

# **MINNESOTA BOARD OF PSYCHOLOGY**

## **Minutes of the 405<sup>th</sup> Meeting**

**December 19, 2008**

**Members Present:** C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, M. Seibold, T. Thompson, S. Ward and J. Wolf

**Members Absent:** None.

**Others Present:** N. Hart, Assistant Attorney General, A. Barnes, Assistant Attorney General, P. Stark, PhD, LP, MPA's Director of Professional Affairs, T. Erfourth, Health Professionals Services Program, G. Green, Manager, Office of Mental Health Practice

### **EXECUTIVE SESSION**

On the recommendation of the Complaint Resolution Committees, the Minnesota Board of Psychology adopted the following actions:

1. A Stipulation and Consent Order that places the license of Kimberly Chupurdia, Ph.D (Applicant) in a Conditional status.
2. A Stipulation and Consent Order that places the license of S. Margretta Dwyer, M.A., LP in a Restricted and Conditional status.
3. A Stipulation and Consent Order that places the license of Dorrance Larson, Ed.D., LP in a Conditional status.
4. A Stipulation and Consent Order that Reprimands Mary Sullivan, Ph.D., LP.
5. An Order of Unconditional License in the matter of Sharon Ward, M.A., LP.

### **PUBLIC SESSION**

Board Chair, T. Thompson called the public session of the meeting to order at 9:31 AM, in the Psychology Board Conference Room, at 2829 University Avenue Southeast, Minneapolis, Minnesota, and a quorum was declared present.

1. **Minutes**
  - a. **Board Meeting of November 14, 2008.**

S. Hayes moved, seconded by S. Ward that the minutes of the Board meeting of November 14, 2008 be approved as submitted. Voting "aye": C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, M. Seibold, S. Ward and J. Wolf. Voting "nay": none. There being ten "ayes" and no "nays", motion carried unanimously.

**2. Administrative Matters.**

**a. Presentation on the Health Professionals Services Program (HPSP).** Each year, a designee of HPSP presents to the Board, an overview of the program and statistical information. Case Manager T. Erfourth attended the Board meeting and provided information and responded to the Board members' questions.

**b. Possible Future Continuing Education (CE) Event.** Former Board Member Jack B. Schaffer, PhD, LP requested that the Board consider sponsoring in the future, a CE activity on the topic of Ethics. Dr. Schaffer has presented a seminar with Steven Behnke, PhD from the American Psychological Association. He believes that the seminar would be beneficial to licensees and worthwhile as an activity offered by the Board. Dr. Schaffer suggested a panel discussion involving representatives of the state psychological association, national association and the state Board, focusing on handling complaints, which could point out similarities and any differences in the investigation and resolution of the same types of complaints. The Board considered the proposal. However, the timing of the activity is an issue because the Board is currently planning a different CE activity for March 20, 2009 and the Board generally sponsors one CE activity during the odd numbered years. As a result, the Board would be "scheduled" to sponsor its next CE activity in 2011. After additional discussion, the Board decided by consensus to table this idea and revisit it during the planning period for the 2011 CE activity, if any.

**c. Report from 2008 Annual Meeting of the Association of State and Provincial Psychology Boards (ASPPB).** The Board's delegates to the meeting gave the following reports:

**By Ted Thompson**

The theme of this year's ASPPB conference was: Ongoing Regulatory Challenges in a Diverse and Changing World. This report focuses on the agenda for Friday, October 31, 2008. The focus for the morning session involved two topics: Supervision Competence: Implications for Regulation and Supervisor Competence in Disciplinary Cases.

The first presentation was by Dr. Rodney Goodyear, a Licensed Psychologist from California. He serves on the editorial boards of the Journal of Counseling Psychology, Professional Psychology: Research and Practice, the Clinical Supervisor, and Psychotherapy Research. Dr. Goodyear made the point that competence is an idea which has received a lot of attention in the past few years. He stated that there is a need to make education more closely tied to outcomes. Statistics show, that for each person graduating with a doctorate, the applicant may have 7 or 8 different supervisors. As the proposed rules and regulations are revised, regarding how many hours of supervision are required for licensure, the demand for supervisors is likely to increase.

Dr. Goodyear outlined several competencies which are associated with the practice of Professional Psychology.

- Assessment /Diagnosis /conceptualization
- Intervention
- Consultation
- Research /Evaluation
- Management/Administration
- Supervision/Teaching

Then, from his research he defined supervision as "... an intervention provided by a more senior member of a profession to a more junior member or members of that same profession". He defined the relationship as being evaluative and hierarchical, extending over time, with 3 primary functions:

- Monitoring client services
- Gate keeping
- Facilitating supervisee development

Dr. Goodyear went on to say that he sees a direct link between supervisor professional competence, supervisee professional competence and client outcomes. In regard to the first function of monitoring client services, Dr. Goodyear referred to several experiences which affect the quality of supervision. Kitchener (2008) reported survey results concerning supervisors who were generally irresponsible. Examples:

- Falling asleep during appointments
- Consistently failing to show up for supervision
- Doing errands during supervision
- Ignoring requests for supervision

There are also reports of supervisees feeling as though they were supervising more than being instructed or feeling that supervision was a complete waste of time or that the supervisor did not know what to do in supervision or that the supervisor was frequently distracted during supervision sessions.

