Westin Buckhead Atlanta
Atlanta, GA

ASPPB 30th Midyear Meeting

April 16 - 19, 2015

Competency is Not Forever!

(Maintaining Professional Competence and Avoiding Professional Incapacity)

Association of State & Provincial Psychology Boards

30th Midyear Meeting

April 16 - 19, 2015 – Atlanta, Georgia

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Agenda with Room Locations, Speakers & CE Learning Objectives/Hours

Thursday, April 16, 2015	
5:30 – 7:00 pm	**Registration and Welcome Reception - (Mezzanine – 3rd Floor Level)**
Dinner on your own	

Friday, April 17, 2015		
7:15 am	**Registration (Buckhead Ballroom Foyer)**	
7:15 am **SESSION 1 *** **1 CE hour**	Breakfasts (2) • General Breakfast (Woodruff Room) • New Board Member Training (East/West Paces Room) – 1 CE Credit Hour Offered	**** NOTE: CE HOURS ARE ONLY OFFERED AT THE NEW BOARD MEMBER TRAINING ONLY*** *- At the conclusion of this session, participants will be able to:* *□ Gain an understanding of board member roles and responsibilities, recognizing and avoiding conflicts of interest and conducting board meetings;* *□ Demonstrate rule making and administrative procedures and develop effective mechanisms to work with legislatures and the public.*

OPENING SESSION - ASPPB 30TH MIDYEAR MEETING			
8:30 am Buckhead Ballroom	Call to Order; Welcome Remarks - (page 10) Welcome to Georgia!	**Martha Storie** **Marsha Sauls -** President GA BOD **Representative Pat Gardner -** Georgia Legislature	
8:35 am	Introduction of ASPPB Board of Directors and Staff	Stephen DeMers	
8:40 am (page 29)	Continuing Education Instructions	Amy Hilson	
SESSION 2 - (3 CE Credit Hours Offered)			
8:45 am	Overview of theme /Introduction of the Keynote Speaker	Karen Messer-Engel	*At the conclusion of this session, participants will be able to:* *□ Identify at least 2 reasons why this issue should be of increasing concern for regulators; & identify errors in thinking which may inhibit professionals from acknowledging their own competency issues.*
9:00 am (page 30) 10:00 am	Keynote Address: ***"Competency Is Not A Forever Thing – Professional Incapacity in the Regulatory Context"*** Q&A	Angela Bates, BSc, LLB	*At the conclusion of this session, participants will be able to:* *□ Identify the interaction between competency and incapacity;* *□ Discuss the most serious health issues afflicting professionals, with a focus on aging professionals;* *□ Discuss the challenges of dealing with incapacitated professionals in the regulatory context.*
10:15 am	**Break**		
10:30 am (page 61) (page 69)	***Identifying and Managing Impairment:*** Cognitive Impairment Mental Illness Substance Abuse	Don Meck Sheila Young Sharon Lightfoot	*At the conclusion of this session, participants will be able to:* *□ Name and describe two tracks for managing impairment as a member of a regulatory board;* *□ Identify two benefits of a diversion program for psychologists suffering from cognitive impairment, mental illness or addiction;* *□ Identify three important elements to be included in a supervision plan for a psychologist who is disciplined due to cognitive impairment, mental illness or addiction.*
11:30 am	Panel Discussion	Karen Messer-Engel Angela Bates Sharon Lightfoot Don Meck Sheila Young	

12:00 noon	**Lunch**		
SESSION 3 – (3 CE Credit Hours Offered)			
1:00 pm Buckhead Ballroom (page 77)	"How Impaired is Too Impaired?" - Case Examples	Alex Siegel Carol Webb	*At the conclusion of this session, participants will be able to:* *□ Identify how other jurisdictions respond to licensees with impairments;* *□ Outline various evaluative and disciplinary options for psychologists with impairments;* *□ Develop strategies for decision making about disciplinary options for psychologists with impairments.*
2: 30 pm	**Break**		
2:45 pm	Facilitated Discussion Groups • Red Group – (Storie) – **Buckhead Ballroom** • Blue Group – (Crowder) – **Chastain Room** • Green Group – (Millán) – **East Paces Room** • Yellow Group – (Meck) – **Tuxedo Room** • Pink Group – (Lightfoot) – Habersham Room • Orange Group – (O'Brien) – **Buckhead Ballroom** • Purple Group – (Messer-Engel) – **West Paces Room**	Martha Storie Don Crowder Fred Millán Don Meck Sharon Lightfoot Gerald O'Brien Karen Messer-Engel	*At the conclusion of this session, participants will be able to:* *□ Identify how other jurisdictions respond to licensees with impairments;* *□ Outline various evaluative and disciplinary options for psychologists with impairments;* *□ Develop strategies for decision making about disciplinary options for psychologists with impairments.*
4:00 pm	**Adjourn**		

6:00 pm

President's Dinner

We hope that you will plan to join us at one of Atlanta's Best Known Venues:

World of Coca-Cola!

No matter if you are a die-hard Coca-Cola connoisseur, or a staunch Pepsi fan, you will enjoy the color and history of Atlanta's own, ***World of Coca-Cola***. We will tour the vintage museum, interact with the exhibits, such as the 4D Theater and the "Taste-It" room where you will mix your own flavors, and then dance the night away among the iconic symbols of the Coca-Cola world. We hope that you are curious to see what's inside, because we are busy planning for your upcoming visit! We invite you to explore inside the **World of Coca□Cola** through this *interactive* ASPPB's President's Dinner.

The buses will leave from the hotel at 6:00 pm and return to The Westin by 10:30 pm

Saturday, April 18, 2015			
7:15 am	**Registration**		
7:15 – 8:20 am	**Breakfasts - Choices Include:** **General Breakfast - (Woodruff Room)** **Attorney Roundtables - (Woodruff Room)** **Volunteering With ASPPB- (Chastain Room)** • **Committees and Task Forces** • **Running for the Board of Directors**		
ASPPB General Session - (Buckhead Ballroom)			
SESSION 4 – (3.5 CE Credit Hours Offered)			
8:30 am Buckhead	Call to Order	Martha Storie	
8:45 am	Feedback from Friday Breakout Groups	Karen Messer-Engel	
9:00 am	Legal Presentation - "Check your laws because what you think you have you may not have!"	Dale Atkinson Alex Siegel	*At the conclusion of this session participants will be able to:* *□ Learn how the United States Supreme Court decision in the North Carolina Dental Board case will change how licensure boards in the US will function;* *□ Learn how licensing laws and regulations deal with impaired psychologists;* *□ Learn how some jurisdictions have diversionary programs to deal with impaired psychologists while others rely on discipline to deal with impaired psychologists;* *□ Learn how other professional licensing boards and colleges deal with impaired professionals.*
10:00 am	Break		

10:15 am (page 92) (page 108) (page 113)	Jurisdictional Presentations – "What is done when there are concerns?"	Angelina Barnes Rick Morris Darrel Spinks	*At the conclusion of this session, participants will be able to:* *□ List options used by member jurisdictions in addressing incapacity or competence concerns about members;* *□ Discuss the pros and cons of the options presented for addressing competency concerns;* *□ Assess your jurisdictional policy and procedures regarding management of psychologist impairment and where change may be warranted.*
10:45 am (pg 117)	Legacy Project/Work with California Association – Changing Laws	Steven Frankel	*At the conclusion of this session, participants will be able to:* *□ List two major regulatory problems facing, primarily, senior licentiates;* *□ List at least one statutory/regulatory change proposed to address the problem of licentiates who receive licensing board complaints and who are found to be suffering from degenerative neuro-cognitive disorders.* *□ List three approaches to preparation for unanticipated terminations of practice, due to death or disability.*
11:15 am	Panel Discussion	Andrea Kowaz (Moderator) Angelina Barnes Steven Frankel Rick Morris Darrel Spinks	
11:30 am (page 128)	MOCAL WHITE PAPER: "Maintaining Competency: What does the future hold?"	Jacqueline Horn Carol Webb Catherine Yarrow	*At the conclusion of this session, participants will be able to:* *□ Identify two activities that may be part of future maintenance of competency;* *□ Summarize details of at least one method of auditing a practice;* *□ Describe how to improve self-assessment.*
12:15 pm	**Box Lunch (Buckhead Ballroom Foyer)**		
OPTIONAL GROUP NETWORKING			
1:30 pm	Optional Small Group Networking Tour the ASPPB Central Offices in Tyrone, GA– Come join us for light refreshments and see the new office building and meet some of our SUPER employees! Buses load at 1:30 pm – Back at hotel by 4:30 pm		

OPTIONAL SESSION/DISCUSSION GROUP		
Session 5 – Optional Session - (1 hour CE Credit Hour Offered)		
5:30 – 6:30 pm (Buckhead Ballroom)	**Supreme Court Decision** **Light Supper Discussion Group** **(1 hour CE credit offered)** **OR** **Dinner on Your Own**	*At the conclusion of this session, participants will be able to:* *□ The underlying facts and judicial opinion as relevant to the regulatory board, with an emphasis on the United States Supreme Court ruling;* *□ The court holdings and how such ruling affect the boards of psychology;* *□ Some suggested reactions and solutions to the judicial ruling, including legal, political and practical perspectives.*
NETWORKING/SOCIAL		
7:30 – 9:30 pm (Suite 2221)	**Presidential Dessert Reception** **Suite 2221** **It's a come-and-go reception, so after dinner come share a glass of wine and dessert with the President in her suite.**	

Sunday, April 19, 2015	
7:30 am	**Registration Opens**
7:15 – 8:20 am	**Breakfast** **(Woodruff Room)**
ASPPB General Session- (Buckhead Ballroom)	

SESSION 6 – (2 CE Credit Hours Offered)			
8:30 am	Call to Order	Martha Storie	
8:45 am (pg 137)	Disciplinary Database "What is it? Why is it important? How do I Use it?"	Taja Slaughter Veronica Zambuto	*At the conclusion of this session, participants will be able to:* *□ Describe the Disciplinary Data System and its benefits;* *□ Identify the steps for reporting to the Disciplinary Data System;* *□ Identify the steps for searching the Disciplinary Data System.*
9:15 am (pg 144)	"New Developments in the ASPPB Examination Program"	Amy Hilson Matt Turner	*At the conclusion of this session, participants will be able to:* *□ Describe the exam vendor transition process for the EPPP psychology licensing exam;* *□ Recall the benefits for licensure applicants that are the result of recent changes in the psychology licensure examination process.* *□ Recognize the benefits for licensing boards that are the result of recent changes in the psychology licensure examination process.*
9:45 am	"Regulatory Developments: Where Do We Go From Here?"	Stephen DeMers	*At the conclusion of this session, participants will be able to:* *□ Identify factors causing erosion of public confidence in professional regulation;* *□ Describe at least three steps that regulatory bodies can take to increase public awareness of value of professional regulation;* *□ State actions, programs & services that ASPPB has developed to address common misconceptions about purpose/practices of psychology regulatory bodies.*
10:15 am	**Break**		

10:30 am	Telepsychology Compact	Fred Millán	*At the conclusion of this session, participants will be able to:* *□ Identify key issues in the interjurisdictional telepsychological practice;* *□ List key elements of the Psychology Interjurisdictional Compact (PSYPACT);* *□ Outline next steps for PSYPACT.*
10:45 am	Overview of 2015 Annual Meeting / The Arizona Board Anniversary	Fred Millán Cindy Olvey	
11:00 am	Jurisdictional Updates		
11:30 am	**ADJOURN**	Martha Storie	

President
Martha N. Storie

Chief Executive Officer
Stephen T. DeMers, EdD

Past President
Fred Millán, PhD, ABPP, NCC

President-Elect
Don L. Crowder, PhD

Secretary-Treasurer
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Donald S. Meck, PhD, JD, ABPP
Sharon Lightfoot, PhD
C. Gerald O'Brien, PhD

Chief Operating Officer
Carol Webb, PhD, ABPP

Associate Executive Officer
Exams & Governance
Amy C. Hilson, BA, CAE

Associate Executive Officer
Member Services
Janet Pippin Orwig, MBA

Association of State and Provincial Psychology Boards

Serving member jurisdictions by promoting excellence in regulation and advancing public protection.

Welcome to the 30th Midyear Meeting at the Westin Buckhead in Atlanta, Georgia. In response to feedback from attendees at previous meetings, the theme for this meeting is *Competency is Not Forever—Maintaining Professional Competence and Avoiding Professional Incapacity*. Included will be discussions about identifying and managing impairment and what steps to take when there are concerns.

Please note in the detailed agenda that, in addition to presentations from speakers focusing on the main theme of the meeting, there is a special breakfast meeting on Saturday morning for those who are interested in volunteering with ASPPB. I encourage you to attend this breakfast to learn more about the opportunities for serving on committees and task forces and running for the Board of Directors. The Board of Directors will begin working on the 2016 Game Plan, which includes the committees and task forces, shortly after the April meeting. The call for nominations for open positions on the Board of Directors went out in March, with a May 1st deadline. I also encourage any of you who may be interested in running for election to the Board of Directors to talk with a current Board member to further discuss the responsibilities and time commitments. Additionally, note in the agenda that there is a discussion group on late Saturday afternoon that will focus exclusively on a recent Supreme Court Decision and its possible implications for regulatory boards.

As is customary, there are multiple opportunities for informal networking with other attendees. Please join us on Thursday evening at the Welcome Reception to catch up with old friends and meet new ones. Also, please plan to attend the President's Dinner on Friday evening at the World of Coca-Cola, one of Atlanta's best known venues. Word is that there will be great southern food, drink, and dancing! On Saturday afternoon, buses will depart from the hotel to take attendees to the ASPPB Central Office in Tyrone. I hope everyone will take advantage of this opportunity to see where the ASPPB staff settle in each day as they work hard to deliver the many services provided by the Association. Finally, all are invited to the President's Suite on Saturday evening for a wine and dessert reception.

I want to thank our Midyear Meeting Committee and ASPPB staff who have devoted their time and expertise to make this important and timely program a reality: Karen Messer-Engel (Chair), Don Crowder, Fred Millán, Don Meck, Lane Wagaman, Randi Smith, Kenneth Kessler, Steve DeMers, Marsha Sauls, Amy Hilson, Janet Orwig, Anita Scott, and Alex Siegel.

I hope you enjoy the meeting, have a wonderful time, and gain information that will be useful to you in your regulatory role. If you have any questions or comments, or need assistance in any way, please do not hesitate to contact any Board or Staff member.

Again, welcome!

Martha N. Storie
President

ASPPB 2015 Midyear Meeting Committee

Karen Messer-Engel, MA RPscyh, Chair

Don L. Crowder, PhD

Fred Millán, PhD, ABPP, NCC

Donald S. Meck, PhD, JD, ABPP

Kenneth H. Kessler, PhD

Marsha B. Sauls, PhD

Randi D. Smith

G. Lane Wagaman, EdD

Stephen T. DeMers, EdD

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Psychologist/Attorney
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2nd Year Member-at-Large: Sharon Lightfoot, PhD
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Phone: (314) 289-9981
E-mail: lightfootphd@sbcglobal.net

1st Year Member-at-Large: C. Gerald O'Brien, PhD
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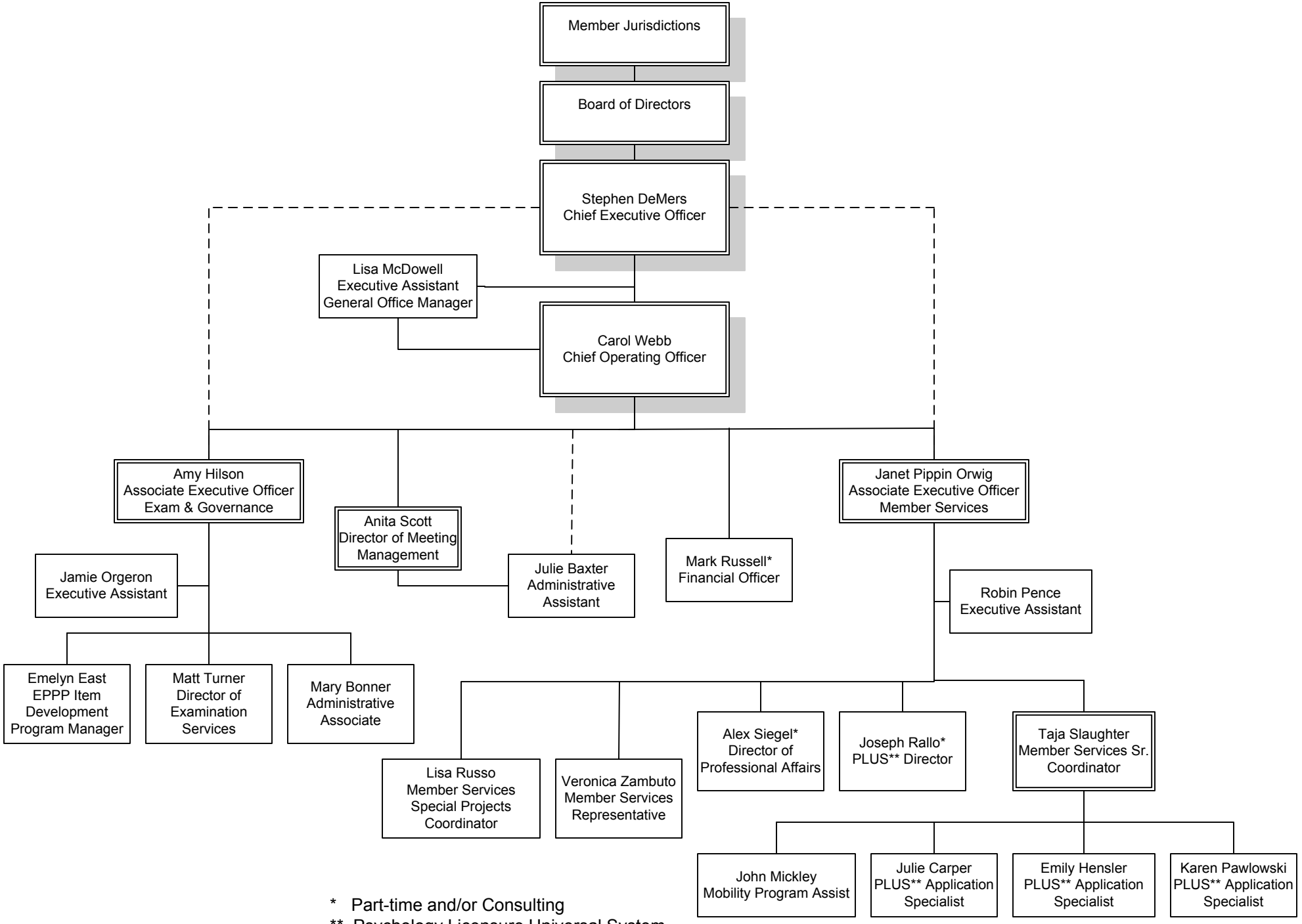
Phone: (601) 664-6730
E-mail: drob@netdoor.com



* Part-time and/or Consulting

** Psychology Licensure Universal System

ASPPB's President's Dinner
Friday Evening, April 17, 2015

Atlanta's "World Of Coca-Cola"

Create your own unique flavor beverages in the "Taste-It" room. (non-alcoholic and "adult" slushy drinks) made by you and the mixologist. (Awesome 'nerdy science' stuff!)

Casual Dress
(Jeans/Tee shirts are okay!)

Take a self-guided tour of the Coca-cola museum.

Dance!

Enjoy the delicious All-Southern Interactive Buffet (You will just need to see it to "experience" it!)

Dance!

Experience the 4-D Theater

Dance!

Buses will leave Westin at 6:15 pm
Return by 10:30 pm

We sincerely hope that you will stay the whole evening and enjoy the fastastic band - "MOODY", the great conversations, the delicious southern buffet, the "Taste-It" room, the gift shop, and the lively dance floor!
So many things to see and do this night!
The buses will start leaving the World of Coca-Cola at 10:00 pm for the return trip.
Everyone will be back at the Westin by 10:30 pm.

* If you feel you must leave earlier than 10 pm, we may have a small passenger van, driven by our staff, that may be making LIMITED runs back to the hotel starting at 9 pm.
(See Anita or Julie that night for availability/schedule)

Photo-Op with the Iconic Coca-Cola Bear!

