Session 4
ASPPB Strategic Plan Update

Mariann Burnetti-Atwell, PsyD
Chief Executive Officer

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Anticipate

…ASPPB will become a go-to source of information, research, data, insights, and thought leadership…

GET TO KNOW OUR NEW WEBSITE!

A new intuitively tailored platform to optimize our users' experience

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KEY NEW FEATURES

- HOMEPAGE
- "CONTACT US" FORM
- PSYHUB
- SEARCHABILITY
- INSIGHTS AND ADVOCACY
- NEWSROOM

PSYHUB:
PsyHub is our private access Engagement Management Portal system (Members, Jurisdictions, Liaisons).

ASPPB | PsyHub

Welcome to ASPPB's PsyHub

The hub is designed to be a one-stop shop for resources, billing, events, and discussion boards. Access is limited to our member boards/colleges, individual members, liaisons, and volunteers. To request access, please use the contact us form below.

Login here

Collaborate

…ASPPB will become a more informed, sought, uniting, and effective apparatus for its members…

Activities Underway That Touch This Area

- New Task Force activities in 2025
  - Bylaws Revision Task Force
  - EPPP Collaborative Task Force

- Various town halls to occur in 2025

- Jurisdictional visits

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ASPPB Bringing the Voice of the Regulatory Community to Conversations

Protect

…ASPPB will become a more impactful force for members, for the public its members protect, and where appropriate with the profession on whose integrity and trust that the public relies.

- Involvement with various entities, such as:
  - American Psychological Association and various Divisions
  - Canadian Psychological Association
  - Counsel of Counseling Psychology Training Programs
  - Canadian Council of Professional Psychology Programs
  - Council of University Directors of Clinical Psychology
  - Association of Psychology Postdoctoral &Internship Centers
  - National Council of Schools & Programs of Professional Psychology
  - American Board of Professional Psychology
  - Department of Veteran Affairs
  - National Register of Health Service Psychologists

- In partnership with our Members

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Perpetuate

…ASPPB will become a more functional environment and ensure the optimal stewardship of the three outward-facing initiatives previously described.

Responsible Governance Activities Underway

- Articles of Incorporation (2011)

- Bylaws (2013)

- Development of a Membership Policies and Procedures Manual

Redesigned Track System for ASPPB Board of Directors

- 1st year Member at Large: Mobility Track

- 2nd year Member at Large: Exams Track

- 3rd year Member at Large: Education and Training Track

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ASPPB Strategic Plan

strategicplan@asppb.org

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Brief Overview of RxP

Joseph E. Comaty, MS, PhD, MSCP, MP, ABSMIP

Clinical & Medical Psychologist

Fellow – APA Division 55 (Society for Prescribing Psychology)

Chair – PEP EDC

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Disclaimers

The speaker has no conflicts of interest to report.

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Brief Hx of the Evolution of RxP Nationally

- 1984 – Call to action by Daniel K. Inouye
- 1994 – DoD demonstration project: 10 military psychologists trained; Military RxP
- 1999 – Guam
- 2002 – New Mexico
- 2004 – Louisiana: First civilian Rx by the late Dr. John Bolter
- 2000's – US Public Health Service
- 2009 – LA MPs: Transfer regulation from LSBEP to LSBME

- 2010's – Indian Health Service; Indiana (only for DoD trained prescribers)
- 2014 – Illinois
- 2016 – Iowa
- 2017 – Idaho
- 2023 – Colorado
- 2024 - Utah

Variation in Scope of Practice / Regulation

- Populations
- Formulary
- Opiates / SUD Tx
- Level of independence

- Psychology board vs. Medical board regulation
  - Medical board involvement
- Supervision
- Working with non-physician providers

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APA Designated Training Programs

- Alliant
- FDU
- NMSU
- Chicago School
- Drake
- Idaho State University
- CSU (not yet designated)

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Regulatory Variation

- 2 Seats for RxP Psychologists on Board
  - RxP Application Committee: Physician, NP, PA
  - Peer Review: Physician, NP, PA, Pharmacist
  - Joint board complaint committee

- Regulated by Medical Board for both Rx and Psychology Practice
  - MPAC – 1 physician; 4 MPs

- 2 Seats for PPs; 2 Seats for physicians on Board

- Consultation with Board of Medicine on all rules
  - BH Board w/ psychology advisory committee

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Regulatory Variation - Continued

- Advisory board: 2 physicians, pharmacist, 2 psychologists

- Peer review-approved by Medical Board w/ physician, NP, PA, pharmacist; complaints reviewed by Medical Board that makes recs to Psychology Board for sanction

Current Status of RxP Movement

- AZ, FL, HI, WA – bills on hiatus; could resume in 2026
- TN , OK, NY, VT - currently have bills in legislature
- TX – bill filed in March
- VA – bill to create a RxP study group signed by Governor
- NE, NJ, PA - in process

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My Objective

To illustrate the distinct role of the regulator in scope of practice expansion initiatives

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39% of the Canadian Population Live in **Ontario**

https://commons.wikimedia.org/w/index.php?curid=95179594

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Association Serves as the Advocate for Profession

→

Provincial Government Receives Request

Requests Information from the Regulator

→

The Regulator Receives Request for Information

Regulator Works Collaboratively with the Government & Association

If successful, **Bureaucratic** Arm to Move Proposal to **Political** Arm of Government

Political Arm of Government Makes the Decision to Request the College to **draft Regulations**

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Technical Considerations for Regulators

- Formulary? Limitations on certain medications?

- Clinical indications(s) of medications – What are you treating?

- Route(s) of Administration?

- Assessment measures for safe prescribing and monitoring
  - Are these controlled acts?
    - Toxicology, Pregnancy, Medication-Level, Organ Functioning, QTc Prolongation, etc.

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Ecosystem Considerations

- On specific populations

- On the service recipient's experience

- On the profession and activities to ensure practice readiness

- On the healthcare system

- On the costs and savings to service recipients, providers, and the system

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Jurisdictional Benchmarking Relying on Good Friends

Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES
FEBRUARY 2019

AMERICAN PSYCHOLOGICAL ASSOCIATION

Content Area Title

Content Area Title
Integrating Clinical Psychopharmacology with the Practice of Psychology
Neuroscience
Nervous System Pathology
Physiology and Pathophysiology
Biopsychosocial and Pharmacologic Assessment and Monitoring
Differential Diagnosis
Pharmacology
Clinical Psychopharmacology
Research
Professional, Legal, Ethical, and Interprofessional Issues

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PEP

Candidate Handbook
Psychopharmacology Examination for Psychologists

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Alignment with Government Strategy

Risk Mitigation

- Legal risks

- Safety and public protection risks

- Opposition to the scope change by others

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Implementation, Quality & Safety Considerations

- Preparing for implementation…never too early to plan

- Continuous professional development

- Medication diversion prevention

- Serious adverse reactions and death review

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What's the Role of the Regulator

- Focus on the public interest

- Not an advocate for the profession

- Respond to the government for information

- Focus on quality care and patient safety

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What's Next?

- Wait and watch...ready to respond to government

- Budget for RxP project management

- Continue to stay attuned to political and social trends that impact regulation

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References

Hughes, P. M., Niznik, J. D., McGrath, R. E., Tak, C. R., Christian, R. B., Sleath, B. L., & Thomas, K. C. (2024a). Assessing the safety and efficacy of prescribing psychologists in New Mexico and Louisiana. *American Psychologist. Advance online publication*. https://dx.doi.org/10.1037/amp0001373

Hughes, P. M., Niznik, J. D., McGrath, R. E., Tak, C. R., Christian, R. B., Sleath, B. L., & Thomas, K. C. (2024b). Demographics and clinical characteristics of patients of prescribing psychologists, psychiatrists, and primary care physicians. *American Psychologist. Advance online publication.* https://dx.doi.org:10.1037/amp0001352

Hughes, P. M., Phillips, D. C., McGrath, R. E. & Thomas, K. C. (2023). Examining psychologist prescriptive authority as a cost-effective strategy for reducing suicide rates. *Professional Psychology: Research and Practice*, *54*(4), 284–294. https://doi.org/10.1037/pro0000519

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The Road to RxP

Dawn Cureton

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Session 5. RxP Panel

Louisiana's Model: Dual Regulation

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Louisiana's Current Regulatory Framework

- The Psychology Board sets standards, issues licenses to practice psychology, and regulates the practice of psychology pursuant to LA 37:2351 *et al.*

- The Medical Board sets standards, issues licenses to practice medical psychology, and regulates the practice of medical psychology pursuant to LA R.S 37:1360 *et al.*

PSYCHOLOGY BOARD

Processes all applications to practice psychology pursuant to LA 37:2351 *et al.*

MEDICAL BOARD

Requires Louisiana Psychology License before a person can apply to practice medical psychology pursuant to LA 37:1360.55.

Perspective on current model

LSBME does not have appointed board members possessing the professional knowledge, skill, education or access to the national examination.

- Reliance on the Psychology Board to vet initial qualifications in Louisiana.
- Reliance on the Medical Psychology Advisory Committee to the Medical Board for proper investigation and discipline of the practice of psychology by MPs and their supervisees.

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A Simple Regulatory Model

...OR IS IT?

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Regulatory Challenge #1: JURISDICTION

Act 251 of the 2009 Regular Legislation Session:

- Transferred the regulation of MPs from the Psychology Board to the Medical Board.

- Defines "Medical psychology" and states in part that "...the practice of medical psychology includes those practices defined in R.S. 37:2352."

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Who has Jurisdiction?

Attorney General Opinion 09-0221 (12-3-2010):

transferred the practice of medical psychology **AND** the practice of psychology to the jurisdiction of the Medical Board;

- MP may retain dual licensure, but...
  - Act is "silent" regarding jurisdiction;
  - "it appears that both boards retain jurisdiction over their respective licenses."

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2024 Revision to Medical Psychologist Qualifications

§1360.55.C. Qualifications of applicants

Any medical psychologist who obtains a medical psychology license pursuant to this Section shall be exclusively licensed and regulated by the board and <u>shall not be required to maintain a license to practice psychology issued by the Louisiana Board of Examiners of Psychologists for any purpose,</u> including renewal of the medical psychology license or to receive a certificate of advanced practice in accordance with R.S. 37:1360.57. The provisions of this Subsection <u>shall not</u> be construed as <u>prohibiting an individual from choosing to maintain dual licensure as both a medical psychologist and a psychologist.</u> In the event that an individual chooses to maintain dual licensure as both a medical psychologist and a psychologist, <u>that individual will be licensed and regulated as a medical psychologist by the board and will be licensed and regulated as a psychologist by the Louisiana Board of Examiners of Psychologists.</u>

- Acts 2009, No. 251, §11, eff. July 1, 2009; Acts 2024, No. 731, §1.

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LSBEP's Approach to Managing Jurisdiction

APPLICATIONS:

- Psychology Board issues licenses, retains the license file of their psychology applicants and sends a license verification to Medical Board

OVERLAPPING SCOPE:

- Board Opinions
- Rule/Law Making: Impacts on Medical Psychologists must always be a consideration to balance statutory obligations against ethical and fiduciary duties of the LSBEP.

COMPLAINTS:

- Interagency Memorandum of Understanding

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Regulatory Challenge #2: LEADERSHIP

- Act 251 created a Medical Psychology Advisory Committee (MPAC) within the Medical Board.

- AG Opinion 09-0221 opined that MPs are not required to retain their Psychology License to practice psychology as a MP.

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Impacts on Leadership 2009-10

BOARD COMPOSITION: 4 MPs; 1 MP in training

- 1 MP term ended
- 1 MP resigned and allowed license to lapse to serve the Medical Psychology Advisory Committee
- 1 MP resigned and allowed license to lapse

PSYCHOLOGICAL ASSOCIATION EXECUTIVE LEADERSHIP: All MPs

LOUISIANA ASSOCIATION OF MEDICAL PSYCHOLOGISTS: All MP's

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Current Leadership 2025-26

Licensed Psychologists took an active role in replacing association leadership and board members.

BOARD COMPOSITION: 5 Licensed Psychologist
- 1 is also a Medical Psychologist.
- 1 Public Member (vacant)

PSYCHOLOGICAL ASSOCIATION LEADERSHIP: Combination of LP's and MP's

LOUISIANA ASSOCIATION OF MEDICAL PSYCHOLOGISTS: Only MP's

Mitigating Loss of Income

Why would a MP opt to keep their Psychology License?

- Property Right (not easily taken away)
- Job requirements/Hospital privileges
- Credentialing and reimbursement for insurance claims
- Professional identity
- Supervision and training

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Regulatory Challenge #4: MOBILITY

Is training that occurs under the supervision of a Medical Psychologist equivalent to that of supervision occurring under a Licensed Psychologist?

Is mobility under PSYPACT impacted?

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Regulatory Challenge #5: REGULATING SUPERVISION

LSBEP must navigate its fiduciary duty to the public, authority, liability, and impacts on applicants, candidates and Medical Psychologists when preauthorizing or accepting supervision under a jurisdiction that is not a psychology board.

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AREAS OF SUPERVISION

Chapter 1. Provisional License
        §102.A.5 has completed a minimum of one year of experience practicing psychology under the supervision of a licensed psychologist or medical psychologist…

Chapter 7. Supervised Practice
        §701.A. minimal standards for supervised practice and establishes the legal, administrative and professional responsibility of the licensed psychologist or medical psychologist...

Chapter 36. Supervision (LSSP's generally)
        §3601.A. Supervision of LSSP's by medical psychologist

RS 37:2356.4 Licensed Psychological Associate
        Provides for supervision by a licensed psychologist or medical psychologist

Chapter 11. Supervision of Assistants to Psychologists

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Considerations in Dual Regulation of Supervision

- What ethical and regulatory standards apply to Medical Psychologists?
- What authority does LSBEP have to address improper supervision?
- Who handles complaints?
- Can LSBEP preapprove Supervised Practice Plans between a Medical Psychologist and a trainee?
- Can LSBEP issue Provisional Licenses to individuals supervised by those not licensed by LSBEP?

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LSBEP's Approach to Supervision

Board Opinion 012 (Rev. 5/13/2011):

- intent to accept supervised practice that occurred under an MP, in the same manner as though the supervision occurred by another psychology board in the U.S., Canada, or other foreign territory

- authority to investigate complaints against applicants and candidates. However, action against the individual responsible is subject to the jurisdiction of the Board of Medical Examiners.

REGULATING SUPERVISION

In November 12, 2021, following guidance from General Counsel, LSBEP determined that it would no longer **_pre-approve_** supervision conducted by MPs who are not licensed with LSBEP.

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LSBEP's most recent attempt to address Supervision:

- Designation of Qualified Supervisor for Medical Psychologists for Licensed Psychological Associate:

  - Application and Fees
  - Vet Disciplinary History
  - Agree to comply with laws and rules governing supervision set forth by LSBEP
  - Designation subject to termination and reported to Medical Board

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Prescription Privileges for Psychologists - Some Pros and Cons
Susan Kotler-Cope, M.A. ●Louisiana State University

Over the past ten years, there has been considerable debate about whether or not professional psychologists should obtain the privilege of prescribing psychotropic medications

their clients' best interests. Some psychologists have been sued for negligence when they failed to prescribe medications. Referring clients to providers who can prescribe medications but who may have little understanding of psychopathology may result in less effective treatment. This

Eighth, an increase in the number of health care plans or other third-party payers that no longer reimburse services provided by psychologists should also be of sufficient concern to

A bit of history to close…

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The Current Landscape of Ethics Codes and Codes of Conduct

Janel Gauthier, PhD

Linda Campbell, PhD and Lindsay Childress-Beatty, JD, PhD, CAE

Alex Siegel, JD, PhD

Moderator: Cindy Olvey, PsyD

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Learning objectives

As a result of attending this presentation, participants will be able to:

1) Understand how ethical principles, values, and standards are articulated in the *Canadian Code of Ethics for Psychologists*

2) Identify the major changes in the *Fourth Edition* of the *Canadian Code*

3) Appreciate the contributions of the *Fourth Edition* of the *Canadian Code* to the advancement of ethics and professional practice in psychology

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Structure of the *Canadian Code*

- The *Canadian Code* includes a preamble followed by four sections.
- Each section relates to one of the four ethical principles of the *Code*:
    - Principle I: Respect for the Dignity of Persons and Peoples
    - Principle II: Responsible Caring
    - Principle III: Integrity in Relationships
    - Principle IV: Responsibility to Society
- Each principle section begins with a statement of those values that are included in and give definition to the principle.
- Each values statement is then followed by a list of ethical standards that illustrate the application of the specific principle and values to the activities of psychologists.

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Canadian Code: Ethical principles and related values

Respect for the Dignity of Persons and Peoples	Responsible Caring	Integrity in Relationships	Responsibility to Society
VALUES	**VALUES**	**VALUES**	**VALUES**
• General respect • General rights • Non-discrimination • Fair treatment/due process • Informed consent • Freedom of consent • Protections for vulnerable individuals and groups • Privacy • Confidentiality • Extended responsibility	• General caring • Competence and self-knowledge • Risk/benefit analysis • Maximize benefit • Minimize harm • Offset/correct harm • Extended responsibility	• Accuracy/honesty • Objectivity/lack of bias • Straightforwardness/openness • Avoidance of incomplete disclosure and deception • Avoidance of conflict of interest • Reliance on the discipline • Extended responsibility	• Development of knowledge • Beneficial activities • Respect for society • Development of society • Extended responsibility

Linking standards to values and values to principles

ETHICAL PRINCIPLES

⬇

ETHICAL VALUES

⬇

ETHICAL STANDARDS

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Linking standards to a moral framework: Examples

- <u>National</u>: Argentina, Canada, Guatemala, Ireland, Mexico, New Zealand, Philippines, United Kingdom
- <u>Regional</u>:
  - *Etiske Prinsipper for Nordiske Psykologer* (1988, 1998)
  - *Meta-Code of Ethics* of the European Federation of Psychologists' Associations (1995, 2005)
  - *Protocolo de Acuerdo Marco de Principios Éticos para el Ejercicio Profesional de los Psicólogos en el Mercosur y Paises Asociados* (1997)
- <u>International</u>: *Universal Declaration of Ethical Principles for Psychologists* (2008)

Canadian Code: Editions and revisions

- Canada has had its own code of ethics since 1986

- Revised in 1991, 2000, and 2017

- Each revision of the *Code* has been preceded by a review that has included:
  - A review of all comments, / inquiries /literature on the *Code* since the previous edition
  - A review of international and interdisciplinary ethics literature since the previous edition, with identification of new issues, areas of activities, and events related to ethics
  - Multiple rounds of consultations with various stakeholders

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Canadian Code: 2017 revision

The review process for the 2017 revision yielded strong endorsement by Canadian psychologists of:

- Its emphasis on ethical decision making

- The aspirational components of the *Code*

- The four ethical principles and the organization of the *Code* around the four principles

- The ordering of the principles

These have all been preserved in the *Fourth Edition*

[…]

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Canadian Code: 2017 revision (cont'd)

However, the review process for the 2017 revision also identified <u>five core areas</u> that needed to be clarified, updated, enhanced, or added:

a) New ideas regarding ethical decision making & education and training in ethics

b) Rapid growth in the development and use of electronic and digital technologies

c) Fast increase in collaborative/interdisciplinary relationships and approaches

d) Need for more guidance in sorting out responsibilities to different parties when third parties are involved

e) Demand for more guidance attention to cultural diversity and the impact of globalization

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Ethical decision making and education & training

In response to the core area of ethical decision making & education and training in ethics:

a) More emphasis has been added in the ethical decision-making steps on the need for consideration of context, including personal and cultural context

b) More emphasis has been placed on personal character in ensuring ethical behaviour

   For example, individual psychologists are now explicitly required to engage in ongoing development and maintenance of their ethical sensitivity and commitment, ethical knowledge, and ethical decision-making skills

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Electronic and digital technologies

In response to the core area of electronic and digital technologies:

a) A statement was added to the introduction clarifying that the ethical principles and values apply regardless of the modality of activity, including use of electronic/digital technologies

b) Reference to electronic/digital technologies has been added to the examples throughout the *Code* (the 2000 *Code* contained no such examples)

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Collaborative/interdisciplinary activities

In response to the core area of collaborative/interdisciplinary relationships and approaches:

The words "collaborate," "interdisciplinary," and "team" have been incorporated into all sections of the *Code* (Definitions, Values Statements, Ethical Standards), with an emphasis on responsibilities to clients, research participants, and those with whom psychologists collaborate (these words now appear a total of 36 times – they appeared a total of only three times in the 2000 *Code*)

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Sorting out responsibilities to different parties

In response to the core area of sorting out responsibilities to different parties when third parties are involved:

a) Addition/changes have been made to definitions of different types of clients, including "primary client," "contract examinee," "retaining party," and differential use of these terms in the *Code*

b) More differentiation has been made between "interests" and "best interests," including adding a definition of "best interests"

c) Greater emphasis has been made on the need to "balance the potential harms and benefits" and to take into account the "degree and moral legitimacy of conflicting interests."