Dr. Goodyear cited a study by Ellis, et al. (2008): 59 % of supervisees reported having inadequate supervision. He added that supervision requires action and in some public way verification of what is achieved by that action. Appropriate and effective action requires judgment, critical thinking, and decision making. (Rodolfa, et al. 2005).

In regard to the second function, gate keeping: Dr. Goodyear referred to research that shows that it is rare for supervisors to fail students or identify weaknesses. Supervisors may fear legal repercussions or perhaps feel some discomfort with the gate keeping role or perhaps feel handicapped by the lack of reliable/valid assessment tools. In regard to evaluations, a sample of students reported:

- Supervisor gives little feedback
- Supervisor never listened to my audiotapes
- Supervisee was surprised at semester end to hear dissatisfaction since she had never been evaluated.

In discussion of the third function, supervisee development: Dr. Goodyear pointed out that some supervisory practices can actually be harmful. Inaction on the part of the

supervisor, incidents of cruelty or violations of safety can inhibit growth and development.

Dr. Goodyear proposed that competency training reasonably requires an organized sequence of training which is more involved than continuing education credits. He proposed a need to evaluate knowledge/skills acquisition rather than simply satisfaction on the part of the listener. He proposed a more regulated framework of periodic assessment for supervisors. This framework would include the development of a personal improvement plan and steps for the implementation of the improvement plan. He would also like to see a periodic demonstration of competence.

In closing, Dr. Goodyear made the point that some individuals are unaware of their incompetence. While their assessment of their skill may be satisfactory to them, their skill level may not correlate with any objective measurement of performance.

The second presentation on Friday morning was given by Dr. Emil Rodolfa, who is the Director of the University of California-Davis Counseling and Psychological Services. Dr. Rodolfa focused on supervisor competence in discipline cases. In this situation, a licensee may have violated some statute or rule of conduct as outlined in a complaint. The board investigates and finds that the psychologist's actions were in violation of rule/statute and requires the licensee's practice to be supervised/monitored as part of the remedy. Rodolfa offered a definition of competency in this situation as... having a prerequisite knowledge and the ability to apply the knowledge to a given task (Stratford, 1994). To be competent, an individual must understand the issue (knowledge of theory), demonstrate skill in its application and assess the outcome. Most definitions include reference to knowledge-skills-values.

Rodolfa offered a format for the functions of supervision/monitoring:

1. Education:
  - Educate-develop and enhance knowledge, problem solving skills and way of thinking
  - Promote self knowledge and understanding
  - Support supervisee
2. Monitor:
  - Welfare: patient, supervisee, agency
3. Evaluate:
  - Supervisee
  - The process

Rodolfa mentioned several monitoring procedures:

- Randomly select patient files from those to whom the licensee has provided services since the last review session
- Review as many patient files as possible in the time allowed
- Complete the monitoring forms including the following information:
  1. Number of patients licensee saw during the period
  2. Number of patient files reviewed by you
  3. The dates the monitoring took place and the amount of time for each session

4. Whether or not your review found that the licensee is continuing to engage in activities that led to the discipline
5. Any corrective plan suggested by you and the progress of such plans

The office suggested that notes regarding the monitoring were important part of the process. They would include:

- Cases discussed
- Supervisee concerns
- Supervisor concerns/problems
- Interventions suggested
- Recommendations
- All this leads to evaluation

The notes serve to inform the supervisee, yourself, and the Board.

Dr. Rodolfa offered some key features for effective supervisor feedback:

- Systematic
- Timely
- Clearly understood
- Balanced between positive and negative comments
- Based on a credible source

The objective is to identify problematic behaviors. Among those, Dr. Rodolfa included:

- An inability to acquire and/or integrate professional standards
- An unwillingness to acquire Professional Standards
- An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning

By Susan Hayes

**October 30, 2008**

EPPP Report – Joan Grusec

- Looking for more practice questions
- Myths of EPPP listed on ASPPB Website

PES Report – Pages 70 – 123 – Robert Lipkins

- Primary source of income; lots of effort to keep it fresh and fair
- Page 120 – Number of candidates over time
- PSYIMS System – Online applications and services for EPPP
  - Jurisdictional Module
    - Approve applications
  - Candidate Module
    - Apply, register, track, receive score
  - Customer Service Module
- Completion of Roll-Out in November – in use by all jurisdiction by end of 2008 (after that the new paper application will require a \$50 application fee)