Volunteering with ASPPB; Running for the Board of Directors

ASPPB Annual Meeting of Delegates
Saturday, April 18, 2015
Don Crowder, PhD, ASPPB President-Elect
Amy C. Hilson, BA, CAE, ASPPB Associate Executive Officer for Exams & Governance

I. Why volunteer with ASPPB? *Amy Hilson*

A. Help ASPPB achieve its mission
B. Network among your peers
C. Contribute to the protection of the public
D. Contribute to the profession of psychology as a whole

II. You Can Volunteer In Areas of: *Don Crowder*

A. Interest (e.g., ethics, examinations, model legislation and regulations, etc.)
B. Special Skill/Expertise (e.g., survey development/analysis, drafting/writing, editing, legislative issues)

III. Volunteer work settings *Amy Hilson*

A. Teleconference
B. WebEx
C. Face-to-Face
D. Individual work from "home base" – no meetings, or in addition to meetings
E. Note: work is not confined to meetings
   1. Meeting preparation
   2. Meeting follow-up
   3. Work without meetings

IV. Service Areas: *Don Crowder*

A. Committees
B. Task Forces
C. Special Projects
   1. Research
   2. EPPP Item Writer (expertise in a particular content domain)
   3. Document Review
   4. Workgroups
D. Election to the Board of Directors

V. Committees *Amy Hilson*

A. 22 committees active in 2015
B. Appointments are usually for one year, but can be renewed

C. Some committees involve multi-year terms and for those committees, changes in membership are made on a rotational basis to provide continuity

VI. Task Forces *Don Crowder*

A. Established to address a specific issue
B. Established as needed, not necessarily annually
C. 6 task forces active in 2015
D. Appointments are for one year, but can be renewed

VII. Volunteer Timeline/Game Plan (see attached Sample Game Plan Page)

A. April . . . . . Formal Call for Volunteers *Amy Hilson*
- At Midyear Meeting
- By Listserv

B. June. . . . . Board of Directors
- Reviews first draft of *Game Plan* for the coming year
- Reviews and revises committee/task force charges
- Incorporates as many volunteers as possible

C. August BOD Meeting. . . . . Board of Directors reviews second draft of *Game Plan*

D. October BOD Meeting. . . . . Board of Directors finalizes DRAFT *Game Plan*

E. After October Annual Meeting . . . . Final appointments are made by Board based on October Board of Directors election
(e.g., Secretary-Treasurer chairs the Finance and Audit Committee)

F. October-December
- Formal invitations to serve in specific role are sent
- Contact information collected
- Backup appointment is made for any appointment that is declined

G. December 31 . . . . . *Game Plan* with all appointments and charges is:
- finalized by December 31st
- Effective January 1st

VIII. Board of Directors *Don Crowder*

A. Board Members are volunteers too!
B. Established in ASPPB's Bylaws
C. Nominations/election process

D. Duties and Responsibilities of the Board
E. Heavy time commitment
F. Need to have had prior involvement with ASPPB
G. Elected Positions on the Board of Directors
   1. Members-at-Large
      a) Three in all
      b) One elected each year
      c) Three-year terms
   2. Secretary-Treasurer
      a) One elected every third year (October 2015)
      b) Three-year term
   3. President-Elect
      a) Three-year term
         (1) Serves one year as President-Elect
         (2) Serves following year as President
         (3) Serves year after that as Past-President
H. BOD Election Timeline

1.	March or April:	Formal Call for Nominations sent to ASPPB listservs, member boards and board chairs
2.	Prior to June Board of Directors Meeting:	Nominations Committee reviews all nominees and assesses qualifications in relation to eligibility requirements set forth in Bylaws; makes recommendations to Board of Directors for a proposed slate of nominees
3.	June Board of Directors Meeting:	Board of Directors reviews recommendations from Nominations Committee and finalizes slate of nominees for election at October Annual Meeting
4.	October Annual Meeting:	Presentations by nominees, and voting by delegates to elect members of the Board of Directors
5.	December:	Newly elected members of the Board of Directors attend December Board of Directors Retreat
6.	January 1:	Board member terms of service begin

IX. Expenses *Amy Hilson*

A. ASPPB reimburses the expenses for volunteers appointed to *Game Plan* positions that require attendance at face-to-face meetings.
B. Some *Game Plan* activities are conducted by correspondence only, and ASPPB covers the costs of conference calls.

Example: The Annual and Midyear Meeting Committees work primarily by email and teleconference, with no face-to-face meetings.

C. ASPPB's Reimbursement Policies specify what expenses are reimbursable.

D. Per Diem is paid after the first 10 days of service.

X. For More Information *Don Crowder*

A. Go to "Regulatory Board Members Only" section of ASPPB website: http://www.asppb.net/?page=RegBDInfo (login with password required) to find:

1. Sample Volunteer Form
2. General volunteer information
3. ASPPB *Game Plan*
4. Running for the Board of Directors information
5. Sample Call for Nominations

B. Volunteer Information Workshop will be held at each ASPPB membership meeting (Annual and Midyear Meetings)

C. If you have questions, contact Don Crowder at doncrowder01@gmail.com or Amy Hilson at ahilson@asppb.org

Association of State and Provincial Psychology Boards (ASPPB)

VOLUNTEER INFORMATION

ASPPB is always looking for volunteers to help achieve its mission. Volunteering is also a benefit to you. It is a great way for you, as a volunteer, to network with your peers, learn of new initiatives in the profession and contribute to the profession as a whole. While some volunteering activities may necessitate travel, others may involve collaboration by e-mail or teleconference. ASPPB would like to update its roster of interested volunteers for various tasks. Please complete the information requested below & return to Jamie Orgeron (jorgeron@asppb.org). While we may not be able to find an opportunity for everyone at this time, we greatly appreciate knowing of your interest and availability. Thank you.

Name	Daytime Phone
Suffix: (PhD, CPsych, etc…)	Evening Phone
E-Mail Address	
Mailing Address	
Name of jurisdiction board:	
Your capacity with the board:	
When do you expect to go off your board, if applicable?	
How would you like to help ASPPB?	

Areas of Interest:

____ Ethics
____ Discipline
____ Board processes
____ Assessment of Competencies
____ Telepsychology
____ Prescriptive authority
____ Model legislation & regulations
____ Membership meetings
____ Distance Education
____ Professional Education & Training
____ Examinations
____ Mobility
____ Other: _____

Areas of Special Skill/Expertise:

____ Survey development/analysis
____ Legislative issues
____ Statistical analysis
____ Drafting/writing/Editing
____ Website Review
____ Webinar set-up
____ Other: _____

Interested in Volunteering for:

____ Material Review and Editing
____ Technology Assistance
____ Research
____ EPPP Item Writer
____ Other: _____

How much time could you allot to an ASPPB volunteer activity?

Have you ever served on an ASPPB committee or task force or had prior ASPPB service? Yes No
If yes, what type of service and when?
Date Completed:

Considering a Run for the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors (BOD)?

Running for the ASPPB Board of Directors (BOD) not only provides a valuable service to the Association, member boards and the profession of psychology, but enhances your professional development as well. Serving on the ASPPB BOD allows you to address important matters for the betterment of the profession and increases your awareness of national and international issues. In turn, this also benefits you in your role as a psychology regulator.

If you are considering running for the BOD, please contact past or current Board of Directors members to gain additional information about their experiences as Board members. The following information will provide you with a summary of the activities and responsibilities a Board member assumes when s/he takes office.

The members of the BOD are the Past President, President, President-Elect, Secretary-Treasurer, and three Members-at-Large. A Secretary-Treasurer is elected every three years (next in October 2015). A new Member-at-Large who serves a three-year term, and the President-Elect, who also serves a three-year term in the Presidential sequence, are elected annually. Typically, the person completing the third year Member-at-Large position runs for President-Elect. The result is that an individual elected to the BOD as 1st Year Member-at-Large, although not required to, will typically spend six years on the BOD (3 years as Member-at-Large, and 3 years in the Presidential sequence).

Expectations for all BOD members:

The following cover some but not all the expectations of service by Board members, and gives a flavor of the workload for all Board members:

- Attend scheduled meetings of the Board (there are six Board meetings annually, typically every other month. Additionally, during off months there may be some hour-long conference calls, depending on business that needs taking care of between in-person BOD meetings);

- Submit information for BOD meetings (e.g., reports about liaison activities; reports on committee meetings) to the ASPPB Central Office prior to each BOD meeting for distribution and consideration at that meeting;

- Prior to each Board meeting, read the materials provided in the agenda for each meeting to ensure adequate preparation for each meeting of the Board;

- Undertake such assigned projects and liaison relationships as determined in discussion with the Board. Each member of the Board typically has two to three assignments, which require travel to additional meetings once or twice a year for each assignment; and

- Refrain from serving on the BOD when there is a conflict of interest or the appearance of a conflict of interest, including refraining from serving on boards or committees of other psychological organizations that might have divergent interests from ASPPB, such as APA or CPA.

Expectations for BOD members <u>by position</u>:

Recently, with the help of a licensed consulting psychologist, the BOD looked at how to reorganize ASPPB in such a way as to meet the Association's increasing responsibilities without

overburdening either staff or BOD members. With input from the BOD and staff, the BOD voted to implement the following plan beginning in 2014. (Although the BOD agreed that this plan is most beneficial to ASPPB, we want to maintain flexibility as well. So, if you're considering running for the BOD, but the proposed responsibilities do not fit with your interests/strengths/etc., please don't let this discourage you. Please talk to any BOD member about your concerns. We don't want to dissuade anyone from running for the Board.)

- Some responsibilities will be assigned according to the positions BOD members hold

- The three Member-at-Large rotations will include primary responsibilities in one of three tracks – Exam Program, Mobility Program or Education and Training

- The Member-at-Large elected in October 2015, for a term beginning January 2016, will have primary responsibilities in the Examination Program Track and will be a member of all committees associated with the Program

Hopefully the above information will be useful to you as you are considering running for the ASPPB BOD. The workload is considerable, but the rewards of doing the work are tremendous. ASPPB has an impact on national and international issues of importance to psychology; the people you get to work with are dedicated, professional, and fun; and the service to ASPPB, psychology and psychology regulation are important and appreciated.

Excerpt from ASPPB Policies & Procedures Manual: Eligibility for Election as a Director of the Association

Section II.4. Meetings of Membership, Meetings of Membership, Board of Directors, Committees, and Task Forces

C. Membership Meetings

5. Election of Members of the Board of Directors

c) The Nominations Committee adheres to the following language in Bylaws Article VI.C.: To be eligible for election as a Director of the Association, the Director must, when elected, be either:

a. A current professional or public member, staff or counsel of a member jurisdiction;
OR
b. An individual member of ASPPB who is a current or former professional or public member, staff or counsel of a member jurisdiction;

AND

Must have no history of disciplinary action that has been reported to any professional disciplinary data bank; and, must meet criteria specified in the ASPPB's Policies and Procedures Manual.

Those criteria are:

- Must ensure that a completed nomination packet has been submitted on their behalf.
- For Member at Large and Secretary-Treasurer, at the time of nomination, must have:
  - Attended at least one ASPPB Annual Meeting of Delegates, and
  - Served in their qualifying capacity with the regulatory board for a minimum of one year.
- For President-Elect, President and Past-President, at the time of nomination, must have:
  - Attended at least three ASPPB membership meetings, one of which must be an Annual Meetings of Delegates, and
  - Served on a minimum of two ASPPB committees, task forces and/or workgroups.

d) In addition to the required criteria, the Nominations Committee considers the following in evaluating nominees:

a. The Committee considers prior involvement and interest in ASPPB by the nominee to be a critical factor. Experience of the nominee with ASPPB is evaluated by taking the following into consideration:
   i. Service as a delegate from a member jurisdiction
   ii. Participation in ASPPB meetings and initiatives
   iii. Service on an ASPPB committee, task force and/or workgroup
   iv. A contributor to the profession who has been honored by ASPPB (e.g., Fellow, awardee)
   v. Previously nominated for an office but not chosen for the slate
   vi. A prior candidate for office
b. The committee also seeks to maintain balance on such dimensions as gender, ethnicity, current and past geographical make up, and size of the jurisdictions represented on the Board of Directors.

Presenters

2015 ASPPB Midyear Meeting

Atlanta, Georgia

2015 Midyear Meeting Presenters
(Listed in Alphabetical Order)

Dale Atkinson, JD
Mr. Atkinson, received his law degree from Northwestern School of Law, Portland, Oregon, and is the sole, managing member of the Northbrook, Illinois law firm of Atkinson & Atkinson, LLC which represents various associations of regulatory boards. Mr. Atkinson represents associations in all matters relating to their operations as not for profit corporations, including activities, education and accreditation, disciplinary actions, model legislation and applications, and all phases of the development and administration of licensure examination programs, licensure transfer programs, licensure credentials and storage. Mr. Atkinson also serves as Executive Director of FARB.

Angelina M. Barnes, JD
Angelina M. Barnes is an attorney licensed in the State of Minnesota and has served as the Executive Director of the Minnesota Board of Psychology since 2009. She received a BA in Social Relations from Michigan State University in 2002 and a Juris Doctor from William Mitchell College of Law in 2008. Prior to serving as the Executive Director for the Board of Psychology, she served as an Assistant Attorney General in the Office of the Attorney General as a part of the Health Licensing Division. Ms. Barnes also had the honor of serving as a federal judicial law clerk to the Honorable Chief Judge Michael J. Davis of the US District Court, District of Minnesota. Ms. Barnes speaks frequently on administrative law, health occupation regulatory issues, strategic planning and agency engagement, and social media in government. She is also a recipient of ASPPB's Ming Fisher Award.

Angela Bates
Angela Bates is the Director, Regulatory Affairs with the Retirement Homes Regulatory Authority (RHRA) in Toronto, Canada. Prior to joining the RHRA in 2014, Ms. Bates spent 15 years with the College of Physicians and Surgeons of Ontario (CPSO), where she oversaw investigations relating to physicians' care, conduct and capacity, as well as the CPSO's investigative committee and its compliance monitoring area. Ms. Bates has a special interest in professional capacity (i.e., health) issues. She recently completed a secondment with the Law Society of Upper Canada (LSUC) during which she reviewed, reported and made recommendations on all LSUC processes involving potentially incapacitated lawyers or paralegals, developed a resource manual setting out revised policies and procedures, created educational materials, and conducted training sessions for LSUC staff. Ms. Bates has presented at and chaired a number of educational conferences, including CLEAR, Infonex, and the BMA/AMA/CMA Joint Physician Health Conference. She also developed a workshop concerning aging professionals, under the auspices of the Federation of Health Regulatory Colleges of Ontario. Ms. Bates' educational background is in the fields of mental health and law. She holds a Bachelor's degree in Nursing, and is currently a member of the College of Nurses of Ontario. She also holds a Bachelor of Laws degree and is a member of the Law Society of Upper Canada.

Don Crowder, PhD
Dr. Crowder was elected to the Board of Directors of ASPPB as a Member-At-Large in October 2011, and President-Elect in October 2014. He has been a member of the ASPPB Mobility Committee since January 2009, currently serving as co-chair. He is also chair of the Common Rules and Standards Task Force, the Behavior Analysis Task Force, and the joint Task Force on Licensure of Consulting and Industrial Organizational Psychologists. Dr. Crowder was a member of the Wisconsin Psychology Examining Board from December 2000 – October 2009, serving as Vice Chair in 2004 and Chair 2005-2009.

Stephen T. DeMers, EdD

Stephen T. DeMers, EdD is the Executive Officer of the Association of State and Provincial Psychology Boards which provides services and support to all the psychology regulatory bodies throughout the United States and Canada. Before assuming this current position, Dr. DeMers served as Professor and Director of the School Psychology Program at the University of Kentucky and as member and chair of the Kentucky Board of Psychology. Dr. DeMers also served on the APA Council of Representatives and several major APA boards and committees. He was also elected to the ASPPB Board of Directors and as ASPPB's President in 1995-1996. Dr. DeMers has been instrumental in ASPPB's work on professional mobility and development of the Certificate of Professional Qualification (CPQ) and Credentials Bank programs.

A. Steven Frankel, Ph.D. J.D

Steve Frankel is an ABPP Certified Clinical and Forensic Psychologist and an Attorney at Law, who practices both professions in San Francisco's East Bay. A past Director of Clinical Training and current Clinical Prof. of Psychology at USC, he began recognizing childhood trauma in his adult patient case-load in 1980 and has specialized in working with that population ever since. He joined the Int'l. Society for the Study of Trauma & Dissociation in the 1990s and was the consultant to the Trauma Program at Del Amo Hospital from 1993 until 2001. He was President of the ISSTD in 2002 and has been active in developing and teaching courses in law/ethics and trauma treatment as well as publishing chapters and articles in books and professional journals. As an attorney, he represents health care professionals involved in licensing board actions and consults with mental health colleagues facing a variety of legal challenges. He developed Practice Legacy Program, LLC, for transitioning practices of colleagues upon retirement, death or disability, and has spearheaded an effort to protect health care professionals who suffer from degenerative neuro-cognitive disorders from ending their careers with licensing board actions. He received the California Psychological Association's Award for Distinguished Contributions to Psychology as a Profession in 2015.

Amy Hilson, CAE

Mrs. Hilson is the Associate Executive Director for Exams and Governance of the Association of State & Provincial Psychology Boards (ASPPB) and has been with ASPPB since September 1989. She provides crucial Central Office support to several committees and is the resident expert on ASPPB's examination program. She graduated from Auburn University with a BA in Psychology, and achieved the Certified Association Executive (CAE) designation of the American Society of Association Executive in 2010.

Jacqueline Horn, PhD

Dr. Horn is a licensed psychologist in California, and currently is Past-President of the Association of State and Provincial Psychology Boards (ASPPB). She is an Emeritus faculty from the University of California, Davis, and maintains a private practice in Sacramento. Dr. Horn served on the Ethics Committee of the California Psychological Association from 1993-2002, was a member of the California Board of Psychology from 2002-2009, serving as its President for four years, and was recently reappointed to the California Board for another term. During her tenure on the ASPPB Board of Directors, Dr. Horn has been primarily involved in the development and maintenance of ASPPB's Examination Program (EPPP) and the creation of ASPPB's *Guidelines for Continuing Professional Development* (MOCAL).

Andrea M. Kowaz, PhD, R Psych

Dr. Kowaz is the registrar and CEO of the College of Psychologists of Brit-ish Columbia in Vancouver. She has a PhD in Clinical Psychology from Simon Fraser University, where she served on the faculty as director of the clinical psy-chology graduate training clinic from 1989 to 1995. Along with research and con-sultation work, her private practice focused on individual psychotherapy, supervision of beginning therapists, and provision of workshops on profes-sional boundary issues. She was appointed to her current position of Registrar and CEO of the College of Psychologists in the fall of 2000. Andrea is currently the vice-chair of the Association of Canadian Psychology Regulatory Organizations and also serves on the executive committee of the Health Profession Regulators of BC.

Sharon Lightfoot, PhD

Sharon Lightfoot, a life-long resident of St. Louis, Missouri, is a psychologist in private practice in the city. In September 2014 she became the Director of the St. Louis Consultation Center, an intensive out-patient program for Catholic clergy and religious. In 2014 she also served as First Year Member-at-Large for the Association of State and Provincial Psychology Boards. Dr. Lightfoot obtained her PhD in Clinical Psychology in 1987 from St. Louis University. She completed her internship at the Los Angeles Veteran's Administration Outpatient Clinic under the direction of Dr. Herman Feifel, a pioneer in the psychological study of death, dying and bereavement. Dr. Lightfoot has been in practice for over 20 years. In addition to direct clinical work, she has offered consulting services in psychological assessments and expert witness services, supervised graduate students and taught college classes. Dr. Lightfoot, with her colleague Dr. Gloria Gordon, has also developed an innovative program for individuals who are interested in increased social support for healthful living, Walking and Talking in the Park.

Donald S. Meck, PhD, JD

Dr. Meck is a licensed psychologist and attorney who practices Forensic Psychology and Neuropsychology in Warner Robins, Georgia. In this capacity, he provides cognitive competency evaluations for licensees referred by other healthcare boards. He has been a member of the Georgia Board of Psychological Examiners for the past twenty two years and is currently a Member at Large for ASPPB.

Karen Messer-Engel, M.A., R. Psych.

Karen Messer-Engel is the Secretary Treasurer for the ASPPB. In her role as a member of the BOD of ASPPB she is the Chair of the Finance and Audit Committee, Chair of the Policy and the Procedures Committee, Chair of the 2015 Midyear Committee, Co-Chair of the Committee of Disciplinary Issues, Co-Chair of the Learning Objectives and of the Meeting Procedures Committee, a member of the PLUS Taskforce, the liaison to CCPPP and the CPA Accreditation Panel, and alternate liaison to APA CESPPA. She is also the Executive Director and Registrar of the Saskatchewan College of Psychologists (College) and a Master's level Registered Psychologist. Karen came to the College in 2004 with 17 years' experience working as a clinician in mental health. In her role with the College, Karen has gained extensive experience in, and has key responsibility with regard to licensure, regulation, policy, legislation, and administration. She represents the College at interagency tables as well as provincial, national and North American regulatory tables. She is a director of the Association of Canadian Regulatory Organizations (ACPRO) and served on the committees which developed the model standards for Telepsychology practice, and the national standard for licensure of Psychologists, and she continues to serve on the Finance Committee. She also represents the College as the delegate to the Network of Intraprovincial Regulatory Organizations. In her "other" life she is married to Jim and is the mother of two teenaged girls.

Fred Millán, PhD, ABPP, NCC

Dr. Millán is a counseling psychologist who is licensed in NYS and board certified in psychoanalysis. He is Professor of Psychology and Director of the Graduate Program in Mental Health Counseling at SUNY College at Old Westbury. He maintains a part time private practice in both Spanish and English. Dr. Millán is the current President for the Board of Directors of the Association of State and Provincial Psychology Boards. He currently serves as the chair of the ASPPB Telepsychology Task Force and the co-chair of the APA/ASPPB/APAIT Joint Task Force on Telepsychology. He is past chair of the New York State Board for Psychology, having served for ten years. He currently serves on the NYS Board for Discipline and Licensure.

Rick Morris, Ph.D. C.Psych.

Dr. Rick Morris is the Deputy Registrar and Director of Professional Affairs for the College of Psychologists of Ontario. His background is in child and family psychology having worked for many years in children's mental health both as a direct psychological service provider to children, adolescents and families, and in senior clinical and administrative positions. Rick makes numerous presentations to both member and non-member groups throughout Ontario on a variety of professional practice topics and is best known for his work as practice

advisor to both members of the College and the public who have ethical, practice or legislative queries. Rick is the Chair of ACPRO, the Association of Canadian Psychology Regulatory Organizations; the national association of regulators of psychology in Canada. Rick is a recipient of the Ontario Psychological Association *Barbara Wand Award for Excellence in the Area of Professional Ethics and Standards* as well as being named a Fellow of the Association of State and Provincial Psychology Boards.

C. Gerald O'Brien, PhD

Dr. O'Brien is a native of Louisville, Kentucky, and received his professional training in clinical psychology at the University of Kentucky, University of Louisville, and the University of Mississippi Medical Center. He maintains an active forensic and clinical practice in the Jackson Mississippi area and is Adjunct Professor of Psychiatry and Human Behavior (Psychology) at the University of Mississippi School of Medicine. Professional interests include forensic psychology and consultation, particularly in the criminal arena, professional ethical, legal, and regulatory issues, and diagnosis and treatment of personality disorders. He also served as an associate member of the APA Ethics Committee from 2004 to 2007. He is a Fellow of both the Mississippi Psychological Association and the American Psychological Association. He just completed his five year term as a Member of the Mississippi Board of Psychology, and was recently elected to the Board of Directors of the Association for State and Provincial Psychology Boards.

