

**BEHAVIORAL SCIENCES REGULATORY BOARD
LICENSED PSYCHOLOGY ADVISORY COMMITTEE
AGENDA
JUNE 14, 2022**

Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform.

You may view the meeting here: <https://youtu.be/1EbYaPNwPF4>

**To join the meeting by conference call: 877-278-8686
The pin: 327072**

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

Tuesday, June 14, 2022, 6:00 p.m.

- I. Call to order and Roll Call**
- II. Agenda Approval**
- III. Minutes Approval for Previous Meeting on April 12, 2022**
- IV. Executive Director's Report**
- V. Old Business**
 - A. Update on PSYPACT Commission**
 - B. Continued Discussion on Unprofessional Conduct Regulations**
- VI. New Business**
 - A. Comments on ASPPB Draft Resource on Regulation of Practicum Experience for Licensure**
- VII. Next Meeting: Tuesday, August 9, 6:00 p.m.?**
- VIII. Adjournment**

**Behavioral Sciences Regulatory Board
Licensed Psychology Advisory Committee Meeting
April 12, 2022**

Draft Minutes

- I. Call to Order.** Ric Steele, Chair of the Advisory Committee, called the meeting to order at 6 p.m.

Committee Members. Ric Steele, Bruce Nystrom, Jessica Hamilton, Tiffany Johnson, Janine Kesterson, Rodney McNeal, Zachary Parrett, and Doug Wright and were present by Zoom.

BSRB Staff. David Fye and Leslie Allen were present by Zoom.

- II. Review and Approval of the Agenda.** Doug Wright moved to approve the agenda. Jessica Hamilton seconded the motion. The motion passed.
- III. Review and Approval of Minutes from Meeting on February 8, 2022.** Tiffany Johnson moved to approve the minutes from the Advisory Committee meeting on February 8, 2022. Bruce Nystrom seconded the motion. The motion passed.
- IV. Executive Director Report.** David Fye, Executive Director for the Behavioral Sciences Regulatory (BSRB), reported on the following items:
- A. BSRB Staff Update.** The BSRB is still under most of the Governor's pandemic directions, including the limitation on in-person meetings, so the agency is unable to hold Board or Advisory Committee meetings in person currently. Most staff are working in the office full-time, though the two investigators are using a telework hybrid model, working in the office three days each week and utilizing the BSRB Telework Pilot two days each week.
- B. 2022 Legislative Session.** The Executive Director provided a brief summary of the legislative process to enact a bill, including legislative deadlines. The Legislature is currently on a three-week break, before returning and wrapping up most items during the legislative Omnibus period. The appropriations bill (House Substitute for Substitute for Senate Bill (SB) 267) was passed by the Legislature and is pending review and action by the Governor. The Executive Director provided a summary of legislative action on the Board's recommendations, beginning with the introduction of SB 387, the hearing and Senate Committee discussion on that bill, Amended SB 387 being passed out of the Senate Committee after the Senate Committed voted to remove the licensed psychology Board recommendation, SB 387 dying on the Senate calendar, follow up efforts to have Amended SB 387 reintroduced, heard, and worked in a House Committee, and the activities in Legislative conference committees. Ultimately, two Board recommendations were passed in the final version of SB 453. The final bill included Board recommendations for the addiction counselor profession and the social work profession, but not the Board's recommendation concerning

continuing education changes for the Licensed Psychology profession. Another bill relevant to the BSRB is House Bill (HB) 2087, which was passed with the previous contents of Substitute for SB 34. HB 2087 requires all agencies to submit a report to the Joint Committee on Rules and Regulations, for all agency regulations, explaining if each regulation is necessary for the implementation of state law. There are over 120 regulations for the BSRB, so creation of this report will necessitate the agency diverting staff time from regular duties and will likely cause licensing delays or lead the agency to hire additional part-time staff.

C. March Board Meeting. The Executive Director provided updates from the Board meeting on March 14, 2022. Most full Board meetings will begin at 9am, at least while meetings are held remotely. The Board is reviewing the Investigation Policy for the Board, which was last updated in 2009. The Executive Director will be presenting a report to the Board with proposed changes to the Policy at the May Board meeting. Certain statutes and regulations state authority for actions as “the Board,” but some of these tasks have been delegated over the years to the BSRB, the Executive Director, the Complaint Review Committee, etc. The Executive Director noted he will bring sections of statutes and regulations before the Board to clarify delegation authority and possibly have the Board vote to renew some of these delegations. The Board discussed Board-approved supervisor training and if there are adequate opportunities for supervisor trainings. The Executive Director noted that a majority of current members of the Behavior Analyst Advisory Committee started serving on the Advisory Committee in 2015. While the Advisory Committee did not meet every year since that time, the maximum period for membership on the Advisory Committee is 8 years, so several Advisory Committee members will reach their maximum service at the end of June 2023. In future meetings, the Board intends to discuss impaired provider programs, telehealth standards, and other topics.

D. Conferences. The Executive Director will be attending upcoming conferences for the Association of State and Provincial Psychology Boards (ASPPB) and the Association of Social Work Boards (ASWB) later this month and will provide a report on any items relevant to the Advisory Committee.

V. Old Business

A. PSYPACT Update. The Executive Director noted that, as of the beginning of April 2022, forty BSRB Licensed Psychologist practitioners with Kansas as their home state have applied and have been approved to provide telehealth services under the Compact. Four Licensed Psychologist practitioners have been approved to provide limited in-state services in other Compact states, under PSYPACT authority. The Executive Director noted the BSRB office has received several questions from licensees concerning PSYPACT and information has been provided regarding the Compact. Additionally, information on the front page of the BSRB website provides answers to most questions and links to a portal so members of the public can check to see if an individual is listed as a practitioner under PSYPACT authority. A PSYPACT mid-year meeting is scheduled for July 2022 and the annual meeting will take place in

November 2022. The Executive Director summarized recent news items related to PSYPACT in the quarterly PSYPACT newsletter.

VI. New Business

A. Unprofessional Conduct Regulations. Advisory Committee members received a copy of the unprofessional conduct regulations for the profession (K.A.R. 102-1-10a) at the previous Advisory Committee meeting and were asked to discuss whether any changes were needed. The Executive Director noted that, in the materials for this meeting, members of the Advisory Committee also received a copy of K.A.R. 102-1-20, which includes regulations on unprofessional conduct regarding recordkeeping. Members of the Advisory Committee discussed the following subjects:

- K.A.R. 102-1-20 Recordkeeping. Advisory Committee members discussed whether to keep the recordkeeping regulation as a separate regulation or whether it could become an item under the general unprofessional conduct regulation. The Executive Director noted that the last time both regulations were updated was in the early 2000's, so it is unclear why the regulations are separate. Advisory Committee members noted it would be helpful to see past versions of the unprofessional conduct regulations, to see what changes were made over the years. Advisory Committee members asked which regulations currently reference K.A.R. 102-1-20, to determine whether moving the contents to the main unprofessional conduct regulation would cause issues. The Executive Director noted that he would attempt to check for these references. Advisory Committee members discussed whether the physical location of a practitioner or client should be required in records, but the Committee decided that no change was necessary to add this item as a requirement to the regulation. Advisory Committee members expressed general support for adding language that a practitioner should have a policy for transferring custodianship of client records to another responsible party in the event of the practitioner's unexpected death, but no official recommendation was made to change the regulation.
- K.A.R. 102-1-10a(c) and K.A.R. 102-1-10a(d). Advisory Committee members discussed the difference in language referencing the groups of individuals in K.A.R. 102-1-10a(c)(1)(B) and K.A.R. 102-1-10a(c)(1)(A) and discussed whether "A" should include reference to supervisees and students. It was the consensus of the Advisory Committee to add reference to "supervisee" and "student" to K.A.R. 102-1-10a(c)(1)(A). Members of the Advisory Committee discussed whether a time period should be referenced for the prohibited behavior. It was noted that K.A.R. 102-1-10a(d) appears provides a time limitation of 24 months, though a possible source of confusion was noted, as (c) and (d) partially address the same topic. Advisory Committee members discussed whether the reference to "supervisees" should refer to clinical supervision or general employment supervision. Leslie Allen, Assistant Director and Licensing Manager, provided the definition for "supervision" currently in the regulation, noting that the definition

of supervision includes both “general training supervision” and “clinical supervision,” which are also defined terms in the regulations.

- K.A.R. 102-1-10a(e). Advisory Committee discussed the topic of informed consent as related to forensic examinations, and expressed general support for adding a new item 4, considering several phrasings, such as “failing to inform the client of the limit of a professional relationship and the requirements imposed by other parties,” “failing to inform clients when a 3rd party is the client,” or “failing to inform clients when the provider’s ability to maintain privacy or confidentiality is compromised by a 3rd party.”
- Advisory Committee members noted their intention to continue review of the unprofessional conduct regulations at the next meeting, with a goal of getting through K.A.R. 102-1-10a(j).

B. Possible Requirements for Assessments or Services to be Performed In-Person.

At the last Advisory Committee meeting on February 8, 2022, Advisory Committee members discussed whether certain assessments or services should be required to be provided in-person, rather than through telehealth. It was the consensus of Advisory Committee members that, rather than outline specific practices that must be performed in person, this topic should be addressed in the discussion of proposed changes to unprofessional conduct regulation K.A.R. 102-2-10a(j), improperly using assessment procedures.

C. Pre-Approved Providers for Continuing Education. The BSRB currently offers optional pre-approved status for continuing education providers and continuing education programs for the social work profession (social work was the profession that had requested this process previously). The Executive Director discussed the benefits and drawbacks involved in this process, for the providers and for the staff of the BSRB. At the last Board meeting, Advisory Committees were asked to discuss whether the BSRB should pursue similar language for their professions. Advisory Committee members discussed the current process by which the American Psychological Association (APA) already offers a similar service to approve continuing education providers. Leslie Allen, Assistant Director and Licensing Manager for the BSRB, clarified the BSRB fees for pre-approval of continuing education. The Advisory Committee made no recommendation concerning this topic.

Next Advisory Committee Meeting Date. Tuesday, June 14, 2022, at 6:00 p.m.

