

State Psychological Associations and the APAPO: Natural Allies

As I attended the Ohio Psychological Association Annual Convention last week, I was reminded of the natural alliance between state psychological associations (SPTAs) and the APA Practice Organization. I started my advocacy work through a state psychological association—the fabulous Ohio Psychological Association. OPA linked me into APA and APAPO through public education. As I went on to chair OPA committees and task forces and eventually to become OPA President, I learned invaluable leadership skills including advocacy, financial association management skills, how to motivate and lead a team toward a goal, and how to run a successful meeting. These experiences led me eventually to the APAPO and CAPP, where I continue to learn and grow.

SPTAs and the APAPO are natural allies. They are both c-6 organizations that advocate for psychologists—including reimbursement issues, regulatory, and legislative advocacy on behalf of psychologists. At our convention this year, our Director of Professional Affairs, Dr. Jim Broyles shared important information about the use of 90837 and noted the important consultation and advice from APAPO staff. Past years, we have had APAPO leaders serve as keynote speakers, such as Dr. Katherine Nordal.

I'd like to give just one example of how an SPTA and the APAPO worked together in Ohio at this year's convention. When EPPP-2 was first discussed in our CAPP meetings, I brought back this information to Ohio to be met with many blank stares. The issue just wasn't on Ohio psychologists' radar, and students in particular seemed surprised and worried when it was discussed. Together with my Ohio colleagues Ken Drude, Milo Wilson, and Ashley Debeljak, we set out to help inform Ohio psychologists on EPPP-2 and then give feedback to CAPP, the APAPO, ASPPB, and other national players. The summary below details our recommendations and discussion. This is just one example of how SPTAs and the APAPO worked together, but it happens on multiple issues such as legal/regulatory issues like unfair audits, advocacy issues like omnibus boards, and reimbursement issues like H & B codes. If you are not already a member of your SPTA, I urge you to become one as an APAPO CAPP leader. And if you are not a member of the APAPO, I urge you to become one as a member of an SPTA:

<http://www.apapracticecentral.org/>

Summary Statement: EPPP-2 Panel at Ohio Psychological Association Convention.

On April 28, 2017, a program was presented at the Ohio Psychological Association Convention titled, “Competency Based Assessment: EPPP-2 Panel Discussion.” The panel included Kenneth Drude, Ph.D. (experience with Ohio Board of Psychology and ASPPB), Kathleen Ashton, Ph.D., ABPP (APAPO CAPP, mid-career), Milo Wilson, Ph.D. (Chair, OPA Early Career Committee), and Ashley Debeljak, M.A. (Chair, OPAGS). Interested stakeholders, including undergraduate and graduate students, psychology interns, training directors, and early career psychologists attended and provided feedback.

The objectives of the session were as follows:

1. Identify benefits of competency based assessment for healthcare professions including psychology
2. Describe ASPPB proposed EPPP2 exam as a vehicle for competency based assessment for professional psychology
3. Discuss barriers for ECP and graduate students to licensure
4. Identify possible solutions to benefit ECPs and graduate students toward licensure in a competency based model.

The following were consensus items discussed at the session:

1. Support for the idea of competency based assessment as being congruent with professional psychology training and consistent with other healthcare professions
2. Concern about lack of communication/dissemination of information about EPPP2 to stakeholders including students and training programs
3. The EPPP2 exam content ought to be valid and reliable measures of competencies necessary for independent psychology practice; recommend particular attention to cultural competency and validation for students from minority groups.
4. Given 2019 timeline, concern about adequate time to prepare students already in training pipeline to be successful on test (i.e., no test information currently, no test preparation materials).
5. Concern about mobility issues should one state adopt EPPP2 and others do not.
6. Strong concern about added cost factor of an additional exam, both in light of increasing student debt and possible lost wages with delay to licensure
7. Recommend increased communication regarding EPPP2 to relevant stakeholders through state psychological associations, APAPO, and organizations representing training programs (i.e., APPIC, CoA, etc.)
8. Recommend that ASPPB change its position that the EPPP can only be taken after completing all licensure requirements have been met to allowing it to be taken after coursework is completed (i.e., prior to internship/similar timing to comprehensive exams).

9. Recommend that state licensure laws also change to allow required supervised experience hours be done prior to completing an internship.

Notably, the last two items would mean ASPPB would need to make changes in policy regarding when the EPPP can be taken and changing its current model licensing law regarding only postdoctoral clinical experience is credited for licensure and adopting the current APA model licensure law language.

A copy of the above summary will be sent to the following: ASPPB, Ohio State Board of Psychology, Ohio Psychological Association, Ohio Psychological Association Graduate Students, APAPO Committee for the Advancement of Professional Practice, and additional relevant parties.

Sincerely,

Kathleen Ashton, Ph.D., ABPP

Kenneth Drude, Ph.D.

Milo Wilson, Ph.D.

Ashely Debeljak, M.A.