Alex Siegel, JD, PhD

Dr. Siegel is a Past-President of ASPPB and is the current ASPPB Director of Professional Affairs. Dr. Siegel is an attorney and psychologist. He has served on committees of Division 20 of APA, the Philadelphia Society of Clinical Psychologists, the Pennsylvania Psychological Association, and the Pennsylvania State Board of Psychology. He was appointed to the Pennsylvania State Board of Psychology for two four-year terms. In that role, he served as Chair for 5 years. Governor Rendell recently nominated him to another term as a professional member. He is a frequent presenter at local and national meetings on addictions, gambling, risk management and ethics. Dr. Siegel received his Juris Doctor degree in 1985 and completed his Ph.D. in Clinical Psychology in 1988. He maintains a private practice as a clinical and forensic psychologist.

Taja Sullivan Slaughter, MPA

Ms. Slaughter has been with ASPPB for three years. She is currently the Member Services Senior Coordinator. She is responsible for the supervision, planning, and organization of the ASPPB Mobility Program, PLUS Program and Workforce Analysis Program as well as co-chair of the Committee on Disciplinary Issues (CODI). Prior to joining ASPPB, Ms. Slaughter worked as a corporate paralegal.

Darrel D. Spinks, JD

Darrel D. Spinks is the Executive Director of the Texas State Board of Examiners of Psychologists. Mr. Spinks is a graduate of Howard Payne University in Brownwood, Texas, and Baylor Law School in Waco, Texas. Mr. Spinks came to the Board from private practice in August of 2011, and served as the Board's General Counsel through September 1, 2012, when he assumed his current position. Mr. Spinks is in charge of managing the day-to-day operations of the agency, as well as responding to requests from the public, state and federal agencies, law enforcement, the Legislature, and the Governor's Office.

Martha Storie

Ms. Storie is the current President of ASPPB. She worked for the North Carolina Psychology Board for 36 years, serving as their Executive Director from 1983 until she retired in 2013. She attended her first ASPPB meeting in 1985 and has participated in a number of ASPPB committees over the years, including the Finance and Audit Committee, the ASPPB Committee on Disciplinary Issues, the Model Act and Regulations Committee, the Policies and Procedures Committee, and the Bylaws Revision Committee. Ms. Storie served ASPPB on the Board of Directors as Secretary-Treasurer from 2007 – 2012 and as President-Elect in 2014. She

was awarded the North Carolina Psychological Association President's Award and the North Carolina Order of the Long Leaf Pine Award in 2013, the ASPPB Ming Fisher Award in 2002, and the ASPPB Fellow designation in 1996.

Matthew Turner, PhD

Dr. Matt Turner is a graduate of the University of Kentucky and has 12 years experience as a school psychologist. Most recently, he served as a lead psychologist and then a part-time psychologist with the Gwinnett County (GA) Public Schools. He has also operated a private practice in child psychology since 2010. Dr. Turner works with the day-to-day operations of ASPPB examination program including vendor management, item development, examination maintenance, exam related committee support, and jurisdiction support for exam related matters. He is also responsible for exploring the development of new data management and reporting systems and chairs the Research Review Panel, which evaluates research requests and explores future directions of research projects.

Carol Webb, PhD

Dr. Webb joined the Association of State and Provincial Psychology Boards (ASPPB) as its Chief Operating Officer in 2014. Prior to that she was on the faculty of Emory University School of Medicine (1981-2014) and was the Director of the APA accredited doctoral internship in psychology at Emory/Grady (1984-2014). Dr. Webb served on the Georgia State Board of Examiners of Psychologists from 2002-2012, and was President of the Board from 2003-2006. She also served on the Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB) from 2007-2013 and was President in 2012. Among others, Dr. Webb has served on the Mobility Committee of ASPPB, on the Task Force on Maintenance of Competence and Licensure and the Task Force on Competency Assessment. Dr. Webb also maintains a private practice in Atlanta, GA.

Catherine Yarrow, MBA, PhD

Dr. Yarrow is the Registrar & Executive Director of the College of Psychologists of Ontario, the regulatory body for the profession. She is a former President of the Association of State and Provincial Psychology Boards (ASPPB) and of the Federation of Health Regulatory Colleges of Ontario (FHRCO). She currently serves on the Committee on Competency Assessment for ASPPB and on the Executive Committee of FHRCO. Her interests include professional mobility, professional ethics and competencies for professional practice.

Sheila G. Young, PhD

Dr. Young is currently serving as Secretary/Treasurer of the State of Nevada Board of Psychological Examiners. She is the supervisor of Behavioral Medicine Programs at VA Sierra Nevada Health Care System in Reno, Nevada. Clinical areas served include Consultation and Liaison to Medicine, Surgery, and Geriatrics, Neuropsychological Assessment, Suicide Prevention, Emergency Room, and pre- and post-surgical evaluation for adjustment issues related to transplant, bariatric surgery and amputation. She is chair the of the Healthcare Ethics Committee and the Integrated Ethics Officer for VA SNHCS, Chairs the Research and Development Committee and is a member of the Protocol Review Subcommittee for the Research Service. Current research projects include site PI for VA Cooperative Study "Treatment using Lithium for the Prevention of Suicide" and co-investigator on a study of pathogens and biomarkers in Gulf War Illness. She serves on the ASPPB Portability Task Force and is an item writer for the Ethics Domain for the EPPP.

Veronica Zambuto

Veronica Zambuto, Members Service Representative, has been with the Association of State and Provincial Psychology Boards for five years. Over the past 5 years, Veronica has fulfilled the roles of a receptionist and customer service coordinator. Her current duties include maintaining the Disciplinary Data System and Score Transfer Service, as well as managing entry into the National Practitioner Data Bank, (NPDB) for jurisdictions utilizing this service. Veronica currently staffs on the Committee of Disciplinary Issues, (CODI).

Continuing Education (CE) Credits and Meeting Evaluations

ASPPB is approved by APA to offer CE credits for psychologists.
ASPPB maintains responsibility for this program and its content.

APA Policy

To earn CE credits you must:

- Attend each session in entirety.
- Turn in evaluation form at end of each session.
- No partial credits can be given.

Paperwork

- Continuing Education Folder has an overview of the sessions listed.
- Continuing Education Credit Log will be found inside the CE folder.
  (Please check the accuracy of your address, and sign the front page of the Credit Log)
- Each session has its own color-coded evaluation form and will be given out at the beginning of each session.
- The overall evaluation form is also located in the CE folder.

Procedure

- Attend each session on time.
- Turn in evaluation at end of session.
- Get coordinated colored dot and attach to CE Credit Log.
- Turn in your Overall Evaluation Form at the end of the meeting.

If you are NOT seeking CE Credits:

- Please use same forms for your feedback to help improve future meetings.

When and how will I receive my CE credits?

3-4 weeks after the meeting you will receive by mail a certified copy of the CE Credit Log confirming:

- the sessions attended
- the learning objectives
- the number of CE credits earned

Please direct on-site questions to Dr. Stephen DeMers, ASPPB Executive Officer.
After the meeting please contact Anita Scott at ASPPB to inquire about your CE credits.

Competency Is Not A Forever Thing

Professional Incapacity in The Regulatory Context

ANGELA BATES
ASSOCIATION OF STATE & PROVINCIAL PSYCHOLOGY BOARDS
APRIL 17, 2015

Key Issues

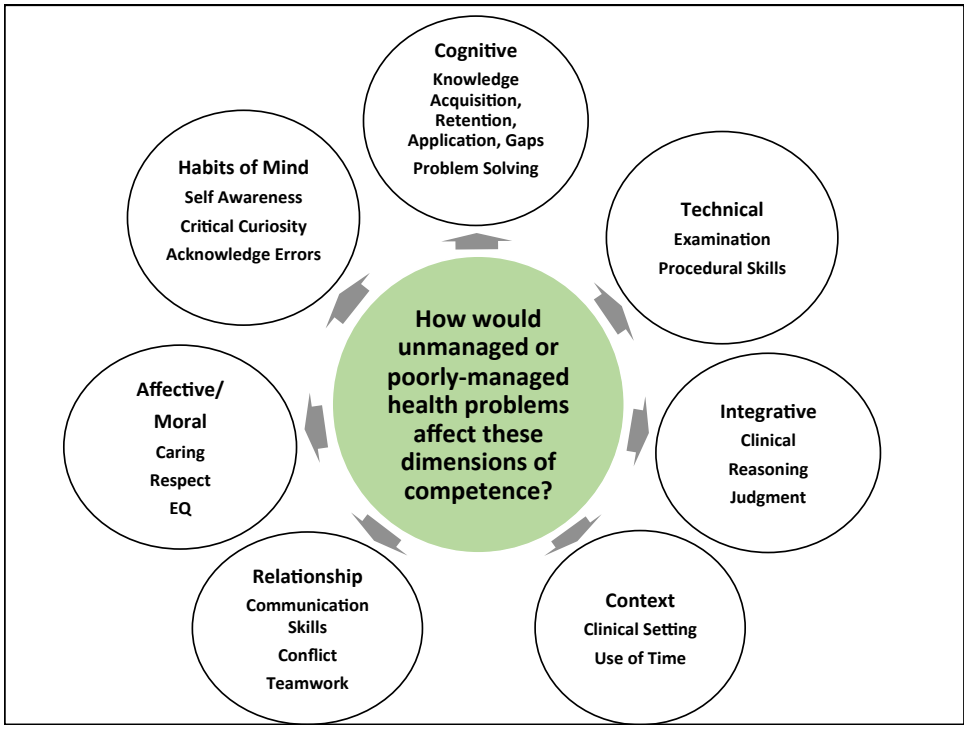
- "Competence" vs. "Incapacity"
- Regulatory Challenges: Dealing with Incapacity
- Professional Health Issues

Competence vs. Incapacity

Professional Competence

The habitual and judicious use of **communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection** in daily practice for the benefit of the individual and community being served.

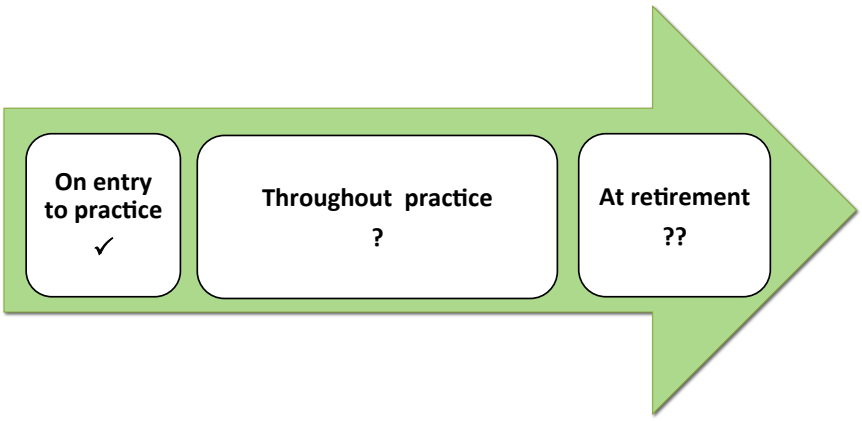
Epstein, R.M., MD & Hundert, E.M. MD. (2002). Defining and assessing professional competence. *JAMA 287*(2). 226-236



Professional Competence

- Ability to acquire, retain and apply knowledge
- Analytical ability
- Planning and implementation
- Ethical conduct
- Compliance with professional obligations
- Communication skills

A Lifetime of Competency



"Incapacity"

A member's physical or mental condition or disorder that poses a risk of harm to patients, clients

"Incapacity"

Does not include a health condition or disorder which does not affect the ability to practice because it is not severe, it is not related to the ability to practice, and/or it is adequately managed

Potential Effects of Impairment

Interference with the acquisition, retention and application of new knowledge?

Overreliance on pattern recognition?

Inability to recognize and manage novel, unexpected information? Impaired ability to recognize errors?

Impaired trouble-shooting?

Inability to adapt to new requirements, situations?

Impaired communication skills?

Impaired ability to manage stress and emotions?

Disorganization?

Regulatory Challenges

DEALING WITH INCAPACITY

Professional Regulators and Incapacity

Duty to protect the public from the misconduct, incompetence *and* **incapacity** of its members

Health Problems in the Workplace: Challenges

- Lack of awareness and understanding
- Stigma
- Discomfort
- "Mad" vs. "bad"

Discipline vs. Fitness?

- Regulators may have separate and parallel "fitness" and discipline investigations and hearing streams
- Some regulators have no option but to deal with incapacity through the discipline process (less ideal)
- Issue: when, how and where can incapacity (health) assessments be compelled?

Incapacity Investigations

- Professional's regulatory history?
- Licensee risk factors?
- Benefits of meeting with licensee?
- Providing information re: assistance programs?
- Interviewing others?
- Obtaining background information?
- Can assessment be compelled? Requested?

Incapacity (Health) Assessment: Competency vs. Incapacity

Assessment of Competency	Assessment of Incapacity
Professional standards	Psychiatric Assessment
Re-examination	Psychological Assessment
Peer assessment	Neuropsychological Assessment
? Self-assessment	Addictions Assessment
Continuing professional development	Geriatric Assessment
Other	Other

Incapacity (Health) Assessments

- Threshold for triggering assessment?
  - Assessments are intrusive; much more than competency assessments.
  - Reasonable and probable grounds? Written decision and reasons to support?

Reasonable and Probable Grounds

- Canadian criminal jurisprudence

R. v. Storrey [1990] 1 S.C.R 241, *R. v. Debot* (1986) O.A.C. 141

- Subjective and objective component, i.e., officer's belief must be justifiable from an objective (i.e., reasonable person's) standpoint
- Less than a *prima facie* case for conviction
- Less than balance of probabilities

Incapacity (Health) Assessments

Other Key Considerations

- Privacy? Managing personal health info
- On consent or compelled?
- Background information? How to obtain?
- Corroboration
- Assessor selection

Incapacity (Health) Assessments

- Assessor selection: qualifications
- Questions to ask: how to get at issue of effect on professional's practice
- Background information for assessor
- Ancillary information the assessor may wish to obtain (e.g., interviews with family)

Assessment Reports

- Has the assessor outlined his/her qualifications?
- Has the assessor summarized all information reviewed and collected during assessment?
- Has the assessor critically evaluated and analyzed information?
- Has the assessor answered the regulator's questions?
- Would the report withstand cross-examination?

Fitness Hearings

- Differences between discipline and fitness hearings: focus here on whether licensee is incapacitated such that restriction or suspension is required
- Does the professional have legal representation?
- Examination and cross-examination of the evidence

Discipline Hearings

- If no process for separate incapacity investigation and/or hearing stream, the licensee may be disciplined for practicing while impaired, and for other conduct or competence issues relevant to the licensee's health problem.
- In such cases, the hearing panel/administrative law judge may wish to take evidence of rehabilitation into account at penalty: **Wright v. College and Association of Registered Nurses of Alberta (Appeals Committee) 2012 ABCA 267**

Incapacity as Defence or Mitigating Factor at Discipline

- Licensees may raise incapacity as a defence at during misconduct or incompetence disciplinary hearings, or as a mitigating factor at penalty.
- The hearing panel/administrative judge may permit the licensee to submit medical and/or psychological evidence, or to submit to an independent assessment.
- Alternatively, if the regulator's legislation permits investigation of incapacity, the decision maker may wish to adjourn to permit such an investigation.

Monitoring Incapacity

- Raises significant challenges for regulator, e.g.:
  - Monitor via undertaking? Hearing panel order?
  - Monitoring to include health care requirements? Abstinence requirements? 12-step program participation? Testing? If so – how to conduct truly random testing?
  - Consequences for breach?
  - If suspension or cease-to-practice: how to manage reinstatement? Licensee may have to present medical and/or psychological evidence.
- Importance of diversion programs

Evaluating Licensee Medical/ Psychological Information

- Where the licensee submits medical or psychological information at discipline or monitoring, it needs to be scrutinized, e.g.:
  - What is the nature of the relationship with the reporting health professional? Treatment? If so – for how long? I
  - Is it a third party assessment? Context of same?
  - What information did the reporting health professional review?
  - What kind of assessment did the reporting health professional conduct, if any?

Diversion Programs

- Where incapacity problem relates to mental health, it is ideal for the regulator to have access to a diversion program that can assist the professional with organizing health care, and can assume direct monitoring responsibility.
- Ideal situation is to have agreements or MOUs between regulators and diversion programs, so that the latter can operate confidentially except for specified circumstances, e.g., serious relapse.

Professional Health Issues

Substance Use Disorder

Substance Use Disorder

- Now considered more of a continuum vs. former "Substance Abuse" vs. "Substance Dependence"
- Alcohol; narcotics (Oxycontin, heroin); cocaine; methamphetamines; prescription vs. non-prescription vs. illegal

Substance Use Disorder

- Lifetime prevalence factor of ~8% for alcohol and 2-3% for illicit drugs

Merikangas, K.R. & McClair, V.L. (2012). Epidemiology of substance use disorders. *Human Genetics, 131*(6), 779-789

- Treatment and monitoring issues

Mental Health Disorders

Mental Health Disorders

- **Depression**
- **Bipolar Disorder**
- **Anxiety Disorders**
- Personality Disorders
- Impulse Control Disorders (Compulsive Gambling)
- Schizophrenia/Schizoaffective Disorder

Depression

Lifetime Prevalence:

- Women: 10-25% for at least single MDD episode
- Men: 5 – 12% for at least single MDD episode
- Recurrent, without full inter-episode recovery: 20-25% of all MDD sufferers
- Recurrent, with full inter-episode recovery: 3% of all MDD sufferers

Depression

Assessment:

- Preferably conducted by psychiatrist or psychologist
- In-depth clinical interview, including medical, psychological and social history
- Mental state exam: probes mood and thoughts, including suicidality
- Beck Depression Inventory: 21-question self-report

Bipolar Disorder

- Marked by alternating cycles of depression and (hypo) mania
- Patient may cross the line into psychosis at either end
- Prevalence: approximately 1.5% of population (i.e., not very common)

Bipolar Disorders

Assessment by psychiatrist or psychologist based on:

- History of mania or hypomania and depression
- Often a lack of insight (particularly near either pole of depression or mania)
- Interpersonal problems (colleagues, family, friends become alienated by grandiose, selfish, reckless behaviour)
- May be in conflict with the law
- Family history (genetic element)
- Rule out cocaine/amphetamine intoxication

Anxiety Disorder

Lifetime Prevalence:

- Minimum **10 – 12%** of general population
- Most common mental disorder in women
- Second most common mental disorder in men
- Causation? Psychoanalytic theories less favoured now; biopsychosocial model.

Anxiety Disorder

Assessment by psychiatrist or psychologist:

- All disorders distinct, but there are common characteristics:
  - irrational and excessive fear;
  - apprehensive and tense feelings; and
  - difficulty managing daily tasks and/or distress related to these tasks.

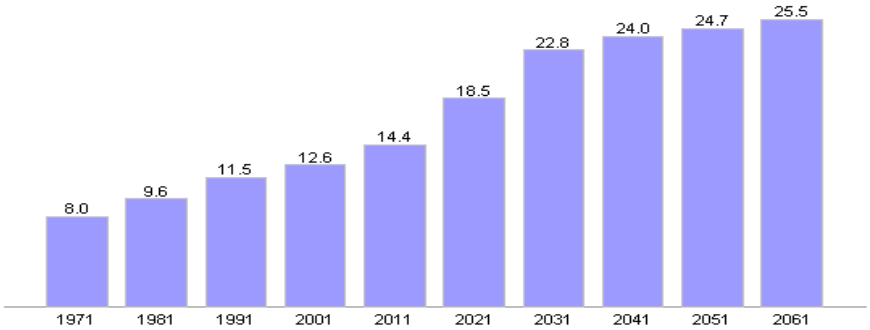
Comorbidity

- Must **always** be borne in mind
- Major mental health disorders often occur together, e.g., affective disorders and substance use disorders; personality disorders and substance use disorders, etc.

Aging and Dementia

The Aging Canadian Population

Population 65 years and over, Canada, Historical (1971-2011) and Projected (2012-2061)
(percent)



Dementia

- Dementia not a normal part of aging!
- However: it is a cluster of symptoms seen in some age-associated illnesses
- More than memory loss: other aspects of cognition and functioning must be affected, e.g., judgment, language

"Normal" Aging: The Body

- Sensory organs
- Reflexes
- Skin
- Bones
- Metabolism and hormone production

"Normal" Aging: Cognition

- "Fluid" intelligence declines
- Decline in recent memory/new memory formation
- Attention changes
- Processing speed slows
- Effects vary considerably among individuals

"Normal" Aging

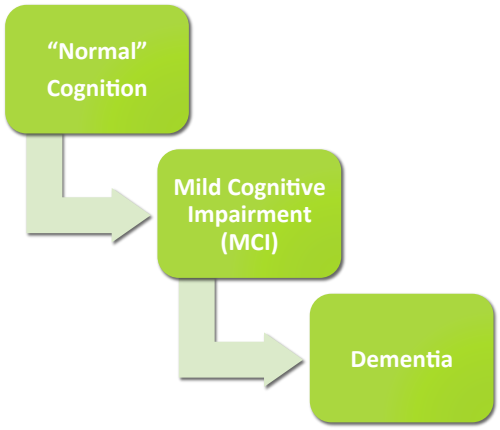
- Language, conversation skills can improve
- "Crystallized" intelligence is stable
- Remote memory is preserved
- New brain cells can still be formed

"Successful" Aging

- Avoidance of disease and risk factors for disease
- Maintenance of physical and cognitive functioning
- Active engagement with life

Rowe, J. W.; Kahn, R. L. (1997). "Successful Aging". *The Gerontologist* **37** (4): 433–40

Cognitive Continuum



Mild Cognitive Impairment (MCI)

- More serious cognitive decline
- Subjective and objective indicators
- Higher risk of developing dementia
- Able to function with adaptations
- Amnestic vs. non-amnestic

Aging and Dementia

Common Causes of Age-Related Dementia

- Alzheimer's Disease
- Vascular (Blood Vessel) Dementia
- Parkinson's Disease

Alzheimer's Disease

- 60-70% of all cases of dementia
- More prevalent at age 65 and older, but can begin in 40s and 50s.