Cultural diversity and globalization

In response to the core area of cultural diversity and the impact of globalization:

a) In line with CPA's endorsement of the *Universal Declaration of Ethical Principles for Psychologists* in 2008, the name of Principles I in the *Code* has been changed to "Respect for the Dignity of Persons and Peoples" and the term "peoples" has been added throughout the *Code*

b) References to "culture" have been increased throughout the *Code* (doubling the number of times it was used in the 2000 *Code*)

c) Principle II regarding boundaries as they relate to cultural context has been clarified, including the idea that multiple relationships can sometimes beneficial in such contexts.

Examples of other changes in the *Fourth Edition*

The *Fourth Edition* of the *Code* also contains many other changes, including:

a) Change of the phrase "serious physical harm or death" to "imminent serious bodily harm" in response to changes in thinking and laws regarding harm and end-of-life decision making, and in line with the way other major psychology ethics codes are dealing with the topic)

b) Changes to the first Ethical Standard under the Principle II value of *Maximize benefit*, that increase the *Code*'s emphasis on the importance of psychological services being based on the best available evidence.

c) Additional definitions of several terms (e.g., best available evidence, community, discipline of psychology, just laws, persons, peoples, society)

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Several CPA ethics documents/guidelines have been revised/updated to reflect the changes in the *Fourth Edition* of the *Canadian Code*

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Companion Manual to the Canadian Code of Ethics for Psychologists

- Numerous additions to the Running Commentary that runs alongside the 4th edition of the *Code*

- Re-write of chapter "Use of Code in Ethical Decision Making" to reflect more recent literature on ethical decision making and changes in the ethical decision-making steps outlined in the *Code*

- Addition of 25 vignettes to Chapter 6 to include the kind of ethical dilemmas that can occur related to cultural diversity/globalization, use of electronic/digital technologies, interdisciplinary relationships and involvement of third parties

- Update of Chapter 8, "Selected Bibliography" to include literature between 2000 and 2017

- Changes to Chapter 9, "Related CPA Guidelines and Documents" to include updated versions of the guidelines and documents

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CPA's web-based ethics course

- CPA's online course "Being an Ethical Psychologist" is delivered in partnership with Captus Press

- It contains seven Units:
  - One unit for the history and purposes of codes of ethics (Unit 1)
  - One unit for the orientation to *Canadian Code* (Unit 2)
  - One unit for each of the four ethical principles (Units 3-6)
  - One unit for ethical decision making (Unit 7)

- First introduced in 2005, it was based on the 3rd edition of the *Code*

- All quotes, numbering of standards, case studies, and module on ethical decision making have been updated with new voice-over

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Other updated/revised CPA ethics documents

Other CPA ethics documents updated/revised to reflect the changes in the *Fourth Edition* of the *Code* include:

- the *Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration and* its companion document *Resource Guide for Psychologists: Ethical Supervision in Teaching, Research, Practice, and Administration*

- the *Guidelines for Non-Discriminatory Practice*

- the *Practice Guidelines for Providers of Psychological Services*

- the *Guidelines for Ethical Psychological Practice with Women*

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Closing remarks

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Thank you
for
your attention!

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Learning Objective

Explain three new Principles or Standards sections of the draft new APA Ethics Code and three ethical topics included in the new draft that are not in the current code.

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Based on an Environmental Scan, Call For Nominations Emphasized the Importance of:

A **more collectivist approach** that considers contextual, cultural, family and societal factors

A **clear social justice and human rights emphasis**

Guidance for the **broad range of work setting** expectations

Internationalization of psychology and increasing **globalization**

Ongoing advances in **technology**

Changes in **diversity** of the US population

Impact of **sociohistorical context/culture** on meaning and implementation of ethics

Consultation with 10-12 subject matter experts within the APA organizational structure

Equitable virtual discussions with representatives from APA boards, committees, divisions, SPTAs, EPAs, ASPPB

APA Division Board meetings and member meetings (as requested) and Electronic newsletters, such as the APA Division Digest and APA Member Update

Presentations at various meetings including with the International Community

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Components of the Current Draft Code

FOUR SECTIONS:

1. Introduction

2. Eight Principles

3. Explanation of the Relationship Between the Principles to the Standard Sections

4. Ten Standard Sections (Six general for all psychologists and 4 specific to activities)

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Principles In Revised Draft

Beneficence	Nonmaleficence	Human and Civil Rights	Integrity and Trustworthiness
Recognition of Social Systems and the Natural Environment	Respect for Persons and Peoples*	Scientific Mindedness	Justice and Social Justice

Revised after an initial draft was distributed to APA Boards and Committees, Divisions, SPTAs, EPAs, and ASPPB as well as comments from the APA Ethics Committee.

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Broad Focus of the New Draft

Wide variety of roles and responsibilities of psychologists

Work with individuals, groups, organizations, communities, and systems

Scientific and technological advances

Growth in psychology as a field

Importance of diversity and culture and social justice

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New Definitions

- Clients/patients, Recipients, Third-party Clients
- Multiple Roles, Multiple Relationships, Multiple Parties
- Psychological Services
- Sexual Conduct and Sexualized Relationships

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Telepsychology Issues Include
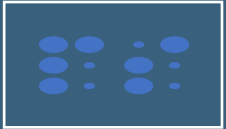
Diversity variables in deciding if technology is the best modality for the client and not chosen for the convenience or preference of the therapist

Psychologists understand who has access to personal information transmitted, retained, and stored through use of mobile apps and other digital therapeutics and to inform their clients of the risks

Does the client have access to the hardware as well as the competence to engage electronically

Social Media

- Clear distinctions between personal and professional communications when using social media

- Consideration of the professional impact posts could have on clients

- Social media communication with past or current clients should not blur boundaries

- Accurately represent professional information in online forums

- When using Social Media, think about these terms and their differences: Confidentiality, Privacy, Professional, Personal
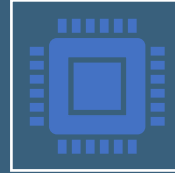
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Artificial Intelligence Issues Include

- **When artificial intelligence is used in a manuscript or presentation, the use is disclosed and cited (where and how much of content is AI)**

- **AI cannot be cited as an author**

- **Confidentiality and Privacy – know where the data are going**

- **Interdisciplinary Competence**

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Public Comment Review

- Over 2650 comments on specific principles, standards, or general comments related to the draft received

- ASPPB was one of 66 groups that commented along with individuals

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ECTF Review Process

COMPLETION OF FINAL DRAFTS OF SECTIONS → SHARED WITH ETHICS COMMITTEE ON ROLLING BASIS → REVISED BASED ON ETHICS COMMITTEE COMMENTS → DRAFT OF COMPLETE ETHICS CODE TO OGC → REVIEW AND REVISE BASED ON OGC COMMENTS → 90-DAY PUBLIC COMMENT PERIOD

Review and Revise based on Public Comment → Ethics Committee and OGC Review and any additional revisions → Possible additional Public Comment period(s)

FINAL VERSION TO ETHICS COMMITTEE → ETHICS COMMITTEE RECOMMENDS APA BOARD AND COUNCIL ADOPT

Important Links

- Information related to the ECTF can be found at https://www.apa.org/ethics/task-force

- APA Ethics Code: www.apa.org/ethics/code

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Members of MARC (Model Act and Regulations Committee) from 2022 to 2025

- Joseph Comaty LA/IL
- Ron Ross OH
- Jamie Hoyle VA
- Sarah Ledgerwood MO
- Rick Morris ON
- Darrel Spinks TX

- Gordon Butler NS
- Joseph Stewart AZ
- Hugh Moore TN
- Stacy Waldron NE
- Jennifer Vetter ASPPB
- Janet Orwig ASPPB

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Purpose and Scope for the ASPPB Code of Conduct

Purpose. The rules within this Code of Conduct constitute the standards by which the required professional conduct of a psychologist or psychological associate is measured. The term "psychologist," as used within this code, shall be interpreted to mean any psychologist, psychological associate, or applicant for licensure.

Scope. The psychologist or psychological associate shall be governed by this code of conduct whenever providing psychological services in any context. This code shall not supersede state, federal or provincial statutes. This code shall apply to the conduct of all licensees and applicants, including the applicant's conduct during the period of education, training, and employment which is required for licensure.

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Introduction

- **RESPONSIBILITY FOR OWN ACTIONS.** The psychologist shall be responsible for their own professional decisions and professional actions.

- **VIOLATIONS.** A violation of this code of conduct constitutes unprofessional conduct and is sufficient grounds for disciplinary action or denial of licensure or reinstatement of licensure.

- **AIDS TO INTERPRETATION.** Ethics codes and standards for providers promulgated by the American Psychological Association, the Canadian Psychological Association, and other relevant professional groups shall be used as aids in resolving ambiguities which may arise in the interpretation of this code of conduct, except that this code of conduct shall prevail whenever any conflict exists between this code and any other professional ethics codes, guidelines, and standards.

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Standards

RULES OF CONDUCT

1.COMPETENCE

1. **LIMITS ON PRACTICE.** The psychologist shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training, and experience.

2. **MAINTAINING COMPETENCY.** The psychologist shall maintain current competency in the areas in which they practice, through continuing professional development, consultation, and/or other procedures, in conformance with current standards of scientific and professional knowledge and the rules and regulations of the board.

3. **ACCURATE REPRESENTATION.** A licensee shall accurately represent their areas of competence, education, training, experience, and professional affiliations to the board, employers, contractors, the public, and colleagues.

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Rule of Conduct

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4. ADDING NEW SERVICES AND TECHNIQUES. The psychologist, when developing competency in a service or technique that is either new to the psychologist or new to the profession, shall seek appropriate education and training in the new area and engage in ongoing consultation with other psychologists or relevant professionals until such time that competence is established. The psychologist shall inform clients of the innovative freedom of choice concerning such services.

5.REFERRAL. The psychologist shall recommend or make referrals to other professional, 121 technical, or administrative resources when such referral is clearly in the best interests of 122 the client.

6.SUFFICIENT PROFESSIONAL INFORMATION. A psychologist rendering a formal professional opinion about a person shall not do so without substantial professional information and shall identify limits to the certainty of their diagnoses, opinions, or predictions.

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Sexual Relationships

a. Psychologists do not engage in sexual intimacies of any kind with current clients.

b. Psychologists do not engage in sexual intimacies of any kind with individuals they know to be close relatives of a current client or guardians of a current client or with anyone else who has a significant relationship with a current client. Psychologists also do not engage in sexual intimacies of any kind with individuals they know to be close relatives of a former clients, guardians of a former client, or anyone else who has had a significant relationship with a former client within the previous 24 months of having provided psychological services including, but not limited to performing an assessment or rendering counseling, psychotherapeutic, or other professional psychological services. Psychologists do not terminate the professional relationship to circumvent this standard.

d. Psychologists do not engage in sexual intimacies of any kind with former clients to whom the psychologist has at any time within the previous 24 months provided a psychological service including but not limited to performing an assessment or rendering counseling, psychotherapeutic, or other professional psychological services.

e. The prohibitions set out in (d) above shall not be limited to the 24-month period but shall extend indefinitely if the client is proven to be clearly vulnerable, by reason of an emotional or cognitive disorder, to exploitative influence by the psychologist.

f. Psychologists do not engage in sexual intimacies of any kind with any student, trainee, intern or resident for whom the psychologist has, or is likely to have, evaluative authority.

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Add to new Code

1.Conversion Therapy

- "Conversion therapy" means any intervention or treatment administered to a minor person that seeks to change the person's sexual orientation or gender identity, including, but not limited to, any effort to change gender expression or to eliminate or reduce sexual or romantic attraction or feelings toward persons of the same gender. "Conversion therapy" does not include counseling intended to: (A) assist a person undergoing gender transition, (B) provide acceptance, support and understanding to the person, or (C) facilitate the person's coping, social support or identity exploration and development, including, but not limited to, any therapeutic intervention that is neutral with regard to sexual orientation and seeks to prevent or address unlawful conduct or unsafe sexual practices, provided such counseling does not seek to change the person's sexual orientation or gender identity.

ASPPB
Association of State and
Provincial Psychology Boards

39th Midyear Meeting
April 24 – 27, 2025
Montreal, Quebec

2. PRESERVING HUMAN RIGHTS. The psychologist does not engage in, direct, assist or facilitate torture, which is defined as any act is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that causes harm.

ASPPB
Association of State and
Provincial Psychology Boards

ASPPB Code of Conduct (13 Pages)

- Introduction
- Definitions
- Rule of Conduct
- Multiple Relationships
- Impairment
- Welfare of the Clients
- Welfare of Supervisees, Research Participants and Students

- Protecting Confidentiality of Clients
- Representation of Services
- Fees and Statements
- Assessment Procedures
- Violations of Laws
- Aiding Unauthorized Practice
- Reporting Suspected Violations

ASPPB
Association of State and
Provincial Psychology Boards

Ethical Principles of Psychologists and Code of Conduct
(aka APA Ethics Code)

Sections:

- Introduction and Applicability

- Preamble

- General Principles

- Ethical Standards

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April 24 – 27, 2025
Montreal, Quebec

Use of Canadian Code of Ethics for Psychologists in Regulation

CPA Code Structure includes (but not limited to):

• Principles

• Value Statements

• Ethical Standards

ASPPB
Association of State and Provincial Psychology Boards

APA Ethics Code (2017)

Adopted 2002/Effective 2003

Introduction and Applicability (excerpt – Page 2):

The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the *Preamble and General Principles are not themselves enforceable rules*, they should be considered by psychologists in arriving at an ethical course of action. *The Ethical Standards set forth enforceable rules* for conduct as psychologists. *[emphasis added]*

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Draft APA Ethics Code

Principles (Page 1 excerpt)

Principles function as both the ethical foundation and ideals of the profession. They serve as moral guides that apply to our work and promote consistency across our discipline. *Although not enforceable, the principles are part of an ethical framework* that reflects psychologists' shared values and drives the profession. *[emphasis added]*

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Draft APA Ethics Code

Standards (Page 1 excerpt)

Standards are enforceable in that allegations of violations may cause cases to be opened by the APA Ethics Committee or by other institutional, governing, or regulatory bodies that choose to adopt them.

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Use of the APA Ethics Code in Regulation

- **Many Regulatory Boards in the US have adopted/referenced/codified the APA Ethics Code into laws or regulations**
  - **A few have specified only the Ethical Standards, which APA says are enforceable**
  - **Many have specified the entire APA Ethics Code, including the General Principles, etc., which APA identifies as "aspirational"**

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Montreal, Quebec

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Provincial Psychology Boards

Welcome & Thank You!

Topic

- **Summary Description: This session will address a collection of recent regulatory cases emphasizing the judiciary focus on free speech. Distinguishing speech from conduct is vital to identifying the legal issues related to legislative enactments, regulation of the professions, and the rights of practitioners and consumers. Attendee participation is encouraged.**

- ASPPB
- AAVSB
- ASWB
- ARBO
- FSBPT
- FSMTB
- ICFSEB
- FCLB
- NMTCB
- NIC
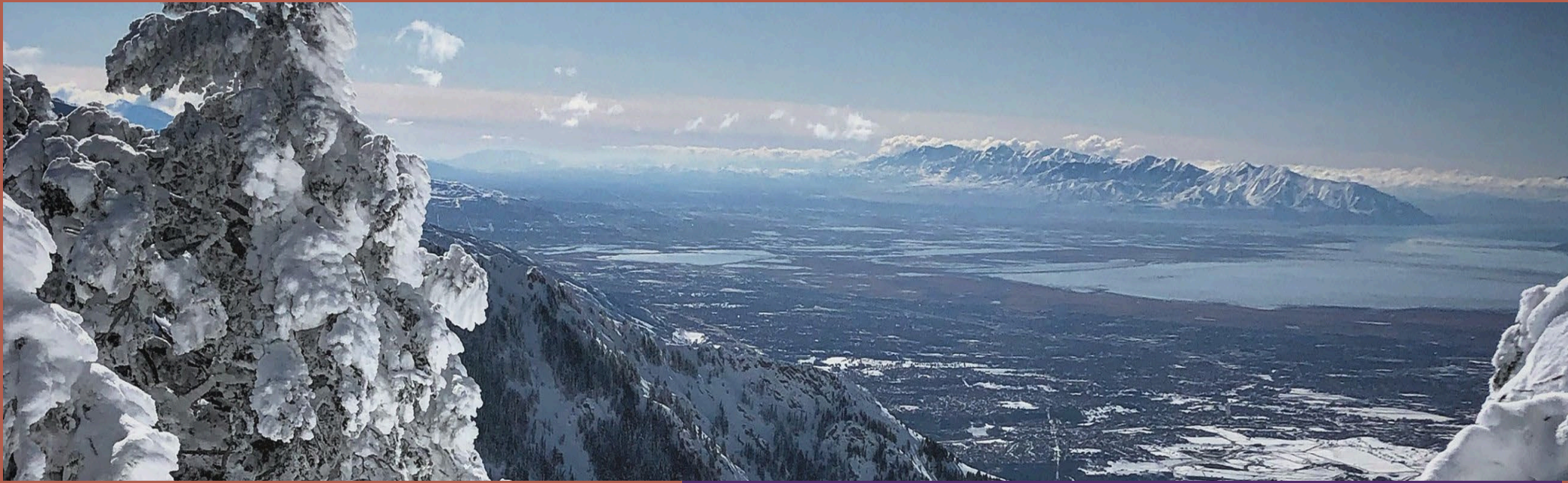
Minds Shared

THE ATKINSON FIRM
LEGAL & CONSULTING SERVICES

Dale Atkinson, Esq.

Trends....

- Board composition (less licensees, more public)

- Board governance (Departmentalized/composite/stand alone)

- Good moral character/criminal convictions

- Overlapping scopes

- Examinations

- Deregulation

Speech v Conduct….

- Canadian Charter of Rights and Freedoms

- First Amendment United States Constitution

Top Cases for 2024 & 2025 to date...

- *Alameda v. Association of Social Work Boards*

- *Richwine v. Matuszak*

- *Hines v. Pardue*

- *Peterson v. College of Psychologists of Ontario*

- *Chiles v. Salazar*

- *Cubin v. Wyoming Governor*

- *Dudley v. Boise State University*

- *Loper Bright Enterprises v. Raimondo*

- *Vanterpool v. Federation of Chiropractic Licensing Boards*

Canadian Charter of Rights and Freedom

- **Section 2(b) – Freedom of expression**

- **Provision**

- 2. Everyone has the following fundamental freedoms:

2.freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication.

First Amendment United States Constitution

- Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

Richwine v. Matuszak......