Adjournment. Doug Wright moved to Adjourn. Rodney McNeal seconded. The motion passed.

2002 SUPPLEMENT

to the

The seal of the State of Kansas is a circular emblem. It features a central illustration of a landscape with a sun rising over mountains, a river, and a plow being pulled by oxen. Above the illustration is a banner with the Latin motto "AD ASTRA PER ASPERA". The seal is positioned behind the main title text.

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the supervisor may meet with the supervisee by interactive video or other electronic or telephonic means of communication. The supervisor and supervisee may use any electronic or telephonic means of communication that protects the confidentiality of their supervision. The use of these means of communication shall not exceed one out of every four supervisory sessions;

(B) be available to the supervisee at the points of decision making regarding the diagnosis and treatment of clients or patients;

(C) conduct supervision as a process that is distinct from providing personal therapy, didactic instruction, or consultation;

(D) in conjunction with the supervisee, review and evaluate the psychological services delivered and procedures used;

(E) ensure that each client or patient knows that the supervisee is practicing psychology under supervision;

(F) be available to the supervisee for emergency consultation and intervention; and

(G) maintain documentation of supervision that details each type of psychological services and procedures in which the supervisee engages and the supervisee's competence in each.

(f) Supervisee requirements. Each person attaining the supervised experience necessary for licensure as a psychologist shall meet the following criteria:

(1) Fully participate in the supervisory process in a responsible manner; and

(2) inform, in writing, each client or patient for whom the supervisee is practicing psychology of the name of and the means to contact the supervisor. (Authorized by K.S.A. 74-5314, K.S.A. 1999 Supp. 74-5316, and K.S.A. 1999 Supp. 74-7507; implementing K.S.A. 1999 Supp. 74-5310, K.S.A. 74-5314, K.S.A. 1999 Supp. 74-5316, and K.S.A. 74-5317; effective Oct. 27, 2000.)

102-1-10. (Authorized by K.S.A. 74-7507; implementing K.S.A. 74-7507 and K.S.A. 74-5342; effective May 1, 1982; amended May 1, 1984; amended, T-85-35, Dec. 10, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended Aug. 4, 1995; revoked Jan. 4, 2002.)

102-1-10a. Unprofessional conduct. The following shall be considered unprofessional conduct:

(a) Practicing psychology in an incompetent manner, which shall include the following acts:

(1) Misrepresenting professional competency by offering to perform services that are inconsistent with the licensee's education, training, or experience;

(2) performing professional services that are inconsistent with the licensee's education, training, or experience; and

(3) without just cause, failing to provide psychological services that the licensee is required to provide under the terms of a contract;

(b) practicing with impaired judgment or objectivity, which shall include the following acts:

(1) Using alcohol or other substances to the extent that it impairs the psychologist's ability to competently engage in the practice of psychology; and

(2) failing to recognize, seek intervention, and make arrangements for the care of clients if one's own personal problems, emotional distress, or mental health difficulties interfere with or negatively impact professional judgement, professional performance and functioning, or the ability to act in the client's best interests;

(c) engaging in harmful dual relationships, which shall include the following acts:

(1) Making sexual advances toward or engaging in physical intimacies or sexual activities with any of the following persons:

(A) Any person who is a client;

(B) any person who, within the past 24 months, has been a client; or

(C) any person that the licensee knows who has a significant relationship with the client, supervisee, or student;

(2) failing to inform the client or patient of any financial interests that might accrue to the licensed psychologist for referral to any other service or for the sale, promotion, or use of any tests, books, electronic media, or apparatus; and

(3) exercising undue influence over any client or any person who within the past 24 months has been the client of that licensee;

(d) failing to obtain informed consent, which shall include the following acts:

(1) Failing to obtain and document, in a timely manner, informed consent from the client or legally authorized representative for clinical psychological services before the provision of any of these services except in an emergency situation. This informed consent shall include a description of the possible effects of treatment or procedures when there are known risks to the client or patient;

(2) failing to provide clients or patients with a description of what the client or patient may expect in the way of tests, consultation, reports, fees, billing, and collection; and

(3) failing to inform clients or patients when a proposed treatment or procedure is experimental; (e) ignoring client welfare, which shall include the following acts:

(1) Failing to provide copies of reports or records to a licensed healthcare provider authorized by the client following the licensee's receipt of a formal written request, unless the release of that information is restricted or exempted by law or by these regulations, or the disclosure of the information would be injurious to the welfare of the client;

(2) failing to inform the client or patient that the client or patient is entitled to the same services from a public agency if the licensed psychologist is employed by that public agency and also offers services privately;

(3) engaging in behavior that is abusive or demeaning to a client, student, or supervisee;

(4) soliciting or agreeing to provide services to prospective clients or patients who are already receiving mental health services elsewhere without openly discussing issues of disruption of continuity of care with the prospective client or patient, or with other legally authorized persons who represent the client or patient, and when appropriate, consulting with the other service provider about the likely effect of a change of providers on the client's general welfare;

(5) failing to take each of the following steps before termination for whatever reason, unless precluded by the patient's or client's relocation or noncompliance with the treatment regimen:

(A) Discuss the patient's or client's views and needs;

(B) provide appropriate pretermination counseling;

(C) suggest alternative service providers, as appropriate; and

(D) take other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately;

(6) failing to arrange for another psychologist or other appropriately trained mental health professional to be available to handle clinical emergencies if the psychologist anticipates being unavailable for a significant amount of time;

(7) failing to be available for the timely handling of clinical emergencies after having agreed to provide coverage for another psychologist;

(8) failing to terminate a professional relationship if it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service;

(9) failing to delegate to employees, supervisees, and research assistants only those responsibilities that these persons can reasonably be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided;

(10) failing to provide training and supervision to employees or supervisees and to take reasonable steps to see that these persons perform services responsibly, competently, and ethically; and

(11) continuing to use or order tests, procedures, or treatment, or to use treatment facilities or services not warranted by the client's or patient's condition;

(f) failing to protect confidentiality, which shall include the following acts:

(1) Failing to inform each client, supervisee, or student of the limits of client confidentiality, the purposes for which the information may be obtained, and the manner in which it may be used;

(2) revealing any information regarding a client or failing to protect information contained in a client's records, unless at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health and safety of an individual or the public;

(C) the psychologist is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of psychology, in which case disclosure shall be limited to that action; or

(D) the patient has signed a written release that authorizes the psychologist to release information to a specific person or persons identified in the release; and

(3) failing to obtain written, informed consent from each client or the client's legal representative or representatives or from any other participant before performing either of the following actions:

(A) Electronically recording sessions with the client, or other participants, including audio and video recordings; or

(B) permitting third-party observation of the activities of the client or participant;

(g) misrepresenting the services offered or provided, which shall include the following acts:

(1) Failing to inform a client if services are provided or delivered under supervision;

(2) making claims of professional superiority that cannot be substantiated;

(3) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(4) knowingly engaging in fraudulent or misleading advertising; and

(5) taking credit for work not personally performed;

(h) engaging in improprieties with respect to fees and billing statements, which shall include the following acts:

(1) Exploiting clients or payers with respect to fees;

(2) misrepresenting one's fees;

(3) failing to inform a patient or client who fails to pay for services as agreed that collection procedures may be implemented, including the possibility that a collection agency may be used or legal measures may be taken; and

(4) filing claims for services that were not rendered;

(i) improperly using assessment procedures, which shall include the following acts:

(1) Basing assessment, intervention, or recommendations on test results and instruments that are inappropriate to the current purpose or to the patient characteristics;

(2) failing to identify situations in which particular assessment techniques or norms may not be applicable or failing to make adjustments in administration or interpretation because of relevant factors, including gender, age, race and other pertinent factors;

(3) failing to indicate significant limitations to the accuracy of the assessment findings;

(4) failing to inform individuals or groups at the outset of an assessment that the psychologist is precluded by law or by organizational role from providing information about results and conclusions of the assessment;

(5) endorsing, filing, or submitting psychological assessments, recommendations, reports, or diagnostic statements on the basis of information and techniques that are insufficient to substantiate those findings;

(6) releasing raw test results or raw data either to persons who are not qualified by virtue of education, training, or supervision to use that infor-

mation or in a manner that is inappropriate to the needs of the patient or client; and

(7) allowing, endorsing, or supporting persons who are not qualified by virtue of education, training, or supervision to administer or interpret psychological assessment techniques;

(j) violating applicable law, which shall include the following acts:

(1) Impersonating another person holding a license issued by this or any other board;

(2) claiming or using any method of treatment or diagnostic technique that the licensed psychologist refuses to divulge to the board;

(3) refusing to cooperate in a timely manner with the board's investigation of complaints lodged against an applicant or a psychologist licensed by the board. Any psychologist taking longer than 30 days to provide requested information shall have the burden of demonstrating that the psychologist has acted in a timely manner; and

(4) being convicted of a crime resulting from or relating to the licensee's professional practice of psychology;

(k) aiding an illegal practice, which shall include the following acts:

(1) Knowingly allowing another person to use one's license;

(2) knowingly aiding or abetting anyone who is not credentialed by the board to represent that individual as a person credentialed by the board;

(3) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified in respect to character, education, or other relevant eligibility requirements;

(4) making a materially false statement or failing to disclose a material fact in an application for licensure or renewal of licensure; and

(5) failing to notify the board, within a reasonable period of time, that any of the following conditions apply to the psychologist or that the psychologist has knowledge, not obtained in the context of confidentiality, that any of the following conditions apply to another professional regulated by the board:

(A) A licensee has had a license, certificate, permit, registration, or other certificate, registration or license in psychology or in the field of behavioral sciences, granted by any state or jurisdiction, that has been limited, restricted, suspended or revoked;