Alzheimer's Disease

- Slow onset: makes it difficult at first to distinguish normal "forgetfulness" from pathological condition.
- Progressive illness: worsens over time, to point where patient may not be able to respond to environment or remember loved ones.
- Treatment aimed at symptom stabilization; no cure.

Alzheimer's Disease

- Assessment preferably by neurologist (with appropriate subspecialty) and/or geriatrician
- No definitive diagnostic test, but brain imaging may be used:
  - SPECT scan: gamma rays generate 3D image
  - PET scan: measure glucose consumption (metabolic activity)

Vascular (Blood Vessel) Dementia

- Second-leading cause of dementia
- Not a single disease, but a group of syndromes relating to different vascular mechanisms.
- May be caused by cerebrovascular accident (stroke) – but not all CVAs cause dementia
- Narrowed or damaged blood vessels in brain

Vascular (Blood Vessel) Dementia

- Neurological examination
- Brain imaging
- Carotid ultrasound
- Neuropsychological testing

Parkinson's Disease

- Progressive disorder of the nervous system marked by impaired movement, coordination, cognition and affect
- Caused by impaired dopamine-producing cells in the *substantia nigra* portion of the brain
- Dopamine is a neurotransmitter involved in regulation of movement and pleasure

Parkinson's Disease

- Clinical history and observation:
  - Tremor, slow movement, muscle rigidity
  - Onset on one side of body
  - Resting tremor
  - Responsiveness to dopamine
- Neurological examination

Adaptation

- Most professionals will adapt their practices as they age; e.g., limit tasks, hours of work

Problems:

- Professionals with financial issues, who cannot afford to retire or restrict practice
- Professionals who lack insight into health issues and potential impact of same.

Regulatory Approaches to MCI

A challenging grey area:

- When assessments indicate some cognitive problems but no clear statement of risk to public.

Strategies for Monitoring MCI

- Avoid solo practice
- Engage in practice supervision, with regular reports
- Undergo regular follow-up, e.g.:
  - Family physician
  - Geriatrician
  - Repeat neuropsychological testing
  - Repeat neurological examination

QUESTIONS?

Identification and Management of Cognitive Impairment with Licensed Psychologists

Donald S. Meck, Ph.D., J.D., ABPP
ASPPB Member at Large
Georgia Board of Psychological Examiners

Why is this an issue for licensing boards?

1. The board may need to decide whether cognitive impairment is the direct cause of unethical and at times illegal behavior.
2. The sad fact for all of us is that aging is associated with cognitive decline, but, the decline does not mean we become unethical or incompetent to practice.

What is normal age associated cognitive decline?

- 1. Word knowledge, vocabulary, and reading ability remain stable until it begins to decline around age 70.
- 2. Reasoning ability, verbal ability, and visuoperceptual skills begin to decline between 50 to 60.
- 3. Declarative Memory begins to decline in the late 30's or 40's, buy maybe enhanced by use and then the decline occurs between 50's or 60's.
- 4. Numerical ability/arithmetic and processing speed begins to decline at about age 25.

So when is it not normal aging and becomes cognitive impairment?

Remember the board may need to decide whether cognitive impairment is the direct cause of unethical and at times illegal behavior. Licensing Board Complaints are not always what they seem to be.

Suspect Cases suggesting Cognitive Impairment

- 1. A psychologist brings a gun with him when requested to meet with the board concerning a complaint that he had behaved in a threatening manner with a patient. Is he exercising his 2nd Amendment Right, a psychopath, or cognitively impaired?

Suspect Case no. 2

- 2. A Psychologist had a complaint that he has not completed psychological evaluations that were billed and paid for by third party payers. In addition, there are allegations that he has unlicensed individuals writing reports that he signs and bills for. Is he basically unethical, a theft, or cognitively impaired?

Suspect Case No. 3

- 3. A Psychologist after 30 years of licensure fails to renew their license, does not have the required continuing education hours, but continues to practice and provide psychological services. Is the Psychologist basically unethical or cognitively impaired?

So what causes them to be cognitively impaired?

- Cognitive impairment is secondary to a brain syndrome (not necessarily a disease of the brain) which can be rapid or slow onset and defined as a widespread brain failure associated with various medical conditions.

Types of Brain Syndromes:

- The brain syndrome can be either Rapid-Onset Brain Syndrome (ROBS) or Slow Onset Brain Syndrome (SOBS).
- Both involve the same symptoms, but for different reasons.
- Deficits/Symptoms involved include the following:
  - 1. Inattentiveness
  - 2. Disorientation
  - 3. Recent Memory Impairment
  - 4. Diminished Reasoning
  - 5. Sensory Indiscrimination

ROBS

- 1. Rapid and dramatic onset
- 2. Shifting level of consciousness
- 3. Involve behavioral change
- 4. Usually reversible with treatment

- Examples: Acute drug intoxication, Encephalitis, Diabetes, Drug withdrawal or therapeutic adverse reaction, subcortical dementias.

Possible options for board.

- 1. Have licensee come to board for interview.
- 2. If cognitive impairment is suspected, consider temporary suspension or voluntary surrendering of license pending medical evaluation.
- 3. If treatment is necessary to maintain cognitive abilities, private consent order outlining need for treatment and monitoring of any change in medical condition.
- 4. Non-adherence to medical treatment would be a violation of the consent order and suspension of license.

SOBS

- 1. Slow and subtle onset.
- 2. Downward progression (degenerative in nature)
- 3. Personality Change
- 4. Sometimes Reversible

- Examples: Hypothyroid psychosis, Pernicious Anemia, Cortical Dementias, Brain Tumors

Possible options for board.

1. Have licensee come to board for interview.
2. The board could consider voluntary surrender or temporary suspension of license pending medical and neuropsychological evaluation.
3. If impairment is medically manageable, put the licensee on a private consent order outlining the continued medical treatment as well as work related modifications secondary to identified cognitive weaknesses.
4. If Neuropsychological and Medical Evaluation indicate severe impairment and poor prognosis, suspension or voluntary surrendering of license needs to be consider.

So are they cognitively impaired?

- 1. Psychologist referred for neuropsychological evaluation that substantiated a mild dementia and practice restrictions were established, but, he surrender his license and retired from practice.
- 2. Psychologist refused to cooperate with the board. He was found to be experiencing significant medical issues which caused cognitive impairment. He surrendered his license because the board required an evaluation. He is still under investigation for insurance fraud and aiding/abetting unlicensed practice.
- 3. Psychologist just didn't have the time and blamed the board for not notifying her that the license was lapsing. She had moved and the board should have known that she moved. No impairment, just entitlement case.

Suggestion for Senior Psychologists

- Because of our advancing age, many of us may have trouble remembering what has been said today. So just remember that you need only to check out the slides on the ASPPB website to refresh your memory.

Identifying and Managing Impairment – Substance Abuse

Sharon Lightfoot, PhD

Protection of the public requires attention and best practices for identifying and managing impairment of psychologists. In 2014 the total number of disciplinary actions taken by State and Provincial Psychology Boards numbered 153. Of these complaints, 12 were categorized as "Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse." It is unclear how many of the reported disciplinary actions, such as conviction of a crime, were due to or influenced by alcohol or substance abuse.

What is substance abuse?

Substance abuse can be broadly defined as a pattern of ingestion of a substance that leads to self-harm or harm of others. Some definitions include a pattern of a need for increased tolerance (you need more and more of it to feel the "high") and/or dependence (if you stop using it you become physically sick.) If you are addicted you crave the substance and it is hard to stop using it due to changes in the brain from use of the drug or substance. Initial substance use is usually voluntary but repeated use increases cravings and decreases the ability to resist.

As of February 2015 there were twenty-five "Commonly Abused Drugs" listed on the National Institute on Drug Abuse website. The list included alcohol, bath salts, cocaine, methamphetamine, and prescription opioids.

There are many drugs and behaviors that can become addictive. The National Institute on Drug Abuse defines addiction as "a chronic, relapsing disease characterized by compulsive drug seeking and use despite negative consequences and by long-lasting changes in the brain." Much of what we talk about today will apply to other addictions, such as gambling, sex addiction, sex and love addiction, food addiction and co-dependency.

How common is this problem?

Substance abuse is a common problem in the general population. 2013 data from SAMHSA indicated that 21.6 million individuals or 8.2% of the population were diagnosed with substance abuse in the past year. SAMHSA reports in 2013 on a single day 1.25 million people were enrolled in substance use treatment, an increase of .7 million from 2009. From 2009 to 2013 the number of people receiving buprenorphine as part of their substance abuse treatment almost doubled and the number of people receiving methadone increased by 17%.

US surveys indicate that 6.6% of the population abused or were dependent on alcohol. The rate of alcohol abuse or dependence was a decrease from 7.5% in 2009 primarily due to a decrease in usage by younger persons ages 12-25. In 2013 data differences in age groups were observed with people ages 18-

25 showing the highest rate at 13.0, followed by ages 26-44 at 9.1%, ages 45-64 at 5.0% and 65 or older at 2%. Substance abuse or dependence in 2013 was estimated to be 2.6%, which is comparable to 2009 data.

The 2012 the Canadian Community Health Survey (CCHS) found that 4.4% of Canadians met the criteria for a substance use disorder.

We don't have good epidemiological data on the incidence and prevalence of substance abuse among psychologists.

The limited data available for the physician population suggest that the rate of substance abuse among physicians is similar to the rate of abuse in the general population (Cicala, 2003; Domino, 2005). Perhaps this holds true for psychologists.

How does Substance abuse cause impairment?

Substance abuse can cause impairment on many levels including: employee tardiness and absence; cognitive problems – poor logic, reasoning, judgment and memory issues; affective problems – anxiety, depression, and anger; decreased inhibition – poor impulse control; impaired physical performance, increased risk for disease and death.

Substance abuse can also damage relationships. A common symptom of substance abuse is denial and dishonesty. SAMHSA reported in 2013 nine out of ten individuals who suffered from alcohol abuse or dependence did not perceive a need for treatment. During the same reporting year, 8 out of ten individuals who suffered from illicit drug dependence or abuse did not perceive a need for treatment.

Chronic lying about the substance abuse can erode the trust that is necessary for healthy relationships. Also, it is very hard for family, friends and colleagues to watch the deterioration and self-destruction of the abuser. Finally, acting out, anger, and violence may increase due to the impact of the substance on the body (dysregulation, liver damage, etc) and/or crime in order to get money for the substance.

Are there treatments for substance abuse?

Traditional treatments for substance abuse include in-patient detoxification services; psychopharmacology treatment such as methadone and *buprenorphine; multi-modal intensive in-patient treatment; out-patient individual, family and group psychotherapy; 12-Step or mutual support groups. In addition, it is important to treat any co-occurring disorders such as liver disease, physical injury, and other behavioral health conditions such as PTSD, Depression or Psychosis.

Treatment programs often encourage limited access to the abused substance. There is good data that indicates humans have a limited amount of willpower each day. Avoiding the need to engage willpower can be an effective strategy in relapse prevention.

* Buprenorphine was approved by the Food and Drug Administration in 2002 for use in opioid addiction. Buprenorphine is an opioid partial agonist. It can only be dispensed in an Opioid Treatment Program. Individuals who are addicted to opioids must be sure to be detoxed from their drug of choice as buprenorphine can put them into withdrawal if they have opioids in their system.

Why don't people who need help receive treatment?

The 2012 Canadian Community Health Survey estimates that 1.2 million Canadians met the criteria for a substance use disorder in the past year. However, 2011-2012 fiscal year data suggests that only an estimated 151,074 people accessed publicly funded substance-use treatment services in the past year.

SAMHSA has some interesting data on people who needed, wanted and sought treatment but did not receive treatment. 37% could not afford treatment and 24% were not ready to quit. Interestingly, 6.6% did not seek treatment for fear it would negatively impact their jobs.

The Canadian Centre on Substance Abuse indicated Canadians did not access care due to societal stigma, a fragmented treatment system that was difficult to navigate and a lack of detox services.

Are the treatments effective?

According to the NIDA effective treatments are available and may include both psychopharmacology and psychotherapy. It is important to note that repeated relapse may be part of recovery. There is data to suggest that 61% to 70% of physicians successfully returned to work following treatment for substance abuse.

Difficulty of obtaining data on treatment effectiveness include variation of monitoring methods, varied length of follow-up,

Are there factors that can make increase the risk of relapse?

Relapse is defined as the use of a substance after initial treatment. One retrospective study of data (Domino et al., 2005) from the Washington Physicians Health Program, an independent post-treatment monitoring program, between 1991 and 2001 found that approximately 25% of health care professionals suffered one relapse, 5% had two relapses, and 3% had three or more relapses. The risk for relapse decreased over time. However, 13% had their first relapse after five years. 61% of physicians successfully returned to their practices. 100% of the physicians who had no relapses in five years successfully returned to their practices.

Issues that were found to increase relapse rates for substance abuse included family history of addiction, major opioid use, major opioid use in the presence of a co-occurring behavioral health diagnosis, and relapse itself. Program participants who had a family history of substance abuse, a dual diagnosis and major opioid use were at a markedly greater risk of relapse.

Access has been found to increase risks in some populations. For example, there may be an increased risk of unsupervised use of benzodiazepines among physicians. The increased risk of developing a substance abuse problem is an important consideration for states that allow prescription privileges for psychologists.

Highlighting co-occurring disorders as a risk factor may be an important consideration among psychologists due to exposure to traumatized populations. Secondary stress disorder could increase risk for substance abuse.

Finally, as the population of psychologists ages, another important "access" and co-occurring disorder issue is to note that there has been an observed increase in individuals who are over age 45 who abuse prescription pain medication.

How do you know if someone is really abstaining?

Chemical monitoring, either through blood draws or observed micturition, are the most reliable ways to monitor abstinence.

Workplace monitoring in the form of behavioral observation of work attendance, punctuality, behavioral and affective state. Here is an example of a list of guidelines used for workplace monitoring by the

Solo practitioners create particular challenges for licensing boards as there may be no one to monitor the psychologist on a day to day basis.

Do State and Provincial Regulatory Boards have the authority to intervene?

It is important that State and Provincial Psychology Regulatory Boards have the authority to intervene should a psychologist be impaired due to substance abuse.

Here are examples of Statutes and Regulations from Missouri that offer such authority:

Missouri Statutes:

The committee may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by this chapter;

(9) A person is finally adjudged insane or incapacitated by a court of competent jurisdiction; The person has been finally adjudicated and found guilty, or entered a pleas of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed.

Missouri Rules:

(A) Reporting of Violations to Committee.

The psychologist who has knowledge or believes in good faith that there has been a violation of the statutes or rules of the committee shall inform the committee in writing.

When the information regarding that violation is obtained in a professional relationship with a client, the psychologist shall report it only with the written permission of the client.

*Nothing in this rule shall relieve a psychologist of the duty to file any report required by applicable statutes. Failure to report a violation of the statutes and/or rules, is in itself, an ethics violation.

***Important note: Bissell's survey of 100 alcoholic women in medicine found that few of them were identified or helped by their colleagues.**

A) Impaired Psychologist.

The psychologist shall not undertake or continue a professional relationship with a client when the competency of the psychologist, is or could reasonably be expected to be impaired due to mental, emotional, physiologic, pharmacologic or substance abuse conditions. If a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination and shall assist the client in obtaining services from another professional.
How would a regulatory body hear about a psychologist who suffers from a substance use disorder? Or how would they hear that a psychologist is impaired due to a substance abuse problem?

The common ways that these problems come to the attention of the Missouri Board include:

(1) Self-disclosure at application or renewal – these typically involve someone who has been diagnosed and treated and is currently not impaired.

(2) A formal complaint being filed with allegations of substance abuse

(3) During investigation of the complaint process

(4) Through the court system because when the psychologist has been charged with or convicted of an offense

(5) Media or the press.

(6) In rare circumstances the psychologist will self-report when entering treatment.

When a psychologist is disciplined due to impairment caused by substance abuse what are important considerations for a supervision plan?

If you look at data from monitoring of physicians, key variables that can assist with abstinence include chemical monitoring/observed micturition, workplace monitoring/frequent behavioral observation, and an appropriate length of monitoring and treatment. It is important to note that most relapses from studies were found through chemical monitoring/observed micturition. Relying solely on self-report is inadequate supervision.

Assessment of risk factors for relapse may be an important consideration in developing the supervision plan. Disciplined psychologists who have a history of substance abuse and either use of a major opioid, a family history of substance abuse and/or a co-occurring behavioral health disorder may require more stringent monitoring.

Treatment of any and all co-occurring behavioral health conditions may also be a minimum requirement of a supervision plan as this may improve successful recovery and return to practice.

Psychologists who work with traumatized populations may suffer from secondary stress syndrome. Impaired psychologists who work with traumatized populations may be self-medicating. A competent therapist could assist the psychologist in treatment of the secondary stress disorder. Part of this discussion could include increasing mechanisms for resilience as well as managing work load that is less taxing either in terms of number of patients or characteristics of the patient load so that some of the load involves non-traumatized individuals.

An aggressive five-year monitoring cycle may be an important minimum for consideration by state boards since 100% of the physicians who had no relapses in five years successfully returned to their practices. However, the data that 13% had their first relapse after five years gives one pause and at the very least continued care may be strongly encouraged even past the 5-year mark.

Competence and experience of the treatment professional or facility is an important variable as they may offer the most current evidenced based treatments for those suffering from substance abuse. Substance abuse and addictions are considered chronic conditions that require continued and on-going care. State boards may not have the authority to demand life-time monitoring of disciplined psychologists impaired by substance abuse. A competent professional can discuss the data available concerning effective strategies for continued maintenance and encourage adherence to these strategies, especially as the monitoring cycle comes to a close.

A typical trajectory for treatment may include an intensive in-patient or out-patient treatment regimen followed by prolonged out-patient psychiatric and/or psychological care with mutual support/peer group involvement. There may be financial barriers or other access issues that limit the use of intensive treatment.

12-Step programs are often enlisted to assist with recovery from substance abuse. 12-Step programs encourage the admittance of being powerless over the substance and recognizing that the use of the substance made life unmanageable. Some object to an over-reliance or sole use 12-Step programs for treatment, as highlighted by the February 2015 Atlantic article, "*The Irrationality of Alcoholics Anonymous"* by Gabrielle Glaser. The benefit of the program is that it offers free in-person and on-line access to support groups with strategies for maintaining abstinence around the globe.

Psychological research informs us that enlisting the support of accountability partners can improve the success rate of goal attainment. Treatment providers in the field of substance abuse often encourage clients to identify and maintain contact with an accountability partner in addition to the treatment team. An appropriate accountability person is someone that understands substance abuse and will be available to discuss progress in achieving and maintaining goals.

Solo practitioners and practitioners with prescription privileges present special challenges to licensing boards. Solo practitioners may be at increased risk and greater potential to do harm because of the lack of colleagues making workplace observations. Psychologists with prescription privileges may have increased access to drugs which could put them at greater risk of relapse.

State psychological associations may be in a position to educate psychologists on the importance of intervening with impaired colleagues. Also, the importance of alerting the state and provincial boards about psychologists who are impaired by substance abuse - psychologists don't let psychologists practice drunk.

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***Interesting site.** Cannot vouch for the security and privacy of the site but it does include a lot of useful information:

"This blog was established to create a supportive environment for medical professionals to talk anonymously about their experiences with substance abuse, allow the opportunity for people to share their opinions on the topic and to raise awareness of this issue. Browse through the blog, look at the interviews with actual medical professionals and learn why it is so important for our society address this problem and for a healthcare professional to help a colleague or seek treatment for himself."

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Case Examples

ASPPB Mid Year Meeting
April 2015
Atlanta, GA
Alex M. Siegel, JD, PhD
Carol Webb, PhD ABPP

Conflict of Interest

- No conflicts of interest to report

Learning Objectives

- Learning Objectives:
- This presentation is designed to help you:
  - Identify how other jurisdictions respond to licensees with impairments.
  - Outline various evaluative and disciplinary options for psychologists with impairments.
  - Develop strategies for decision making about disciplinary options for psychologists with impairments.

Introduction

Definitions:

- Impairment: "An inability or diminished ability to adequately perform work related duties due to the presence of issues such as substance abuse, mental illness or other personal problems." Bailey et al 2010
- Distress: "individual disequilibrium in which one's personal well being is compromised" Smith and Moss 2009
- Incompetent Professional: "poorly trained professional or one not abreast of current knowledge" Smith and Moss 2009

Introduction

Survey Data:

- Working when too distressed to be effective: 39% say never, 48% say rarely and 10% say sometimes (Pope et al 1987)
- Of psychologists who self report distress (75% of the sample): 37% admit that client care was negatively impacted and 4.6% said it resulted in inadequate care. 70% of those reporting distress took some steps towards intervention. (Guy 1989)

Introduction

Survey data cont.