707 F. Supp. 3d (N.D. IN 2023)

- Death doula—or Death midwife, not licensed, does not claim to be a funeral director, does not claim to be exempt from licensing laws of Indiana re funeral directors

- Death Done Differently, LLC, speaks with clients about death and dying

- Plaintiff subject to a cease and desist order by IN State Board of Funeral & Cemetery Service until duly licensed

- Settlement agreement,

- Plaintiff challenged

- Preliminary injunction prohibiting enforcement granted, during pendency of litigation

Richwine v. Matuszak......

707 F. Supp. 3d (N.D. IN 2023)

UPDATE.... Subsequent Appellate History

Appeal filed (Jan. 19, 2024) (No.24-1081):

Hines v. Pardue......

117 F. 4th 769 (5th Cir. 2024)

- **Hines I**…First Amendment, Equal Protection, Due process

- Dismissed via 5th Circuit, conduct, incidental effect on speech

- **Hines II**…Plaintiff refiled, premised upon recent SCOTUS decision

- 5th Circuit remanded dismissal, First Amendment analysis and remanded back to District Court which awarded summary judgment in favor of Board

- 5th Circuit reversed finding that activity is speech and requirement of in person encounter does not survive intermediate scrutiny.

Brokamp v. James, 66 F 4th 374 (2nd Cir. 2023)
Brokamp v. District of Columbia, 2022 U.S. Dist. LEXIS 40158

- Counselor licensed in Virginia

- Clients relocated to District of Columbia and New York

- Counselor not licensed in DC or NY

- Counselor maintained professional relationship and provided services via technology

Brokamp v. James, 66 F 4th 374 (2nd Cir. 2023)
Brokamp v. District of Columbia, 2022 U.S. Dist. LEXIS 40158

- Counselor challenged the licensing requirements in D.C. and NY as unconstitutional violative of First Amendment

- New York case motion to dismiss…granted (and affirmed on appeal)

- D.C. case motion to dismiss….denied

Peterson v. College of Psychologists of Ontario, 2023 ONSC 4685

- Peterson, a prolific social media presence, accused of making public comments that "may" be "degrading, demeaning, and unprofessional."

- Complainants not patients/clients of Peterson

- College issued a non-disciplinary "statement of Concern and Remediation Plan (SCERP).

- Peterson challenged and the Superior Court affirmed.

Chiles v. Salazar, 2023 116 F. 4th 1178 (10th Cir. 2024)
cert granted 2025 U.S. 1025

- Constitutionality of Colorado law which bans conversion therapy for minors.

- District Court denied Motion for a Preliminary injunction finding law regulated conduct and only incidentally involves speech, thus rational basis test.

- 10th Circuit affirmed.

- SCOTUS granted certiorari

Cubin v. Wyoming Governor.....

2025 U.S. Dist. LEXIS 4746

- Member of WY Board of Medicine

- Also belonged to/member of trade association

- Supported proposed legislation, wrote letter to all House of Representatives

- Trade association opposed legislation

- Letter to House members called out trade association and specific members

- Governor removed Board member, conflict of interest, impartiality of Board

- Board member sued for reinstatement to Board and $$ damages**

- Motion for preliminary injunction denied

Mixing Trade & Regulation
Conflict of Interest

Dudley v. Boise State University....

2024 U.S. Dist. LEXIS 81524

- District Court granted school Motion to Dismiss

- Plaintiff argued due process, property interest. liberty interest

- Relationship between college and student is contractual and NO property interest

- No liberty interest either

Rescinded Degree

Loper Bright Enterprises v. Raimondo,
144 S. Ct 2244 (2024)

- Chevron deference case overruled (Chevron U.S.A., Inc v. Natural resources Defense Council, Inc, 467 U.S. 837, 104 S. Ct 2778 (1984))

- Federal courts not required to give deference to administrative agencies findings related to interpretation of laws

Deference to Administrative Agency

Vanterpool v. Federation of Chiropractic Licensing Boards,
Case No. 1:22-cv-01208-CNS-NRN

- Jury verdict in favor of FCLB

- No contract

- No discrimination

Federation BOD Relationship

This is what you got....

This is what you deserve….

Session Objectives

How data standardization enhances workforce planning and policy development

The role of collaborative data sharing in addressing workforce shortages and patient safety

Highlighting how better data can support advancement and advocacy for the profession

CIHI

About CIHI

CIHI

CIHI: Who we are

- Independent, not-for-profit organization

- Established in 1994

- Approximately 750 employees with offices in 4 cities

- Holds 29 pan-Canadian databases

- Our stakeholders: federal and provincial governments, health system managers and professionals, researchers, and Canadian public

CIHI: What we do

- Build quality data standards

- Collect and deliver timely, comparable and accessible data across the health continuum

- Deliver reporting tools, methods and information

- Build partnerships to provide collective expertise

Better data. Better decisions. Healthier Canadians.

CIHI

CIHI's Strategic Plan 2022 to 2027

About CIHI

- The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of people living in Canada.

- **Mandate**
  Deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care.

- **Vision**
  Better data.
  Better decisions.
  Healthier Canadians.

- **Values**
  - Inclusion
  - Integrity
  - Collaboration
  - Excellence
  - Innovation

Strategic goals

- **A comprehensive and integrated approach to Canada's health system data**
  Collaborate with partners to continuously advance the creation, validation and accessibility of health system data

- **An expanded offering of analytics, indicators and tools to support health system decision-making**
  Provide the insight needed to drive better health outcomes across Canada's health systems

- **Health information users who are better equipped and enabled to do their jobs**
  Help build users' capacity by equipping them to make the best use of data, and by convening forums where they can explore solutions together and share best practices

Health information priorities

- Children and youth
- Community and primary care
- Equity
- First Nations, Inuit and Métis communities
- Health systems and public health links
- Health workforce
- Mental health and substance use
- Seniors and aging
- Virtual care

CIHI

Our goals for 2022 to 2027

Strategic goals

- **A comprehensive and integrated approach to Canada's health system data**
  Collaborate with partners to continuously advance the creation, validation and accessibility of health system data

- **An expanded offering of analytics, indicators and tools to support health system decision-making**
  Provide the insight needed to drive better health outcomes across Canada's health systems

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CIHI

Focused on the priorities of our stakeholders

Health information priorities

- Children and youth
- Community and primary care
- Equity
- First Nations, Inuit and Métis Peoples
- Health systems and public health links

- Health workforce
- Mental health and substance use
- Seniors and aging
- Virtual care
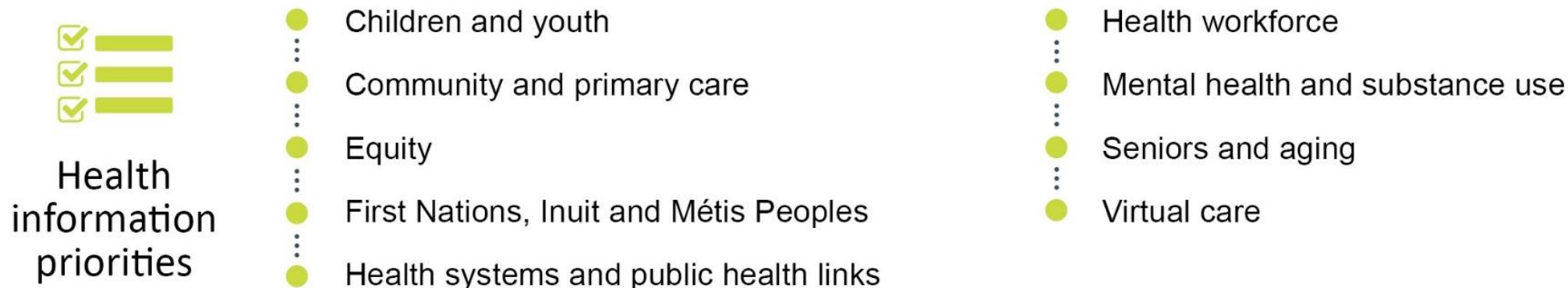
All our priorities are shaped through consultation with our stakeholders, as well as by our own assessment of health information trends, technologies and opportunities.

Half-way through our strategic plan, we will validate that these priorities remain relevant to the health system.

CIHI

Our foundational elements keep us strong!

Our foundation · Our people · Stakeholder engagement and partnerships · Privacy and security · Information technology

Our ability to reach the goals we've set in our strategic plan rests on the sustaining strength of our foundation. These are strategic assets for CIHI – all of which move forward in a constant process of challenge and improvement.

CIHI

Where does CIHI fit?

Population health		Protection and public health		Health care	
Statistics Canada		Public Health Agency of Canada and Health Canada		Canadian Institute for Health Information	Key data gaps
• Population census • Vital statistics • Health status surveys		• Infectious disease surveillance • Drugs and medical devices regulation • Food inspection		• Hospital and residential care • Spending and health workforce • Health system performance	• Care by private providers • Allied health services • Social services

Impact on Canada's health care systems
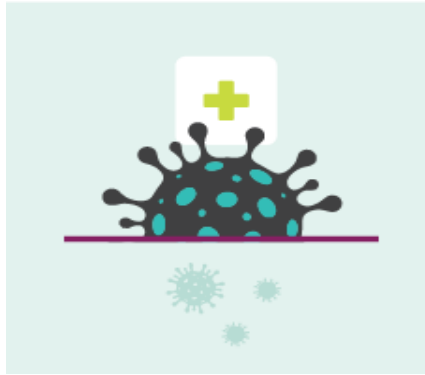
The big picture

Emergency departments

Hospital services

Physician services

Long-term care
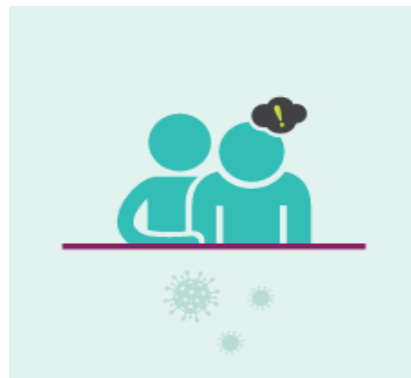
Unintended consequences
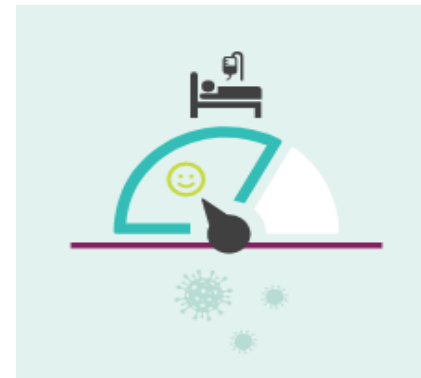
Hospital patient experience

Home care services

CIHI

. . . from many sources

Hospitals

Clinicians

Regulatory authorities and professional associations

Provinces and territories

Other organizations

Residential facilities

Regional health authorities

Analytical products

11
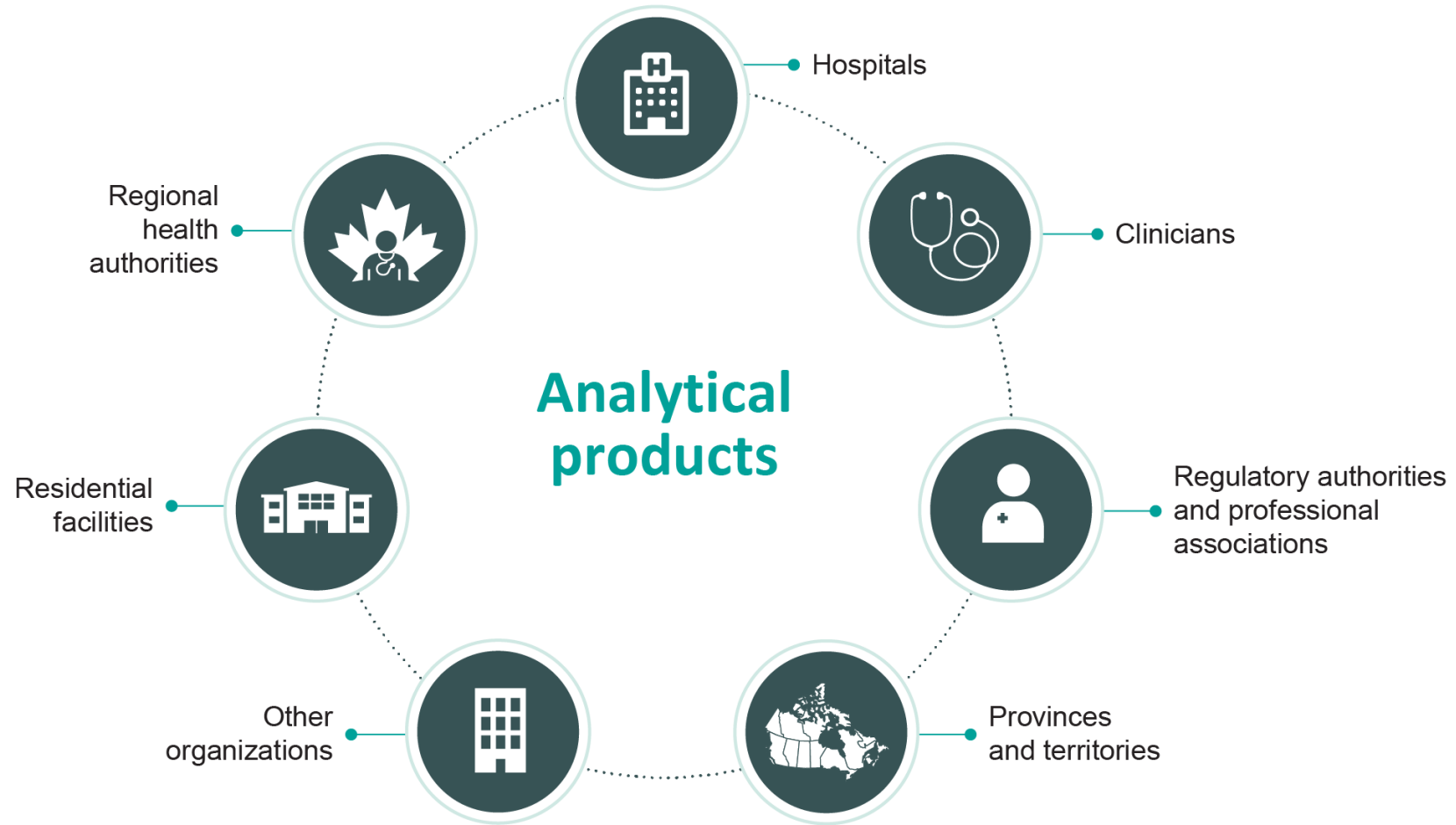
CIHI hosts extensive linkable, pan-Canadian data across the health care continuum...

Types of care

- Hospital and emergency
- Mental health
- Home care
- Long-term care
- Rehabilitation
- Pharmaceuticals
- Clinical registries: organ transplant/ renal, hip and knee replacements; trauma
- More

Patient-reported data

- Patient-reported outcome measures (PROMs)
- Patient-reported experience measures (PREMs)

Health spending

- Patient costing data
- Hospital and regional health authority financial accounts
- Physician billing
- System-wide health expenditures

Health workforce

- Physicians
- Nurses
- Occupational therapists
- Pharmacists
- Physiotherapists
- Allied health professionals
- More

29 data holdings

- 10 billion records
- 3 terabytes of unique records
- Pan-Canadian coverage

Linkable data:

- Example: POP Grouper links 8 databases, 3 provinces, over 23 million patients

HHR data at CIHI

Clinical / Hospital based

- Discharge Abstract Database (DAD)
- National Ambulatory Care Reporting System (NACRS)
- Canadian Organ Replacement Register (CORR)
- Canadian Joint Replacement Registry (CJRR)
- National Rehabilitation Reporting System (NRS)

Financial

- Canadian MIS Database (CMDB)/ Canadian Patient Costing Database (CPDB)
- National Health Expenditure Database (NHEX)

Survey

- Canadian Patient Experiences Reporting System (CPERS)
- Commonwealth Fund (CMWF)

Regulatory Colleges

- Health Workforce Database (HWDB) record level and aggregate level

Drug and Physician Billing

- National Prescription Drug Utilization Information System (NPDUIS)
- National Physician Database (NPDB)/Patient-Level Physician Billing (PLPB)

Linkable by facility number

Linkable by patient level data

Publicly accessible open data

Examples

Interactive analytical tools

Your Health System

Patient Cost Estimator
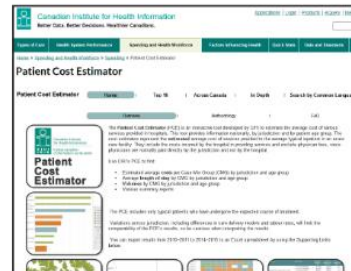
Quick Stats

Interactive data

Pre-formatted data tables

Analytical publications

National Health Expenditure Trends 2020

Annual Statistics on Organ Replacement in Canada

Dialysis, Transplantation and Donation, 2010 to 2019

CIHI

How to Access Data

Custom Aggregate Data Requests from 1 or more databases

- CIHI responds to data requests on a cost-recovery basis. To make a data request, complete the Data Inquiry Form or email help@cihi.ca

Secure Access Environment (SAE) for Record Level Data

- Cloud based environment protected by firewall

- Secure encrypted remote desktop connection and use of multi-factor authentication

- Secure storage and backup for authorized project data

- Provides authorized individuals secure and controlled remote access to:
  - ❑ customized de-identified record level data sets
  - ❑ analytical tools
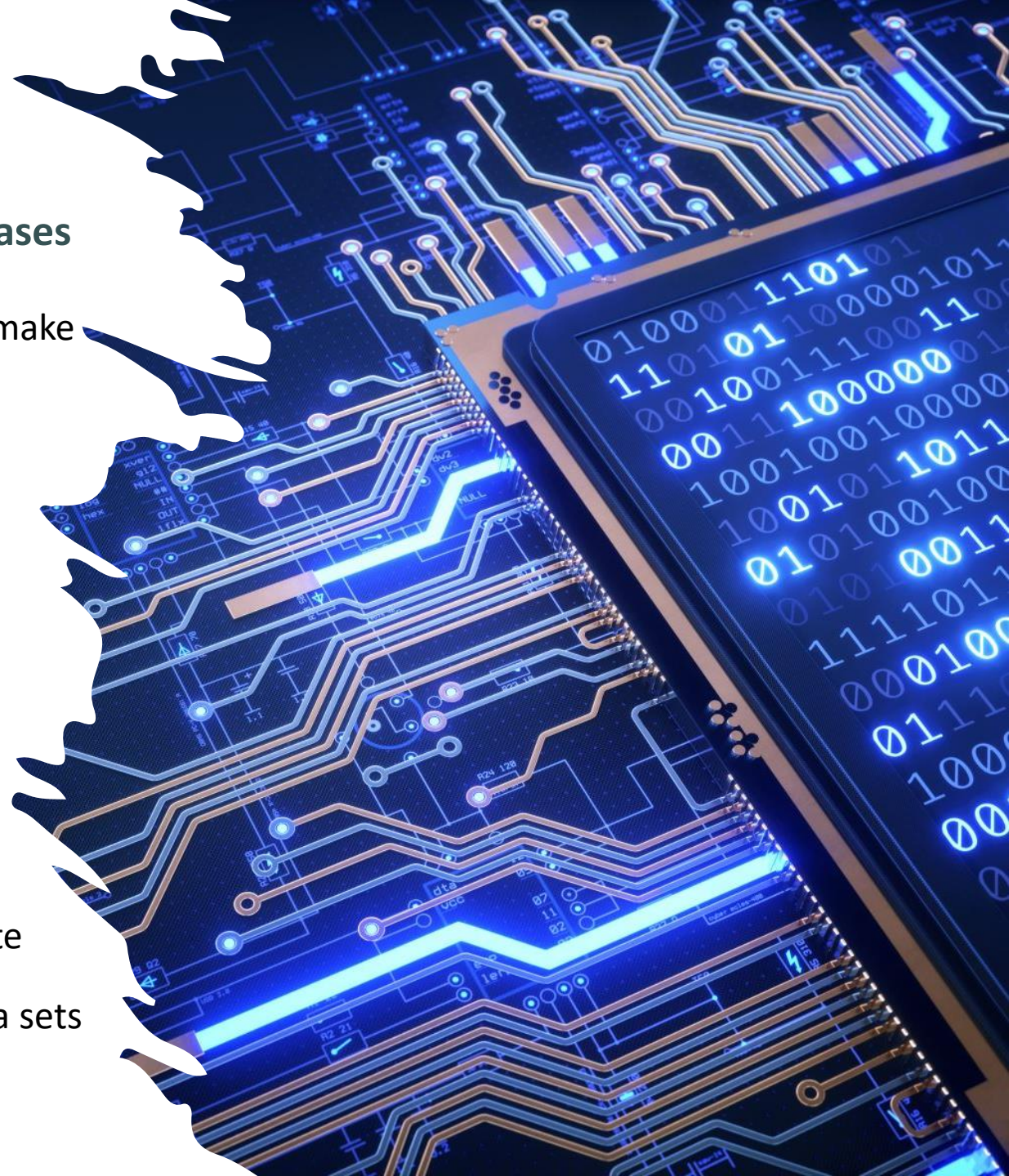
Health Workforce Information

Health human resources remains a top priority for stakeholders

Need for:

- Timely and robust data/information on supply, capacity, scopes of practice, wellness, etc.