(B) a licensee has been subject to disciplinary

that is inappropriate to the client; and
 ing, or supporting persons by virtue of education, training, administer or interpret psychological techniques;
 ble law, which shall include

another person holding a license or any other board;
 ing any method of treatment or that the licensed psychologist is to the board;

operate in a timely manner investigation of complaints of a psychologist licensee. Any psychologist taking to provide requested information burden of demonstrating as acted in a timely manner;

of a crime resulting from licensee's professional practice

l practice, which shall include:
 ing another person to use

g or abetting anyone who is on the board to represent that he is credentialed by the board; censure or registration of a person who is known or reasonably unqualified in respect to or other relevant eligibility

ally false statement or failure to state a fact in an application for licensure; and

the board, within a reasonable time, any of the following: a psychologist or that the psychologist, not obtained in the past, that any of the following: other professional regulated

had a license, certificate, or other certificate, registration or in the field of behavior by any state or jurisdiction, restricted, suspended

been subject to disciplinary

action by a licensing or certifying authority or professional association;

(C) a licensee has been terminated or suspended from employment for some form of misfeasance, malfeasance, or nonfeasance;

(D) a licensee has been convicted of a felony;

or
 (E) a licensee has practiced in violation of the laws or regulations regulating the profession;
 A psychologist taking longer than 30 days to notify the board shall have the burden of demonstrating that the psychologist acted within a reasonable period of time;

(l) failing to maintain and retain records as outlined in K.A.R. 102-1-20;

(m) improperly engaging in research with human subjects, which shall include the following acts:

(1) Failing to consider carefully the possible consequences for human beings participating in the research;

(2) failing to protect each participant from unwarranted physical and mental harm;

(3) failing to ascertain that the consent of the participant is voluntary and informed; and

(4) failing to preserve the privacy and protect the anonymity of the subjects within the terms of informed consent;

(n) engaging in improprieties with respect to forensic practice, which shall include the following acts:

(1) When conducting a forensic examination, failing to inform the examinee of the purpose of the examination and the difference between a forensic examination and a therapeutic relationship;

(2) in the course of giving expert testimony in a legal proceeding, performing a psychological assessment in a biased, nonobjective, or unfair manner or without adequate substantiation of the findings;

(3) failing to conduct forensic examinations in conformance with established scientific and professional standards; and

(4) if a prior professional relationship with a party to legal proceeding precludes objectivity, failing to report this prior relationship and to clarify in both written report and actual testimony the possible impact of this prior relationship on the resulting conclusions and recommendations; and

(o) engaging in improprieties with respect to supervision, which shall include the following acts:

(1) Failing to provide supervision in compliance with subsection (d) of K.A.R. 102-1-5a;

(2) failing to provide supervision to a person working towards licensure as a clinical psychotherapist in compliance with KAR 102-4-7a and amendments thereto; and

(3) failing to provide regular, periodic, written supervisory feedback to the supervisee. (Authorized by and implementing K.S.A. 2000 Supp. 74-7507 and K.S.A. 74-5324; effective Jan. 4, 2002.)

102-1-12. Educational requirements.

(a) A graduate applicant for psychology licensure shall be deemed to have received a doctoral degree based on a program of studies in content primarily psychological as set forth in K.S.A. 74-5310 and amendments thereto, or the substantial equivalent of this program, in both subject matter and extent of training if this doctoral degree program is or was accredited by the American psychological association at the time the applicant graduated. If not so accredited, the doctoral degree program from which the applicant was granted the degree shall meet all of the following criteria:

(1) The doctoral program is offered by an institution of higher education that is regionally accredited by an accrediting agency substantially equivalent to those agencies that accredit the universities in Kansas.

(2) The program offers doctoral education and training in psychology, one goal of which is to prepare students for the practice of psychology.

(3) The program stands as a recognized, coherent organizational entity within a university or college.

(4) There is a clear administrative authority with primary responsibility within the program for the substantive content areas as set forth below in paragraph (a)(12), and in the emphasis areas of psychology.

(5) The program is an organized sequence of study designed to provide an integrated educational experience.

(6) There is an identifiable full-time faculty, and the person responsible for the program is licensed or academically eligible at the doctoral level to engage in the practice of psychology.

(7) The student's major advisor is a member of the psychology faculty.

(8) The program has an identifiable body of students who are matriculated in the program for a degree.

(9) The program publicly states an explicit philosophy of training by which it intends to prepare

2004 Supplement

to the

Kansas

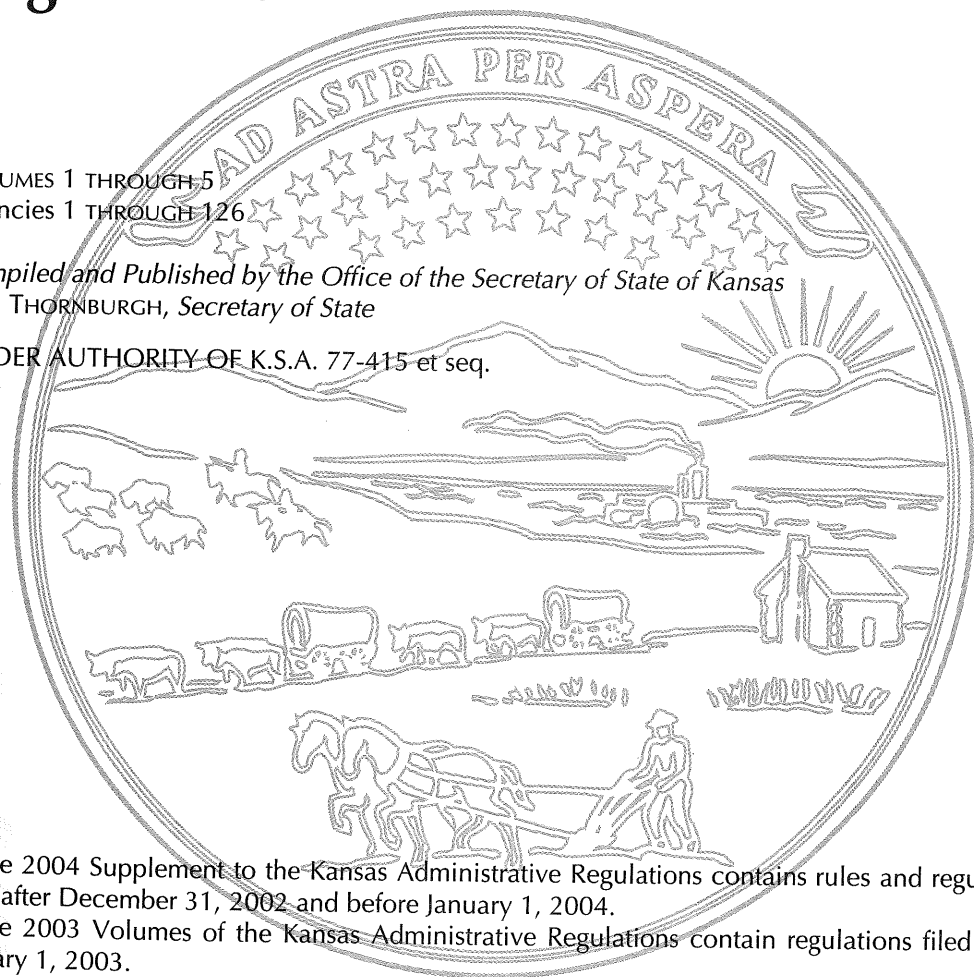
Administrative

Regulations

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RON THORNBURGH, Secretary of State

UNDER AUTHORITY OF K.S.A. 77-415 et seq.



The 2004 Supplement to the Kansas Administrative Regulations contains rules and regulations filed after December 31, 2002 and before January 1, 2004.

The 2003 Volumes of the Kansas Administrative Regulations contain regulations filed before January 1, 2003.

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TOPEKA, KANSAS 2004

(1) The completed renewal form provided by the board;

(2) the renewal fee required by K.S.A. 74-5319 and amendments thereto, as set forth in K.A.R. 102-1-13(a)(3); and

(3) evidence satisfactory to the board that the psychologist has completed the required number of continuing education hours as specified in K.A.R. 102-1-15.

(b) To be considered for reinstatement of a revoked psychology license for reasons other than incapacity of the psychologist, the applicant shall submit the following items to the board:

(1) The completed reinstatement form provided by the board;

(2) the reinstatement fee equal to the renewal fee as set forth in K.A.R. 102-1-13(a)(3);

(3) if the applicant is required to take an examination, the examination fee as set forth in K.A.R. 102-1-13(a)(4);

(4) proof satisfactory to the board of compliance with any term specified by an order of the board as a condition of reinstatement of the license;

(5) any materials, information, evaluation or examination reports, or other documentation that the board may request that will enable it to satisfactorily evaluate and determine whether or not the license should be reinstated. In determining whether or not the license should be reinstated, factors including the following shall be considered by the board:

(A) The extent to which the individual presently merits the public trust;

(B) the individual's demonstrated understanding of the wrongful conduct that resulted in the license revocation. This understanding may be demonstrated either by successfully completing an oral interview with the board or by preparing a professional paper that is reviewed and approved by the board or the board's designee;

(C) the extent of the individual's remediation and rehabilitation in regard to the wrongful conduct that resulted in the license revocation;

(D) the nature and seriousness of the original misconduct;

(E) the individual's conduct after the license revocation;

(F) the time elapsed since the license revocation; and

(G) the individual's present competence in psychological knowledge and skills;

(6) verification acceptable to the board that the

applicant has completed, during the immediate 24-month period, the required number of continuing education hours as specified in K.A.R. 102-1-15; and

(7) evidence satisfactory to the board that the applicant has not practiced independently as or held that individual out to the public as being a psychologist.

(c) To be considered for renewal of an expired psychology license, the applicant shall submit the following items to the board:

(1) The completed renewal form provided by the board;

(2) the renewal fee as set forth in K.A.R. 102-1-13(a)(3);

(3) the late renewal fee equal to the renewal fee as set forth in K.A.R. 102-1-13(a)(3);

(4) if the applicant has been credentialed in a state other than Kansas, verification of the status of the applicant's credential in that state;

(5) verification acceptable to the board that the applicant has completed, during the immediate 24-month period, the required number of continuing education hours as specified in K.A.R. 102-1-15; and

(6) evidence satisfactory to the board that, after November 1 following the expiration of the license, the applicant has not practiced independently as or held out that individual as a psychologist. (Authorized by K.S.A. 74-7507; implementing K.S.A. 74-5318, K.S.A. 74-5319, K.S.A. 74-5339, K.S.A. 74-7507, K.S.A. 74-5320, and K.S.A. 74-5321; effective May 1, 1982; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended Dec. 18, 1998; amended July 11, 2003.)