- 60% of psychologists believe that depression affects the work of their colleagues (Wood et al, 1985)
- Depression rates as high as 60% have been reported by psychologists (Smith and Moss, 2009)
- Substance abuse rates range from 6-11% (Smith and Moss 2009)
- 6% of psychologists admit to conducting therapy sessions while under the influence of alcohol (Pope et al 1987)
- Dementia has 3-11% prevalence rate for individuals over 65 (LoboPrabhu et al, 2008)

Introduction

More survey data:

- 96% of physicians say impaired or incompetent practitioners should be reported to licensing boards, but only 45% of physicians who encountered an impaired colleague had made the report. (LoboPrabhu et al 2008)
- 43% know of at least 1 male psychologist with a current substance abuse problem, and 28% know of at least 1 female psychologist with a current substance abuse problem; however only 19% reported having confronted a colleague about it (Good et al 1995)

APA Ethical Code

- **1.04 Informal Resolution of Ethical Violations**
  When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

APA Ethical Code

- **1.05 Reporting Ethical Violations**
  If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

Canadian Code of Ethics

- Preamble
  - Responsibility of the Individual Psychologist

- 5. To bring concerns about possible unethical actions by a psychologist directly to the psychologist when the action appears to be primarily a lack of sensitivity, knowledge, or experience, and attempt to reach an agreement on the issue and, if needed, on the appropriate action to be taken.

Canadian Code of Ethics

- 6. To bring concerns about possible unethical actions of a more serious nature (e.g. actions that have caused or could cause serious harm, or actions that are considered misconduct in the jurisdiction) to the person(s) or body(ies) best suited to investigating the situation and to stopping or offsetting the harm.
- 8. In bringing or in responding to concerns about possible unethical actions, not to be vexatious or malicious.

ASPPB CODE OF CONDUCT

- Reporting of violations to Board. The psychologist who has substantial reason to believe that there has been a violation of the statutes or rules of the Board, that might reasonably be expected to harm a client, may report such violation to the Board, or if required by statute shall report to the Board. Unless required by statute, the client's name may be provided only with the written consent of the client.

Pennsylvania

- When a psychologist or person identifying himself as a psychologist, either as a licensed practitioner or as an applicant for licensure identified as a psychologist-in-training, violates ethical standards, psychologists who know first hand of these activities attempt to rectify the situation. When such a situation cannot be dealt with informally, it is called to the attention of the Board.. 49 Pa.Code 41.61(2)(b)

South Carolina

Reporting of violations to Board. The psychologist who has substantial reason to believe that there has been a violation of the statutes or rules of the Board shall so inform the Board in writing on forms provided by the Board, except that, when the information regarding such violation is obtained in a professional relationship with a client, the psychologist shall report it only with the written permission of the client. Nothing in this code shall relieve a psychologist of the duty to file any report required by applicable statutes. Section100.4(k)(4)

Texas

- When a licensee believes that there may have been an ethical or Board rule violation by another licensee that does not involve harm or potential harm to any member of the public, the licensee may attempt to resolve the issue by bringing it to the attention of that individual if informal resolution would not violate any confidentiality rights that may be involved. Licensees shall report any unresolved rule violations to the Board.
- (b) A licensee must report conduct by a licensee that appears to involve harm or the potential for harm to any individual, or a violation of Board rule, a state law or federal law. 465.35(a)(b)

British Columbia

- **32.2** (1) A registrant must report in writing to the registrar of an other person's college if the registrant, on reasonable and probable grounds, believes that the continued practice of a designated health profession by the other person might constitute a danger to the public.

Newfoundland and Labrador

- The psychologist who has substantial reason to believe that there has been a violation of the statutes or rules of the Board shall so inform the Board in writing , except that when the information regarding such violation is obtained in a professional relationship with a client, the psychologist shall report it only with the written permission of the client. Nothing in this Code shall relieve a psychologist of the duty to file any report required by applicable statutes. Code of Conduct 2005

Case Examples

- Vignettes presented at meeting

Clicker Questions

- Does your jurisdiction accept anonymous complaints?
  - Yes
  - No
  - I don't know
- Can your jurisdiction act on receipt of a communication of concern from another person (psychologist, relative) without an actual complaint?
  - Yes
  - No
  - I don't know

Clicker Questions

- Does your jurisdiction participate with an active diversion program for psychologists who come to the attention of the board/college without a complaint?
  - Yes
  - No
  - I don't know
- Can your Board/College initiate a complaint?
  - Yes
  - No
  - I don't know

Clicker Questions

- With the facts available so far in this case, do you think:
  - The psychologist is impaired (as opposed to distressed)
    - 1. Yes, I think so
    - 2. Maybe, leaning towards yes
    - 3. I don't know, probably not
    - 4. No, not with what has been presented so far

Clicker Questions

- The psychologist presents a significant enough risk of harm to the public to take some action
    - 1. Yes, I think so
    - 2. Maybe, leaning towards yes
    - 3. I don't know, probably not
    - 4. No, not with what has been presented so far

Clicker Questions

- What action might you take at this point for this psychologist with this set of facts:
  - 1. Private Consent Order (including diversion program)
  - 2. Public Consent Order
  - 3. Suspension
  - 4. Revocation

Clicker Questions

- What terms should be included in a public order?
  - 1. Reprimand
    - Yes
    - No
  - 2. Evaluation
    - Yes
    - No
  - 3. Treatment if indicated
    - Yes
    - No

Clicker Questions

- What terms should be included in a public order (cont)?
  - 4. Monitoring of Practice
    - Yes
    - No
  - 5. Continuing Professional Development (CPD)
    - Yes
    - No

Clicker Questions

- What terms should be included in a public order (cont)?
  - 6. Suspension
    - Yes
    - No
    - Stayed
  - 7. Revocation
    - Yes
    - No
    - Stayed

Discussion/Questions

- Thanks for listening!
- Please feel free to contact either one of us.
  - asiegel@asppb.org
  - cwebb@asppb.org

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Minnesota Health Licensing Boards

Health Professionals Services Program

Angelina M. Barnes, Esq.
Executive Director,
Minnesota Board of Psychology

Minnesota Health Licensing Boards

Minnesota Board of Psychology

Minnesota Board of Psychology HPSP Case Example

/

Minnesota Health Licensing Boards

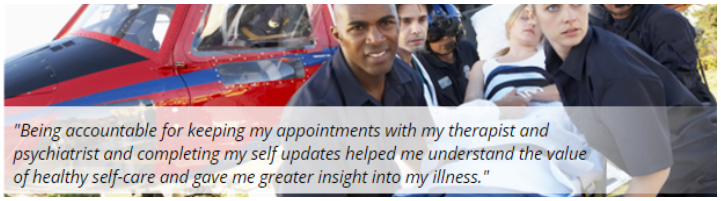
Health Professionals Services Program

In 1994 the Minnesota Legislature created the Health Professional Services Program (HPSP) to protect the public by monitoring health professionals unable to practice with "reasonable skill and safety due to illness, substance abuse, or other health conditions."

Minnesota Health Licensing Boards

Health Professionals Services Program

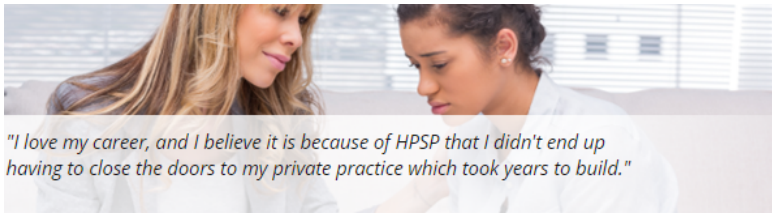
Provided "greater insight" into a providers' illness



Minnesota Health Licensing Boards

Health Professionals Services Program

Allowed a private practice to remain open



Minnesota Health Licensing Boards

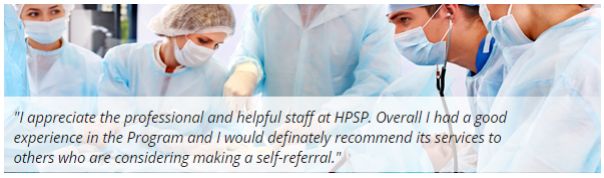
Health Professionals Services Program

Kept the provider "honest" and "on track" while implementing a "new sober lifestyle"

Minnesota Health Licensing Boards

Health Professionals Services Program

A "positive experience" with professional and helpful staff



Minnesota Health Licensing Boards

Health Professionals Services Program

Primary Goal: To promote early intervention, diagnosis, and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to Board discipline.

Mission: The Minnesota Health Professional Services Program (HPSP) protects the public by providing monitoring services to regulated health care professionals whose illnesses may impact their ability to practice safely.

Alternative to discipline programs' main focus is on **public safety**, not provider rehabilitation or treatment.

Minnesota Health Licensing Boards
Health Professionals Services Program

However…**treatment** and **support** components are typically required to be built into the provider's recovery program.

Minnesota Health Licensing Boards
Health Professionals Services Program

HPSP covers physical, mental, and other health problems in addition to substance abuse.

HPSP is managed by a 17-member committee known as the Health Professional Services Program Committee.

Program Committee includes 16 health-related licensing boards and the Emergency Medical Services Regulatory Board (EMSRB) appointed to serve and each member has 1 vote.

The Program Committee designates one of the participating boards to manage the administrative aspects of HPSP.*

*For Minnesota that is the Board of Dentistry

The HPSP also has an advisory committee that consists of 17 representatives from various **health-related professional associations** and 2 **public members** appointed by the Governor.

Minnesota Health Licensing Boards

Health Professionals Services Program

Eligibility is limited by statute, the following are denied admission:

- Diverted controlled substances for other than self-administration;
- Previously terminated from HPSP for noncompliance, without a board referral;
- Currently under licensing board discipline, unless referred by their board;
- Regulated under state HIV, Hep B, and Hep C virus prevention program, unless referred;
- Have been accused of sexual misconduct;
- Would create a serious risk of harm to the public if allowed to practice.

Minn. Stat. 214.32, subd. 4.

Health-Related Licensing Boards' Cost to Participate in HPSP, Fiscal Year 2014*

Participating Board	Total Cost	Avg. # Referred or Monitored	Avg. Cost / Licensee
Nursing	$432,769	326	$1,329
Medical Practice	$147,994	112	$1,320
Pharmacy	$40,780	29	$1,394
Dentistry	$31,778	32	$993
Behavioral Health & Therapy	$21,324	16	$1,377
EMSRB	$20,439	15	$1,394
Chiropractic Examiners	$19,875	14	$1,379
Physical Therapy	$19,623	14	$1,393
Social Work	$17,050	12	$1,411
Psychology	**$11,302**	**8**	**$1,490**
Veterinary Medicine	$8,560	6	$1,489
Marriage & Family Therapy	$5,918	4	$1,614
Dietetics & Nutrition Practice	$3,199	2	$2,020
Nursing Home Administrators	$2,425	1	$2,238
Optometry	$1,761	1	$3,523
Podiatric Medicine	$1,000	0	$0
Dept. of Health	$4,188	2	$1,334
TOTAL:	**$790,004**	**592**	**$1,334**

*Office of the Legislative Auditor, Evaluation Report, *Minnesota Board of Nursing: Complaint Resolution Process*, March 2015, p. 68 (citing HPSP data, 2014).

Pro: HPSP allows providers to continue to practice if they comply with their monitoring agreements.

Pro: Allowing providers to report themselves to HPSP instead of the licensing board may encourage them to proactively seek help for their problems, and as a result, protect the public.

Con: The HPSP aspects that allow for confidentiality can appear overly protective of the provider and an unnecessary risk to public safety.

Con: HPSP staff are not members of the profession being monitored and may be unable to detect practice violations.

Minnesota Health Licensing Boards
Health Professionals Services Program

Entry into HPSP

(1) Self referral
(2) Third-party referral
(3) Board non-disciplinary referral
(4) Board disciplinary referral (under order)

Minnesota Health Licensing Boards
Health Professionals Services Program

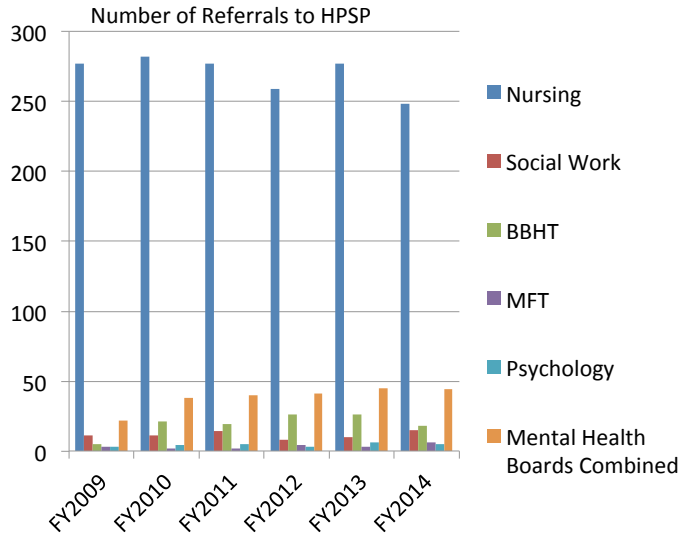
Mandatory Reporting. The provider shall file a complaint with the board when the provider has reason to believe that another provider:

A. Is unable to practice with reasonable skill and safety as a result of physical or mental illness or condition, including but not limited to substance abuse or dependence, **except that this mandated reporting requirement is deemed fulfilled by a report made to the health professional services program (HPSP) under Minnesota Statutes, section 214.33, subdivision 1.**

***

Minn. R. 7200.5750, Complaints to Board, Mandatory Reporting.

Referrals to HPSP by Health-Related Licensing Boards (Mental Health Boards), Fiscal Years 2009 through 2014*



*Office of the Legislative Auditor, Evaluation Report, *Minnesota Board of Nursing: Complaint Resolution Process*, p. 70 (citing HPSP, Fiscal 2012 Report (St. Paul 2012), 4; and HPSP Fiscal 2014 Report (St. Paul, 2014), 5.

Minnesota Health Licensing Boards
Health Professionals Services Program

The majority of HPSP referrals in fiscal year 2014 were not disciplinary in nature, and they were most often made by licensing boards (36% in 2014).*

*Office of the Legislative Auditor, Evaluation Report, *Minnesota Board of Nursing: Complaint Resolution Process*, p. 70.

Referrals as a form of discipline comprised 16% of the total referrals.*

*Office of the Legislative Auditor, Evaluation Report, *Minnesota Board of Nursing: Complaint Resolution Process*, p. 70.

"HPSP is a very rigorous monitoring program, and success in the program can be difficult, time-consuming, and costly."*

Office of the Legislative Auditor, Evaluation Report, *Minnesota Board of Nursing: Complaint Resolution Process*, p. 75.

A typical monitoring agreement for substance abuse problems includes:

- Abide by HPSP request to cease practice;
- Refrain from drug and alcohol use, unless prescribed by healthcare provider;
- Identify and use only approved healthcare providers;
- Undergo, at licensee cost, all assessment required by HPSP;
- Attend Alcoholics Anonymous-type meetings at least twice per week;
- Attend at least one professional support group meeting per month;
- Toxicology screens (random)
- Report submissions from all treatment providers and the participant licensee.

Office of the Legislative Auditor, Evaluation Report, *Minnesota Board of Nursing: Complaint Resolution Process*, p. 76.

Summary

- Shared program funded and run by the health-related licensing boards in Minnesota.
- Governed by a Program Committee with insight from an Advisory Committee.
- Participation can be confidential (self-referral), third-party referral, or board referral (disciplinary and non-disciplinary).
- Program is predominantly used by Nursing, Medical Practice, Pharmacy, Dentistry.
- Mental health licensing board licensees make up a very small portion of HPSP participants.

Resources

- Link to full report: Minnesota Office of the Legislative Auditor, Evaluation Report, "*Minnesota Board of Nursing: Complaint Resolution Process*," (March 2015) http://www.auditor.leg.state.mn.us/ped/2015/nursing.htm.
- Health Professional Services Program (HPSP) website: http://mn.gov/health-licensing-boards/hpsp/
- Bauer, Ann, Elle, "*My Chemical Romance: Battling Depression*," (Sept. 21, 2010) http://www.elle.com/beauty/health-fitness/advice/a11366/battling-depression-with-a-dangerous-treatment
- Minn. Stat. 214.28 (authority to establish a diversion program)
- Minn. Stat. 214.29 (requiring health boards to use HPSP)
- Minn. Stat. 214.31 (establishing HPSP authority)
- Minn. Stat. 214.32 (program operations and responsibilities)
- Minn. Stat. 214.33 (reporting, program manager, board, employer)
- Minn. Stat. 214.34 (immunity for reporting to HPSP)
- Minn. Stat. 214.35 (classification of data)
- Minn. Stat. 214.355 (grounds for disciplinary action to violate PA with HPSP)
- Minn. Stat. 214.36 (board resolution to not participate)

Questions?

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What Is Done When There Are Concerns

ASPPB 30th Midyear Meeting
Atlanta, Georgia April 18, 2015

Rick Morris, Ph.D., C.Psych., rmorris@cpo.on.ca
Deputy Registrar/Director, Professional Affairs
College of Psychologists of Ontario

Ontario Experience

- The College does not offer member support programs or prevention/diversion programs
- Programs are available for Pharmacists and Physicians in Ontario but are a creation of the associations or liability insurers
- College attempts to engage member in a supportive/non-disciplinary Fitness to Practice process balancing 'public protection' mandate with needs/interest of member
- To date College has not had to exercise its full authority in proceeding to a Fitness to Practice hearing regarding incapacity
- Support and diversion through voluntary undertakings

Umbrella Legislation

- Regulated Health Professions Act (RHPA, 1991) governs Colleges of 25 Ontario regulated health professions
- "*Incapacitated* means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practise;" [RHPA Health Professions Procedural Code1.(1)]

Incapacity Concerns

- May arise from:
  - Self Report
  - Mandatory Report to Registrar
  - Other Reports to Registrar
  - Referral from Inquiries, Complaints and Reports Committee (ICRC) stemming from a complaints review

Self or Mandatory/Other Reports

- Registrar may make inquiries in response to report if belief member may be incapacitated
- Inquiry includes gathering information as appropriate
- Member has opportunity to offer information if he/she wishes
- At conclusion of inquiry, Registrar's provides report to Chair of ICRC

Concern from ICRC

- Panel of ICRC conducting complaint investigation into misconduct or incompetence may form belief that incapacity is an issue
- Report of panel given to ICRC Chair

Inquiry into Incapacity

- Chair appoints panel to conduct inquiry
- Member given notice of intent to inquiry into capacity
- Panel makes inquiries deems appropriate and may include:
  - Questions related to practice
  - Member's health status
  - Reports of an current or prior treatment
  - Any steps taken limit practice
  - Willingness of member to agree to undertakings, if appropriate

Additional Information

- Panel may also inquiry of colleagues, family or others – no authority to compel cooperation so . . .
- Request for permission to communicate with others
- May require physical and/or mental examinations, if reasonable and probable grounds to believe member is incapacitated
- Full disclosure of inquiry and any reports to member

Panel Considerations

Based on all information gathered and considering all substantiating and contradictory information:

1. Does member appear to have a physical or mental condition or disorder? If so, what appear to be the characteristics of this condition or disorder?
2. Does it appear member's condition or disorder, if there is one, is serious? Why or why not?
3. Does it appear that the member has insight into his or her condition or disorder?
4. If there does appear to be a physical or mental condition or disorder, does the public interest require terms, conditions or limitations on the member's practice? Thorough analysis of the reasons for any conditions or restrictions proposed required.
5. What is the proposed disposition and what makes it reasonable?

Panel Dispositions

Based on considerations panel may:

- Take no further action
- Seek voluntary Undertaking and Agreement
- Refer to Fitness to Practice Committee to proceed to formal FTP Hearing

FTP Hearing Outcomes

- If finding of incapacity the panel may:
  - Direct Registrar to revoke member's certificate of registration
  - Direct Registrar to suspend member's certificate of registration
  - Direct Registrar to impose terms, conditions and limits or member's certificate for a specified or indefinite period of time
- Appeals to Divisional Court

In Conclusion

- College has never held FTP hearing
- Member agrees to an Undertaking which obviates the need to hold a Fitness to Practise hearing
- Undertaking sets out the requirements of the member and what constitutes a breach of the undertaking
- Undertaking is voluntary diversion from incapacity hearing offering member opportunity to receive assistance

Thank You!

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Texas State Board of Examiners of Psychologists

Colleagues, Competency, and Complaints

TSBEP Representative:
Darrel D. Spinks, Executive Director
333 Guadalupe St.
Tower 2, Suite 450
Austin, Texas 78701
(T)512-305-7700
(F)512-305-7701

The Psychologists' Licensing Act

§501.158 of the Psychologists' Licensing Act is entitled "Competency Requirements."

- §501.158(a) - Applies to all licensees, including temporary license holders, and applicants
- §501.158(b) – Determination must be made based upon a reasonable belief that a person:
  - is not physically and mentally competent to provide services with reasonable skill and safety; or
  - has a physical or mental disease or condition that would impair his/her competency to provide services

The Psychologists' Licensing Act

- §501.158(b) – Upon such determination, the Board may *request* the person submit to:
  - A physical examination by a physician or psychologist; or
  - A mental examination by a physician or psychologist.
- The Examiner must be approved by the Board.

The Psychologists' Licensing Act

- §501.158(c) – Board must issue order requiring an applicant or person seeking renewal of a provisional license who refuses to submit to an examination to show cause at a hearing.
  - Ability to *order* a person to show cause is limited to applicants and provisional licensees seeking to renew
- §501.158(d) – Contested informal hearing must be held for individuals ordered to submit to examination under (c), with an appeal to SOAH.