- Integrated reporting of this information in a way that is responsive to health system needs & emerging issues

CIHI

HHR data and information system for Canada

VISION — A world-leading data driven pan Canadian HHR information system to support HHR planning and management for the future

WHO
- Government & pan-Canadian agencies
- System operators
- Clinicians, educators & researchers
- Patients & families
- Others in the community

HOW

WHAT — A modernized pan-Canadian HHR data & information system through a digital access interface
- Building capacity
- Reporting & access
- Data systems
- Methods & tools
- Data standards

IMPACT

Ultimate outcomes
- ✓ Right providers, in the right place at the right time
- ✓ Healthier health workforce
- ✓ Response to health system capacity needs
- ✓ Response to emerging health policy issues (models of care, virtual care, equity, aging, mental health, etc.)

CIHI

Multi-Year Roadmap for Transforming Health Workforce Data

1

Data Advancement

Fill priority data gaps through innovative data acquisition strategies

2

User friendly access to comprehensive data and information

Improve access to CIHI's health workforce, tools and analytics for our key stakeholders

3

Enhance health workforce data analysis, methods and tools

Support system priorities for planning and use

4

Modernize health workforce data holdings

Leverage new technology to modernize HW data systems and transition to new HW data standards

Partnerships and Ongoing Collaboration
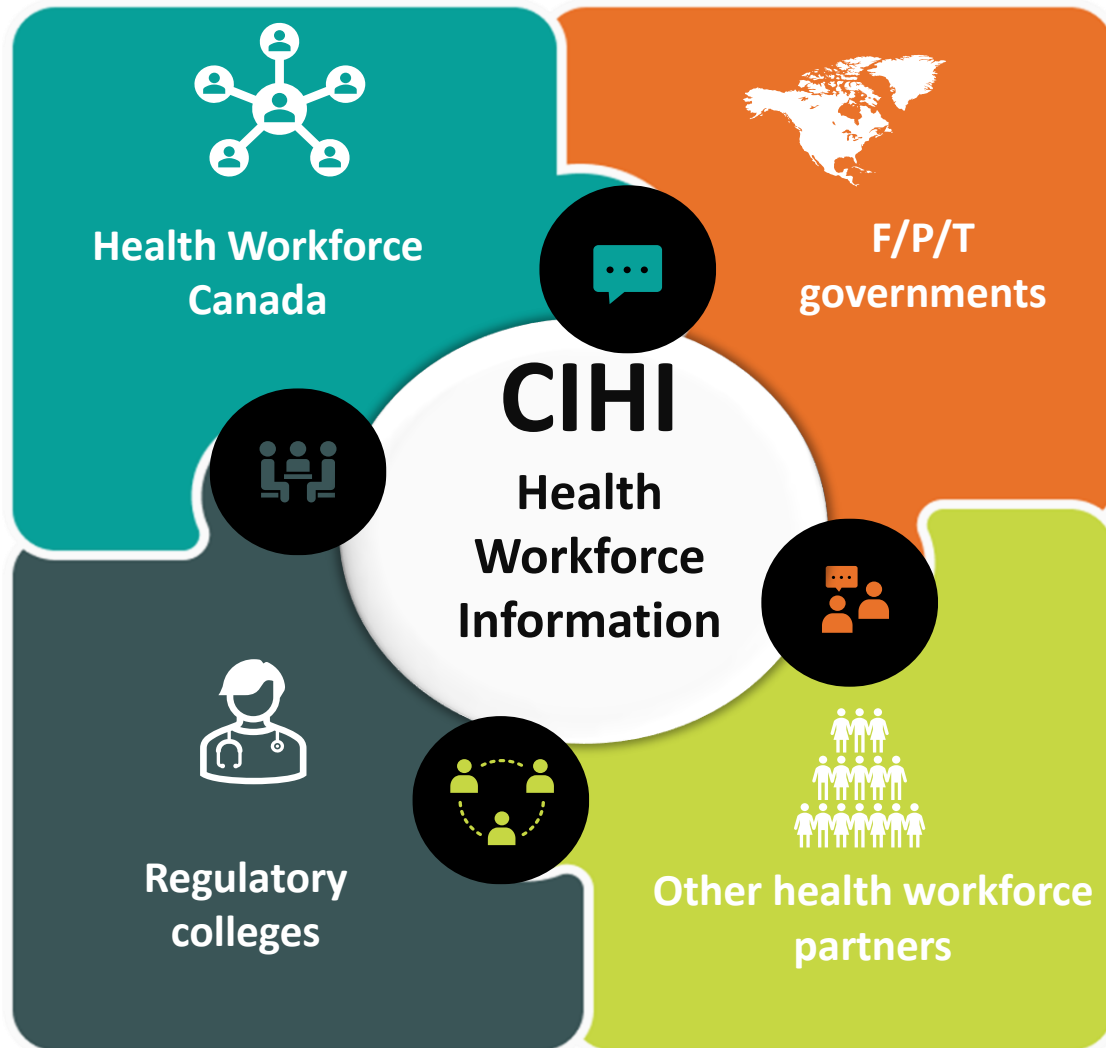
Ongoing collaboration with various partner organizations is essential to achieve a pan-Canadian Health Workforce information system to support integrated planning and management for the future

20

What do we collect?
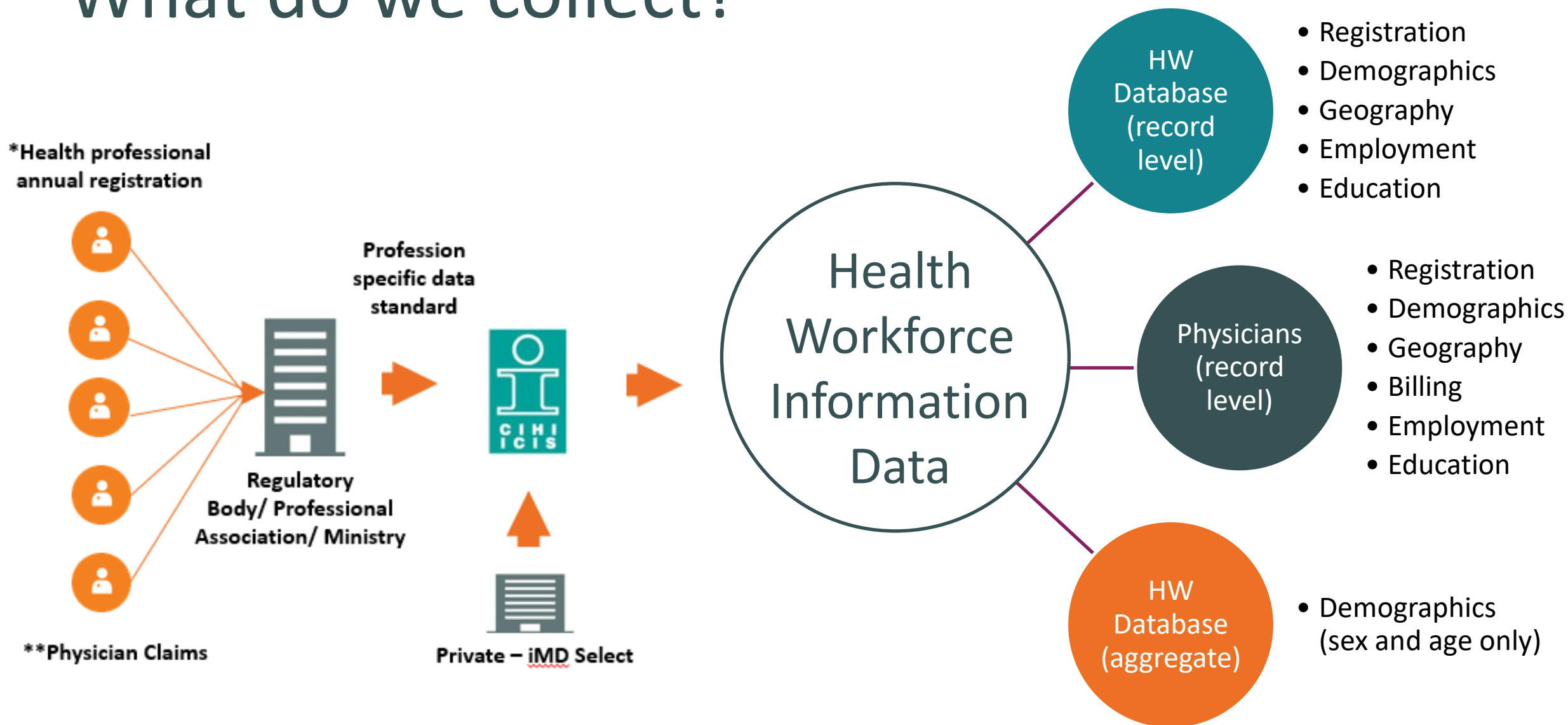
* Registration data collected directly from regulators for record-level professions; aggregate-level profession data collected primarily from professional associations – may or may not be comprised of registration data. Does not include physician data flow.
* ** Physician claims for publicly insured medical services, funded by P/T medical care plans

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Health Workforce Privacy Considerations

- CIHI makes statistical information publicly available only in a manner designed to minimize any risk of identifiability and **residual disclosure** of information about individuals.

- **Aggregate data** is made publicly available when units of observation are no less than five.

> _Exception:_ CIHI may make publicly available aggregate data with units of observation of less than five, when:
>
> ✓ The information is already publicly available; and
> ✓ Making the information available will not reveal any additional personal information not already publicly available.

CIHI

Building the data foundation and more
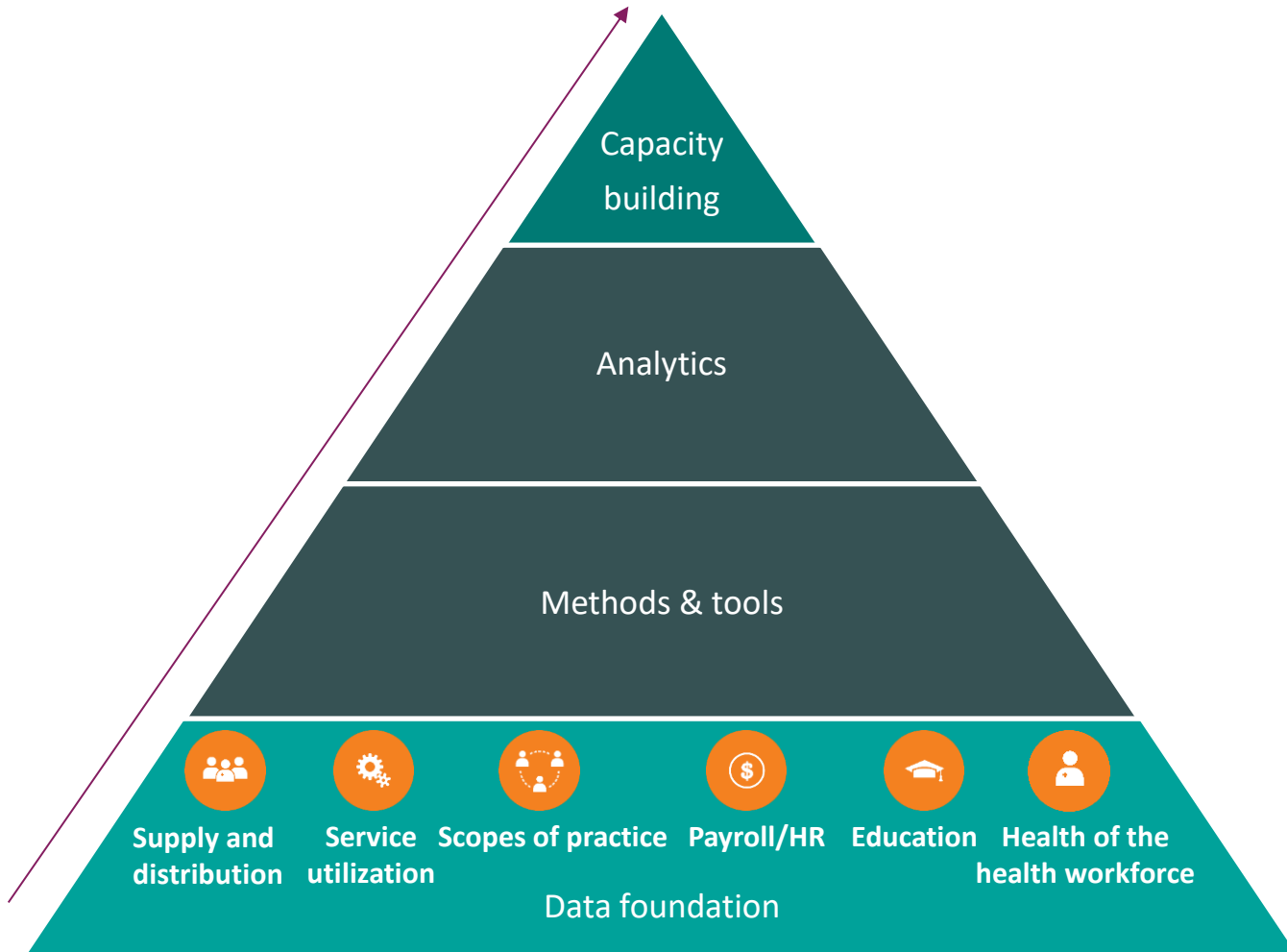
Multiple sources:
- *Regulatory colleges*
- *EMRs*
- *Ministries*
- *HR/payroll systems*
- *Surveys (StatsCan, professional associations, researchers, etc.)*
- *University/colleges*
- *Registries*
- *Private insurance*

Create capacity for linkage and integration with other data sources (e.g., population health) for robust analysis and planning

CIHI's modernized cross-profession HWI MDS

Released: September 22nd, 2022

HHR

Health Human Resources
Minimum Data Set

Features

- Standardized collection of HHR information
- 49 unique data elements
  - Reflect current state of Canada's health care system
  - Capture uniqueness of health care professions
  - New and improved equity attributes
  - Alignment with national and international standards (SNOMED CT)
- Multiple responses and core data elements

Sustainability & growth

- Update every 3yrs – ensure relevancy
- Incorporate Canadian Health Workforce Network, CIHR-funded research to integrate physician coverage and other priority topics such as wellness

CIHI

New data elements help answer more questions

Gender
Language
Racialized Group
Indigenous Identity

Diversity and inequality

"Does Canada's health workforce have the capacity to support diverse population needs?"

"What inequalities exist in the health care system?"

Organization Identifier
National Unique Identifier
Funding Source
Encounter mode
Virtual care
Agency health care provider

Models of care and outcomes

"Which models of care in urban and rural regions will deliver the highest quality and most cost-effective care?"

"How do public and private care delivery differ, in terms of models of care and their outcomes?"

"Do outcomes change with the use of agency staff?"

Organization Identifier
National Unique Identifier
Encounter mode
Virtual care

Migration, recruitment and retention

"Are health care workers licensed to practice and work in multiple provinces/territories?"

"What are the rates of inflows/outflows for specific professions across jurisdictions?"

"Where are the health care workers being trained going?"

Organization Identifier
National Unique Identifier
Encounter mode
Virtual care

Access to care

"Has adding virtual care services improved access to care?"

"Are more types of health care workers providing virtual care?"

25

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State of the Health Workforce Report:

work sector and education findings

Proportions and trends for sector of work

Proportion of health care provider workforce primarily employed in community, other, long-term care and hospital settings, 2014, 2019, 2023
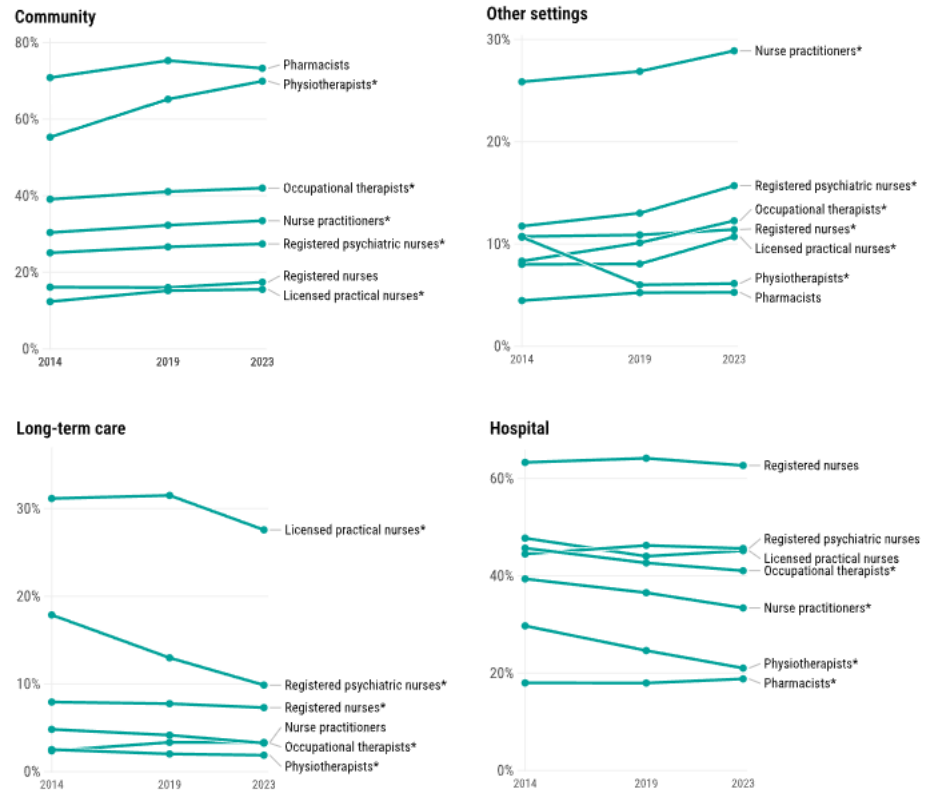
Numbers and proportions of internationally educated providers, including countries of graduation

