The Master’s Issue Advances

Sunday, March 10
4:45pm – 6:00pm
Agenda

• Background

• Review of Task Force Charge

• Task Force Recommendations

• Additional Recommendations and Considerations

• Next Steps
• In March 2018, Council approved a motion to pursue “accreditation of master’s level programs in psychology in areas where APA already accredits.”

• After the action was approved at the March 2018 Council meeting, the Board of Educational Affairs (BEA) developed and disseminated a call for nominations, for a Task Force that would be charged with developing a blueprint for APA to pursue accreditation of master’s programs in health service psychology (HSP).
Background

- BEA developed a Call for Nominations
- Call disseminated in April 2018
- Approximately 66 nominations received
- In June, BEA appointed an 8-person Task Force
- Members have broad range of expertise and represent diversity across many dimensions
- Dr. Jim Lichtenberg, Chair
Background

- Monthly calls between July and October
- Met in-person November 30 - December 2, 2018
- Consulted with key stakeholders
  - Masters in Psychology and Counseling Accreditation Council (MPCAC)
  - National Association of School Psychologists (NASP)
  - APA Office of Program Consultation and Accreditation (OPCA)
  - Association of State and Provincial Psychology Boards (ASPPB)
Task Force Charge

- **Outlining a plan** by which APA could pursue development of an accreditation system for master’s HSP programs

Specifically:
- Developing a statement that broadly delineates the **scope of accreditation**
- Prioritizing **possible pathways** for APA to establish accreditation
- **Identifying the necessary expertise** to conduct accreditation reviews
Scope of Accreditation
Recommendations

The scope of accreditation only applies to HSP master’s programs within the United States and its territories.

Accredited master’s programs in HSP must meet a set of standards leading to a specific set of professional competencies and outcomes.
Possible Pathways
• Prioritizing possible pathways for APA to establish accreditation of master’s programs in psychology.

• Two Options: Expand current APA CoA or create new accrediting commission.
Relationship with Other Entities

• Many other accrediting or approval bodies recognize mental health practitioners at the master’s level.

• Only two are grounded in the HSP competencies and overlap: Masters in Psychology and Counseling Accreditation Council (MPCAC) and the National Association of School Psychologists (NASP).

• Recommend APA work collaboratively with MPCAC and NASP, acknowledging the important role that these organizations have played in accrediting master’s level training.
Option 1: Expand CoA

Advantages
• Already recognized by US Dept. of Ed. (US ED) and Council of Higher Education Accreditation (CHEA), faster and more efficient to expand scope
• Consistent with continuum of HSP SoA
• Capitalize on expertise of staff and current Commissioners

Disadvantages
• Will require an expanded focus to include the development of accreditation standards and areas of expertise for those who are serving as evaluators
• Resources needed for CoA commissioners and staff, space, technology
Identifying the Necessary Expertise
Recommendations*

- Two faculty members from terminal HSP master’s program
- One faculty member from a master’s program integrated within a doctoral HSP program
- Three seats nominated from appropriate master’s training councils
- Two master’s level HSP practitioners
- One student from a terminal master’s HSP program
- A sufficient number of public members

*This represents a proposal for an initial expansion. Further expansion may be needed.*
Additional Recommendations & Considerations
Additional Recommendations & Considerations

• APA CoA’s workload will increase and in addition to the expansion of APA CoA members, the OPCA will be impacted and additional association resources will be required.

• APA CoA will play a significant role as efforts to develop an accreditation system for master’s programs moves forward.

• Consider exploration and development alternative pathways to accreditation for those programs that are already accredited/approved.
  • Programs are not to be “grandfathered in” as APA accredited programs, but provided with a way to move expeditiously toward accreditation given their current accredited/approved status.
Additional Recommendations & Considerations

- General agreement on competencies for practice at the master’s

- Specialty specific competencies (counseling, school)

- Need to bring clarification and differentiation of the competencies expected of those completing an accredited master’s program in HSP, in contrast to the competencies of those completing an accredited doctoral program
Next Steps

• Council received the blueprint February 2019
• March 2019 BEA/BPA asked to convene task force to articulate competencies (report 2020)
• Council updated in August 2019
• APA CoA develop standards (with opportunities for stakeholders to provide comment)
• Council will be asked to approve the standards
For more information:

www.apa.org/ed/governance/bea/masters-accreditation-blueprint
Deborah Baker, JD
Director, Legal and Regulatory Policy, APA
@APAPractice
Current State of State Psychology Licensing

- APA Model Act for State Licensure
  - The Act recognizes the doctorate as the minimum educational requirement for entry into professional practice as a psychologist.