102-1-10a. Unprofessional conduct.

Each of the following shall be considered unprofessional conduct:

(a) Practicing psychology in an incompetent manner, which shall include the following acts:

(1) Misrepresenting professional competency by offering to perform services that are inconsistent with the licensee's education, training, or experience;

(2) performing professional services that are inconsistent with the licensee's education, training, or experience; and

(3) without just cause, failing to provide psychological services that the licensee is required to provide under the terms of a contract;

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as specified in K.A.R. 102-

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ed by K.S.A. 74-7507;
A. 74-5318, K.S.A. 74-5319,
A. 74-7507, K.S.A. 74-5320,
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1984; amended May 1, 1986;
1987; amended Dec. 18, 1998;
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Unprofessional conduct.
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professional services that are in-
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st cause, failing to provide psy-
es that the licensee is required to
e terms of a contract;

(b) practicing with impaired judgment or ob-
jectivity, which shall include the following acts:

(1) Using alcohol or other substances to the ex-
tent that it impairs the psychologist's ability to
competently engage in the practice of psychology;
and

(2) failing to recognize, seek intervention, and
make arrangements for the care of clients if one's
own personal problems, emotional distress, or
mental health difficulties interfere with or nega-
tively impact professional judgment, professional
performance and functioning, or the ability to act
in the client's best interests;

(c) engaging in harmful dual relationships,
which shall include the following acts:

(1) Making sexual advances toward or engaging
in physical intimacies or sexual activities with ei-
ther of the following:

(A) Any person who is a client; or

(B) any person that the licensee knows who has
a significant relationship with the client, supervi-
see, or student;

(2) failing to inform the client or patient of any
financial interests that might accrue to the li-
censed psychologist for referral to any other ser-
vice or for the sale, promotion, or use of any tests,
books, electronic media, or apparatus; and

(3) exercising undue influence over any client;

(d) making sexual advances toward or engaging
in physical intimacies or sexual activities with, or
exercising undue influence over any person who,
within the past 24 months, has been a client;

(e) failing to obtain informed consent, which
shall include the following acts:

(1) Failing to obtain and document, in a timely
manner, informed consent from the client or le-
gally authorized representative for clinical psycho-
logical services before the provision of any of
these services except in an emergency situation.
This informed consent shall include a description
of the possible effects of treatment or procedures
when there are known risks to the client or pa-
tient;

(2) failing to provide clients or patients with a
description of what the client or patient may ex-
pect in the way of tests, consultation, reports, fees,
billing, and collection; and

(3) failing to inform clients or patients when a
proposed treatment or procedure is experimental;
(f) ignoring client welfare, which shall include
the following acts:

(1) Failing to provide copies of reports or rec-
ords to a licensed healthcare provider authorized

by the client following the licensee's receipt of a
formal written request, unless the release of that
information is restricted or exempted by law or by
these regulations, or the disclosure of the infor-
mation would be injurious to the welfare of the
client;

(2) failing to inform the client or patient that
the client or patient is entitled to the same serv-
ices from a public agency if the licensed psychol-
ogist is employed by that public agency and also
offers services privately;

(3) engaging in behavior that is abusive or de-
meaning to a client, student, or supervisee;

(4) soliciting or agreeing to provide services to
prospective clients or patients who are already re-
ceiving mental health services elsewhere without
openly discussing issues of disruption of continu-
ity of care with the prospective client or patient,
or with other legally authorized persons who rep-
resent the client or patient, and when appropriate,
consulting with the other service provider about
the likely effect of a change of providers on the
client's general welfare;

(5) failing to take each of the following steps
before termination for whatever reason, unless
precluded by the patient's or client's relocation or
noncompliance with the treatment regimen:

(A) Discuss the patient's or client's views and
needs;

(B) provide appropriate pretermination coun-
seling;

(C) suggest alternative service providers, as ap-
propriate; and

(D) take other reasonable steps to facilitate the
transfer of responsibility to another provider if the
patient or client needs one immediately;

(6) failing to arrange for another psychologist or
other appropriately trained mental health profes-
sional to be available to handle clinical emergen-
cies if the psychologist anticipates being unavail-
able for a significant amount of time;

(7) failing to be available for the timely handling
of clinical emergencies after having agreed to pro-
vide coverage for another psychologist;

(8) failing to terminate a professional relation-
ship if it becomes reasonably clear that the patient
or client no longer needs the service, is not ben-
efiting from continued service, or is being harmed
by continued service;

(9) failing to delegate to employees, supervi-
sees, and research assistants only those responsi-
bilities that these persons can reasonably be ex-
pected to perform competently on the basis of

their education, training, or experience, either independently or with the level of supervision being provided;

(10) failing to provide training and supervision to employees or supervisees and to take reasonable steps to see that these persons perform services responsibly, competently, and ethically; and

(11) continuing to use or order tests, procedures, or treatment, or to use treatment facilities or services not warranted by the client's or patient's condition;

(g) failing to protect confidentiality, which shall include the following acts:

(1) Failing to inform each client, supervisee, or student of the limits of client confidentiality, the purposes for which the information may be obtained, and the manner in which it may be used;

(2) revealing any information regarding a client or failing to protect information contained in a client's records, unless at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health and safety of an individual or the public;

(C) the psychologist is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of psychology, in which case disclosure shall be limited to that action; or

(D) the patient has signed a written release that authorizes the psychologist to release information to a specific person or persons identified in the release; and

(3) failing to obtain written, informed consent from each client or the client's legal representative or representatives or from any other participant before performing either of the following actions:

(A) Electronically recording sessions with the client, or other participants, including audio and video recordings; or

(B) permitting third-party observation of the activities of the client or participant;

(h) misrepresenting the services offered or provided, which shall include the following acts:

(1) Failing to inform a client if services are provided or delivered under supervision;

(2) making claims of professional superiority that cannot be substantiated;

(3) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(4) knowingly engaging in fraudulent or misleading advertising; and

(5) taking credit for work not personally performed;

(i) engaging in improprieties with respect to fees and billing statements, which shall include the following acts:

(1) Exploiting clients or payers with respect to fees;

(2) misrepresenting one's fees;

(3) failing to inform a patient or client who fails to pay for services as agreed that collection procedures may be implemented, including the possibility that a collection agency may be used or legal measures may be taken; and

(4) filing claims for services that were not rendered;

(j) improperly using assessment procedures, which shall include the following acts:

(1) Basing assessment, intervention, or recommendations on test results and instruments that are inappropriate to the current purpose or to the patient characteristics;

(2) failing to identify situations in which particular assessment techniques or norms may not be applicable or failing to make adjustments in administration or interpretation because of relevant factors, including gender, age, race, and other pertinent factors;

(3) failing to indicate significant limitations to the accuracy of the assessment findings;

(4) failing to inform individuals or groups at the outset of an assessment that the psychologist is precluded by law or by organizational role from providing information about results and conclusions of the assessment;

(5) endorsing, filing, or submitting psychological assessments, recommendations, reports, or diagnostic statements on the basis of information and techniques that are insufficient to substantiate those findings;

(6) releasing raw test results or raw data either to persons who are not qualified by virtue of education, training, or supervision to use that information or in a manner that is inappropriate to the needs of the patient or client; and

(7) allowing, endorsing, or supporting persons who are not qualified by virtue of education, training, or supervision to administer or interpret psychological assessment techniques;

(k) violating applicable law, which shall include the following acts:

ing in fraudulent or mis-
work not personally per-
proprieties with respect to
ments, which shall include
s or payers with respect to
one's fees;

a patient or client who fails
agreed that collection pro-
memented, including the pos-
on agency may be used or
e taken; and
services that were not ren-

ng assessment procedures,
the following acts:

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niques or norms may not be
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ender, age, race, and other

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ent;

ing, or submitting psychologi-
commendations, reports, or di-
s on the basis of information
t are insufficient to substanti-

y test results or raw data either
not qualified by virtue of ed-
or supervision to use that infor-
mer that is inappropriate to the
nt or client; and

dorsing, or supporting persons
ed by virtue of education, train-
to administer or interpret psy-
ent techniques;

licable law, which shall include

(1) Impersonating another person holding a li-
cense issued by this or any other board;

(2) claiming or using any method of treatment
or diagnostic technique that the licensed psychol-
ogist refuses to divulge to the board;

(3) refusing to cooperate in a timely manner
with the board's investigation of complaints
lodged against an applicant or a psychologist li-
censed by the board. Any psychologist taking
longer than 30 days to provide requested infor-
mation shall have the burden of demonstrating
that the psychologist has acted in a timely manner;
and

(4) being convicted of a crime resulting from or
relating to the licensee's professional practice of
psychology;

(1) aiding an illegal practice, which shall include
the following acts:

(1) Knowingly allowing another person to use
one's license;

(2) knowingly aiding or abetting anyone who is
not credentialed by the board to represent that
individual as a person credentialed by the board;

(3) furthering the licensure or registration ap-
plication of another person who is known or rea-
sonably believed to be unqualified in respect to
character, education, or other relevant eligibility
requirements;

(4) making a materially false statement or failing
to disclose a material fact in an application for li-
censure or renewal of licensure; and

(5) failing to notify the board, within a reason-
able period of time, that any of the following con-
ditions apply to the psychologist or that the psy-
chologist has knowledge, not obtained in the
context of confidentiality, that any of the following
conditions apply to another professional regulated
by the board:

(A) A licensee has had a license, certificate, per-
mit, registration, or other certificate, registration,
or license in psychology or in the field of behav-
ioral sciences, granted by any state or jurisdiction,
that has been limited, restricted, suspended, or
revoked;

(B) a licensee has been subject to disciplinary
action by a licensing or certifying authority or pro-
fessional association;

(C) a licensee has been terminated or sus-
pended from employment for some form of mis-
feasance, malfeasance, or nonfeasance;