Top 3 international places of graduation among selected health care providers working in direct care, 2014, 2019, 2023
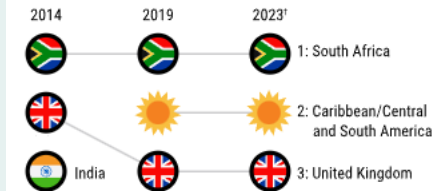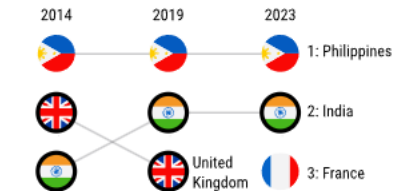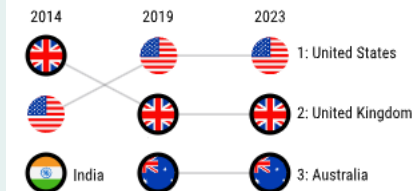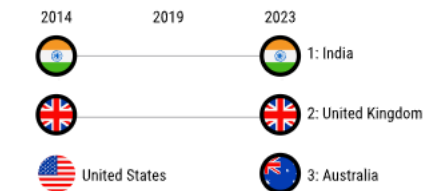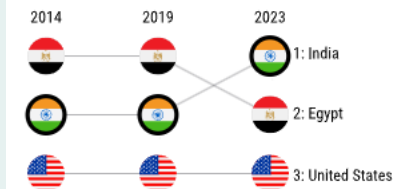
State of the Health Workforce Report:

geographic distribution and direct care findings

Numbers and trends for those working in rural or urban areas

Number of rural/remote health care providers per 1,000 rural/remote population, 2014, 2019, 2023

Family physicians†: 0.9, 1.0, 0.9
Nurse practitioners*: 0.1, 0.2, 0.2
Registered nurses*: 4.4, 4.3, 4.0
Licensed practical nurses: 2.4, 2.2, 2.2
Registered psychiatric nurses*: 0.4, 0.4, 0.3
Pharmacists: 0.7, 0.7, 0.7
Physiotherapists*: 0.2, 0.3, 0.3
Occupational therapists*: 0.1, 0.1, 0.2
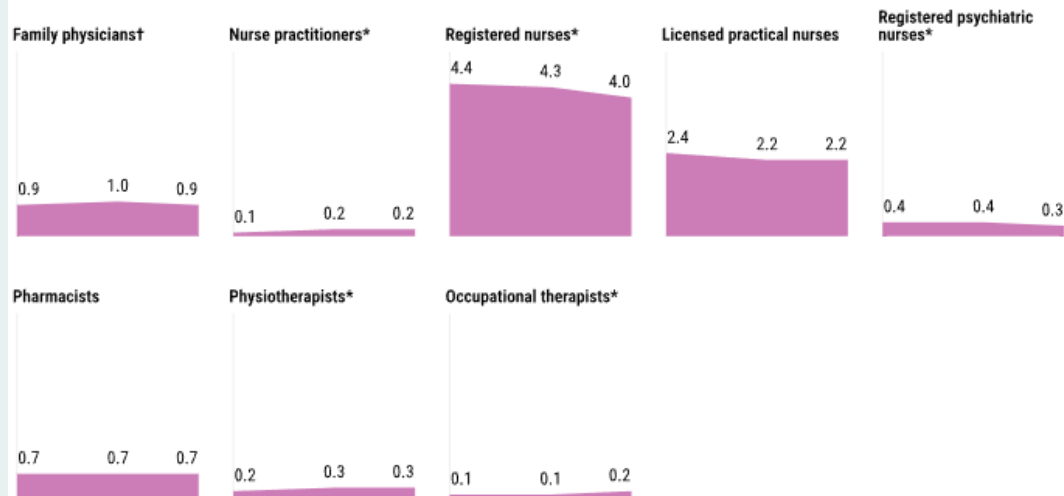
Proportions and trends for providers working in direct care

Proportion of health care workforce employed in direct care, 2014, 2019, 2023

Nurse practitioners; Registered nurses; Licensed practical nurses*; Registered psychiatric nurses*; Pharmacists*; Physiotherapists; Occupational therapists*

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CIHI

Health Workforce suite of products

Data tables
- Physician (supply), physician (service utilization/payment), nurses, PT, OT, pharmacists

Methodology notes
- Physician (supply), physician (service utilization), physician (scope of practice), nurses, PT, OT, pharmacists
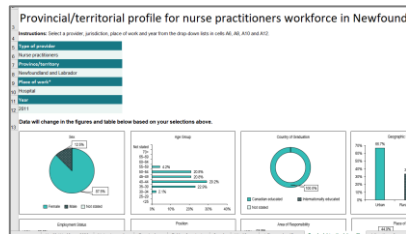
Quick Stats
- Physician (supply), nurses, PT, OT, pharmacists
- P/T level breakdown
- Supply, workforce, inflow/outflow, P/T profile, nurse grad migration
- Vacancy metrics

Interactive tool: Physicians and Nurses per 10,000 population by health region
- All physicians, family physicians and specialists
- All regulated nurses, nurse practitioners, registered psychiatric nurses and licensed practical nurses

A profile of physicians in Canada, 2020
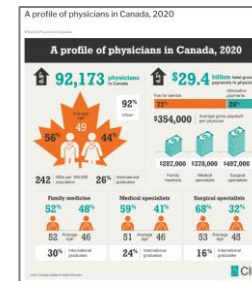
Infographic
- Physician

Other publications
- State of the health workforce in Canada, 2023
- Changes in practice patterns of family physicians in Canada
- Hospital staffing and harm trends report, 2023
- Virtual care: Impact of COVID-19 on physician practice patterns
- Canada's Health Care Providers, 2016 to 2020

https://www.cihi.ca/en/health-workforce

CIHI

Impact stories

Number of nurses and other internationally trained HCP

- To compare between provinces and ensure adequate planning and resource allocation for smoother transitioning

- Advocate for more efficient credentialing or implementation of training/mentoring programs

Employment status of professionals (full-time, part-time, casual)

- Assessing employment status as a function of other indicators such as inflow/outflow-helps inform planning to optimize employee experience, employer needs and patient experience.

Years since graduation and age groups (proxy for tenure)

- Understanding trends in tenure for professionals is key for tracking and mitigating risks related to an unbalanced workforce resulting in patient safety issues and poor outcomes.

CIHI

Data Readiness Assessment

CIHI

HHR data gaps for priority professions

Outcomes

Pan-Canadian comparisons   Workforce planning   Addressing emerging policy issues

Data Needs

Supply   Distribution   Employment   Education

Data Functions

Linkage   Data standards   Enhanced analytics   Comprehensive coverage

31

CIHI
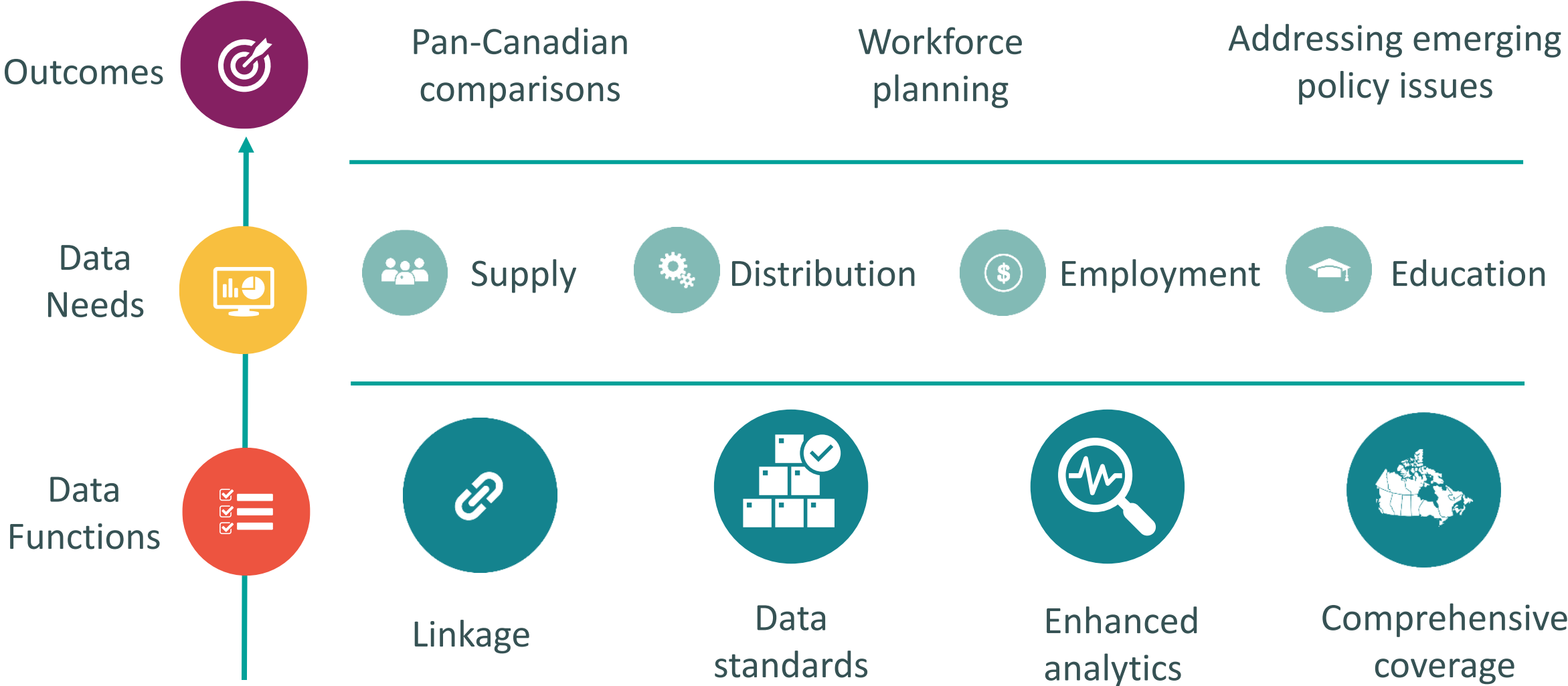
Data Readiness Assessment Project Goals

Identify, connect and collaborate with key P/T registry owners

Better understanding of the regulatory landscape in each jurisdiction

Obtain the list of data elements collected

Evaluate data standards needed to accurately capture the profession

CIHI

Status Overview of CIHI Data Readiness Assessment Project for Psychologists
Updated as of: Mar 28, 2025

Legend

- Stakeholder engaged
- Interest to collaborate confirmed
- Data elements received
- Recommendations report provided
- Commitment to submit data / Drafting DSA
- Paused

Y.T. • N.W.T • NU. • B.C. • AB. • SK. • MB. • ON. • QC. • N.L. • P.E.I. • N.S. • N.B.

CIHI
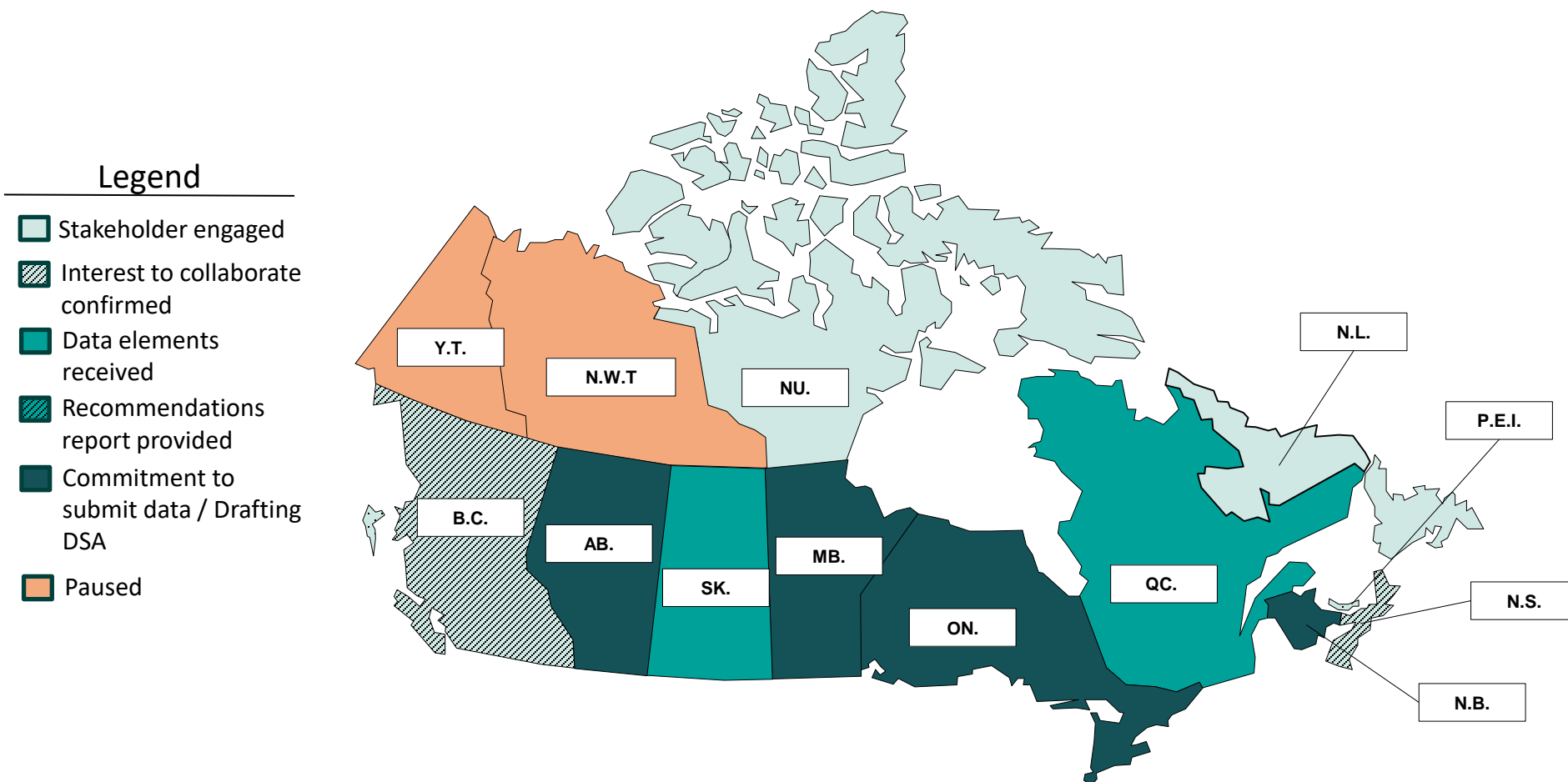
Reports from Liaisons to ASPPB

ASPPB
Association of State and
Provincial Psychology Boards

39th Midyear Meeting
April 24 – 27, 2025
Montreal, Quebec

Full Committee Work (listed in chronological order)

Orientation of new leaders. In early January, APAGS held a two-hour orientation session for newly elected and appointed leaders. Leaders were also encouraged to view both the previously recorded, governance-led, association-wide virtual orientation for newly elected and appointed leaders, as well as one recorded by the APAGS Chair-elect especially for APAGS leaders.

Student Voice/Student Seats on Boards and Committees. In January, APAGS continued to encourage students to apply for seats on selected Boards and Committees through the application portal up until the deadline in late January. The slating for these seats occurs in early 2025, but official terms begin in 2026. As a reminder, this is the second year that students can apply for positions on selected Boards and Committees, and this exciting and important change will increase the inclusion of graduate student perspectives at some of the highest levels of APA and grant students a seat at the table to increase student voices across APA.

APAGS Liaison appointments. Based on the preferences given by full committee members and subcommittee chairs, and considering their fields of expertise, both internal (APA Boards and Committees) and external (partners in graduate education outside of APA) APAGS liaison appointments were finalized and disseminated in January. Any questions regarding who the designated liaison is for a group should be directed to either the EC or staff.

First Full APAGS Committee Meeting for 2025. The APAGS full committee (Chair, Chair-elect, past-Chair, 6 Members-at-large, and 5 subcommittee Chairs) had its first meeting of 2025 in early February. The group reviewed the APAGS 2025 workplan, originally presented to the 2024 full committee in November 2024 as well as at the January 2025 orientation, which included moving forward three main initiatives: (1) Affordability of Graduate School, (2) Engaging Graduate Student in APAGS/APA, and (3) Continued high levels of contributions to APA business (e.g., items referred to them from COR, review of Guidelines and policies, etc). They also reviewed APAGS liaison assignments and how to engage in various requests that come to APAGS (e.g., calls for comment). Finally, they spent time getting to know one another through several ice breaker activities.

Council of Representatives February 2025 Meeting. Ana Urena Rosario (APAGS rep to COR and Council Leadership Team member) and Aldo Barrita (APAGS rep to the Board of Directors) attended the Council of Representatives meeting that took place from February 20th- 22nd. The APA Council of Representatives had a busy schedule considering a variety of resolutions, guidelines, and policy statements, among which the following items were voted on affirmatively and may be of interest to graduate students:

- A **Statement Reaffirming APA's Commitment to Justice, Human Rights, Fairness and Dignity** available here: https://www.apa.org/about/policy/justice-human-rights
- A motion to **convene an expert panel to develop an APA position statement regarding equity, fairness, and transparency in psychology licensure examinations, of which APAGS will have a representative on the panel.**

- A policy statement that **affirms the doctorate as the minimum educational requirement for entry into the professional practice as a psychologist** and a separate item which **upheld the use of the title "psychologist" only for those with a doctoral degree in the field of psychology**.
- A **Resolution on Advancing Evidence-Based Health Promotion and Prevention across the Lifespan** available here: https://www.apa.org/about/policy/guidelines-health-care-delivery-systems
- A resolution on **Protecting Psychological Test Security, Test Validity, and Public Safety** available here: https://www.apa.org/about/policy/test-security-validity-public-safety
- A **Resolution on the Protection of Neural and Cognitive Data** available here: https://www.apa.org/about/policy/protection-neural-data
- An **Ageism Policy Statement** available here: https://www.apa.org/about/policy/ageism-policy-statement
- A **Caregiving Policy Statement** available here: https://www.apa.org/about/policy/caregiving-policy-statement
- A **Resolution on Advancing Evidence-Based Health Promotion and Prevention across the Lifespan** available here: https://www.apa.org/about/policy/resolution-health-lifespan
- A **Professional Practice Guideline on Measurement-Based Care** available here: https://www.apa.org/about/policy/guidelines-measurement-based-care
- **Guidelines for Psychological Practice in Health Care Delivery Systems** available here: https://www.apa.org/about/policy/guidelines-health-care-delivery-systems.pdf
- **Guidelines on Measurement-Based Care** available here: https://www.apa.org/about/policy/guidelines-measurement-based-care

APAGS Spring Consolidated Meetings. The APAGS Committee met in-person, with a few members joining virtually, over two days in March (the 14th & 15th). Specifically, APAGS leaders meet with APA leaders and staff (e.g., APA past-President Dr. Cynthia de la Fuentes, APA President Dr. Debra Kawahara, APA President Elect Dr. Wendi S. Williams, and APA CEO Dr. Arthur Evans) to discuss issues of importance to graduate students. APAGS leaders also engaged in a variety of conversations about APAGS priorities and how to align those with APA's strategic plan, their committee work (e.g., their 2025 Workplan), and emerging issues in the field (e.g., MA-level APA accreditation). They heard reports from subcommittee chairs on the current status of subcommittee work, and they met with the Committee on Early Career Psychologists to discuss opportunities for collaboration. Prior to their in-person meeting, APAGS leaders attended a Plenary Session on March 11th focused on APA's current advocacy activities, and they then had a follow-up conversation with Advocacy Staff member, Kenneth Polishchuk at the in-person meeting. Finally, APAGS leaders enjoyed the opportunity to connect with each other and other elected and appointed leaders during meals and break, including a meet-and-greet with the inaugural cohort of graduate students on selected boards and committees.

Calls for Comments on APA Business. A variety of groups across APA seek comments from APAGS on the work that they are conducting. Thus far in 2025, APAGS provided comments on five items: APA's Commission for the Recognition of Specialties and Subspecialties in

Professional Psychology's (CRSSPP) specialty petitions: (1) *Addiction Psychology*, (2) *Clinical Health Psychology*, and (3) *Group Psychology and Group Psychotherapy*, as well as (4) APA's Revised *Ethical Principles of Psychologists and Code of Conduct* and (5) the revised APA *Guidelines for Clinical Supervision in Health Service Psychology.* APAGS also disseminated APA's Commission on Accreditation's call for public comment for IRs D.4-5 and D.4-11 and IR D.4-7(d).