The Psychologists' Licensing Act

- §501.158(e) – Applicants for provisional licensure who refuse a request under (b), will not be permitted to take licensing exams
  - Applies only to applicants for provisional licensure
  - 3 other applicant categories that are unaffected
- §501.158(e) – A licensee seeking to renew his/her license who refuses a request under (b), will not be permitted to renew his/her license
  - Not applicable to licensees prior to renewal

Frequently Encountered Problems

- No peer assistance program
- Disciplinary action is only tool available
- Difficulty with anonymous complaints
- Fear of social/legal stigma associated with reporting a colleague
  - Often results in colleague getting into trouble for more serious matters

Frequently Encountered Problems

- 465.35(a) – Duty to confront colleague if no harm or threat posed to public
- 465.35(b) - Conduct that involves harm or potential for harm must be reported
- 465.35(c) – Licensees must cooperate with Board investigations

Two Problems Facing All of Us (Especially "Seniors,"Their Patients, Their Families and Colleagues)

A. Steven Frankel, Ph.D., J.D.

Association of State and Provincial Psychology Boards

Mid-Year Meeting

April 18, 2015

About 4 years ago, I represented a distinguished senior colleague who got reported to the CA Board of Psychology

My first encounter with my client:

My second meeting with my client – an interview with a board investigator

UGH!

A follow-up call from the board investigator

A talk with my client

A follow-up call to the Deputy Attorney General

Was I ever surprised!!

BUSINESS AND PROFESSIONS CODE SECTION 820-828

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

6

821. The licentiate's failure to comply with an order issued under Section 820 shall constitute grounds for the suspension or revocation of the licentiate's certificate or license.

822. If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:
(a)Revoking the licentiate's certificate or license.
(b)Suspending the licentiate's right to practice.
(c) Placing the licentiate on probation.

7

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper. The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

8

So How About a Statute That Says:

When a complaint is filed against a licentiate who, by competent evaluation, is found to be suffering from a degenerative neuro-cognitive disorder, that licentiate's license shall be "retired."

9

Project #2

My Lawyer Self starts to receive calls from Spouses, Partners & Caring Colleagues

10

I reviewed the ethics codes of all professional societies

I asked audiences how many had professional wills

11

California Board of Psychology is Bound By the APA Ethics Code

B&P Code, §2936…The board shall establish as its standards of ethical conduct relating to the practice of psychology, the "Ethical Principles and Code of Conduct" published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

12

APA Ethical Standard 6.02(c)

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice.

13

I asked audiences how many had professional will "teams"

14

I took a look at what other professions were doing, like lawyers (they took care of it) and physicians (get ready….)

15

This is from the Medical Board of California

When people click on their website link for "how do I get my records when my doctor dies?"

Here's what they see:

16

"If the doctor died and did not transfer the practice to someone else, you might have to check your local Probate Court to see whether the doctor has an executor for his or her estate. You could then contact the executor to see if you can get a copy of the records. Depending on how much time has passed, whoever is appointed as the custodian of records can have the records destroyed."

17

Because mental health colleagues have been loath to create and implement

"Professional Wills," Colleagues of mine and I have formed

Practice-Legacy Programs, LLC®

18

Three Major Services

1) "Insurance" plan that ensures that all patients/clients know to whom they'd be referred in the event of "an Event" and have signed record releases; & and proper disposition of all office contents.

19

2. Emergency Services for Non-Subscribers

We have already had our first emergency case –
A 79 year-old psychiatrist in Oakland, CA

20

3. Retirement and Sale of Practice (but not Patients!)

We have established a relationship with a practice evaluation company

21

Thank You Very Much

22

Maintenance of Competence: What does the Future Hold?

ASPPB Mid Year Meeting 2015
Atlanta GA

Jacqueline Horn, PhD
Catherine Yarrow, PhD
Carol Webb, PhD ABPP

Conflict of Interest

We have no conflicts of interest for this presentation.

Learning Objectives

- This presentation is designed to help you:
  - Identify two activities that may be part of future maintenance of competency efforts
  - Summarize details of at least one method of auditing a practice
  - Describe how to improve self assessment

Outline of Presentation

- Competence and it's Assessment
- Maintenance of Competence
- Self Assessment
- Practice Performance

Maintenance of Competence

- Continuing Professional Development (CPD) Guidelines available at
- http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/guidelines/asppb_guidelines_for_continu.pdf
- Maintenance of Competence for Licensure (white paper) Available at
- http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/Guidelines/Maintenance_of_Competence_fo.pdf

ASPPB Position Statements

- ASPPB adopts the position that psychology regulatory bodies have a responsibility to the public to ensure the ongoing competence and high standards of practice for psychologists seeking licensure renewal, and that to do so,
- Regulatory bodies should establish mechanisms for licensed psychologists to demonstrate that they have maintained the competencies needed so that they might continue to practice safely and with the high standards required of psychologists.

Why Self-Assessment?

- Accuracy in self-assessment
  - bottom quartile over assess skills as compared to peers
  - top quartile under assess skills as compared to peers
- Bottom quartile
  - may not benefit from observation
  - don't recognize competence when they see it

Increasing Accuracy in Self-Assessment

- Additional training
- Objective feedback from tests and measurements
- Feedback from peers

- Self-assessment may itself be a competency

Reflective Self-Assessment

- Active psychologist participation (psychologist-driven)
- Professional development plan
- Aided by external resources
  - peer review
  - self- or externally administered tests
  - literature reviews
  - treatment guidelines

Why Self-Assessment?

- Begins a thoughtful process for learning
- Can change plans based on feedback
- Has meaning for the psychologist
- Impacts practice performance

Practice Performance

- Competence
  - What am I able to do?
  - Knowledge and skills – can do
- Performance
  - What do I actually do?
  - Behaviour – does do
  - FSMB (2008)

Assessments (FSMB 2008)

- Competence
  - Standardized tests
  - General competencies – knowledge, skills and abilities to provide safe effective care
  - What the practitioner is able to do
  - Performance
  - Workplace evaluations
  - Competent performance
  - How well the practitioner does it

Performance in Practice

- Practice may narrow after initial licensure
- Competencies narrow from general to specific for area of practice
- At initial licensure EPPP measures broad range of knowledge
- Later in practice broad general assessment of competence may be less relevant
- Assessment at least partially tailored to what psychologist does in current practice may be perceived as more relevant

Maintenance of Competence

- Relates to psychologist's current area of practice
- Relates to practice-specific psychology
- Miller (1990) – multi level, multi method assessment required

ASPPB Version of Millers Pyramid

Miller's Pyramid - Assessments

- Knows (knowledge)
  - Objective test methods
- Knows how (competence)
  - Having sufficient knowledge, skill, judgment
- Shows how (performance)
  - Standardized patients, computer simulations
- Does (action)
  - Observations in workplace - Real patients, case-based discussions, practice audits

Thanks for listening

- Contact information:

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- Catherine Yarrow cyarrow@cpo.on.ca
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ASPPB Disciplinary Data System (DDS)

Veronica Zambuto

Taja Slaughter

2015

History of DDS

- The Disciplinary Data System (DDS) is a comprehensive repository of publically reported actions provided by the jurisdictions over the years
- Established in 1983
- Transitioned to an internal online system in 1996
- Became a web based system in 2001
- There are over 5500 records in the system dating back to the 1970's

Importance of Using the DDS

- Keeps information up to date
- Educates the profession
- ASPPB programs and services rely on the DDS when sending verifications or processing renewals
  - EPPP Score Transfer Service
  - Credentials Bank
  - Psychology Licensure Universal System (PLUS)
  - Certificate of Professional Qualification (CPQ)
  - Interjurisdictional Practice Certificate (IPC)

What the DDS Can Do For You

- Public Protection
  - Ensure that licensing boards are aware of disciplinary actions even when not reported by licensure applicants
- Research/Searching
  - Provides information on individual, jurisdictional and national levels
    - Aids in identifying trends

Data Reports

- Monthly
  - A monthly disciplinary data report containing name, date of discipline, reporting jurisdiction, disciplinary action and reason for discipline is emailed to all licensing boards for their reference
- Historical
  - Annual DDS statistical information is located on the ASPPB website (public tab)
  - Contains overview of all disciplinary entries within the system
  - Contains last 5 years of data
  - List top ten reasons for discipline by year as well as by all reported actions
- Upon request

Jurisdiction Data Obtained by ASPPB Staff

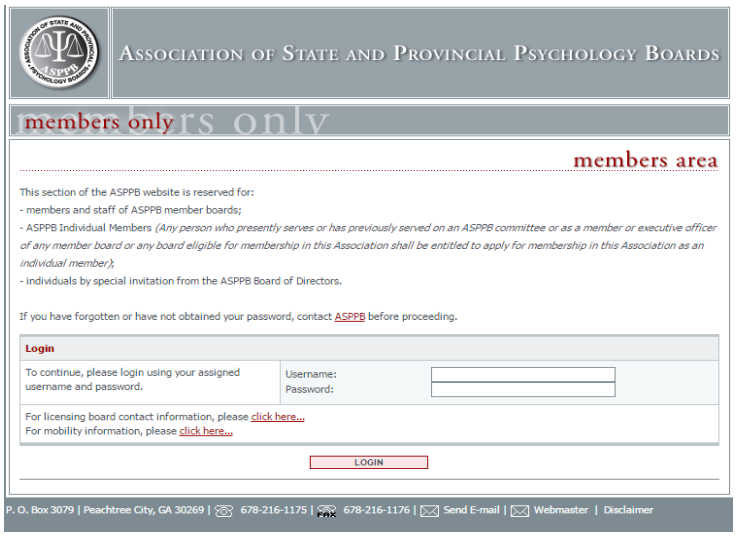
There are several of jurisdictions that have data in the DDS though the jurisdiction does not report. ASPPB staff researches disciplinary actions and adds them to the DDS. To maintain as complete a database as possible ASPPB staff does take these additional steps, however we strongly encourage the jurisdictions to report directly to ASPPB. Please note that jurisdictional financial assistance is not provided for those jurisdictions that do no report directly to ASPPB.

Reporting

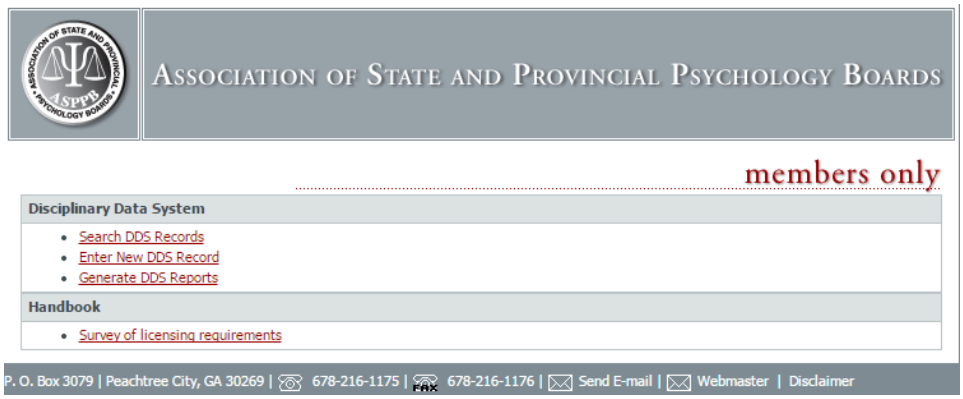
- **The kind of information collected from the jurisdictions**
  - Name, date of birth, address, license number, disciplinary action and reason (We have modified the DDS to accept all codes used in the National Practitioner Data Bank)

- **How to report:** There are two main ways to report disciplinary actions to the ASPPB Disciplinary Data System.
  1. Completing the paper reporting form and providing any backup documentation, such as final orders. Once the form and orders are received, the disciplinary action is entered by the ASPPB Central Office staff.
  2. A representative from the member board enters the disciplinary action directly into the new record form found as part of the on-line ASPPB Disciplinary Data System. This can be done by logging on the "Members Only" section of the ASPPB website or directly from https://www.asppb.org/members/default.aspx. The new record is entered by choosing "Enter New DDS Record."

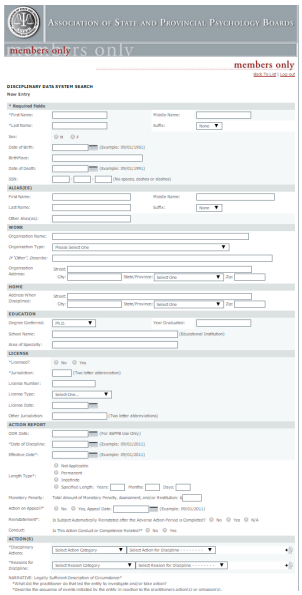
Reporting Cont.



Reporting Cont.



Reporting Cont.



National Practitioner Data Bank (NPDB)

- In October 2012, ASPPB registered to be an Authorized Agent for reporting the NPDB. This allows ASPPB Member Jurisdictions to authorized ASPPB to perform the jurisdiction's mandatory reporting to the NPDB in its stead.
- There are two (2) steps to the authorization process. First the Member Jurisdiction must designate ASPPB as its authorized agent within the NPDB system.
- Second, once you have completed the Designate Authorized Agent within the NPDB system, ASPPB will receive an email asking for acceptance of this designation. ASPPB will then send the Member Jurisdiction, the Authorized Agent Agreement to be signed. Once this agreement is signed, ASPPB can begin reporting disciplinary actions to the NPDB for the Member Jurisdiction.
- The following Jurisdictions currently using ASPPB as the reporting agent are: Alabama , California, Georgia, Kentucky, Missouri, North Dakota, Oregon, South Carolina, South Dakota

Searching

Eligible entities may search the DDS. The search may be conducted by using the last name, license number, jurisdiction or a date entered range.

Summary

Though it has been in existence for many years, jurisdictions reporting to the DDS is the only way that it will continue to be a useful tool. We greatly appreciate the support of the jurisdictions and hope that you will not only report but will also use the search feature as another data source

Questions?

Thank you for your time and attention

For any questions, please contact:

Veronica Zambuto vzambuto@asppb.org

Taja Slaughter tslaughter@asppb.org

Developments in the ASPPB Examination Program

Amy C. Hilson, CAE
ASPPB Associate Executive Officer for Exams & Governance

Matt Turner, PhD
ASPPB Director of Examination Services

April 19, 2015

Overview

- ASPPB Exam Program Vendor Transition
- Benefits for Licensure Applicants
- Benefits for Licensing Boards

ASPPB Exam Program Vendor Transition

- Only one previous vendor, for 52 Years
- Decided to see what other vendors had to offer

ASPPB Exam Program Vendor Transition *continued*

- Request for Proposal (RFP) Process
- Support Areas Needed
  1. Candidate Application Management
  2. Content Development
  3. Exam Delivery

Support Areas Needed:
1. Candidate Application Management

- Pre-Approval of Exam Candidates
- Online Application System
- Scheduling
- Score Reporting

Support Areas Needed:
2. Content Development

- Subject matter expert (SME) training
- Item writing tool
- Editing items
- Sensitivity reviews
- Form construction
- Psychometric support
- Form building
- Form review

Support Areas Needed:
3. Exam Delivery

- Test Centers
  - Uniformity
  - Enhanced Security Measures
- Delivery of Disability Accommodations

Benefits for Licensure Applicants

- Direct Messaging Based on Candidate's Progress
  - Event Based Emails (EBE's)
  - Landing Pages
- ASPPB Provides Candidate Support
- Candidates get Scores at Test Center
  - Immediate Feedback by Domain for Failed Candidates

Benefits for Licensure Applicants *continued*

- Uniform Test Centers
- Better Accommodation Capabilities
- Wider Geographic Distribution of Centers
- Direct Relationship with ASPPB

Benefits for Licensing Boards

- Test Center Security Procedures Ensure Exam Security
- Exam Scores Distributed Weekly
  - Previously Exam Scores Distributed Bi-Monthly

Benefits for Licensing Boards *continued*

- More Direct Relationship with ASPPB
  - ASPPB Can Access All Data
  - Can Help Jurisdictions with All Aspects of Exam Process

Need Information or Assistance?

Amy Hilson, BA, CAE
Associate Executive Officer for Exams & Governance
ahilson@asppb.org

Matt Turner, PhD
Director of Examination Services
mturner@asppb.org

Emelyn East, BS
EPPP Item Development Program Manager
eeast@asppb.org

Jamie Orgeron, BA
Executive Assistant to AEO for Exams & Governance
jorgeron@asppb.org

Thanks for Listening!

ASPPB 2015 Annual Meeting of Delegates

October 7 - 11, 2015

Tempe Mission Palms

Tempe, Arizona

Registration opens on July 1st

Make your plans now to attend!

ASPPB Acronym List April 6, 2015

-A-

AASPB	American Association of State Psychology Boards (former name of ASPPB)
ABPP	American Board of Professional Psychology www.abpp.org
ACCA	Advisory Committee on Colleague Assistance (APA) http://www.apa.org/practice/leadership/colleague-assistance.aspx
ACCTA	Association of Counseling Center Training Agencies http://www.accta.net/
ACPRO	Association of Canadian Psychology Regulatory Organizations http://www.acpro-aocrp.ca/
APA	American Psychological Association www.apa.org
APA Council	APA Council of Representatives http://www.apa.org/about/governance/council/index.aspx
APAGS	American Psychological Association of Graduate Students (APA) www.apa.org/apags/
APPIC	Association of Psychology Postdoctoral and Internship Centers www.appic.org
ASPPB	Association of State and Provincial Psychology Boards www.asppb.net

-B-

BARC	Board Administrators/Registrars Committee (ASPPB)
BEA	APA Board of Educational Affairs http://www.apa.org/ed/governance/bea/index.aspx
BPA	APA Board of Professional Affairs http://www.apa.org/practice/leadership/bpa/index.aspx

-C-

CATF	Competency Assessment Task Force (ASPPB)
CAPP	Committee for the Advancement of Professional Practice (APA) http://www.apa.org/practice/leadership/capp/index.aspx
CCHPTP	Council of Clinical Health Psychology Training Programs http://community.wvu.edu/~ktl000/CCHPTP/index.htm
CCOPP	Council of Credentialing Organizations in Professional Psychology http://www.apa.org/ed/graduate/specialize/ccopp.aspx
CCPPP	Canadian Council of Professional Psychology Programs http://www.ccppp.ca/
CCPTP	Council of Counseling Psychology Training Programs http://www.ccptp.org/
CCTC	Council of Chairs of Training Councils http://psychtrainingcouncils.org/
CDSPP	Council of Directors of School Psychology Programs https://sites.google.com/site/cdspphome/
CEC	Committee on Exam Coordination
CECP	APA Committee on Early Career Psychologists http://www.apa.org/careers/early-career/committee/index.aspx
CESPPA	Council of Executives of State, Provincial (and Territorial) Psychological Associations
CLEAR	Council on Licensure, Enforcement and Regulation http://www.clearhq.org/
CoA	APA Commission on Accreditation http://www.apa.org/ed/accreditation/
CODI	ASPPB Committee on Disciplinary Issues (ASPPB)
COPPPP	Council of Postdoctoral Programs in Professional Psychology

CoS	Council of Specialties in Professional Psychology http://cospp.org/
CPA	Canadian Psychological Association http://www.cpa.ca/
CPQ	Certificate of Professional Qualification in Psychology
CRHSPP	Canadian Register of Health Service Providers in Psychology http://www.crhspp.ca/
CRSPPP	APA Commission for the Recognition of Specialties and Proficiencies in Professional Psychology http://www.apa.org/ed/graduate/specialize/crsppp.aspx
CUDCP	Council of University Directors of Clinical Psychology http://cudcp.us/

-D-

Division 13	APA Society of Consulting Psychology http://www.apadivisions.org/division-13/index.aspx

-E-

EFPA	European Federation of Psychologists Associations http://www.efpa.eu/
ELC	APA Education Leadership Conference http://www.apa.org/ed/governance/elc/index.aspx
EPPP	Examination for Professional Practice in Psychology
ExC	Examination Committee (ASPPB)

-F-

FAC	Finance & Audit Committee (ASPPB)
FARB	Federation of Associations of Regulatory Boards http://www.farb.org/

-H-

HIPAA	Health Insurance Portability and Accountability Act

-I-

IAAP	International Association of Applied Psychology http://www.iaapsy.org/
ICE	Institute for Credentialing Excellence (formerly NOCA) http://www.credentialingexcellence.org/
IDC	Item Development Committee
I/O	Industrial Organizational (Psychology)
IPC	Interjurisdictional Practice Certificate

-J-

JDAC	Joint Designation Appeals Committee (ASPPB/NR)
JDC	Joint Designation Committee (ASPPB/NR)

-M-

MARC	Model Act and Regulations Committee (ASPPB)
MOB	Mobility Committee (ASPPB)
MOCAL	Task Force on Maintenance of Competence and Licensure (ASPPB)
MYM	Midyear Meeting

-N-

NCSPP	National Council of Schools of Professional Psychology http://www.ncspp.info/
NOCA	Former name of Institute for Credentialing Excellence (ICE)
NOMS	Nominations Committee (ASPPB)
NR	National Register of Health Service Providers in Psychology http://www.nationalregister.org/

-P-

P&P	Policies & Procedures
PARRP	Practice Analysis Research Review Panel Task Force
PEPPP	Practice Examination for Professional Practice in Psychology (at Prometric testing centers)
PEPPPO	Practice Examination for Professional Practice in Psychology Online (online)
PES	Professional Examination Service http://www.proexam.org/
PLUS	Psychology Licensure Universal System

-S-

SIOP	Society for Industrial and Organizational Psychology – APA Division 14 http://www.siop.org/ http://www.apa.org/about/division/div14.aspx
SLC	APA State Leadership Conference http://www.apapracticecentral.org/advocacy/state/slc.aspx

Association of State and Provincial Psychology Boards

Serving member jurisdictions by promoting excellence in regulation and advancing public protection.