(D) a licensee has been convicted of a felony;

or

(E) a licensee has practiced in violation of the
laws or regulations regulating the profession;

A psychologist taking longer than 30 days to no-
tify the board shall have the burden of demon-
strating that the psychologist acted within a rea-
sonable period of time;

(m) failing to maintain and retain records as
outlined in K.A.R. 102-1-20;

(n) improperly engaging in research with hu-
man subjects, which shall include the following
acts:

(1) Failing to consider carefully the possible
consequences for human beings participating in
the research;

(2) failing to protect each participant from un-
warranted physical and mental harm;

(3) failing to ascertain that the consent of the
participant is voluntary and informed; and

(4) failing to preserve the privacy and protect
the anonymity of the subjects within the terms of
informed consent;

(o) engaging in improprieties with respect to
forensic practice, which shall include the follow-
ing acts:

(1) When conducting a forensic examination,
failing to inform the examinee of the purpose of
the examination and the difference between a fo-
rensic examination and a therapeutic relationship;

(2) in the course of giving expert testimony in
a legal proceeding, performing a psychological as-
sessment in a biased, nonobjective, or unfair man-
ner or without adequate substantiation of the find-
ings;

(3) failing to conduct forensic examinations in
conformance with established scientific and pro-
fessional standards; and

(4) if a prior professional relationship with a
party to legal proceeding precludes objectivity,
failing to report this prior relationship and to clar-
ify in both written report and actual testimony the
possible impact of this prior relationship on the
resulting conclusions and recommendations; and

(p) engaging in improprieties with respect to
supervision, which shall include the following acts:

(1) Failing to provide supervision in compliance
with subsection (d) of K.A.R. 102-1-5a;

(2) failing to provide supervision to a person
working towards licensure as a clinical psycho-
therapist in compliance with KAR 102-4-7a; and

(3) failing to provide regular, periodic, written
supervisory feedback to the supervisee. (Author-
ized by and implementing K.S.A. 2000 74-7507

and K.S.A. 74-5324; effective Jan. 4, 2002; amended Jan. 9, 2004.)

102-1-15. Continuing education. (a)

Each applicant for renewal of licensure shall have earned 50 continuing education hours in the two years preceding an application for renewal. The required number of continuing education hours shall be prorated for periods of renewal that are less than the full two years, using the ratio of one-third of the continuing education hours for each six months since the date of licensure or most recent renewal. Continuing education hours for each type of continuing education activity as specified below in subsection (d) shall be prorated accordingly for those persons whose periods of renewal are less than the full two years. Each person who is licensed within six months of the current expiration period shall be exempt from the continuing education requirement for that person's first renewal period.

(b) The content of each continuing education activity shall be clearly related to the enhancement of psychology practice, values, skills, or knowledge.

(c) During each two-year renewal cycle and as part of the required continuing education hours, each licensed psychologist shall complete at least three continuing education hours of training on professional ethics and at least six continuing education hours related to diagnosis and treatment of mental disorders. These hours shall be obtained from any of the activities specified in paragraphs (d)(1), (d)(2), (d)(4), and (d)(6) of this regulation.

(d) Acceptable continuing education activities, whether taken within the state or outside the state, shall include the following:

(1) Attendance at workshops, seminars, and presentations that are sponsored, accredited, or conducted by educational institutions, professional associations, or private institutions. These activities shall be sponsored, accredited, or conducted by educational institutions, professional associations, or private institutions that are nationally or regionally accredited for training. Activities conducted by agencies, groups, or individuals that do not meet the requirements of national or regional accreditation shall be acceptable, if the content is clearly related to the enhancement of psychology skills, values, and knowledge. Actual contact hours, excluding breaks and lunch, shall be credited. A maximum of 50 continuing education hours shall be allowed;

(2) the first-time preparation and initial presentation of courses, workshops, or other formal training activities, for which a maximum of 15 continuing education hours shall be allowed;

(3) documented completion of a self-study program. A maximum of 12 continuing education hours shall be allowed;

(4) documented completion of a self-study program with a posttest that is conducted by a continuing education provider as described in paragraph (d)(1). A maximum of 40 continuing education hours shall be allowed;

(5) publication and professional presentation. Fifteen continuing education hours may be claimed for the publication or professional presentation of each scientific or professional paper or book chapter authored by the applicant. A maximum of 45 continuing education hours shall be allowed;

(6) completion of an academic course, for which a maximum of 15 continuing education hours shall be allowed for each academic semester credit hour;

(7) providing supervision as defined in K.A.R. 102-1-1, for which a maximum of 15 continuing education hours shall be allowed;

(8) receiving supervision as defined in K.A.R. 102-1-1, except in connection with any disciplinary action, for which a maximum of 15 continuing education hours shall be allowed;

(9) initial preparation for a specialty board examination, for which a maximum of 25 continuing education hours shall be allowed;

(10) participation in quality care, client or patient diagnosis review conferences, treatment utilization reviews, peer review, case consultation with another licensed psychologist, or other quality assurance committees or activities, for which a maximum of 15 continuing education hours shall be allowed;

(11) participation, including holding office, in any professional organization related to the applicant's professional activities, if the organization's activities are clearly related to the enhancement of psychology or mental health practice, values, skills, or knowledge. A maximum of 12 continuing education hours shall be allowed; and

(12) receiving personal psychotherapy that is provided by a licensed or certified mental health provider and is a part of a designated training program. A maximum of 20 continuing education hours shall be allowed.

(e) Each licensed psychologist shall be respon-

2002 SUPPLEMENT

to the

The seal of the State of Kansas is a circular emblem. It features a central illustration of a landscape with a rising sun over mountains, a river, and a plow being pulled by oxen. Above the landscape is a semi-circle of stars. The words "AD ASTRA PER ASPERA" are inscribed along the top inner edge of the seal.

KANSAS ADMINISTRATIVE REGULATIONS

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ardless of the person's location, who engages in either of the following activities shall be deemed to be engaged in the practice of psychology in this state and shall be required to have a license, issued by the board, to practice psychology as a licensed psychologist:

(a) performs any act included in subsection (a) of K.S.A. 74-5302, and amendments thereto, on or for one or more individuals located in this state; or

(b) represents oneself to be a psychologist available to perform any act included in subsection (a) of K.S.A. 74-5302, and amendments thereto, on or for one or more individuals located in this state. (Authorized by K.S.A. 1999 Supp. 74-7507; implementing K.S.A. 74-5340; effective May 11, 2001.)

102-1-20. Unprofessional conduct regarding recordkeeping. (a) Failure of a psychologist to comply with the recordkeeping requirements established in this regulation shall constitute unprofessional conduct.

(b) Content of psychological records. Each licensed psychologist shall maintain a record for each client or patient that accurately reflects the licensee's contact with the client or patient and the results of the psychological service provided. Each licensee shall have ultimate responsibility for the content of the licensee's records and the records of those persons under the licensee's supervision. The record may be maintained in a variety of media, if reasonable steps are taken to maintain confidentiality, accessibility, and durability. Each record shall be completed in a timely manner and shall include the following information for each client or patient who is a recipient of clinical psychological services:

- (1) Adequate identifying data;
- (2) the date or dates of services the licensee or the licensee's supervisee provided;
- (3) the type or types of services the licensee or the licensee's supervisee provided;
- (4) initial assessment, conclusions, and recommendations;
- (5) a plan for service delivery or case disposition;
- (6) clinical notes of each session; and
- (7) sufficient detail to permit planning for continuity that would enable another psychologist to take over the delivery of services.

(c) Retention of records. If a licensee is the owner or custodian of client or patient records,

the licensee shall retain a complete record for the following time periods, unless otherwise provided by law:

(1) At least five years after the date of termination of one or more contacts with an adult; and
(2) for a client or patient who is a minor on the date of termination of the contact or contacts, at least until the later of the following two dates:

- (A) Two years past the age of majority; or
- (B) five years after the date of termination of the contact or contacts with the minor. (Authorized by and implementing K.S.A. 74-5324 and K.S.A. 2000 Supp. 74-7507; effective Jan. 4, 2002.)

Article 2.—LICENSING OF SOCIAL WORKERS

102-2-1a. Definitions. (a) "Approved-provider status" means that the provider has been approved by the board to provide any continuing education program. Approved-provider status may be granted for a one-year probationary period to new applicants. After completion of the probationary year, approved providers may reapply for approval every three years.

(b) "Client" means an individual, a family, or a group that receives social work services.

(c) "Client-therapist relationship" means a professional relationship in which an LMSW or LSCSW is engaged in the diagnosis and treatment of a mental disorder of the client.

(d) "Clinical practicum" means a formal component of the academic curriculum in a graduate level social work educational program that engages the student in supervised clinical social work practice including direct client contact and that provides opportunities to apply classroom learning to actual practice situations in the field setting.

(e) "Clinical social work practice" means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:

- (1) Assessment;
- (2) diagnosis;
- (3) treatment, including psychotherapy and counseling;
- (4) client-centered advocacy;
- (5) consultation;
- (6) evaluation; and
- (7) interventions directed to interpersonal in-

ASPPB

Resources for the Regulation of Practicum Experience for
Licensure Requirements

Association of State and Provincial Psychology Boards

April 2022

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I. Introduction:

The *ASPPB Guidelines on Practicum Experience for Licensure* was released in January 2009. These *Guidelines* were developed to provide guidance to ASPPB member boards that wished to consider the possibility of including experience gained during practicum training in their licensing regulations. The process by which these *Guidelines* were drafted can be found in Appendix C. ASPPB wishes to thank the many volunteers who helped draft those original *Guidelines*.

Through the years, since the *Guidelines* were originally drafted, many jurisdictions have included practicum experiences as part of meeting the supervised experience required for licensure. In 2020, due to updated information and an increase in jurisdictional need, the ASPPB Board of Directors asked the ASPPB Publications Review Committee to review these *Guidelines* and develop a plan to update them to better reflect current training.