Graduate Student Spotlight Newsletter. In 2022, APAGS launched the "Graduate Student Spotlight" newsletter. It is sent quarterly to +28,000 subscribers. The newsletter continues to have strong open (48%) and click-through (2%) rates compared to other APA newsletters. In particular, the item featuring how graduate students can apply for seats on selected APA boards and committees was the most clicked on item (56%) of the most recent issue in January 2025. Individuals can sign up to receive it or explore past issues at:
https://www.apa.org/news/graduate-student-spotlight

Subcommittee Work (Committees listed in alphabetical order)
Advocacy Coordinating Team (ACT).
- ACT met in January for a "meet-and-greet" between new and returning members, reviewed the current status of projects from 2024, including ACT's 2025 workplan. Their workplan includes the following items: (1) Increase graduate student's understanding of the advocacy process at both the federal and state levels, (2) Increase graduate student's awareness of leadership positions, including those that focus on advocating for graduate student issues, and (3) Maintain a high level of contributions to APA's work on Resolutions, Guidelines, Reports, and other outputs as requested by various Boards, Committees, COR, EDI, or other APA entities.
- At their February subcommittee meeting, ACT members began moving forward some of their advocacy activities, including sharing the Advocacy Office's Response Center (https://updates.apaservices.org/response-center) and getting organized for their planned advocacy skill-training at convention and webinar later this year. They also received an update on the Student Leadership Catalog and gave feedback to keep this project moving forward. Leaders began creating some internal tracking documents to help them share where they are disseminating various calls for action and other activities.
- At their March meeting, they gave final approvals on the Student Leadership Catalog, which should be ready to launch in early April. They continued their discussions on their advocacy training for convention and webinar, and spent considerable time discussing more efficient ways to disseminate information on existing platforms, as well as other potential "low-lift" initiatives to supplement these platforms (e.g., handouts for non-APA conferences, projects to drive subscribers to existing platforms).

Committee for the Advancement of Racial and Ethnic Diversity (CARED)
- In the first quarter, CARED welcomed new members and met to discuss their plans for the coming year, including developing their work plan for 2025 which will guide their work priorities for the year.
- Through the first months of 2025, CARED has had a variety of conversations

about ways that CARED can collaborate with other APAGS subcommittees.
- In March, CARED discussed and began planning for the Fall 2025 cycle of the Peer Collaboration Program. They continue to review participant feedback from last year in order to make improvements to the next cycle.

CONVENTION
- In January, the APAGS Convention Committee received and reviewed program and poster submissions for the 2025 APA Convention in Denver.
- The Convention Committee met in early February to finalize 10 hours of regular programming, select posters for the APAGS poster session, and begin talks about informal programming.
- In March, the committee met to finalize general topics for the informal spaces, as well as to discuss how to build on, and improve, the Convention Ambassador program for 2025.

Committee for Sexual Orientation and Gender Diversity (CSOGD)
- In January, the coordinators of the mentoring program reviewed mentee and mentor applications and were able to match approximately 30 pairs. The chair provided an overview of the tasks of the mentoring program coordinator to solicit a second coordinator. In February and March, they continued to carry out the mentoring program including sharing prompts for the pairs to discuss together.
- In January and February, the chair of APAGS-CSOGD reviewed and opened discussion about the subcommittee's 2025 workplan as well as the APAGS full committee workplan, including updating resource guides and encouraging members to contribute to various APA Calls for Comments.
- APAGS-CSOGD brainstormed social media ideas and plan to do some social media campaigns this year.

SCIENCE
- At their January meeting, the chair of the Science subcommittee provided an overview of the subcommittee's work for 2025. Their work plan includes the APAGS/Psi Chi Junior Scientist Fellowship, updating the reviewer training for the Translational Issues in Psychological Science (TPS) Journal, developing topics and contributing to the table of contents for special issues of TPS, and contributing to comments on APA's work on resolutions and guidelines.
- In January, members of the Science committee submitted several proposals for the APA convention which were accepted, including one on peer review and one on postdocs.
- In the first few months of 2025, Science committee members continued their work on the TPS Journal. The Science committee has been working to revise the TPS reviewer training. Additionally, the Science committee has been distributing calls for Papers "Substance Use and Addiction" and "Understanding Stress and Stigma in Immigrant Populations" as well as distributing Calls for General Topics and Calls for Reviewers. Members of the APAGS Science committee have been brainstorming topics for the 2027 special issue of TPS.

Liaison Report to ASPPB
30 March, 2025

The Association of Canadian Psychology Regulatory Organizations (ACPRO) represents the legislatively established Colleges and Boards created to enhance public protection through regulation of entry into and practice of the profession of psychology.

Highlights over the past year:

Canadian Labour Mobility: The current trade conflicts between the United States and Canada, and the perspective of the Canadian federal government, all provincial and territorial governments, and many citizens, that this has escalated to a threat to Canadian sovereignty, has galvanized attention in Canada. As part of the effort to reduce reliance on an unreliable partner, there is a stated desire among governments to completely eliminate trade and labour mobility barriers within Canada, including for health professionals. The Canada Free Trade Agreement already enables psychologists registered in one Canadian jurisdiction to be registered in any other Canadian jurisdiction, with minimal paperwork. How any further reduction in "barriers" might be operationalized, and the implications for regulation of psychology, remains unclear.

Distance Education Programs: In February, 2024 ACPRO established a working group to consider elements that would need to be present in distance education programs for regulators to find it appropriate to recognize graduates of such programs as meeting educational requirements for registration. That working group has been active and will report to the June, 2025 ACPRO meeting. Once common ground is identified we will be consulting with the Canadian Psychological Association about the applicability of such expectations for CPA accredited programs.

Statement on Professionalism and Intellectual Humility: At its June, 2024 meeting ACPRO adopted the following statement:

ACPRO Statement on Professionalism and Intellectual Humility

Canada's psychology regulatory organizations exist to advance public protection through promotion of competent, safe, and ethical practice of psychology. Their mandates are established by, and proscribed by, legislation. Their focus is establishing and evaluating standards for entry to the profession, establishing standards for ethical and professional practice, and addressing complaints about registrants' competence and professional conduct. They are not advocates for the profession. They do not pronounce upon social issues outside their mandate.

Addressing important social issues requires an engaged citizenry. Psychologists[1] engaging in such issues will sometimes bring their professional perspectives to bear. When speaking as psychologists they are to adhere to professional standards. They are to rely upon an evidence-informed analysis, and take care to acknowledge the limits of the available evidence, whether the issue at hand is directly related to professional practice or is part of the broader social context.

Psychologists will sometimes disagree with others, including with other psychologists, in their analysis of practice-related or broader social issues. Psychologists are encouraged to approach such disagreements in a spirit of intellectual humility, in an effort to appreciate the perspective of the other person, and with respect for the dignity of other persons and peoples. Disagreement, even vigorous disagreement, is not cause for complaint to a regulatory body. Psychologists concerned about the professional conduct of another psychologist are generally expected to first raise that concern directly with that psychologist, in an effort to bring about appropriate resolution, even when doing so would be uncomfortable. Raising a concern about professional conduct is most likely to lead to appropriate resolution, and thus to public protection, if it is done in a spirit of intellectual humility, seeks to understand the perspective of the other psychologist, and conveys respect for the dignity of the other psychologist.

[1] In this statement "psychologist" refers to any registrant, including psychological associates as well as provisional and candidate registrants.

Workforce Data Collection: ACPRO met in July, 2024 with representatives of the Canadian Institute for Health Information (CIHI), which last spring identified psychology as one of four priority professions for collection of additional workforce data. Jurisdictions are identifying contacts to work with CIHI to identify mechanisms for

accessing already available information in their systems and to explore modifications which could permit collection of appropriate additional non-identified workforce data.

Interjurisdictional Telepsychology: The ACPRO *Memorandum of Understanding Regarding Interjurisdictional Telepsychology* came into effect on 1 April, 2024. The MOU is intended to facilitate access to appropriately regulated interjurisdictional telepsychology practice that is competent, safe, and ethical.

Currently, three jurisdictions in Canada (Quebec, Nova Scotia, New Brunswick) have determined that telepsychology services provided to their residents by psychologists outside their jurisdictions can be appropriately regulated by the psychologists' home jurisdictions, which would be responsible for receiving and acting upon complaints. Eight jurisdictions (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Newfoundland and Labrador, Northwest Territories) have determined that they must regulate provision of telepsychology services received by their residents from psychologists outside their jurisdiction, when the residents are located in their own jurisdiction, and that appropriate regulation requires some form of registration in the jurisdiction of the client. In each case, jurisdictions are making good faith efforts to interpret what is required and what is possible according to current legislation, regulations, and legal advice.

The jurisdictions requiring some form of registration in the client's jurisdiction are the signatories to the MOU. In those jurisdictions there are circumstances in which full registration in the jurisdiction of the client is considered appropriate. But there are other circumstances in which an expedited and low-cost registration process would be considered appropriate. The MOU provides clarity about the requirements for practice into each jurisdiction, a menu of potential approved practices for which Limited Telepsychology Practice into that jurisdiction could be permitted, and a common core application form. Jurisdiction requiring some form of registration list their acceptable categories of practice and identify the duration of the authorization and applicable fees. For example, all jurisdictions will consider applications for Limited Telepsychology Practice authorization for continuity of care for a client who has moved to a different jurisdiction. Some, but not all, are open to authorizing new or ongoing services to a College/Board registrant or to a psychology gradate student for whom access to local services may be problematic given the permeability of local professional boundaries.

Jurisdictional Responses to TRC: At each semi-annual meeting of ACPRO jurisdictions provide continue to provide update about initiatives undertaken in response to recommendations of the Truth and Reconciliation Commission of Canada.

Philip Smith, PhD, C.Psych.
ACPRO Chair
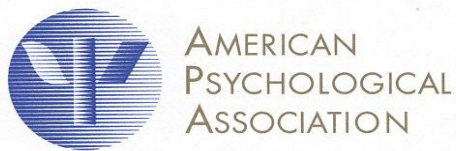
American Psychological Association (APA)
Ethics Committee, Committee on Human Research, and Ethics Office Update: April 2025

The American Psychological Association Ethics Office, Ethics Committee, and Committee on Human Research have several on-going endeavors of interest to ASPPB. The Ethics Office is led by APA's Chief of Ethics, Lindsay Childress-Beatty, JD, PhD, CAE.

Public Comment Request from the Ethics Code Task Force of the Ethics Committee

The APA Ethics Code Task Force ("ECTF") requested public comment on a complete draft of the new ethics code which ended March 19, 2025. Over 2650 comments on specific principles, standards, or general comments related to the draft were received from 879 individuals and 66 groups, including ASPPB. The ECTF is currently beginning the process of reviewing the comments and will then make edits to the draft. A determination will then be made on whether a second public comment period is required.

The ECTF reports to the APA Ethics Committee. The ECTF is chaired by former ASPPB President, Dr. Linda Campbell (Chair) and Dr. Mark Leach (Vice Chair) and includes a non-psychologist member. A complete listing of the members of the ECTF and additional information can be found at https://www.apa.org/ethics/task-force/

The ECTF's charge is to create a Code that is visionary and transformational and that remains a leading practical resource regarding ethics for psychological science, education, and practice while retaining those aspects of the Ethics Code that serve the public and the discipline and profession well. The ECTF has specifically determined that the one important goal for the new Ethics Code is its use by licensing boards.

There are eight Principles in the new draft:

- **Beneficence**
- **Human and Civil Rights**
- **Integrity and Trustworthiness**
- **Justice and Social Justice**
- **Nonmaleficence**
- **Recognition of Social Systems and the Natural Environment**
- **Respect for Persons and Peoples**
- **Scientific Mindedness**

The ten Standards sections of the new draft are:

o **Competence**

o **Professional Responsibility**

o **Relationship with the Public**

o **Informed Consent**

o **Confidentiality and Privacy**

o **Research, Publication, and Scientific Integrity**

o **Education, Training, and Supervision**

o **Psychological Services**

o **Testing, Assessment, and Evaluation**

o **Technology**

A new section of the ethics code draft discusses connections between each Standard section and the most relevant Principles for that Standard section.

The ECTF will have an in-person meeting May 29 and 30, 2025. During past all-day meetings, the ECTF has reserved the last hour for virtual discussions with liaisons from boards and committees, divisions, state associations and other stakeholder groups, including ASPPB.

Ethics Committee Adjudication

- APA's adjudication program is centered on licensing board actions against APA members using a "Show Cause" process, the main avenue for review of cases by the APA Ethics Committee for many years. Complaints are not accepted if the psychologist is licensed or if there is another adequate forum for review. There is a stopgap to ensure that complainants with no other forum for review can file a complaint regarding serious behavior. Information on the *Rules and Procedures of the Ethics Committee* approved in June 2018 can be found at http://www.apa.org/ethics/resources/index.aspx.

- The Ethics Committee also reviews membership applications indicating a self-reported history of unethical behavior and membership readmissions after a prior loss of APA membership. In February of 2022, based on social justice concerns, the APA Council of Representatives voted to remove the requirement to report felony convictions when reporting past ethics misconduct on applications for graduate student, associate, and full membership. Applicants continue to be required to report being sanctioned by a licensing board, professional ethics board, regulatory body or professional or scientific organization. The Committee now has a policy to make the membership review more consistent with its show cause review. It will automatically recommend approval of applications for membership from individuals who report disciplinary action(s) for conduct that: 1) occurred more than 10 years ago (20 years in any matter involving an offense against a minor), or 2) would not meet the threshold for expellable behavior in a show cause matter. This does not include applicants that have not completed probation with the disciplining body.

Ethics Education and Consultation:

In alignment with APA's strategic plan, the Ethics Committee and Office are placing increased emphasis on education and consultation.

- The Ethics Office is focusing its efforts on consultation resources for member psychologists and the public. It accepts consultation questions in writing via a Contact the Ethics Office link on the APA website (https://www.apa.org/ethics/contact). The Ethics Office receives 40-50 consultations per month. Acting as an internal ethics consultant to APA, the Committee also provides comments on policies, guidelines, public statements, or resolutions as they progress through the APA approval process.

- The Ethics Committee has two FAQs available on its website. One is related to the *Dobbs* decision overturning *Roe v. Wade* and can be found at https://www.apa.org/ethics/reproductive-rights.pdf. The other includes several technology-related ethical dilemmas, including Artificial Intelligence. That FAQ can be found at https://www.apa.org/ethics/social-media-artificial-intelligence.pdf

- The Committee will be providing six hours of continuing education programming at APA2025 in Denver, Colorado, including one hour devoted to the Ethics Code Task Force. Three sessions will be Main Stage events that will be simulcast and available as part of APA On Demand.

- The Committee partnered with the Coalition for Psychology in Schools and Education to create a Civil Discourse and Ethics checklist for use in K-12 Schools (https://www.apa.org/education-career/k12/civil-discourse) and presented on the topic at APA 2024: "Resources for Promoting Values and Skills of Civil Discourse in K-12 Settings". Ultimately, the Committee would like to provide resources throughout the lifespan including K-12 and undergraduate education, graduate psychology training, and adult continuing education. As part of that initiative, in December the Committee and Office provided a webinar attended by over 450 individuals entitled: "Building Bridges: Fostering Respectful Conversations Using Psychological Science."

- In keeping with APA's focus on Artificial Intelligence, the Chief of Ethics was the ethics commentator for two panels at the International Summit on Psychology and Global Health in Jamaica in March: "Harnessing AI for Psychological Science: Promise, Limitations and Ethical Considerations" and "Harnessing AI to Address the Global Mental Health Crisis: Promise, Limitations and Ethical Considerations."

Committee on Human Research

Beginning in 2024, the Ethics Office began staffing APA's Committee on Human Research (CHR) which is a committee of APA's Board of Scientific Affairs. The charge of the CHR is to:

(a) "facilitate the responsible conduct of research involving humans, and establish and maintain cooperative relations with organizations sharing common interests, (b) examine issues related to scientific integrity and regulatory requirements for research involving humans and disseminate accurate information about these issues, and (c) develop and disseminate guidelines for protecting the rights and welfare of humans involved in research, and consult on the implementation of these guidelines." *American Psychological Association Rules,* 140-6.

Information concerning CHR can be found at https://www.apa.org/science/leadership/research. Since the last report, the CHR provided comments to the new draft Ethics Code. The CHR is planning an upcoming webinar with IRB members from various institutions to discuss approaches to difficult IRB issues in psychological research.

Ethics Committee Members:

The 2024 Chair of the Ethics Committee is Nancy A. Haug, PhD (2023-2025). Additional members of the Ethics Committee are:

Katie N. Harster, PhD (2023-2025) (Public Member)
Cynthia S. Kubu, PhD, ABPP-CN (2024-2026)
Breeda M. McGrath, PhD (2024-2026)
Amy M. Williams, PhD, LP, HSP (2024-2026)
David S. Carver, PhD (2025-27)
Latoya C. Conner, PhD (2025-2027)
Cheryl Maykel, PhD (2025-2027)

The Committee currently has one non-voting associate member that it has appointed to assist it in its work. The current associate member is:

Heather A. Ciesielski, PhD, ABPP (2023-2024)

As part of a pilot program, Dr. Shelia G. Young is the Past-Chair, serving in a non-voting associate member position. Dr. Olivia Moorehead-Slaughter, PhD is the APA Board of Directors' Liaison to the Ethics Committee for 2025.

Committee on Human Research Members:

The 2025 Chair of the Committee on Human Research is Donelson Forsyth, PhD (2023–26) and the Vice Chair is Anjali Thapar, PhD (2023–26). Additional members of the CHR are:

Rona Carter, PhD (2023–25)

Vacant seat (2023-2025)

Joanne Fiszdon, PhD (2025-27)

Jen Katz-Buonincontro, PhD (2025-27)

Mr. Simon M. Li (2025-27) (Graduate Student Member)
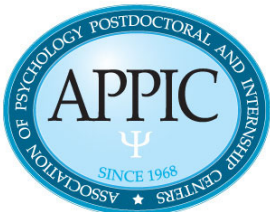
Association of Psychology Postdoctoral & Internship Centers

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ASPPB Spring Meeting, April 2025

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Summary of APPIC activities since September, 2024
(of relevance to ASPPB)

APPIC Central Office

Current APPIC Member Composition

N=1573	US		Canada	
	Accredited	**Unaccredited**	**Accredited**	**Unaccredited**
Internships N=841	659	123	47	12
Postdocs N=256	112	144	N/A	N/A
DPAs N=476	417	16	43	N/A
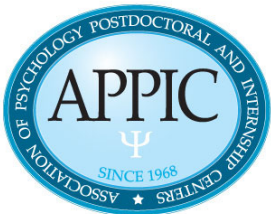
Association of Psychology Postdoctoral & Internship Centers

<u>Key Issues and Relevant Initiatives</u>

2025-26 Recruitment

- The 2025-2026 recruitment cycle is just wrapping up.
- Stay tuned for statistics and survey results which will be posted to our website in the next few weeks.