March 16, 2015

President
Martha N. Storie

Chief Executive Officer
Stephen T. DeMers, EdD

Past President
Fred Millán, PhD, ABPP, NCC

President-Elect
Don L. Crowder, PhD

Secretary-Treasurer
Karen Messer-Engel, MA, RPsych

Members at Large
Donald S. Meck, PhD, JD, ABPP
Sharon Lightfoot, PhD
C. Gerald O'Brien, PhD

Chief Operating Officer
Carol Webb, PhD, ABPP

Associate Executive Officer
Exams & Governance
Amy C. Hilson, BA, CAE

Associate Executive Officer
Member Services
Janet Pippin Orwig, MBA

TO: ASPPB Member Board Offices and ASPPB Member Board Chairs

RE: **Call for Nominations for ASPPB Board of Directors, Fellows and Other Awards**

Dear ASPPB Member Boards and ASPPB Member Board Chairs:

I am writing to announce this year's Call for Nominations for the President-Elect, Secretary-Treasurer, and 1st-Year Member-at-Large positions on the Association's Board of Directors, with terms beginning January 2016. Additionally, we are announcing a Call for Nominations for the following awards: ASPPB Fellows, the ASPPB State and Provincial Service Award, the Norma P. Simon Award and the Ming Fisher Award. Each will be explained in further detail, including how the nomination procedure works, what the eligibility criteria and requirements are for each Board position and award, and what items should be submitted for nominees.

Timeframes and Deadlines

Nominations must be made no later than Friday, May 1st, in order that the Board of Directors may make its decisions at its June meeting. We are always eager to have a completed slate to review, and hope that you will take the time to read through each area and nominate those individuals that you believe fit any of the following criteria.

ASPPB Board Positions

We are seeking nominees for the ASPPB Board with elections to be held at the 55th ASPPB Annual Meeting of Delegates on Friday, October 9, 2015, in Tempe, Arizona. These elections will be held to fill three (3) vacancies caused by the expiration of terms for the offices of President-Elect, Secretary-Treasurer, and 1st-Year Member-at-Large.

Nominations for Board positions will be accepted from ASPPB member boards, although individuals may submit letters in support of a nomination.

The Nominations Committee adheres to the following language in the Bylaws:

"Article VI.

C. Eligibility Requirements - To be eligible for election as a Director of the Association, the Director must, when elected, be either:

1. *A current professional or public member, staff or counsel of a member jurisdiction; or*
2. *An individual member of the Association who is a current or former professional or public member, staff or counsel of a member jurisdiction;*

AND

Must have no history of disciplinary action that has been reported to any professional disciplinary data bank.

D. Nominations for positions on the Board of Directors will be accepted:

1. *in advance of the published deadline for nominations, from ASPPB member jurisdictions. Letters from individuals in support of a member jurisdiction's nomination will be accepted as supplemental information; and*
2. *at the Annual Meeting from the floor, by an official delegate on behalf of their member jurisdiction. The credentials of individuals nominated from the floor will be checked to make sure they meet the eligibility requirements prior to the electoral voting.*

The Nominations Committee has developed the following criteria for evaluating nominees (excerpted from the ASPPB Policies & Procedures Manual)*:*

1. *Any individual with a disciplinary action that has been reported to the ASPPB Disciplinary Data Bank is ineligible for election as an officer, Fellow, and/or award winner.*
2. *The Committee considers prior involvement and interest in ASPPB by the nominee to be a critical factor. Experience of the nominee with ASPPB is evaluated by taking the following into consideration:*
   - *Attendance at Annual and Midyear Meetings*
   - *Service as a delegate from a member jurisdiction*
   - *Service on an Association committee or task force*
   - *A contributor to the profession who has been honored by the Association (e.g., Fellow, awardee)*
   - *Previously nominated for an office but not chosen for the slate*
   - *A prior candidate for office*

Although it is typical for the Third-Year Member-at-Large to seek the nomination for President-Elect, other eligible individuals are not precluded from seeking the nomination for that office.

The committee also seeks to maintain balance on such dimensions as gender, nationality, current and past geographical make up, and size of the jurisdictions represented on the Board of Directors.

As the committee develops the slate, the above factors are taken into consideration. No specific weights have been developed for these factors, as they are all considered important. As you can appreciate, during any single year, applying these factors to a specific group of nominees is sometimes a difficult task. The committee makes every attempt to see that a reasonable number of nominees are on the slate for each position. We have defined a reasonable number of nominees for each position as no more than four.

Below is a detailed description of each of the Board positions available:

A. President-Elect (Three-year term)

The President-Elect serves in this office starting January 1st of the year following his or her election at the Annual Meeting, then automatically becomes President on January 1st the year after that, and then serves a third year as Past-President. As a member of the Board of Directors, the President-Elect, President, and Past-President will attend six Board of Directors meetings each year, and the Annual and Midyear Meetings. In addition, and as determined by the Board of Directors (in consultation with the President), the President-Elect serves on other Association committees and task forces as assigned in the *Game Plan*, and may serve as ASPPB liaison or representative to other professional groups. Time spent on committees, task forces and liaison activities will vary during the President-Elect, Presidential and Past-Presidential year, and may be adjusted to the individual needs and interests of the Board member at the discretion of the Board. The members of the Board in the Presidential sequence generally spend approximately 50-70 days a year in meetings and travel for the Association. Additional time is spent preparing for meetings and reviewing documents important to the functioning of the Association.

B. Secretary-Treasurer (Three-year term)

As a member of the Board of Directors, the Secretary-Treasurer will attend six Board of Directors meetings, one Finance and Audit Committee meeting, the Annual and Midyear Meetings, and will serve (as assigned in the Game Plan) on other Association committees, as well as serve as ASPPB liaison or representative to other professional groups. The Secretary-Treasurer generally spends a minimum of 45 days a year in Association activities. Additional time for travel is clearly a necessity. The Secretary-Treasurer is further responsible for chairing the Finance and Audit Committee meetings and for being primarily responsible for the activities of that committee.

C. Member-at-Large (Three-year term)

As a member of the Board of Directors, the Member-at-Large will attend six Board of Directors meetings each year, the Annual and Midyear Meetings, will serve on other Association committees and task forces as assigned in the *Game Plan*, and may serve as ASPPB liaison or representative to other professional groups. Last year the Board of Directors began a new system whereby each new Member-at-Large will take on certain duties assigned to various tracks. The three tracks are: 1) Mobility Program; 2) Examination Program: and 3) Education and Training. The current vacancy is in the Exam Program, with responsibilities that include serving on all committees related to the Association's Exam Program. More details about this track system can be found in the accompanying document entitled "Considering a Run for the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors (BOD)". The Member-at-Large generally spends approximately 30-50 days a year in meetings and travel for the Association. Additional time is spent preparing for meetings. A Member-at-Large is elected for a three-year term, but may run for another office prior to completing the term. It is typical, although entirely optional, for the outgoing Member-at-Large to seek and obtain the nomination for President-Elect at the end of his or her three-year term as Member-at-Large.

★ **To make a nomination for the ASPPB President-Elect, Secretary-Treasurer, or 1st-Year Member-at-Large, please send the following items to Emelyn East at the ASPPB Central Office no later than Friday, May 1, 2015, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):**

1. A cover letter from the Nominator outlining the contributions made by the nominee with as much specificity as possible;
2. Any additional letters of support;
3. The fully completed ASPPB Board Member Nomination Form (copy attached); and
4. The nominee's most recent curriculum vitae/résumé.

Awards

Please note that current members of the ASPPB Board of Directors are **NOT** eligible to receive awards, including becoming a Fellow.

Award nominations may be submitted by ASPPB member boards, ASPPB Individual Members, the Board of Directors, or the Nominations Committee.

A. ASPPB Fellow

The honorific category of Fellow recognizes individuals who have given outstanding service to ASPPB and to the field of professional psychology regulation and licensing/certification. The first class of ASPPB Fellows was named in 1990 and the list of all recipients to date is attached for your information. Nominations are sought from ASPPB member boards and standing committees of the Association. A *maximum of three* Fellows can be selected each year.

★ **To make a nomination for an ASPPB Fellow, please send the following items to Emelyn East at the ASPPB Central Office no later than Friday, May 1, 2015, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):**

1. A cover letter from the Nominator outlining the contributions made by the nominee with as much specificity as possible;
2. Any additional letters of support;
3. The fully completed ASPPB Fellow Nomination Form (copy attached); and
4. The nominee's most recent curriculum vitae/résumé.

B. ASPPB State and Provincial Service Award

The ASPPB State and Provincial Service Award is designed to honor an individual who has made special contributions to promote the licensing and/or certification of psychologists in her/his jurisdiction of the U.S. or Canada. This award was established in 2004, and prior to that, was known as the Roger C. Smith Award. The list of past recipients to date is attached for your information. Nominations are solicited from all member boards and current and past contributions are equally important.

★ **To make a nomination for the ASPPB State and Provincial Service Award, please send the following items to Emelyn East at the ASPPB Central Office no later than Friday, May 1, 2015, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):**

1. A cover letter from the Nominator outlining the contributions made by the nominee with as much specificity as possible;
2. Any additional letters of support;
3. The fully completed ASPPB State and Provincial Service Award Nomination Form (copy attached); and
4. The nominee's most recent curriculum vitae/résumé.

C. ASPPB Norma P. Simon Award

The Norma P. Simon Award is given to recognize an individual who has made significant contributions to ASPPB and to the regulation of psychology at the national or international level. This award was established in 2001, and prior to that, was known as the Morton Berger Award. It is named in honor of Norma P. Simon, Ed.D., former member of the New York State Board of Psychology (1979-1989), President of ASPPB (1991-92), former chair of the APA Ethics Committee and of the APA Board of Professional Affairs. The list of all recipients to date is attached for your information. Nominations are solicited from all member boards and current and past contributions are equally important.

★ **To make a nomination for the ASPPB Norma P. Simon Award, please send the following items to Emelyn East at the ASPPB Central Office no later than Friday, May 1, 2015, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):**

1. A cover letter from the Nominator outlining the contributions made by the nominee with as much specificity as possible;
2. Any additional letters of support;
3. The fully completed ASPPB Norma P. Simon Award Nomination Form (copy attached); and
4. The nominee's most recent curriculum vitae/résumé.

D. ASPPB Ming Fisher Award

The Ming Fisher Award is given to a state licensing board administrator or staff person who has contributed to psychologists and psychology by his/her dedication to licensing and regulation; and an administrative approach that has been consistently fair, respectful and just; by giving stellar service to his/her board; and by contributing to ASPPB as well. This award is named in honor of Ming Fisher, former Executive Director for the Ohio Board of Psychology. Having worked for the Ohio Board for 30 years, Ms. Fisher issued the license for almost every psychologist and school psychologist from 1973 until her retirement in June 2001. To mark Ms. Fisher's

retirement in 2001, the ASPPB Nominations Committee created a new award in her name and subsequently named Ms. Fisher as the first recipient of the award. The list of all recipients to date is attached for your information. Nominations are solicited from all member boards and current and past contributions are equally important.

★ **To make a nomination for the ASPPB Ming Fisher Award, please send the following items to Emelyn East at the ASPPB Central Office no later than Friday, May 1, 2015, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):**

1. A cover letter from the Nominator outlining the contributions made by the nominee with as much specificity as possible;
2. Any additional letters of support;
3. The fully completed ASPPB Ming Fisher Award Nomination Form (copy attached); and
4. The nominee's most recent curriculum vitae/résumé.

Deadline for Nominations

It is important for you to know that the deadlines for nominations are strictly adhered to, as the slates must be completed in time for the Nominations Committee to convene, and for the Board of Directors to vote on both the officer slates and the award nominees at its June meeting. Please send all of your nominations and accompanying documents to the attention of **Emelyn East at the ASPPB Central Office, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269)**, for receipt **no later than Friday, May 1, 2015**. The Nominations Committee, greatly appreciates your input and cooperation, and looks forward to receiving your nominations.

Sincerely,

Fred Millán, PhD, ABPP, NCC

Fred Millán, PhD, ABPP, NCC
Chair, ASPPB Nominations Committee

Attachments:

1. Considering a Run for the ASPPB Board of Directors?
2. ASPPB Board Nomination Form
3. ASPPB Fellow Nomination Form
4. ASPPB State and Provincial Service Award Nomination Form
5. ASPPB Norma P. Simon Award Nomination Form
6. ASPPB Ming Fisher Award Nomination Form
7. ASPPB Fellows to Date
8. Past Recipients of ASPPB State and Provincial Service Award
9. Past Recipients of ASPPB Norma P. Simon Award
10. Past Recipients of ASPPB Ming Fisher Award

Considering a Run for the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors (BOD)?

Running for the ASPPB Board of Directors (BOD) not only provides a valuable service to the Association, member boards and the profession of psychology, but enhances your professional development as well. Serving on the ASPPB BOD allows you to address important matters for the betterment of the profession and increases your awareness of national and international issues. In turn, this also benefits you in your role as a psychology regulator.

If you are considering running for the BOD, please contact past or current Board of Directors members to gain additional information about their experiences as Board members. The following information will provide you with a summary of the activities and responsibilities a Board member assumes when s/he takes office.

The members of the BOD are the Past President, President, President-Elect, Secretary-Treasurer, and three Members-at-Large. A Secretary-Treasurer is elected every three years. A new Member-at-Large who serves a three-year term, and the President-Elect, who also serves a three-year term in the Presidential sequence, are elected annually. Typically, the person completing the third year Member-at-Large position runs for President-Elect. The result is that an individual elected to the BOD as 1st Year Member-at-Large, although not required to, will typically spend six years on the BOD (3 years as Member-at-Large, and 3 years in the Presidential sequence).

Expectations for all BOD members:

The following cover some but not all the expectations of service by Board members, and gives a flavor of the workload for all Board members:

- Attend scheduled meetings of the Board (there are six Board meetings annually, typically every other month. Additionally, during off months there may be some hour-long conference calls, depending on business that needs taking care of between in-person BOD meetings);

- Submit information for BOD meetings (e.g., reports about liaison activities; reports on committee meetings) to the ASPPB Central Office prior to each BOD meeting for distribution and consideration at that meeting;

- Prior to each Board meeting, read the materials provided in the agenda for each meeting to ensure adequate preparation for each meeting of the Board;

- Undertake such assigned projects and liaison relationships as determined in discussion with the Board. Each member of the Board typically has two to three assignments, which require travel to additional meetings once or twice a year for each assignment; and

- Refrain from serving on the BOD when there is a conflict of interest or the appearance of a conflict of interest, including refraining from serving on boards or committees of other psychological organizations that might have divergent interests from ASPPB, such as APA or CPA.

Expectations for BOD members <u>by position</u>:

Recently, with the help of a licensed consulting psychologist, the BOD looked at how to reorganize ASPPB in such a way as to meet the Association's increasing responsibilities without overburdening either staff or BOD members. With input from the BOD and staff, the BOD voted to

implement the following plan beginning in 2014. (Although the BOD agreed that this plan is most beneficial to ASPPB, we want to maintain flexibility as well. So, if you're considering running for the BOD, but the proposed responsibilities do not fit with your interests/strengths/etc., please don't let this discourage you. Please talk to any BOD member about your concerns. We don't want to dissuade anyone from running for the Board.):

- Some responsibilities will be assigned according to the positions BOD members hold
- The three Member-at-Large rotations will include primary responsibilities in one of three tracks – Exam Program, Mobility Program or Education and Training
- The 2016 Member-at-Large will have primary responsibilities in the Exam Program Track and will be a member of all committees associated with the Program

Hopefully the above information will be useful to you as you are considering running for the ASPPB BOD. The workload is considerable, but the rewards of doing the work are tremendous. ASPPB has an impact on national and international issues of importance to psychology; the people you get to work with are dedicated, professional, and fun; and the service to ASPPB, psychology and psychology regulation are important and appreciated.

ASPPB Fellows 1990 - 2014

Established 1990

Allen, Mardi F., PhD	1995	MS
Anderson, Robert P., PhD	1990	TX
Annon, Jack S., PhD	1990	HI
Bailey, Barbara A., PhD	1990	TX
Ballard, H. Ted, PhD	1993	GA
Bardwell, Rebecca W., PhD	1992	WI
Barnard, Ann G., EdD	2012	USVI
Bass, Larry J., PhD	1993	MO
Bennett, Chester C., PhD	1990	MA
Besch, Nancy Adams	1991	PA
Bieliauskas, Vytautas, PhD	1990	OH
Bizzell, Patricia S.	1993	TX
Black, Maureen, PhD	1998	OH
Blyth, David D., PhD	1990	OH
Bolden, Wiley S., EdD	1990	GA
Brandsma, Jeffrey M., PhD	1990	GA
Brennan, Edward C., PhD	1993	PA
Bricklin, Patricia M., PhD	1990	PA
Brolund, Jay W., PhD	1993	MB
Brown, Marshall, PhD	1990	PA
Campbell, David, PhD	1991	CO
Canter, Mathilda B., PhD	1990	AZ
Carrillo, Gloria C.	2000	NM
Cave, Susan B., PhD	1995	NM
Collins, Thomas, EdD	1999	ME
Cook, Bruce C., EdD	1996	OK
Counts, Wil, R.Ph., PhD	2000	AZ
Crawford, William R., PhD	1990	WA
DeMers, Stephen T., EdD	1998	KY
DiRenzo, Gordon J., PhD	2006	DE
Doyle, Kathleen M., PhD	2003	NY
Draper, Douglas O., PhD	1992	MI
Ebert, Bruce W., PhD, JD	1998	CA
Edwards, Henry P., PhD	1994	ON
Finn, Paul E., PhD	2003	NH
Fisher, Celia, PhD	1991	NY
Fisher, Ming	1990	OH
French, Joseph L., EdD	1993	PA
Garwood, Barbara A., PhD	1995	OH
Gentry, Gerald K., PhD	1996	KS
Gluck, John P., PhD	1991	NM
Gold, Lori, H.D.	1990	GA
Goldberg, Shepard, PhD	2007	NY
Goodman, John, PhD	2004	ON
Gormanous, Greg, PhD	1997	LA
Greenberg, Martin R., PhD	2005	CA
Grusec, Joan, PhD	2009	ON
Hall, Judy E., PhD	1990	DC
Hays, J. Ray, PhD	1990	TX
Henderson, Norman D., PhD	1990	AZ
Herrington, Joseph S. , PhD	1990	PA
Hess, Harris F., PhD	1990	NV
Hill, Diane S., PhD	1991	CO
Hilson, Amy, CAE	2011	GA
Holt, Susan Skinner, PhD	2005	AR
Hunsley, John, PhD	2013	ON
Jackson, Thomas L., PhD	1995	AR
James, Norman L., PhD	1994	MN
Jonason, Kim R., PhD	1998	KY
Jones, Nelson F., PhD	1990	CO
Jorgensen, Gerald T., PhD	1993	IA
Joyce, Rev. James E., EdD	1990	CA
Keairns, Yvonne K., PhD	1992	PA
Keisner, Robert, PhD	1991	NY
Kelley, Crystal, PhD	1990	AL
King, Paul T., PhD	1990	MO

Kirkland, Kark, PhD	1999	AL
Koestler, Angela J., PhD	2014	MS
Kolstoe, Ralph H., PhD	1990	ND
Kowaz, Andrea, PhD	2009	BC
Leland, Henry, PhD	1990	OH
Loveland, Edward H., PhD	1990	GA
Marzolf, Stanley S., PhD	1990	IL
Matarazzo, Joseph D., PhD	1990	OR
McLaughlin, Rodney E., EdD	1992	PA
Meara, Naomi, PhD	1991	IN
Melnyk, William T., PhD	2002	ON
Mitchell, Robert E., PhD	1994	NE
Morgan, Charles H., Jr., PhD	1997	KY
Morris, Rick, C.Psych.	2010	ON
Musiker, Harold R., PhD	1990	RI
No fellows selected	2008	
Nielsen, Sverre L., Dr.	2013	NO
Nutt, Roberta L., PhD	1996	TX
O'Connor, Thomas S.	1993	CA
Olsen, Mary Ann, MS	2000	NC
Özerden, Halil, PhD	1996	MS
Pacht, Asher R., PhD	1995	WI
Packard, Ralph E., PhD	1990	UT
Pearlman, Samuel, PhD	1990	NY
Peterson, Christa R., PhD	1997	NV
Pettifor, Jean L., PhD	1999	AB
Pippin, Janet W., MBA	2011	GA
Porter, Robert L., EdD	1990	MA
Powell, Frank V., PhD	1991	CA
Prasse, David P., PhD	1993	WI
Price, Wayne R., PhD	1991	OH
Rallo, Joseph S, PhD	2013	MB
Reaves, Randolph P., JD	1990	AL
Rehm, Lynn P., PhD	2006	TX
Robiner, William N., PhD	2001	MN

Rodgers, David A., PhD	1991	OH
Rodolfa, Emil R., PhD	2011	CA
Rodriguez, Richard, PhD	2002	NM
Rogers, Lawrence S., PhD	1990	CO
Rosen, Gerald A., EdD	1993	PA
Ross, Michael J., PhD	1994	MO
Roy, Kenneth G., EdD	2001	NJ
Rule, Evelyn T., PhD	1990	TN
Schaefer, Arlene B., PhD	1996	OK
Schaffer, Jack B., PhD, ABPP, LP	2012	MN
Schauble, Paul G., PhD	1996	FL
Schenkenberg, Thomas, PhD	1997	UT
Scott, Anita, CMP	2011	GA
Scritchlow, Terry, PhD	1992	AZ
Seaman, Stephen F., PhD	1997	WI
Seeman, Stephen J., PhD	1990	NH
Shevlin, George	1992	PA
Siegel, Alex M., PhD, JD	2000	PA
Simon, Norma P., EdD	1994	NY
Smith, Philip, PhD, CPsych	2012	PE
Stambrook, Michael, PhD	2007	MB
Stigall, Tommy T., PhD	1990	LA
Storie, Martha N.	1996	NC
Tindall, Jeffrey H., PhD	1997	NJ
Van Horne, Barbara A., PhD	1998	WI
Vargas, Luis A., PhD	1999	NM
Vaughn, Karen Woods, MA	1995	MO
Vaughn, Thomas J., PhD	1992	OK
Vogt, Harold W., PhD	1990	KS
Von Bargen, Wayne J., PhD	1994	IN
Wand, Barbara I.M., PhD	1990	ON
Watson, George, PhD	2012	MT
Weaver, Quinton C.	1991	PA
Weaver, S. Joseph, PhD	1990	KS
Webb, Carol, PhD, ABPP	2014	GA

Weeks, Henry M., IV, PhD	2001	PA
Weinberg, Richard A., PhD	1990	MN
Wendt, Robert N., PhD	1992	OH
Wheeler, John I., PHD	1990	TX
Wiens, Arthur N., PhD	1990	OR
Willmuth, Mary, PhD, ABPP	2004	VT
Worthington, Richard, PhD	1990	CA
Yarrow, Catherine JS, PhD	2000	ON
Yardley, C. Randall, MA	2010	NC

Recipients of the Ming Fisher Award

established 2001

This award is named in honor of Ming Fisher, former Executive Director for the Ohio Board of Psychology. Ming was awarded the title of ASPPB Fellow in 1990 and received the Roger C. Smith award in 1998. Having worked for the Ohio Board for 30 years, Ming issued the license for almost every psychologist and school psychologist from 1973 until her retirement in June 2001. Ming was the first recipient of the Distinguished Administrative Service Award from the Ohio Psychological Association.