The Publications Review Committee reviewed the *Guidelines* and thought a new format that provided resources rather than guidelines was in order. This resource document was created to assist jurisdictions in their efforts to develop regulations involving practicum experiences that can be counted toward licensure.*

*The ASPPB Publications Review Committee would like to thank Dr. Erica Wise for her invaluable help and expertise in creating and finalizing this document.

II. Purpose:

This resource document was developed for those licensing boards that, due to changes in licensure requirements, are dealing with additional regulations involving practicum experiences that will meet specific requirements for licensure. This resource is *not* intended as a standard for training in graduate programs, over which ASPPB has no jurisdiction, but to assist ASPPB member jurisdictions in assessing practicum training as it relates to licensure requirements.

Developments in psychology training and the positive influence of the 2009 *ASPPB Guidelines on Practicum Experience for Licensure*, have resulted in enhanced accreditation standards for practicum experiences.

To assist member jurisdictions, we have gathered information from the American and Canadian Psychological Associations about required training elements for practicum experiences in accredited programs and have provided sample regulatory language from ASPPB jurisdictions that are currently allowing practicum experiences to count toward licensure. The Appendices at the end of this resource provide other elements we think will be useful for ASPPB jurisdictions considering allowing supervised experiences gained during practicum training to count toward licensure.

We hope the information included below will provide member jurisdictions with elements to consider as they develop regulations that include training obtained during practicum to count toward licensure.

III. Accreditation Standards regarding Practicum Training Elements

A. American Psychological Association (APA)

<https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

On page 17:

Required Practicum Training Elements (complete excerpt):

a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency.

b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.

c. Supervision must be provided by appropriately trained and credentialed individuals.

d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

1. From the **IMPLEMENTING REGULATIONS**:

<https://www.apa.org/ed/accreditation/section-c-soa.pdf>

C-12D (pp. 25-26): **Practicum Guidelines for Doctoral Programs**

C-13D (pp. 27-28): **Telesupervision**

C-14D (pp. 29-30): **Direct Observation**

B. Canadian Psychological Association (CPA)

https://cpa.ca/docs/File/Accreditation/Accreditation_2011.pdf

Training Standards VI Practicum (summarized excerpt)

- Practicum training is integrated with didactic instruction via coursework and begins early in students' graduate training...
- The doctoral program helps students in locating and selecting practicum settings...
- Practicum settings are service provision environments with training as one of their core roles...
- Psychological services in the practicum settings conform to all relevant CPA standards and guidelines....
- Each student's practicum experience is coordinated by a core faculty member or by an adjunct professor associated with the practicum setting....
- Practicum training incorporates and covers learning aims based on the functional and foundational competencies outline in Standard V (Training Standards: Knowledge and Skills).

Training Standards VI Practicum

https://cpa.ca/docs/File/Accreditation/Accreditation_2011.pdf

IV. Sample Regulatory Language

The following samples from jurisdictional statutes and/or regulations are provided as examples regarding the use of practicum hours as part of the licensure application. They do not represent all the statutes and/or rules addressing practicum experience for licensure and may be subject to change.

Practicum

Indiana - 868 IAC 1.1-13-3.1 Supervised Experience

(http://iac.iga.in.gov/iac//iac_title?iact=868):

Sec. 3.1. (a) To obtain endorsement as a health service provider in psychology, applicants must complete not fewer than two (2) years of experience consisting of the following:

(1) A minimum of one thousand five hundred (1,500) hours of experience in a successfully completed internship that meets the requirements in subsection (b).

(2) A minimum of one thousand six hundred (1,600) hours of supervised experience, accrued in not less than twelve (12) months, including a minimum of nine hundred (900) hours of direct patient contact, that is obtained through:

(A) doctoral level practicum experiences that meet the requirements in subsection (c);

(B) post-internship experience that meets the requirements in subsection (d); or

(C) a combination of clauses (A) and (B).

(c) An approved doctoral level practicum experience shall as follows:

(1) Consist of sequential and organized experiences that occur outside of the classroom setting and involve the supervisee's direct delivery of supervised psychological services in:

(A) a practice;

(B) an agency;

(C) an institution;

(D) a counseling center;

(E) a graduate training clinic; or

(F) another setting approved by the director of training or designee.

(2) Be made or approved in advance by the director of training or designee.

(3) Have training objectives specified in terms of the competencies expected of the supervisee.

(4) Include at least fifty percent (50%) of the total hours of supervised experience in service-related activities, defined as:

(A) treatment/intervention;

- 147 (B) assessment;
148 (C) interviews;
149 (D) report-writing;
150 (E) case presentations; and
151 (F) consultations.
- 152 (5) Be appropriately supervised as follows:
- 153 (A) Not less than seventy-five percent (75%) of the required supervised hours shall be individual
154 supervision provided by a supervisor as defined in section 1.1(i) of this rule.
- 155 (B) The remaining required supervised hours may be: (i) individual or group supervision provided
156 by a licensed allied mental health professional as deemed appropriate by a supervisor as defined in
157 section 1.1(i) of this rule or the director of training or designee; or (ii) individual supervision provided by
158 either:
- 159 (AA) a postdoctoral supervisee eligible for licensure as a psychologist; or
160 (BB) an intern conducting supervision of the supervisee under an umbrella supervision
161 arrangement with a health service provider in psychology.
- 162 (6) Have, on average, not less than twenty-five percent (25%) of the supervised professional experience
163 devoted to face-to-face patient contact.
- 164 (7) On average, provide weekly face-to-face supervision devoted to the supervisee's cases at a ratio of
165 not less than one (1) hour per ten (10) hours on-site and not less than one (1) hour per week.
- 166 (8) Have a clearly identifiable supervisor to provide individual supervision of the supervisee who:
- 167 (A) is available to the supervisee's clients and patients; and
168 (B) has responsibility for the cases being supervised.
- 169 (9) Count toward the experience required in this section only after the following prerequisites have been
170 met:
- 171 (A) Completion of academic course work of a minimum of forty-eight (48) semester hours or
172 seventy-two (72) quarter hours taken for academic credit in an applied (clinical, counseling, school, or
173 other recognized training model in professional psychology) program. Credit from a master's or doctoral
174 program in a related applied field evidenced by a graduate program transcript may count toward the
175 minimum required course work, if approved by the director of training or designee.
- 176 (B) Completion of basic practicum experience in applied professional psychology or a related
177 field of a minimum duration of four hundred (400) hours evidenced by a graduate transcript and
178 approved by the director of training or designee.
- 179 (10) Adhere to the following guidelines:

(A) Psychological activities of the supervisee shall be subject to the supervisor's concurrence. When conflicts arise, these must be resolved to the satisfaction of the supervisor. The supervisee is responsible for providing sufficient and appropriate information to the supervisor regarding the supervisee's professional activities.

(B) The supervisor shall not be an employee of the supervisee or an independent contractor whose services are paid for by the supervisee.

(C) Supervision of others by the supervisee shall not count as direct patient contact.

(D) Teaching and research by the supervisee shall not count as direct patient contact.

(E) The supervisee's personal therapy shall not count toward the required hours of experience.

(d) An approved post-internship experience shall as follows:

(1) Be completed within a consecutive sixty (60) month period.

(2) Be conducted in: (A) the office of the supervisor; or (B) another suitable professional setting over which the supervisor has professional responsibility.

(3) Have a minimum of one (1) hour per week of individual face-to-face supervision provided on-site in:

(A) the office of the supervisor; or

(B) another suitable place within the professional setting over which the supervisor has professional responsibility.

(4) Adhere to the following guidelines:

(A) Psychological activities of the supervisee shall be subject to the supervisor's concurrence. When conflicts arise, these must be resolved to the satisfaction of the supervisor. The supervisee is responsible for providing sufficient and appropriate information to the supervisor regarding the supervisee's professional activities.

(B) The supervisor shall not be an employee of the supervisee or an independent contractor whose services are paid for by the supervisee.

(C) Supervision of others by the supervisee shall not count as direct patient contact. (

D) Teaching and research by the supervisee shall not count as direct patient contact.

(E) The supervisee's personal therapy shall not count toward the required hours of experience. (State Psychology Board; 868 IAC 1.1-13-3.1; filed Sep 8, 2010, 11:38 a.m.: 20101006-IR-868090925FRA)

214 **Kentucky - 201 KAR 26:190. Requirements for supervised professional experience**
215 (<https://apps.legislature.ky.gov/law/kar/titles/201/026/190/>):

216 Section 1. Supervisory Requirements for an Applicant for Licensure as a Psychologist.

217 (1) The applicant for licensure as a psychologist with the authorization to provide psychological health
218 care services shall have completed a minimum of 3,600 hours of supervised professional experience in
219 accordance with this administrative regulation.

220 (2) A minimum of 1,800 hours of the supervised professional experience shall be a predoctoral
221 internship of 1,800 hours with at least 100 hours of supervisory sessions.

222 (3) The remaining 1,800 hours of supervised experience shall be predoctoral, postdoctoral, or a
223 combination of pre- and post-doctoral supervised professional experience acceptable to the board
224 based upon the requirements of Sections 2 and 3 of this administrative regulation.

225 (4) Supervised experience shall consist of practica, field placement, or other professional experiences
226 not including the beginning courses and accompanying practica in assessment and treatment
227 techniques.

228 (5) At least fifty (50) percent of the supervised experience shall be in service-related activities.

229 **Maryland – 10.36.01.04-2 – Supervised Professional Experience**
230 (<http://www.dsd.state.md.us/comar/comarhtml/10/10.36.01.04-2.htm>):

231 04-2 Supervised Professional Experience — Practice-Oriented Programs.

232 A. For applicants for licensure graduating from practice-oriented programs, supervised professional
233 experience may be accrued through:

234 (1) Pre-internship;

235 (2) Internship;

236 (3) Pre-doctoral post-internship; or

237 (4) Post-doctoral experiences.

238 B. The academic training program director or the post-doctoral training supervisor shall attest to the
239 hours accrued to meet the requirements of this regulation on a form required by the Board.

240 C. An applicant may utilize pre-internship and pre-doctoral post-internship experience:

241 (1) To accrue up to 1,500 hours toward the supervised professional experience required for
242 licensure; and

243 (2) That occurs following the completion of the first year of the doctoral program.