<u>Internship Issues</u>

- AAPI initiatives (please email the AAPI Coordinator, Dr. Kimberly Hill, with any questions).
    - Based on feedback from TD Survey
        - Exploring alternative ways to capture breadth and depth of students' clinical experience with culturally diverse populations outside of current client demographics section. Looking to optimize reducing the burden on students while making it more useful for TDs.
        - Evaluating the utility of breaking down a select number of specialized interventions hours (i.e., Sports, Medical, Substance Use) and exploring the possibility of eliminating these categories.
    - Revised item related to Professional Conduct to ensure that resigning from non-professional activities would not need to be endorsed.
    - AAPI Hour/Categorization codebook is in process.
- Accreditation Requirement to access the Match in the 2025-26 cycle
    - Mission-driven focus on high quality training: Full APPIC member programs were required to be accredited to access the 2025 match (per policy adopted by the APPIC Board in 2020).
    - Programs will be required to have a site visit authorized by APA/CPA/PCSAS to access the Match (programs' APPIC membership and ability to access the Post Match Vacancy Service will not change)
    - Support for developing programs includes 3 cycles of Match access for Provisional Members, 3 cycle "pre-accreditation eligibility period" for newly approved full members, Accreditation Readiness Project (ARP) for US and Canadian internship programs (ARP-C)
    - Doctoral programs impacted by accreditation review back logs should reach out to APPIC Central Office with questions.
- Match Update: Match Statistics are available
    - Phase I of the APPIC Match recently concluded
        - Phase I Match statistics for Phase I are currently available
    - Phase II of the APPIC Match concluded on 3/26
        - Phase II Match Statistics are also available.
    - Match highlights
        - The withdrawal of U.S. Bureau of Prisons sites due to the U.S. Federal hiring freeze resulted in the loss of approximately 82 positions at 20 internship sites from Phase I.
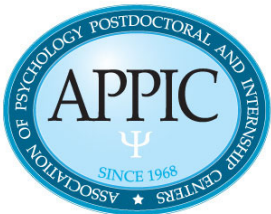
- Compared to the 2024 Match, this year saw a decrease of 9 (-1%) participating internship sites and a decrease of 135 (-3%) available positions. The number of registered applicants increased by 285 (+7%). **Over the past two years, the number of registered applicants has *increased* by 401 (+10%) while the number of available positions *decreased* by 186 (-5%).**
  - Post Match Vacancy Service (PMVS) will remain open until the fall: PMVS Info

Postdoctoral Issues

- Common Hold Date was February 24, 2025; surveys to TDs and applicants were deployed the following week. Look for survey data in the coming months.
- Universal Psychology Postdoctoral Directory (UPPD)
  - Introduced elements of quality clinically focused training such that TDs need to attest to whether their program/training experience meets those criteria (i.e., two hours of supervision per week, has due process and grievance policies) in order to ensure trainees have a clear understanding of program offerings.
  - The UPPD was down following an issue facing our web hosting vendor.
    - Stood up a temporary (through summer 2025) Unfilled Postdoctoral Positions directory for applicants to search for unfilled positions and for programs to list unfilled positions: https://www.appic.org/Unfilled-Postdoctoral-Positions?page2281=1&size2281=50
    - Currently close to 200 listings posted.
- APPA CAS is free to applicants in addition to being free for TDs

APPIC Policy Updates

Doctoral Program Associates (DPA) Policy

DPA Policy was updated 9/2023.

- Internship is considered to be a collaborative endeavor between doctoral programs and internship sites (APPIC members)
  - Application
  - Ongoing communication
  - Especially when there are problems!
- Programs can allow students to participate in the Match/PMVS only if they have been deemed "ready" for internship
  - Completed all programmatic requirements
  - Not currently on probation or on a performance improvement plan
  - Notification of substantive changes to student information is required (i.e., disclosure regarding changes in "readiness" to sites to which a student has applied. Examples include failing a course, not completing a practicum, being placed on remediation, etc.)
- Requiring separate contracts from internship sites or doctoral programs is strongly discouraged.
- Match participation is limited to accredited programs only. Participation in the Post Match Vacancy Service (PMVS) is now limited to two application cycles.
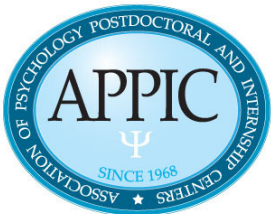
Association of Psychology Postdoctoral & Internship Centers

Training Program Non-Adherence

- APPIC Member and DPA programs are required to adhere to APPIC membership criteria and APPIC policies. The Training Program Non-Adherence Policy was updated in 2/2022.
- Concerns may be raised by APPIC or non-APPIC personnel.
- Identification and description of various APPIC actions and sanctions in response to non-adherence.
- Please reach out to APPIC for consultation in challenging situations.

APPIC's Community Initiatives and Investment in the Training Community

We continue to closely collaborate with other councils involved in training, respond to the needs of our members, and invest in the growth and development of the training community in HSP:

1. Informal Problem Consultation (IPC): The APPIC ED, Match Coordinator, professional staff, and Board Members provide informal, confidential problem consultation to students, interns, postdoctoral fellows, graduate faculty, DCTs, and internship and program TDs. An IPC request may be filed via our website. IPC requests increase annually (over 300 for 2024).
2. Ongoing enhancements for the APPIC Directory, the Universal Postdoctoral Program Directory, e-Membership, the AAPI, the APPA, and the Match.
3. Training and Education in Professional Psychology (TEPP): APPIC commits an annual investment of $50,000. Congratulations and best wishes to Dr. Jennifer Callahan as she assumes her new role as Editor of TEPP.
4. Training Director scholarships for ABPP Certification. 15 scholarships were funded in 2024 in partnership with the ABPP foundation.
5. Accreditation Readiness Project (ARP) and Accreditation Readiness Project for Canadian programs (ARP-C)
6. Postdoctoral Membership Readiness Project (PMRP) for postdoc programs pursuing APPIC membership
7. Mentorship and Community Circles: APPIC will be offering a number of Community initiatives in the coming year, including monthly Community Calls, and New Training Director Mentorship Drop In calls.
8. APPIC Membership Conference was held in Albuquerque, NM from May 29-31, 2024, with the theme: *Enhancing training relationships through social responsiveness, shared governance, and professional development.* 258 Training Directors attended and appreciated the opportunity to interact with their training colleagues, support each other, and exchange ideas! We have currently started to plan our 2026 Conference.

Respectfully submitted:

Amy Silberbogen, Ph.D., ABPP
Chair, APPIC Board of Directors

CCPPP

Canadian Council of Professional Psychology Programs

CCTC Report, Spring 2025

Date Submitted: March 31, 2025

From: Canadian Council of Professional Psychology Programs

Committee's Mandate: The **Canadian Council of Professional Psychology Programs / Conseil canadien des programmes de psychologie professionnelle** (CCPPP) represents the various university-based psychology programs and psychology residency settings in Canada that train professional psychologists such as clinical, counselling, neuro-, and school psychologists, as well as other branches of professional psychology.

Committee Members:

Name	Positions for 2024-2025
Dr. Diane LaChapelle	President
Dr. Amanda Maranzan	Past President
Dr. Yael Goldberg	President-Elect
Dr. Wynsome Walker	Secretary
Dr. Kristin Reynolds	Treasurer
Dr. Emma Climie	Member-at-Large
Dr. Sharon Guger	Member-at-Large
Dr. Sara Hagstrom	Canadian Psychological Association / CCPPP Board of Directors Partner Seat
Ms. Katy Lowe	Student Representative

CCPPP Initiatives and Activities

The CCPPP Executive meet monthly over zoom, in addition to twice yearly in-person meetings. We recently held a two day meeting coming in Montreal, QC (March 28-29, 2025). We produce and share via an email distribution list, executive updates that summarize important information and provides the membership opportunities to engage. We continue to operate a popular discussion forum accessible only by members as a means to encourage communication in real time. Members primarily use the discussion forums to seek advice, consultation, or input, but also to share resources and tools.

Residency Application Cycle 2024-25
- APPIC Match News released registration numbers showing a reduction in Canadian registered applicants (35 less than last year) for the 217 positions offered. Of the 217 positions offered, we continue to support member programs who are working toward CPA Accreditation, and 16 more positions registered in the match this year are accredited (45 accredited programs, 11 member programs without accreditation). CCPPP surveyed our academic members related to the

significant decrease in registered applicants and learned from a couple academic programs that delays in research completion related to COVID disruptions and cohort size anomalies occurred specific to their programs.

Educational Initiatives:

- This is Year 5 of the CCPPP National Seminar Series. To learn more about the development of this National Seminar series, please read the article featured in Canadian Psychology, entitled: Increasing equitable access to training opportunities: Introducing the national training seminar series (2022). The speakers and topics this year include:
  - October 11th: Drs Casey Fulford & Vicki Nolan: Supporting Autistic Adults
  - February 7th: Dr. Sandra Byers: Addressing Clients' Sexual Concerns
  - May 9th: Dr. Carolyn Houlding: Climate Justice, Ethics and Advocacy in Canadian Psychology.
- This year's CCPPP Pre-Convention Sponsored Workshop for the June 2025 CPA Convention is titled "Operationalizing the new CPA accreditation standards and infusion of the values into professional psychology programs: Creating community through sharing resources" and will be facilitated by Drs S. Hagstrom, A. Ouiment, M. Phillips, and N. Slonim.
- Work is ongoing to populate resources and information for a resource hub within the members' only section of our website for academic and residency member programs to share initiatives and resources developed in response to CPA's recently released 6th Edition Accreditation standards .

Anti-Racism Working Group (ongoing)

- The CCPPP Working Group against Racism and Discrimination in Canadian Psychology Training and Practice was formed in August 2020 to meet the commitments outlined in the 2020 CCPPP Statement against Racism and Discrimination. This working group is composed of psychology students, faculty, and professional psychologists with representation across Canada. Working group members are divided into three subgroups, each working to reduce social disparities at a specific developmental stage of a psychologist's career and have begun to circulate important information and reports from the work that they are doing.
  - Subgroup One: Working on initiatives that hinder diversification of the field prior to entering graduate school
  - Subgroup Two: Exploring initiatives to increase the availability of diverse practica experiences in Graduate training
  - Subgroup Three: Exploring levels of social justice values and exposure to advocacy training in professional practice psychologists

Other updates of note:

- Canadian Psychological Association/CCPPP/Association of Canadian Psychology Regulatory Organizations continue to meet bi-monthly for knowledge sharing.

Respectfully submitted by Dr. Diane LaChapelle, LPsyc., President, Canadian Council of Professional Psychology Programs

APA Committee on Early Career Psychologists (CECP)
2024 Annual Report

Board/Committee Members:
Julia E. Cartwright, PhD (2024 Chair/Practice Representative); Jessica S. Reinhardt, PhD (2024 Vice Chair/Education Representative); Jacks Cheng, PhD (Public Interest Representative); Sarah W. Clark, PhD (Governance and Membership Representative); Ryan E. Flinn, PhD (SPTA Representative); Clifton A. Berwise, PhD (Divisions Representative); Dominique B. Chao, PsyD (Science Representative)

Staff Liaison(s):
Zeljka Macura, PhD; Allison Gillens, MPS

ECP Recognition
One of CECP's goals for 2024 was to promote and recognize the impact and professional work that Early Career Psychologists (ECPs) have been contributing to the field of psychology. The committee gave out their Convention Grant, Early Career Achievement Award, and Early Career Service Grants. CECP granted and recognized 25 ECPs for their significant positive impact on the field of psychology.

To publicize award winners, CECP participated in the APA's PsycCareers job fairs by developing informational flyers based on the awardee's expertise and career paths. These resources were posted on CECP's resource website. Award winners were announced on the CECP's ECP listserv and APA Community website. CECP has also worked to incorporate ECPs as speakers for CE presentations. The committee's continued commitment to providing these awards and recognizing ECP leaders and the work they do within their communities allows them to engage, connect, and serve members as well as elevate the public's understanding, appreciation, and utilization of psychology.

https://www.apa.org/education-career/development/early/committee/resources

ECP Engagement and Leadership Support
Throughout the year, CECP has worked on organizing activities to continue to cultivate systems and connections with ECPs that provide a supportive community for them to network and receive professional development resources. Providing these opportunities for ECPs helps prepare the field of psychology for current and future opportunities and challenges.

At APA Convention, CECP sponsored six ECP focused programs that disseminated information about mentorship, networking, equity, diversity, and inclusion (EDI) initiatives, and career advice. Furthermore, CECP collaborated with various groups to hold events that would boost networking experiences for ECPs.
- American Professional Agency sponsored ECP social hour

- Association of State & Provincial Psychology Boards (ASPPB) sponsored ECP breakfast
- American Board of Professional Psychology (ABPP) coffee break
- National Register sponsored "APA Committee on Early Career Psychologists/National Register of Health Service Psychologists Convention Travel Grant" Award Ceremony

With the goal of creating additional networking spaces outside of convention, the committee offered a networking break at Spring Consolidated with liaisons and ECPs involved on APA boards/committees and began connecting with ECPs through APA's Community forum. CECP's SPTA representative was involved in APA's Practice and State Leadership Conference (PSLC) planning and helped lead ECP sessions during the event. From this event, an ECP SPTA listserv for these attendees was developed to continue the connections made at the conference.

In order to bolster CECP's efforts to build a supportive ECP community, the committee collected data on ECPs serving on boards, committees, SPTAs, and Divisions. To enhance collaborations, create meaningful partnerships, and increase organizational effectiveness, the committee contacted these ECPs to offer CECP's support.

Moreover, CECP has hosted two webinars that focused on career development and leadership opportunities. The "What I Wish Learned in Grad School" webinar received 438 registrants and focused on providing advice on topics that were often overlooked during graduate training. The "How to Get Involved in APA Leadership" webinar received 342 registrants and provided an opportunity for individuals to learn about APA governance and the benefits of joining an APA board/committee.

Finally, CECP has collaborated with APA's Membership Office to improve communications with ECPs who newly joined APA and doctoral students who have recently graduated. The committee has updated welcome messages sent through APA to these new members by providing information about ECP specific resources.

https://www.apa.org/education-career/development/early/committee/what-i-wish-i-learned-grad-school.pdf

Mentorship Opportunities
To enhance mentorship opportunities for ECPs to connect with other professionals across various subfields of psychology, the committee created a mentorship directory that displays 26 mentorship programs across APA, APA Divisions, and state, provincial, and territorial psychological associations. This resource highlights APA as a leading voice for psychology in providing helpful tools and resources across various organizations.

https://www.apa.org/education-career/development/early/mentorship-opportunities

COUNCIL OF SPECIALTIES IN CLINICAL PSYCHOLOGY (CoS) LIASON REPORT
TO
Association of State and Provincial Psychology Boards (ASPPB)

March 31, 2025

On January 1, 2025, CoS President-Elect, Scott A. Sperling, Ph.D., ABPP-CN, took over the reins of CoS as President, and convened a new Executive Committee which includes Carlen Henington, Ph.D., NCSP, as Past President; Beth Arredondo, Ph.D., ABPP, President Elect; Cindy Carlson, Ph.D., ABPP, Secretary; and Michelle Rusin, Ph.D., ABPP as Treasurer.

In our February 24, 2025 quarterly meeting, the CoS voted to amend its bylaws (changes appear in italics)

> The CoS shall recognize specialties by a majority vote of its Directors, said specialties being eligible for recognition *only after creating a taxonomy for education and training in health service specialties in professional psychology approved by the CoS* and either being recognized by the APA Commission for Recognition of Specialties and Subspecialities in Professional Psychology (CRSSPP) or having its credentialing/certifying board affiliated with the American Board of Professional Psychology (ABPP). Any specialty not yet recognized by the CoS, after it has met criterion for recognition by the CoS, shall request, in writing, that the CoS recognize it, and shall complete whatever procedures set into policy by its Board of Directors at that time, in order to allow the Board to deliberate and vote in an informed manner.

We have been considering requests for admission from specialties: Industrial and Organizational Psychology and Organizational & Business Consulting Psychology. We are in ongoing discussions about the multiple requirements of CoS membership consideration including: A Specialty Council, Education & Training Guidelines, and a Taxonomy for Leadership. We are evaluating ways that CoS can optimize its resources to best support all specialties and specialization, given the differences in the size, longevity, and financial resources among specialties.

Respectfully submitted,

Danielle Rynczak, JD, PsyD, ABPP
Council of Specialties in Professional Psychology

National Register
of Health Service Psychologists

Liaison Report to ASPPB
Spring 2025

Collaboration With Licensing Boards

We are proud to work with licensing boards across the US and Canada to expedite mobility through our endorsement program, conduct evaluations of foreign degrees, and provide equivalency applications. Please reach out to Laura Rhymes (Laura@nationalregister.org) if your Board has any need for assistance.

SPTA Advocacy Award

Beginning in 2025, the National Register will present two awards annually to state, provincial, and territorial psychological associations (SPTAs) to honor excellence in advocacy. The two selected SPTAs will each be presented with a $5,000 prize and be recognized at the Division 31 Social Hour at the APA Convention.

National Register/American Psychological Foundation Internship Travel Scholarship

We are now accepting applications for 2025 Internship Travel Scholarships. We will select 80 incoming interns and award $1,000 scholarships to each to help ease the financial burden associated with relocation to their selected internship site.

We are proud of what we have accomplished to date, but we are also aware that this program impacted a fraction of the estimated 2,300 graduate students who will need to move for internship each year. Our fervent wish is to attract sufficient donations to fund more scholarships on a recurring basis, but to do that we will need to raise at least $100,000 a year. Making graduate education more affordable and accessible is key to the profession's future. Please consider a much-needed donation to our fund, which can be made at https://www.nationalregister.org/donate/.

Women's Health Across the Lifespan

We just concluded our first installment of *Women's Health Across the Lifespan: Translating Research to Clinical Practice to Promote Health and Wellness*, a multi-day educational event focused on translating evidence-based research into clinical practice to promote and address women's health across the lifespan. This program, developed in collaboration with Helen L. Coons, PhD, offers participants the opportunity to earn up to 28 CEs across five daylong sessions held over five months. See NationalRegister.org for details.

Opportunities for Doctoral Students and Postdocs

The National Register's Associate Program continues to grow. This program is free for eligible doctoral students, interns, and postdoctoral trainees to begin their credentialing in health service psychology. The sign-up link is https://www.nationalregister.org/hsp-credential/doctoral-students-trainees/.

After joining the Associate Program, doctoral students, interns, and postdoctoral trainees have complimentary access to a variety of benefits including the National Register's Associate Certificate

Program. The Associate Certificate Program offers live, webinar-based training experiences that aim to provide knowledge about a specific area of clinical practice. Our most recent program in February was about grief literacy in therapy.

New Psychologists on Staff

In 2024, we hired Jason Herndon, PhD, MSPH, HSP-P, as the National Register's first Director of Clinical Education. Jason is responsible for shaping the direction of our clinical education offerings and procuring talented mental health providers to present on evidence-based topics. We will soon hire a Chief Psychologist Officer to manage the organization's portfolio of professional practice issues.

Journal of Health Service Psychology

We publish clinically relevant continuing education opportunities in the peer-reviewed *Journal of Health Service Psychology* under the leadership of Editor-in-Chief Dr. Kate Nooner of the University of North Carolina-Wilmington. Dr. Nooner and our editorial team maintain fidelity to our complex clinical problem-solving model, with an expanded focus on the treatment needs of underrepresented communities. We always seek quality submissions using our unique style. Please check out the journal and our submissions guidelines at https://www.nationalregister.org/jhsp-info/manuscript-submission/.

Telepsychology Competencies Credential

We collaborated with our partners at The Trust to create the Telepsychology Competencies Credential (TCC), which assists psychologists in the transition to a telepsychology environment. This series contains approximately 50 hours of highly pertinent clinical and risk-management content. We are preparing to launch version 2.0 of the TCC with new training modules. More information on the TCC can be found at https://thetrusttelepsychology.learnupon.com/store.

National Practice Conference

The 2025 National Practice Conference will be held on October 17-19 in Chicago, IL. Presented in collaboration with our partners at The Trust, the conference is purely practitioner-focused, highlighting complex clinical decision making and risk management strategies. Information and registration will soon be open at www.nationalpracticeconference.org.

Contact: Andrew Boucher, Chief Executive Officer, National Register of Health Service Psychologists, andrew@nationalregister.org

PSYPACT Liaison Report April 2025

The Psychology Interjurisdictional Compact (PSYPACT®) is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.