To mark Ming's retirement in 2001, the Nominations Committee created a new award in her name and subsequently named Ms. Fisher as the first recipient of the award. This award is given annually to a state psychology licensing board administrator or staff person who has given stellar service to their board and who has also contributed to ASPPB.

2014	Angelina Barnes, JD	MN
2013	*Award not given*	
2012	Cindy Olvey, PsyD	AZ
2011	Jamie T. Monic	LA
2010	Ronald R. Ross, PhD	OH
2009	Christina M. Stuckey	PA
2008	*Award not given*	
2007	Cheryl Brandt Pauline Walker-Singleton	MT MN
2006	Janet Welsh	AR
2005	Rilda van Feggelen	NS
2004	Pamela V. Groose	MO
2003	Thomas O'Connor	CA
2002	Martha Storie	NC
2001	Ming Fisher	OH

Recipients of the Norma P. Simon Award

established 2001 - preceded by the Morton Berger Award

This award is named in honor of Norma P. Simon, EdD, former member of the New York State Board of Psychology (1979-1989), President of ASPPB (1991-1992), former chair of the APA Ethics Committee and of the APA Board of Professional Affairs.

The award is given yearly to recognize an individual who has made significant contributions to ASPPB, and to the regulation of psychology at the national or international level. Current and past contributions are equally important.

2014	Mardi F. Allen, PhD	MS
2013	Jack B. Schaffer, PhD, ABPP, LP	NM
2012	Emil Rodolfa, PhD	CA
2011	Joan E. Grusec, PhD	ON
2010	*Award not given*	
2009	Catherine Yarrow, MBA, PhD	ON
2008	Barbara A. Van Horne, MBA, PhD	WI
2007	Kim R. Jonason, PhD	KY
2006	*Award not given*	
2005	*Award not given*	
2004	Mary E. Willmuth, PhD	VT
2003	Asher R. Pacht, PhD	WI
2002	Thomas J. Vaughn, PhD	OK
2001	Larry J. Bass, PhD	MO

ASPPB State and Provincial Service Award Recipients

established 1981 as the Roger C. Smith Award

The ASPPB State and Provincial Service Award is given yearly to an individual selected by the ASPPB Board of Directors who has made significant contributions to licensing / certification in that person's jurisdiction.

2014	Heather Paul, R.Psych	Newfoundland / Labrador
2013	*Award not* given	
2012	Christine Kuchler, PhD	North Dakota
2011	Andrea Kowaz, PhD	British Columbia
2010	*Award not* given	
2009	Ronald R. Ross, PhD	Ohio
2008	*Award not given*	
2007	James E. Savage, Jr., PhD	District of Columbia
2006	Joseph L. French, EdD	Pennsylvania
2005	Jacob O. Sines, PhD	Iowa
2004	James W. Quillin, PhD	Louisiana
2003	Donald S. Meck, PhD, JD	Georgia
2002	Terry Scritchlow, PhD	Arizona
2001	*Award not given*	
2000	Jane Crowley, PsyD	Delaware
1999	Peter F. Merenda, PhD	Rhode Island
1998	Ming Fisher	Ohio
	Jean L. Pettifor, PhD	Alberta
1997	Norman L. James, PhD	Minnesota
1996	Thomas O'Connor	California
1995	Patricia M. Bricklin, PhD	Pennsylvania
1994	Gerald Gordon, PhD	Nova Scotia
1993	David A. Rogers, PhD	Ohio
1992	Frank V. Powell, PhD	California
1991	Harold R. Musiker, PhD	Rhode Island
1990	Ralph H. Kolstoe, PhD	North Dakota
1989	Barbara I.M. Wand, PhD	Ontario
1988	Wiley S. Bolden, EdD	Georgia
1987	Robert P. Anderson, PhD	Texas
1986	Mathilda Canter, PhD	Arizona
	Judy E. Hall, PhD	New York
1985	Paul T. King, PhD	Missouri
1984	Samuel Pearlman, PhD	New York

1983	J. Marshall Brown, PhD	Pennsylvania
1982	John I. Wheeler, PhD	Texas
1981	Jack S. Annon, PhD	Hawaii

ASPPB BOARD MEMBER
Nomination Form
(Maximum of 4 to be slated for each position, each year)

I. Nominee:

Name:

Address:

Address:

City: State / Providence: Zip:

office phone: home phone:

fax number: email address:

II. Board of Directors Position Nominated For: *(Please check the one that applies)*

☐ President-Elect *(one elected each year)*

☐ Secretary-Treasurer *(one elected every third year – 2009, 2012, 2015 . . .)*

☐ Member-at-Large *(one elected each year)*

III. Nominee's Licensure/Certification: (Licensure is not a requirement; however, if the nominee is licensed, please include the information requested.)

Jurisdiction (state or province)	Licensure date	License number

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IV. Eligibility: To be eligible for election as a Director of the Association, the Director must, when elected, be either:

☐ A current professional or public member, staff or counsel of a member jurisdiction; or

☐ An Individual Member of the Association who is a current or former professional or public member, staff or counsel of a member jurisdiction;

AND

☐ Must have no history of disciplinary action that has been reported to any professional disciplinary data bank.

The Nominations Committee considers prior involvement with and interest in ASPPB by the nominee to be a critical factor. Please indicate your nominee's experience with ASPPB by taking the following into consideration:

(a) Attendance at the following ASPPB Annual and/or Midyear

Meeting(s):_____

_____

_____

(b) Service as a delegate from a member jurisdiction at the following ASPPB Annual Meeting(s):

_____

_____

(c) service on the following ASPPB committee(s) or task force(s) *(Please include dates of service)*:

_____

_____

_____

(d) has received the following award recognition from ASPPB *(please check any that apply)*:

- ☐ ASPPB Fellow: Awarded in _____
- ☐ State & Provincial Service Award (formerly Roger C. Smith Award): Awarded in _____
- ☐ Norma P. Simon Award (formerly the Morton Berger Award): Awarded in _____
- ☐ Ming Fisher Award: Awarded in _____

V. Experience: Number of years of regulatory or other relevant (professional psychological) experience:

_____

_____

VI. Nominations for positions on the Board of Directors will be accepted:

1. In advance of the published deadline for nominations, **from ASPPB member jurisdictions**. Letters from individuals in support of a member jurisdiction's nomination will be accepted as supplemental information; and

2. At the annual meeting from the floor, **by an official delegate on behalf of their member jurisdiction**. The credentials of individuals nominated from the floor will be checked to make sure they meet the eligibility requirements prior to the electoral voting.

Nominator: This nomination is made by:

Please specify jurisdiction: _____

Nomination contact person: _____

Daytime telephone number: _____

Email address: _____

VII. Letter of Nomination: Please attach a cover letter of nomination from the nominating board/college noted in section VI. above. Letters of support from others are also welcome.

VIII. Curriculum Vita/Résumé: Please attach the nominee's most recent curriculum vita/résumé.

IX. Deadline: The following items must be received in the ASPPB Central Office to the attention of Emelyn East, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):

- ☐ a cover letter from the Nominator;
- ☐ any additional letters of support;
- ☐ this fully completed Officer Nomination Form; and
- ☐ the nominee's most recent curriculum vitae/résumé.

Deadline Date: **Friday, May 1, 2015**

ASPPB FELLOW
Nomination Form

(Maximum of 3 to be selected each year)

Given by:	ASPPB Board of Directors from nominations made by member jurisdictions, individual members, the Board of Directors, or the Nominations Committee
Presented to:	A maximum of three individuals per year
Given in Recognition of:	Outstanding service to ASPPB and to the field of professional psychology regulation and licensing/certification.
Travel Expenses:	Funds are provided to cover the cost of the recipients' travel expenses.
History:	This is an honorific category, with the first class of Fellows being named in 1990.

I. Nominee:

Name: _____

Address: _____

Address: _____

City: _____ State / Providence: _____ Zip: _____

office phone: _____ home phone: _____

fax number: _____ email address: _____

II. Nominee's Licensure/Certification: (Licensure is not a requirement; however, if the nominee is licensed, please include the information requested.)

jurisdiction (state or province)	licensure date	license number

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III. Eligibility: ***To be eligible for Fellow status an individual must have rendered outstanding service to both ASPPB <u>and</u> the field of professional psychology regulation and licensing/certification.***

The most difficult judgment that must be made regarding a nominee for Fellow status is to determine whether or not there has been **outstanding service to ASPPB <u>AND</u> to the field of professional psychology regulation and licensing/certification**. This should go beyond faithful and long term service in their jurisdiction. Examples of outstanding contributions might be leadership in furthering ASPPB initiatives, the development of regulatory practices or procedures which are innovative, and bringing a regulatory perspective to service on national or international task forces or committees, etc.

1. (a) Please describe the nominee's **<u>outstanding service to the Association of State and Provincial Psychology Boards (ASPPB)</u>.** Be as specific as possible, documenting the importance of the nominee's work. What criteria do you have in mind as you make your judgment? Please attach additional pages for answer 1. (a) if needed.

   _____

_____

_____

(b) Please describe the nominee's **outstanding service to the field of professional psychology regulation and licensing/certification**. This should go beyond simply faithful and long-term service in their jurisdiction. Be as specific as possible, documenting the importance of the nominee's work. What criteria do you have in mind as you make your judgment? Please attach additional pages for answer 1. (b) if needed.

_____

_____

_____

AND

2. The nominee must be or have been *(please check the one / ones that apply)*:

☐ a current or former member of an ASPPB constituent board.

Board:_____Dates:_____

☐ an individual member of ASPPB. Year nominee joined as an individual member: _____

☐ an associate member of ASPPB. Year nominee joined as an associate member: _____

☐ a member of at least one ASPPB committee or task force.

Committee/TaskForce:_____ Dates:_____

Committee/TaskForce:_____ Dates:_____

Committee/TaskForce:_____ Dates:_____

AND

☐ the nominee must never have had a disciplinary action that has been reported to the ASPPB Disciplinary Data Bank.

AND

☐ the nominee may not be a current member of the ASPPB Board of Directors.

IV. Experience: Number of years of regulatory or other relevant (professional psychological) experience:

_____

_____

V. Nominator: This nomination is made by *(please check the one that applies)*:

☐ an ASPPB member board. Please specify board: _____

OR

☐ a current ASPPB Individual Member: _____

Nomination contact person: _____

Daytime telephone number: _____

Email address: _____

VI. Letter of Nomination: Please attach a letter of nomination from the Nominator noted in section V. above. Letters of support from others are also welcome.

VII. Curriculum Vitae/Résumé: Please attach the nominee's most recent curriculum vitae/résumé.

VIII. Deadline: The following items must be received in the ASPPB Central Office to the attention of Emelyn East, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):

- ☐ a cover letter from the Nominator;
- ☐ any additional letters of support;
- ☐ this fully completed Fellow Nomination Form; and
- ☐ the nominee's most recent curriculum vita/résumé.

Deadline Date: **Friday, May 1, 2015**

ASPPB MING FISHER AWARD

Nomination Form

Given by: ASPPB Board of Directors from nominations made by member jurisdictions, individual members, the Board of Directors, or the Nominations Committee.

Presented to: A member jurisdiction's administrator, registrar or staff person.

Given in Recognition of: Contributions to psychologists and psychology, demonstrated by dedication to licensing and regulation, an administrative approach that has been consistently fair and respectful, and stellar service to a board or college and to ASPPB.

Travel Expenses: Funds are provided to cover the cost of the recipient's travel expenses.

History: This award is named in honor of Ming Fisher, former Executive Director for the Ohio Board of Psychology. Ms. Fisher was awarded the title of ASPPB Fellow in 1990 and received the Roger C. Smith Award in 1998. Having worked for the Ohio Board for 30 years, Ms. Fisher issued the license for almost every psychologist and school psychologist from 1973 until her retirement in June 2001. Ms. Fisher was also the first recipient of the Distinguished Administrative Award from the Ohio Psychological Association. To mark Ms. Fisher's retirement in 2001, the ASPPB Nominations Committee created this new award in her name, and she was named as the first recipient of the award.

I. Nominee:

Name: _____

Address: _____

Address: _____

City: _____ State / Providence: _____ Zip: _____

office phone: _____ home phone: _____

fax number: _____ email address: _____

II. Nominee's Licensure/Certification: (Licensure is not a requirement; however, if the nominee is licensed, please include the information requested.)

jurisdiction (state or province)	licensure date	license number

---

III. Eligibility: *To be eligible for the Ming Fisher Award an individual must be a state licensing board administrator or staff person who has contributed to psychologists and psychology by their dedication to licensing and regulation, and an administrative approach that has been consistently fair, respectful and by giving stellar service to their board, while also contributing to ASPPB as well.*

The most difficult judgment that must be made regarding a nominee for the Ming Fisher Award is to determine whether or not there has been **STELLAR service to his/her board AND to ASPPB, while contributing to the overall profession of psychology regulation and licensing**. This should go beyond just faithful and long term service with their board.

1. (a) The nominee must **be or have been a staff member or board administrator for an ASPPB member board**. Please list the nominee's job title with the board, dates of service, and a brief description of their responsibilities. Please attach additional pages for answer 1. (a) if needed:

   Board: _____

   Dates: _____

   Job Title: _____

   Description of Responsibilities: _____

   _____

1. (b) Please describe the nominee's **stellar service to his/her board.** Be as specific as possible, documenting the importance of the nominee's work. What criteria do you have in mind as you make your judgment? Please attach additional pages for answer 1. (b) if needed.

   _____

   _____

   _____

1. (c) Please describe the nominee's **outstanding service to the Association of State and Provincial Psychology Boards (ASPPB)**. Be as specific as possible, documenting the importance of the nominee's work. What criteria do you have in mind as you make your judgment? Please attach additional pages for answer 1. (c) if needed.

   _____

   _____

   _____

AND

☐ the nominee must never have had a disciplinary action that has been reported to the ASPPB Disciplinary Data Bank.

AND

☐ the nominee may not be a current member of the ASPPB Board of Directors.

IV. Experience: Number of years of regulatory or other relevant (professional psychological) experience:

_____

_____

V. Nominator: This nomination is made by *(please check the one that applies)*:

☐ an ASPPB member board. Please specify board: _____

OR

☐ a current ASPPB Individual Member: _____

Nomination contact person: _____

Daytime telephone number: _____

Email address: _____

VI. Letter of Nomination: Please attach a letter of nomination from the Nominator noted in section V. above. Letters of support from others are also welcome.

VII. Curriculum Vitae/Résumé: Please attach the nominee's most recent curriculum vitae/résumé.

VIII. Deadline: The following items must be received in the ASPPB Central Office to the attention of Emelyn East, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):

- ☐ a cover letter from the Nominator;
- ☐ any additional letters of support;
- ☐ this fully completed Award Nomination Form; and
- ☐ the nominee's most recent curriculum vitae/résumé.

Deadline Date: **Friday, May 1, 2015**

ASPPB NORMA P. SIMON AWARD
Nomination Form

Given by: ASPPB Board of Directors from nominations made by member jurisdictions, individual members, the Board of Directors, or the Nominations Committee

Presented to: An individual.

Given in Recognition of: Significant contributions to ASPPB and to the regulation of psychology at the national or international level. Current and past contributions are equally important.

Travel Expenses: Funds are provided to cover the cost of the recipient's travel expenses.

History: This award was originally named for the late Morton Berger of New York, who was the President of ASPPB (then AASPB) in 1975-76. Dr. Berger's efforts had so much impact on credentialing at the national level that this award was created following his untimely death in 1988.

The award was renamed in 2001 in honor of Norma P. Simon, Ed.D., former member of the New York State Board of Psychology (1979-1989), President of ASPPB (1991-1992), and former chair of the APA Ethics Committee and of the APA Board of Professional Affairs.

I. **Nominee**:

Name:

Address:

Address:

City: State / Providence: Zip:

office phone: home phone:

fax number: email address:

II. **Nominee's Licensure/Certification:** (Licensure is not a requirement; however, if the nominee is licensed, please include the information requested.)

jurisdiction (state or province)	licensure date	license number

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III. **Eligibility:** To be eligible for the ASPPB Norma P. Simon Award an individual must have made significant contributions to ASPPB, and to the regulation of psychology, at the national or international level.

(a) Please describe the nominee's significant contributions to the Association of State and Provincial Psychology Boards (ASPPB). Be as specific as possible, documenting the importance of the nominee's work. What criteria do you have in mind as you make your judgment? Please attach additional pages for answer 1. (a) if needed.

_____

_____

_____

(b) Please describe the nominee's significant contributions to the regulation of psychology, at the national or international level. Current and past contributions are equally important. Be as specific as possible, documenting the importance of the nominee's work. What criteria do you have in mind as you make your judgment? Please attach additional pages for answer 1.(b) if needed.

_____

_____

_____

AND

☐ the nominee must never have had a disciplinary action that has been reported to the ASPPB Disciplinary Data Bank.

AND

☐ the nominee may not be a current member of the ASPPB Board of Directors.

IV. **Experience:** Number of years of regulatory or other relevant (professional psychological) experience:

_____

_____

_____

V. **Nominator:** This nomination is made by (please check the one that applies):

☐ an ASPPB member board. Please specify board:

OR

☐ a current ASPPB Individual Member:

Nomination contact person: _____

Daytime telephone number: _____

Email address: _____

VI. **Letter of Nomination:** Please attach a letter of nomination from the Nominator noted in section V. above. Letters of support from others are also welcome.

VII. **Curriculum Vitae/Résumé:** Please attach the nominee's most recent curriculum vitae/résumé.

VIII. Deadline: The following items must be received in the ASPPB Central Office to the attention of Emelyn East, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):

- ☐ a cover letter from the Nominator;
- ☐ any additional letters of support;
- ☐ this fully completed Award Nomination Form; and
- ☐ the nominee's most recent curriculum vitae/résumé.

Deadline Date: **Friday, May 1, 2015**

ASPPB STATE AND PROVINCIAL SERVICE AWARD

Nomination Form

(Formerly known as the Roger C. Smith Award)

Given by: ASPPB Board of Directors from nominations made by member jurisdictions, individual members, the Board of Directors, or the Nominations Committee

Presented to: An individual

Given in Recognition of: Special contributions to promote the licensing and/or certification of psychologists in a jurisdiction of the U.S. or Canada; current and past contributions are equally important.

Travel Expenses: Funds are provided to cover the cost of the recipient's travel expenses.

History: The award was originally named for the late Roger C. Smith of Oklahoma who was the President of ASPPB (then AASPB) in 1974-75 as well as a tireless committee member. He additionally served as a member and Chair of the Oklahoma Board, President of the Oklahoma Psychological Association and was active on several APA committees. Following Dr. Smith's untimely death in 1980, this award was established in his name and then in 2004 was changed in name to the ASPPB State and Provincial Service Award.

I. Nominee:

Name: _____

Address: _____

Address: _____

City: _____ State / Providence: _____ Zip: _____

office phone: _____ home phone: _____

fax number: _____ email address: _____

II. Nominee's Licensure/Certification: (Licensure is not a requirement; however, if the nominee is licensed, please include the information requested.)

jurisdiction (state or province)	licensure date	license number

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III. Eligibility: ***To be eligible for the ASPPB State and Provincial Service award an individual must have rendered special contributions to promote the licensing and/or certification of psychologists in her/his jurisdiction of the U.S. or Canada.***

1. Please describe the nominee's **special contributions to promote the licensing and/or certification of psychologists in their jurisdiction.** Current and past contributions are equally important. Be as specific as possible, documenting the importance of the nominee's work. What criteria do you have in mind as you make your judgment? Please attach additional pages for answer 1. if needed.

_____

_____

_____

☐ the nominee must never have had a disciplinary action that has been reported to the ASPPB Disciplinary Data Bank.

AND

☐ the nominee may not be a current member of the ASPPB Board of Directors.

IV. Experience: Number of years of regulatory or other relevant (professional psychological) experience:

_____

_____

V. Nominator: This nomination is made by *(please check the one that applies)*:

☐ an ASPPB member board. Please specify board: _____

OR

☐ a current ASPPB Individual Member: _____

Nomination contact person: _____

Daytime telephone number: _____

Email address: _____

VI. Letter of Nomination: Please attach a letter of nomination from the Nominator noted in section V. above. Letters of support from others are also welcome.

VII. Curriculum Vitae/Résumé: Please attach the nominee's most recent curriculum vitae/résumé.

VIII. Deadline: The following items must be received in the ASPPB Central Office to the attention of Emelyn East, by email (eeast@asppb.org), fax (678-216-1176), or mail (P.O. Box 3079, Peachtree City, GA 30269):

☐ a cover letter from the Nominator;

☐ any additional letters of support;

☐ this fully completed Officer Nomination Form; and

☐ the nominee's most recent curriculum vitae/résumé.

Deadline Date: Friday, May 1, 2015