244 D. Pre-internship and pre-doctoral post-internship experiences shall:

245 (1) Consist of an organized sequence of training that is of increasing complexity to prepare the
246 student for internship;

247 (2) Follow appropriate academic preparation;

248 (3) Be overseen by the graduate training program;

249 (4) Be an extension of the student's academic coursework and within the scope of education
250 received;

251 (5) Be in service-related activities such as treatment, assessment, interviews, report writing, case
252 presentations, supervision, and consultation for at least 50 percent of the training experience; and

253 (6) Be devoted to face-to-face client contact for at least 25 percent of the training experience.

254 E. Pre-internship and pre-doctoral post-internship experiences shall contain a written training plan
255 that:

256 (1) Includes the responsibilities of the student, training site, and graduate training program;

257 (2) Describes how the student's time will be allotted;

258 (3) Ensures the quality, breadth, and depth of the training experience by specifying the:

259 (a) Goals and objectives of the training experience;

260 (b) Methods of evaluation of the student's performance; and

261 (c) Rules governing the training experience;

262 (4) Specifies the requirements of supervision to include:

263 (a) The nature of supervision;

264 (b) The identities of supervisors; and

265 (c) The form and frequency of feedback from the agency supervisor to the training faculty;

266 (5) Provides rationale for the training experience based on previous academic preparation and
267 previous training to ensure that the overall experience is organized and sequential; and

268 (6) May be provided to the Board with the application to document the pre-internship or pre-
269 doctoral post-internship experience.

F. Pre-internship and Pre-doctoral Post-internship Supervision Requirements.

(1) Every 20 hours of pre-internship experience and pre-doctoral post-internship shall include the following:

(a) At least 2 hours of regularly scheduled, formal, face-to-face individual supervision that addresses the direct psychological services provided by the student; and

(b) At least 2 hours of other learning activities such as:

(i) Case conferences;

(ii) Seminars on applied issues;

(iii) Conducting co-therapy with a staff person including discussion of the case; or

(iv) Group supervision.

(2) In exceptional circumstances, the Board may waive the requirement for face-to-face supervision if the academic program director attests to the nature of the circumstances and assures the Board that the quality of supervision was not compromised.

Massachusetts – 251 CMR 3: Registration of psychologists

(<https://www.mass.gov/regulations/251-CMR-3-registration-of-psychologists>):

3.04: Professional Experience Requirement

(7) Advanced Practica

(a) Advanced practica shall be acceptable only after the student has completed a minimum of two full-time, post-bachelor's academic years of graduate education in psychology, at least one year of which is completed in the degree-granting doctoral program.

(b) The student must provide services that are within the scope of the education received in the doctoral program.

(c) There must be a written training plan among the student, the advanced practicum training site, and the graduate training program. The training plan for each advanced practicum experience shall describe how the trainee's time is allotted and shall assure the quality, breadth, and depth of the training experience through specification of the goals and objectives of the advanced practicum, and the methods of evaluation of the trainee's performance.

(d) Advanced practicum training plans shall also include the nature of supervision, the identities of the supervisors, and the form and frequency of feedback from the agency supervisor to the doctoral training program's faculty.

(e) The advanced practicum training plan shall also provide a rationale for the experience in light of previous academic preparation and previous practicum training, to ensure that the overall advanced practicum experience is organized, sequential, and meets the training needs of the trainee and the protection of the public.

f) At least 50% of the total hours of supervised experience shall be in service-related activities, defined as treatment/intervention, assessment, interviews, report writing, case presentations, and consultations.

(g) At least 25% of the supervised professional experience shall be face-to-face patient/client contact.

(h) The student must receive a minimum of two hours of individual supervision per week. A minimum of one hour of individual or group supervision must take place for each 16 hours of work. The group size may not exceed three.

Washington - WAC 246-924-049: Practicum

(<https://app.leg.wa.gov/WAC/default.aspx?cite=246-924-049>):

Practicum.

(1) Applied experience.

(a) Until June 30, 2021, the doctoral degree program required in WAC [246-924-046](#) must include a practicum of at least two semesters or three quarters and at least 300 hours of direct experience, 100 hours of which must meet the requirements in subsection (3) of this section for supervision.

(b) Effective July 1, 2021, the doctoral degree program required in WAC [246-924-046](#) must include a practicum of at least nine months and 300 hours of direct experience, 100 hours of which must meet the requirements in subsection (3) of this section for supervision.

(2) No more than 300 practicum hours may count towards licensure requirements. Additional hours accrued following completion of the nine month practicum may count towards licensure requirements if the hours meet all preinternship requirements in WAC [246-924-053](#);

(3) Supervision must include the following:

(a) Discussion of services provided by the student;

(b) Selection of treatment plan for and review of each case or work unit of the student;

(4) Discussion of and instruction in theoretical concepts underlying the work;

(5) Discussion of the management of professional practice and other administrative or business issues;

(6) Evaluation of the supervisory process by the student and the supervisor;

(7) Discussion of coordination of services among the professionals involved in the particular cases or work units;

(8) Discussion of relevant state laws and rules;

(9) Discussion of ethical principles including principles applicable to the work;

(10) Review of standards for providers of psychological services; and

(11) Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

340 **PSY|Book**

341 To locate the most current regulatory language on practicum experience as well as other licensure
342 requirements, please visit PSY|Book on the ASPPB website at <https://www.asppb.net/page/psybook>.
343 PSY|Book is ASPPB's online reporting tool for licensure requirements. PSY|Book includes updated
344 questions as well as new reporting features for licensure requirements of ASPPB's 65 member
345 jurisdictions.

346

V. References/Reading List

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VI. Appendices

A. ASPPB Model Act for Licensure and Registration of Psychologists and the ASPPB Model Regulations for Licensure and Registration of Psychologists.

B. Supervised Experience Requirements by Jurisdiction

C. History of the Guidelines on Practicum Experience for Licensure

D. COVID – 19 Modifications – Practicum Form

Appendix A: ASPPB Model Act for Licensure and Registration of Psychologists and the ASPPB Model Regulations for Licensure and Registration of Psychologists

The *ASPPB Model Act for Licensure and Registration of Psychologists* along with the *ASPPB Model Regulations for Licensure and Registration of Psychologists* provides a template for psychology licensing boards and colleges to utilize when drafting their governing laws/regulations. These documents are routinely updated to reflect changes in the profession of psychology. For the latest publications, please visit the ASPPB website at <https://www.asppb.net/page/Guidelines>.

Appendix B: Supervised Experience by Jurisdiction

ASPPB recently established the Centre for Data and Analysis on Psychology Licensure. The Centre's website (www.asppbcentre.org) houses the most up-to-date information of licensure requirements. The purpose of the Centre is three-fold:

1. Collect and analyze data for the regulation of the profession of psychology
2. Provide timely and relevant data to psychology licensing boards
3. Create publications and presentations focused on licensure portability and telehealth

Data surrounding supervised experience can be found at <https://asppbcentre.org/spotlight/supervised-experience/>

A breakdown of the supervised experience by jurisdiction can be found at <https://asppbcentre.org/additional-resources/survey-questions-and-answers/supervised-experience/>

A snapshot of each jurisdiction's licensure requirements can be found at <https://asppbcentre.org/snapshot/>

The Centre for Data & Analysis on Psychology Licensure and ASPPB InFocus are supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services under Grant Number H1MRH24096 for Licensure Portability Program. Any information, content, or conclusions in this publication are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.

Appendix C: History of the ASPPB Guidelines on Practicum Experience for Licensure

In 2000, the American Psychological Association (APA) held two meetings of representatives of 30 associations to examine the sequence of training leading to licensure. The following comments about the APA Commission recommendation are excerpted from the Commission's final report published in January 2001.

The Commission reviewed the process of training in relation to the twin goals of quality of education and training and relevance to the changing marketplace and emerging specialties. In essence, the Commission was charged with reviewing the current state of education and training in professional psychology for the purpose of determining at what point basic readiness for independent practice is achieved.

The Commission specifically and explicitly stated that two years of organized, sequential, supervised, professional training experience (in addition to completion of the doctorate) is necessary and sufficient for entry-level professional practice. The Commission affirmed a one-year, formal, predoctoral internship as a necessary component in the sequence of education and training and recommended that this be added as an explicit aspect of APA policies regarding licensure. Students currently receive a substantially increased amount of supervised professional training in practica prior to internship. Provided that this pre-internship practicum experience is organized, sequential, and well supervised, the Commission believed that this experience met the need for a second year of training in addition to the internship. However, the additional year could also be obtained after the predoctoral internship and the granting of the degree, through postdoctoral experience. Thus, the Commission did not recommend decreasing supervised experience for licensure, but rather recommended increased flexibility in the timing of these experiences.

After additional study and review, the APA Council of Representatives voted in 2006 to change the APA model licensing act as follows:

The American Psychological Association recommends that for admission to licensure applicants demonstrate that they have completed two years of supervised experience, which can be completed prior or subsequent to the granting of the doctoral degree.

The APA Model Licensure Act 2010 states the following:

Section D.2 (Experience Requirements): "APA recommends that legislation requires the equivalent of two full-time years of sequential, organized, supervised, professional

527 *experience prior to obtaining the license. This training may be completed prior or*
528 *subsequent to the granting of the doctoral degree. For applicants prepared for practice*
529 *in the health services domain of psychology, one of those two years of supervised*
530 *professional experience shall be a predoctoral internship which may be completed as a*
531 *part-time intern over a two-year period provided that the total experience is the*
532 *equivalent of one year of full-time experience.”*
533

534 **THE ASPPB PRACTICUM WORKGROUP:**

535 Without a common understanding about what constitutes acceptable practicum experiences, states and
536 provinces seeking to implement the APA recommended change in licensure requirements will likely
537 develop diverse and possibly inconsistent standards. If each jurisdiction develops independent
538 regulations for practicum hours that count toward the supervised experience requirement, significant
539 problems in consistency and mobility will result. ASPPB created a task force to develop model
540 regulations that provide guidance to jurisdictions that choose to modify requirements in the sequence
541 of training leading to licensure, resulting in consistency between jurisdictions.