Mission: PSYPACT issues authorizations, the Authority to Practice Interjurisdictional Telepsychology (APIT) and the Temporary Authorization to Practice (TAP), for the purposes of facilitating interjurisdictional practice of psychology, reducing barriers, and enhancing timely access to mental healthcare to achieve public protection.

The PSYPACT Commission (Commission) is the governing body of PSYPACT, and is the only entity that can grant psychologists the above-described authorities to practice.

PSYPACT Executive Board:
Chair: Patrick Hyde (Texas)
Vice Chair: Lori Rall (Alabama)
Treasurer: Heidi Paakkonen (Arizona)
Member at Large: Pam Groose (Missouri)
Member at Large: Teanne Rose (Oklahoma)
Ex Officio: Mariann Burnetti-Atwell (ASPPB)

PSYPACT Committees:
Appeals Committee
Compliance Committee
Elections Committee
Finance Committee
Requirements Review Committee
Rules Committee
Training and Public Relations Committee

Current Status:
Forty-two jurisdictions have enacted the PSYPACT language, and all are effective. For a complete list, please visit the PSYPACT website (https://psypact.gov/page/psypactmap). There is active legislation in 7 jurisdictions: Hawaii, Iowa, Massachusetts, Montana, New Mexico, New York, and Oregon.

As of March 25, 2025, the Commission has issued:

- 15,914 Authorization to Practice Interjurisdictional Telepsychology (APIT)s. More information about the APIT can be found on the PSYPACT website (https://psypact.gov/page/telepsychology).
- 978 Temporary Authorization to Practice (TAP)s. More information about the TAP can be found on the PSYPACT website (https://psypact.gov/page/temporarypractice).

Highlights:

- Since the PSYPACT Commission is a body politic and an instrumentality of the compact member states, it now has a .gov website address (www.psypact.gov).
- The Commission held its first in person annual meeting since 2019 in November of 2024. The next meeting will be via Zoom on July 14, 2025. The public is welcome and can register at https://us02web.zoom.us/webinar/register/WN_i3jdsWAvTo6ps24TqS6cYA#/registration.
- At its annual meeting in November 2024, the Commission finalized its first strategic plan, which spans three (3) years and can be found on the PSYPACT website (https://cdn.ymaws.com/psypact.gov/resource/resmgr/sp_for_website.pdf).
- The Commission has contracted with Accredible to issue digital badges for APIT and TAP Authorization Holders. The PSYPACT website (https://authorizations.psypact.gov/issuer/152321/credentials) provides more information about the badging.
- The Commission has also contracted with Quorum to provide its legislative tracking and grassroots activities.

Respectfully submitted,

Janet Orwig, MBA, CAE
Executive Director

![ASPPB - Association of State and Provincial Psychology Boards]

ASPPB's 65th Annual Meeting

St. Louis, Missouri

The Chase Park Plaza   **October 22nd – 26th, 2025**

ASPPB Acronym List

-A-

AASPB   American Association of State Psychology Boards (former name of ASPPB)

ABPP   American Board of Professional Psychology   www.abpp.org

ACCA   Advisory Committee on Colleague Assistance (APA) http://www.apa.org/practice/leadership/colleague-assistance.aspx

ACCTA   Association of Counseling Center Training Agencies http://www.accta.net/

ACPRO   Association of Canadian Psychology Regulatory Organizations http://www.acpro-aocrp.ca/

APA   American Psychological Association www.apa.org

APA Council   APA Council of Representatives http://www.apa.org/about/governance/council/index.aspx

APAGS   American Psychological Association of Graduate Students (APA) www.apa.org/apags/

APPIC   Association of Psychology Postdoctoral and Internship Centers   www.appic.org

ASPPB   Association of State and Provincial Psychology Boards   www.asppb.net

-B-

BARC   Board Administrators/Registrars Committee (ASPPB)

BEA   APA Board of Educational Affairs http://www.apa.org/ed/governance/bea/index.aspx

BPA   APA Board of Professional Affairs http://www.apa.org/practice/leadership/bpa/index.aspx

BOD   Board of Directors

-C-

CAPP   Committee for the Advancement of Professional Practice (APA) http://www.apa.org/practice/leadership/capp/index.aspx

CCOPP   Council of Credentialing Organizations in Professional Psychology http://www.apa.org/ed/graduate/specialize/ccopp.aspx

CCPPP   Canadian Council of Professional Psychology Programs http://www.ccppp.ca/

CCPTP   Council of Counseling Psychology Training Programs http://www.ccptp.org/

CCTC   Council of Chairs of Training Councils http://psychtrainingcouncils.org/

CDSPP   Council of Directors of School Psychology Programs https://sites.google.com/site/cdspphome/

CEC   Committee on Exam Coordination (ASPPB)

CECP   APA Committee on Early Career Psychologists http://www.apa.org/careers/early-career/committee/index.aspx

CESPPA   Council of Executives of State, Provincial (and Territorial) Psychological Associations

CLEAR   Council on Licensure, Enforcement and Regulation   http://www.clearhq.org/

CoA   APA Commission on Accreditation http://www.apa.org/ed/accreditation/

CODI   Committee on Disciplinary Issues (ASPPB)

CoS   Council of Specialties in Professional Psychology   http://cospp.org/

CPA   Canadian Psychological Association http://www.cpa.ca/

CPQ   Certificate of Professional Qualification in Psychology (ASPPB)

CRHSPP Canadian Register of Health Service Providers in Psychology
http://www.crhspp.ca/

CRSPPP Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (APA)
http://www.apa.org/ed/graduate/specialize/crsppp.aspx

CUDCP   Council of University Directors of Clinical Psychology   http://cudcp.us/

-D-

Division 13 Society of Consulting Psychology (APA)
http://www.apadivisions.org/division-13/index.aspx

-E-

EFPA   European Federation of Psychologists Associations   http://www.efpa.eu/

ELC   APA Education Leadership Conference
http://www.apa.org/ed/governance/elc/index.aspx

EPPP   Examination for Professional Practice in Psychology (ASPPB)

ExC   EPPP Part 1 Examination Committee (ASPPB)

ExC2   EPPP Part 2 Examination Committee (ASPPB)

-F-

FAC   Finance & Audit Committee (ASPPB)

FARB   Federation of Associations of Regulatory Boards   http://www.farb.org/

-H-

HIPAA   Health Insurance Portability and Accountability Act

-I-

IAAP   International Association of Applied Psychology   http://www.iaapsy.org/

ICE   Institute for Credentialing Excellence (formerly NOCA)
http://www.credentialingexcellence.org/

IDC   EPPP Part 1 Item Development Committee (ASPPB)

IDC2   EPPP Part 2 Item Development Committee (ASPPB)

I/O   Industrial Organizational (Psychology)

IPC   Interjurisdictional Practice Certificate (ASPPB)

ITF   EPPP Part 1 Implementation Task Force (ASPPB)

ITF2   EPPP Part 2 Implementation Task Force (ASPPB)

IUPsyS International Union of Psychological Science

-J-

JDAC   Joint Designation Appeals Committee (ASPPB/NR)

JDC   Joint Designation Committee (ASPPB/NR)

JTA   Job Task Analysis (ASPPB)

(ASPPB)

-M-

MARC   Model Act and Regulations Committee (ASPPB)

MOB   Mobility Committee (ASPPB)

MYM   Midyear Meeting (ASPPB)

-N-

NCSPP   National Council of Schools and Programs of Professional Psychology
http://www.ncspp.info/

NOMS   Nominations Committee (ASPPB)

NR   National Register of Health Service Providers in Psychology
http://www.nationalregister.org/

-P-

P&P   Policies & Procedures

PEP   Psychopharmacology Examination for Psychologists

PEP-EDC   Psychopharmacology Examination for Psychologists Examination Development Committee

PEPPP   Practice Examination for Professional Practice in Psychology Part 1(EPPP Part 1 practice examination at testing centers)

PEPPPO   Practice Examination for Professional Practice in Psychology Part 1 Online (EPPP Part 1 practice examination online)

PLC   State Leadership Conference
http://www.apapracticecentral.org/advocacy/state/slc.aspx

PLUS   Psychology Licensure Universal System (ASPPB)

PSYPACT   Psychology Interjurisdictional Compact

-S-

SIOP   Society for Industrial and Organizational Psychology – APA Division 14
http://www.siop.org/
http://www.apa.org/about/division/div14.aspx

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 3611

1.1   A bill for an act

1.2   relating to health; amending licensing requirements for graduates of foreign medical

1.3   schools; amending Minnesota Statutes 2022, section 147.037, by adding a

1.4   subdivision; Minnesota Statutes 2023 Supplement, section 147.037, subdivision

1.5   1.

1.6   BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7   Section 1. Minnesota Statutes 2023 Supplement, section 147.037, subdivision 1, is amended

1.8   to read:

1.9   Subdivision 1. **Requirements.** The board shall issue a license to practice medicine to

1.10   any person who satisfies the requirements in paragraphs (a) to (g).

1.11   (a) The applicant shall satisfy all the requirements established in section 147.02,

1.12   subdivision 1, paragraphs (a), (e), (f), (g), and (h).

1.13   (b) The applicant shall present evidence satisfactory to the board that the applicant is a

1.14   graduate of a medical or osteopathic school approved by the board as equivalent to accredited

1.15   United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,

1.16   or other relevant data. If the applicant is a graduate of a medical or osteopathic program

1.17   that is not accredited by the Liaison Committee for Medical Education or the American

1.18   Osteopathic Association, the applicant may use the Federation of State Medical Boards'

1.19   Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses

1.20   this service as allowed under this paragraph, the physician application fee may be less than

1.21 $200 but must not exceed the cost of administering this paragraph.

1.22   (c) The applicant shall present evidence satisfactory to the board that the applicant has

1.23   been awarded a certificate by the Educational Council for Foreign Medical Graduates, and

Section 1.   1

2.1   the applicant has a working ability in the English language sufficient to communicate with

2.2   patients and physicians and to engage in the practice of medicine.

2.3   (d) The applicant shall present evidence satisfactory to the board of the completion of

2.4   one year of graduate, clinical medical training in a program accredited by a national

2.5   accrediting organization approved by the board. This requirement does not apply to an

2.6   applicant who is admitted pursuant to the rules of the United States Department of Labor

2.7   and:

2.8   (1) who was admitted as a permanent immigrant to the United States on or before October

2.9   1, 1991, as a person of exceptional ability in the sciences according to Code of Federal

2.10   Regulations, title 20, section 656.22(d); or

2.11   (2) who holds a valid license to practice medicine in another country and was issued a

2.12   permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the

2.13   field of science or as an outstanding professor or researcher according to Code of Federal

2.14   Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as a person

2.15   of extraordinary ability in the field of science according to Code of Federal Regulations,

2.16   title 8, section 214.2(o).

2.17   (e) The applicant must:

2.18   (1) have passed an examination prepared and graded by the Federation of State Medical

2.19   Boards, the United States Medical Licensing Examination (USMLE) program in accordance

2.20   with section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of

2.21   Canada; and

2.22   (2) if the examination in clause (1) was passed more than ten years ago and the applicant

2.23   has not practiced medicine within the past ten years, either:

2.24   (i) pass the Special Purpose Examination of the Federation of State Medical Boards

2.25   (SPEX) or the Comprehensive Osteopathic Medical Variable-Purpose Examination of the

2.26   National Board of Osteopathic Medical Examiners (COMVEX). The applicant must pass

2.27   the SPEX or COMVEX within no more than three attempts of taking the SPEX, COMVEX,

2.28   or a combination of the SPEX and COMVEX; or

2.29   (ii) have a current certification by a specialty board of the American Board of Medical

2.30   Specialties, the American Osteopathic Association, the Royal College of Physicians and

2.31   Surgeons of Canada, or the College of Family Physicians of Canada; or

2.32   (3) if the applicant fails to meet the requirement established in section 147.02, subdivision

2.33   1, paragraph (c), clause (2), because the applicant failed to pass within the permitted three

3.1 attempts each of steps or levels one, two, and three of the USMLE or the Comprehensive

3.2 Osteopathic Medical Licensing Examination (COMLEX-USA), the applicant may be granted

3.3 a license provided the applicant:

3.4 (i) has passed each of steps or levels one, two, and three within no more than four attempts

3.5 for any of the three steps or levels with passing scores as recommended by the USMLE or

3.6 COMLEX-USA program;

3.7 (ii) is currently licensed in another state; and

3.8 (iii) has current certification by a specialty board of the American Board of Medical

3.9 Specialties, the American Osteopathic Association, the Royal College of Physicians and

3.10 Surgeons of Canada, or the College of Family Physicians of Canada.

3.11 (f) The applicant must not be under license suspension or revocation by the licensing

3.12 board of the state or jurisdiction in which the conduct that caused the suspension or revocation

3.13 occurred.

3.14 (g) The applicant must not have engaged in conduct warranting disciplinary action

3.15 against a licensee or have been subject to disciplinary action other than as specified in

3.16 paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the

3.17 board may issue a license only on the applicant's showing that the public will be protected

3.18 through issuance of a license with conditions or limitations the board considers appropriate.

3.19 Sec. 2. Minnesota Statutes 2022, section 147.037, is amended by adding a subdivision to

3.20 read:

3.21 Subd. 1b. **Limited license.** (a) The board must issue a limited license to any person who

3.22 satisfies the requirements of subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

3.23 (1) has practiced as a medical professional performing the duties of a physician for at

3.24 least five years outside of the United States;

3.25 (2) submits sufficient evidence of an offer to practice within the context of a collaborative

3.26 agreement within a hospital or clinical setting where the limited license holder and physicians

3.27 work together to provide patient care; and

3.28 (3) provides services in a designated rural area or underserved urban community as

3.29 defined in section 144.1501.

3.30 (b) A person issued a limited license under this subdivision must not be required to

3.31 present evidence satisfactory to the board of the completion of one year of graduate clinical

4.1   medical training in a program accredited by a national accrediting organization approved

4.2   by the board.

4.3   (c) An employer of a limited license holder must pay the limited license holder at least

4.4   an amount equivalent to a medical resident in a comparable field.

4.5   (d) The board must issue a full and unrestricted license to practice medicine to a person

4.6   who holds a limited license issued pursuant to paragraph (a) and who has:

4.7   (1) held the limited license for two years and is in good standing to practice medicine

4.8   in this state;

4.9   (2) practiced for a minimum of 1,350 hours for each of the previous two years; and

4.10   (3) submitted a letter of recommendation in support of a full and unrestricted license

4.11   from a physician who participated in the collaborative agreement.

4.12   (e) For purposes of this subdivision, "collaborative agreement" means a mutually agreed

4.13   upon plan for the overall working relationship and collaborative arrangement between a

4.14   holder of a limited license and one or more physicians licensed under this chapter that

4.15   designates the scope of services that can be provided to manage the care of patients. The

4.16   limited license holder and one of the collaborating physicians must have experience in

4.17   providing care to patients with the same or similar medical conditions. The collaborating

4.18   physician is not required to be physically present as long as the collaborating physician and

4.19   limited license holder can easily contact each other by radio, telephone, or other

4.20   telecommunication device.

Minnesota Board of Psychology Executive Director Report
June 30, 2025

Introduction

The mission of the Board is to protect the public through licensure, regulation, and education to promote access to safe, competent, and ethical psychological services. The work of the Board is strategically aligned to accomplish this mission, including prioritization of Board action and the assignment of resources (both human and financial).

The work of the Board has focused on the following since the last Board meeting:

I. Administrative Updates
    a. Assistant Executive Director Licensing Update
        The Licensure Team has continued to support the Mission and Vision of the Board by processing Psychologist and Behavior Analyst license applications. Board staff have issued approximately 700 Behavior Analyst Licenses to date. The majority of license holders report an address in Minnesota, about 9% reside in a state bordering Minnesota, and 21% are in other locations in the United States and outside the US. The licensure team is also contacting applicants that have not had movement on their application for more than a year. Board staff are providing information to applicants that wish to continue their applications and will be following their progress as they continue to work towards licensure. The licensure team continues to carryout efficient procedures to provide Psychology and Behavior Analyst applicants an equitable process to licensure.

II. Executive Director's Report

    a. Return to Office
        The Board is working to bring staff back into the office per the Governor's change to the State Telework Policy requiring all staff to work in the office 50% of the days during the month. As of today, the Board is in full compliance with the new telework policy.

    b. ASPPB Midyear Meeting
        The ASPPB Midyear meeting in Montreal in April. The themes of the meeting were mobility, international applicants, and workforce. In addition to the presentations, several updates were shared about the new EPPP, the APA's proposed model act, as well as a few updates from other jurisdictions. The Meeting documents are attached for review.

c. Integrating the Behavior Analyst Advisory Council into the Complaint Resolution Committee
   Over the past several months staff have worked with the Behavior Analyst Advisory Council and the Complaint Resolution Committees to integrate Licensed Behavior Analyst complaints into our general psychology complaint process.

d. Legislative Update:
   There will be a special session this year. The Board's budget is not yet approved by the legislature.

   SF 3611 – Foreign Trained Medical Graduate Licensure Requirements bill is an interesting approach to how one profession is licensing medical professionals who are otherwise unable to become licensed in Minnesota.

   HF2434 – Early Intensive Developmental and Behavioral Intervention Provisional License

e. Financial Update:

   Revenues: Currently the Board has collected $1,031.930. That's 80% of the projected revenue as of March 30th. Renewals are on track to meet projections. Same with new licensure applications. Behavior Analyst applications are $155,000, or 173% of projections.

   Expenses: Currently the Board has expended $715,929. That is 37.9% of our budgeted expenses and 69% of our revenues. The largest drivers of cost are staffing, MNIT, AGO, and rent.

- MINNESOTA BOARD OF PSYCHOLOGY

DATE: 5/30/2025

SUBMITTED BY: State Program Administrator

TITLE: Board Administrative Terminations

INTRODUCTION TO THE TOPIC:

The Board shall terminate the license of a licensee whose license renewal is at least 60 days overdue and to whom notification has been sent as provided in the administrative rules. Failure of a licensee to receive notice is not grounds for later challenge of the termination.

Licensees are provided several opportunities to renew the license prior to Board termination. Licensees are sent a notice within 30 days after the renewal date when they have not renewed the license. This letter is sent via certified mail to the last known address of the licensee in the file of the board. This notifies the licensee that the license renewal is overdue and that failure to pay the current renewal fee and the current late fee ($250.00) within 60 days after the renewal date will result in termination of the license. A second notice is sent to the licensee at least seven days before a board meeting (which occurs 60 days or more after the renewal date). Minn. R. 7200.3510.

BOARD ACTION REQUESTED:

License	Name	Expiration Date
LP6892	Jacob Zimmerman	1/31/2025
LP6641	Susanne Long	1/31/2025
LP3229	Kirsten Jann	1/31/2025
LP2075	Scot Hunter	1/31/2025
LP2125	Lester Heitke	1/31/2025
LP3596	Marilee Heggem	1/31/2025
LP6869	Michael Broadwell	11/30/2024
LP5844	Tanya Adams	11/30/2024
LP4417	Michael Brunner	11/30/2024
LP1787	Harry Hoberman	11/30/2024
LP1813	Russell Lee	11/30/2024
LP3579	Mark Traxler	11/30/2024
LP4536	Sara Gurganus	11/30/2024
LP4612	Peter Larson	11/30/2024
LP6871	Karen Fasciano	11/30/2024
LP6896	Antonia Forbes Berg	2/28/2025
LP6651	Jaimie Rubin	2/28/2025
LP6377	Rachel Leonard	2/28/2025
LP2291	Julie Westlund	2/28/2025
LP4138	Patricia Seger	2/28/2025
LP3243	Loretta Diez	2/28/2025
LP3604	Nanette Brown	2/28/2025