- Since 1999, 10 states have eliminated master’s level licensure for independent or supervised psychological practice
  - Arkansas, Delaware, Iowa, Minnesota, Nebraska, New Hampshire, North Dakota, Oklahoma, Pennsylvania & South Carolina

- 34 jurisdictions only recognize doctorate for psychology licensure

- Currently, 17 jurisdictions recognize master’s level psychology practice whether supervised or (eventual) independent practice
## States with Master’s Level Psychology Practice

<table>
<thead>
<tr>
<th>States permitting licensed independent practice at master’s level</th>
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<tbody>
<tr>
<td>West Virginia</td>
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<td>Vermont</td>
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<td>Texas</td>
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<tr>
<th>States allowing eventual licensed independent practice at master’s level</th>
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<tr>
<td>Kansas</td>
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<td>Kentucky</td>
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<td>Oregon</td>
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<tr>
<th>States recognizing registered master’s level practitioners</th>
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<tbody>
<tr>
<td>California</td>
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<tr>
<td>Maryland</td>
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<td>Nebraska</td>
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<td>Wyoming</td>
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<tr>
<th>States providing for licensed supervised practice at master’s level</th>
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<tr>
<td>Alabama</td>
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<td>New Mexico</td>
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<tr>
<td>North Carolina</td>
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<td>Tennessee</td>
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Title/Scope of Practice Considerations

No uniform title for master’s level practitioner in psychology

• Psychologist-masters
• Psychological associate
• Psychological practitioner
• Psychological examiner or technician
• Limited license psychologist

No uniform defined scope of practice

• Range from limited to certain activities or services under supervision to no definition other than supervision by a licensed psychologist
Lack of common definitions = confusion?

Lack of defined competencies differentiating doctoral-level psychology programs from master’s level psychology programs

Lack of consistent defined scope of practice differentiating doctoral-level psychologist from master’s level psychology practitioners

Lack of uniform title distinguishing doctoral level from master’s level providers in psychology

Increasing adoption of CACREP accreditation eliminating pathway to licensure for graduates from psychology master’s programs

= Hodge podge of states creating own rules for the field of psychology
Roseann Fish Getchell, PsyD

Post-Doctoral Psychology Resident, Providence Health Services, Oregon, Chair, American Psychological Association of Graduate Students (APAGS)

@FishRoseann
Early Career Psychologist Perspective

"It doesn't just go away. You're going to graduate and you're going to walk across that stage to collect your diploma and walk right into a brick wall of student loan debt."
Early Career Psychologist Perspective

Market pressures:
1. Financial resources
2. Disparate/disconnected working
3. Rise in demand
4. Increased long term conditions

Organisational objectives:
- Optimise outcomes and experiences
- Maximise efficiencies
- Provide individualised care at scale
- Integrate care systems
### Exhibit 1. Estimated Supply of and Demand for Mental Health Counselors in the United States, 2016-2030

<table>
<thead>
<tr>
<th></th>
<th>Scenario One (Assumes equilibrium)</th>
<th>Scenario Two (Assumes unmet need)</th>
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<tbody>
<tr>
<td><strong>Supply</strong></td>
<td></td>
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<tr>
<td>Estimated supply, 2016</td>
<td>140,400</td>
<td>140,400</td>
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<tr>
<td>Estimated supply growth, 2016-2030:</td>
<td>18,920 (13%)</td>
<td>18,920 (13%)</td>
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<tr>
<td>New entrants</td>
<td>73,530</td>
<td>73,530</td>
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<tr>
<td>Attrition »</td>
<td>-55,900</td>
<td>-55,900</td>
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<tr>
<td>Change in average work hours »</td>
<td>1,290</td>
<td>1,290</td>
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<tr>
<td>Projected supply, 2030</td>
<td>159,320</td>
<td>159,320</td>
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<tr>
<td><strong>Demand</strong></td>
<td></td>
<td></td>
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<tr>
<td>Estimated demand, 2016</td>
<td>140,400</td>
<td>168,490</td>
</tr>
<tr>
<td>Estimated demand growth, 2016-2030:</td>
<td>25,790 (18%)</td>
<td>30,970 (18%)</td>
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<tr>
<td>Projected demand, 2030</td>
<td>166,190</td>
<td>199,460</td>
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<tr>
<td>Total Projected Supply (minus) Demand »</td>
<td>-6,870</td>
<td>-40,140</td>
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</tbody>
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Brian Stagner, PhD

Director of Professional Affairs,
Texas Psychological Association
Questions?