542 Although different associations (Council of Chairs of Training Councils, Commission on Accreditation,
543 Association of Directors of Psychology Training Clinics) have explored practicum competencies, ASPPB
544 organized this workgroup to examine the current understanding of practicum and develop guidelines for
545 practicum training if ASPPB member jurisdictions revise their regulations to include hours of supervised
546 experience accrued during practicum training in lieu of the requirement for a postdoctoral year of
547 supervised professional experience for licensure.

548 A primary goal of ASPPB is the development of consistent regulations across jurisdictions as a means of
549 supporting mobility, enhancing ethical practice, and protecting the public. As a result, ASPPB believes
550 that before additional confusion and difficulties in mobility result, the development of model regulations
551 are essential.

552 To develop these guidelines, ASPPB held a meeting of the Task Force in July 2007 and also invited
553 representatives from a variety of important stakeholder groups to attend as workgroup members. The
554 attendees at this meeting included the five members of the ASPPB Practicum Taskforce (Drs. DeMers,
555 Rodolfa, Ross, Torres-Saenz, Schaffer) and Drs., Jeff Baker, Karen Cohen, Kelly Ducheny, Nadya Fouad,
556 Cathi Grus, Robert Hatcher, Steve McCutcheon, Lauren Wilson, and Shelia Woody. Also attending was
557 Nadia Hasan, a doctoral student and APAGS Chair elect. Although these workgroup members are well
558 known in their respective training and education associations, they were asked to attend as individuals
559 with particular expertise in training, rather than as representatives of their associations.

560 The workgroup goals included:

- 561 1) Examine current knowledge about practicum competencies
- 562 2) Examine current knowledge about practicum standards
- 563 3) Develop recommendations for the ASPPB Practicum Task Force for the development of
- 564 model regulations.

565
566 The basic purpose of this workgroup was to apply current knowledge about competency to the
567 regulatory process. Specifically, the workgroup reviewed previous literature regarding competency and

the developmental transition to independent practice (See the citations in the reference list). The workgroup made recommendations for practicum guidelines (regarding settings, services, supervision, competencies required, what hours count, assessment methodologies) to the ASPPB Practicum Task Force. These recommendations were based on the workgroups current understanding of practicum training. The workgroup members developed a number of specific recommendations for the ASPPB Practicum Task Force.

The ASPPB Task Force discussed the feedback and developed a number of specific recommendations. These recommendations were discussed with the leadership of a number of psychology training associations and then brought before the ASPPB membership.

The Task Force has continued to seek feedback from ASPPB member jurisdictions and numerous associations to develop these guidelines. The following guidelines for practicum training leading to licensure represent ASPPB's integration of the comments received from the many members and stakeholders participating in this process. The Task Force on Guidelines for Practicum Experience drafted the *Guidelines on Practicum Experience for Licensure* in 2009. The Task Force was co-chaired by Emil Rodolfa, Ph.D. and Jack Schaffer, Ph.D., staffed by Steve DeMers, Ed.D, and the members included: Jorge Torres-Saenz, Ph.D. and Ron Ross, Ph.D.

In 2020, the ASPPB Board of Directors tasked the ASPPB Publications Review Committee in reviewing these guidelines and develop a plan to update these guidelines to better reflect current training.

Appendix D: COVID-19 Modifications – Practicum Form

*This form will serve as a standardized way for trainees and their supervisors, directors of training, and others who might be attesting to the information, to supply information to licensing boards/colleges about any accommodations or adjustments that were made during the COVID-19 pandemic. Please note that supplying the information in this format **does not guarantee** licensure in any particular jurisdiction, nor does this guarantee that an applicant has met a particular jurisdiction's requirements for licensure.*

Applicant Name & Title: _____

Direct Supervising Psychologist Name: _____

Direct Supervisor Email: _____ Phone: _____

Practicum Site

Name of Practicum Site: _____

Address of Practicum Site: _____

Direct Supervising Psychologist Title: _____

Direct Supervising Psychologist License Number & Jurisdiction: _____

Academic Program Details

Academic Training Director Name: _____

Training Director Email: _____ Phone: _____

Institution Name: _____

Academic Program: _____

Practicum Details

Practicum Dates: _____ to _____ Academic

Term & Year: _____

Duties and Responsibilities:

What modifications, if any, were made in training due to the COVID-19 pandemic for the practicum student to accomplish these duties and responsibilities? (For example, did the practicum go from face-to-face psychotherapy to virtual psychotherapy, go from individual face-to-face supervision to virtual

620 supervision, utilize simulated patients, and/or utilize simulated testing or have practicum student review
621 raw testing data in lieu of face-to-face assessment?)

622 _____
623 _____
624 _____
625 _____

626 **Practicum Hours**

627 1. Total number of weeks of practicum (excluding all leave): _____ Did the number of weeks
628 during this training year differ from a standard practicum year? _____

629 Please detail any modifications made to the weeks of practicum due to the pandemic.

630 _____
631 _____
632 _____

633 2. Average number of hours per week of practicum: _____ Did the number of hours per week
634 during this training year differ from a standard practicum year? _____

635 Please detail any modifications made to the number of hours per week of practicum due to the
636 pandemic.

637 _____
638 _____
639 _____

640 3. Total number of hours of practicum: _____ Did the total number of hours during this training year
641 differ from a standard practicum year? _____

642 Please detail any modifications made to the total number of hours of practicum due to the pandemic.

643 _____
644 _____
645 _____

646 4. Total hours of individual supervision from all licensed psychologists: _____ Did the total hours of
647 individual supervision during this training year differ from a standard practicum year?

648 _____

649 Please detail any modifications made to the total hours of individual supervision due to the pandemic.

650 _____
651 _____
652 _____

653 5. Total hours of group supervision from all licensed psychologists: _____ Did the total hours of
654 group supervision during this training year differ from a standard practicum year?

655 _____

656 Please detail any modifications made to the total hours of group supervision due to the pandemic.

657 _____
658 _____
659 _____

660

661 6. Number of hours per week of individual and group supervision from all other licensed health care
662 professionals: _____ Did these hours during this training year differ from a standard practicum
663 year? _____

664 Please detail any modifications made to the number of hours per week of individual and group
665 supervision from all other licensed health care professionals due to the pandemic.

666 _____
667 _____
668 _____

669 7. Number of hours/week of Direct Psychological Services/Face-to-Face Patient/Client Contact:
670 _____

671 Please detail any modifications made to the number of hours per week of Direct Psychological
672 Services/Face-to-Face Patient/Client Contact due to the pandemic. Please include any modifications
673 made to how the practicum student acquired the hours of Direct Psychological Services/Face-to-Face
674 Patient/Client Contact (e.g., use of virtual platforms to obtain direct client hours, and/or use of
675 simulated patients or simulated assessments to meet direct clinical hours).

676 _____
677 _____
678 _____

679 8. Number of hours per week of Indirect Psychological Services: _____

680 Please detail any modifications made to the number of hours per week of Indirect Psychological Services
681 due to the pandemic. Please include any modifications to how the practicum student acquired the hours
682 of Indirect Psychological Services (e.g., scoring and interpreting raw data rather than direct test
683 administration, and/or use of simulated patients).

684 _____
685 _____
686 _____

687 9. Total number of hours of General Psychological Services/Support Activities completed during this
688 practicum: _____

689 Please detail any modifications made to the total number of hours of General Psychological
690 Services/Support Activities due to the pandemic. Please include any modifications to how the practicum
691 student acquired the hours of General Psychological Services/Support Activities (e.g., increased
692 professional development training, virtual learning opportunities to replace didactics).

693 _____
694 _____
695 _____

696 10. Percentage of total supervision provided by licensed psychologists: _____

697 Please detail any modifications made to the percentage of total supervision provided by licensed
698 psychologists due to the pandemic. Please include any modifications to how supervision was provided to
699 the practicum student (e.g., virtual supervision).

700 _____
701 _____
702 _____

703 11. Percentage of total supervision provided by all other licensed healthcare professionals: _____

704 Please detail any modifications made to the percentage of total supervision provided by all other
705 licensed healthcare professionals due to the pandemic. Please include any modifications to how
706 supervision was provided to the practicum student (e.g., virtual supervision).

707 _____
708 _____
709 _____

710 12. Were any other modifications made to the program due to the pandemic that were not captured
711 above? If so, what were they?

712 _____
713 _____
714 _____

715 13. In what ways did adjustment to COVID-19 afford the practicum student new learning opportunities?

716 _____
717 _____
718 _____

719 14. If modifications were made to the practicum program based on the pandemic, did the program
720 provide sufficient opportunities for this individual to demonstrate all required competencies and for
721 the training program to fully assess those competencies? In other words, do you have sufficient data
722 on which to base an opinion about this individual's competency in all required domains?

723 _____ If "no," please detail what areas you were able to assess.

724 _____
725 _____
726 _____

727 **Practicum Questionnaire**

728 1. Did this setting have, as part of its organizational mission, a goal of training professional
729 psychologists? _____

- 730 2. Did this setting have a Licensed/Trained Psychologist identified as the person responsible for
731 maintaining the integrity and quality of the experience of the practicum student? _____
- 732 3. Did the applicant's training program provide oversight for this practicum experience? _____
- 733 4. Was the practicum experience based on appropriate academic preparation of the student? _____
- 734 5. Was the practicum part of an organized, sequential series of supervised experiences of increasing
735 complexity for the student? _____
- 736 6. Was there a written training plan between the student, the practicum training site and the graduate
737 program? _____
- 738 7. Was the practicum training an extension of the applicant's academic coursework? _____
- 739 8. Did the student successfully complete the practicum? _____
- 740 9. If you answered "no" to any questions above, please explain.
741 _____
742 _____
743 _____
- 744 10. What, if any, modifications were made between the practicum site and academic program due
745 to the pandemic?
746 _____
747 _____
748 _____
- 749 Applicant Signature: _____
- 750 Date: _____
- 751 Directing Supervising Psychologist Signature: _____
- 752 Date: _____
- 753 Director of Training Signature: _____
- 754 Date: _____

755

756