Interjurisdictional Practice Certificate (IPC) – Joe Rollo pages 125-137

- Original problem brought to ASPPB from APA; different and inconsistent rules for temporary practice
- ASPPB did review – ranged from honor system to total ban as did time periods
- ASPPB started new credential – IPC – to encourage consistency and better protection of public
  - Acceptable doctoral degree
  - No record of discipline
  - Agreed to register and abide by rules of state
  - State nature and duration of temporary practice
- Why adopt?
  - Consistency and complication better
  - Greater regulation in jurisdiction with little oversight
  - Provides recourse for sanction for those not licensed in state
  - May become credential for disaster services
- Soft launch 2007 / Refined and rolled out in August 2008
- IPC vs. CPQ – IPC is temporary while CPQ is licensing and registration
- IPC now part of CPQ (reduction in fee the other way)
- Three jurisdictions accepting and two considering
- Consider accepting/Check your own current regulations for temporary practice
- More consistency is good for consumers, board and psychologist
- Learn more under “License Mobility” tab

#### Practicum Experience Guidelines pages 141-150

- 2007 ASPPB Task Force on practicum training
- Guidelines are not an endorsement of the APA policy change
- Taskforce now has final document – in packet for review
- Even though comments were requested prior, they are still coming
- Guidelines received questions about all areas:
  - Organized sequential program
  - Breadth and depth of training
  - Hour requirement
  - Supervision
  - Supervisor Qualifications
  - Training sequence
  - Setting
- Lots of concern that APA and ASPPB are both working in isolation on this
- Perhaps this document needs an introductory piece as many of the comments come from a lack of understanding of the document.
- ASS provided resource for Board to change and programs to react to.

#### Legal Issues Update – Matthew Bean – pages 151-205

- Aside comment regarding IPC – some licensees will always look for loop holes to circumvent laws. Acceptance of IPC would curtail this.
- Some jurisdictions acknowledge and support on appeal a board’s determination that a particular distance learning center may not meet licensure requirements.

- Complicated case that upheld a board's recommendations with accurate and well kept records.
- Only certain board decisions concerning licensees trigger due process rights and can in some instances not require a hearing.
- Emphasizes the importance of a board's awareness of the applicable standard of review in disciplinary cases.
- The suspension of the subject's license by one board (psychology) was sued as the basis for suspending his license to practice nursing.
- Assessing competency post licensure – how tests can be used.
- Without sufficient evidence, a board's final order is vulnerable to a challenge based on an arbitrary nature of a board's decision.
- Application and testing itself can reveal an applicant's mental health status and the need for a board response.
- Difference between claims of negligence in the administrative context versus the civil liability context.
- Shows the need for defined scope of practice in order to apprise boundaries in which they may operate without disciplinary measures
- Need to notify in writing that order is final and binding.
- A licensee's abuse of client confidentiality still holds even in juicy international secret situations. (Hanson spy case)
- Limits of board to resolve constitutional law questions.
- Medical condition does not mediate the need for discipline.
- Need for adequate notice.
- Federal courts can not order state officials to do something.
- Common sense prevails.
- Importance of sufficiency of evidence
- Previous exemplary behavior and remorse does not mitigate egregious behavior.
- One state's licensing board can take disciplinary action based solely on another board's decision. (Several cases on such reciprocal decisions)
- Limits on Board ability to secure medical records
- Cautionary tale of board that went outside of defined scope of practice (interior design)
- Differences in malpractice case and disciplinary case.
- Board's need to protect medical privacy
- Cautioning board to not apply excessive penalty as compared to previous cases.
- Protecting privacy of licensee versus investigation

Legislative Update – Janet Pippin pages 207-239

- Prescription authority – seven pending
- Mental health parity – excludes small employer groups and does not require health insurance coverage
- Telemedicine – CA defined it / CO allows with Medicaid / Limits and defines on line prescribing
- Crime in third degree to practice without a licensee pending in NJ
- VA bill pending to combat PTSS

Emerging Issue: Credentials Verification Program (CVP) – Steve DeMers/ Katrina Watts/ Joe Rollo

- Started as credentials banking effort / Then CPQ holders could use it / Next CB open to people who do not qualify for CPQ
- Problems – members jurisdictions rely on their own review, students don't see the need
- ASPPB is thinking about redeveloping the CVP to make it similar to the Federation of State Medical Boards Credential Verification Service to:
  - Assist application with licensure process
    - More useful to students and early career psychologists
    - Early and continuous submission of credentials
    - One time submission and safe storage
    - One contact for collection
    - Protects against program/supervisor attrition
  - Assist Boards with collection and verification of application materials.
    - Primary source verification
    - Varies by jurisdiction – tailored
    - Verified by credible trusted source
    - All in one package
    - Could store board materials if needed
    - Standard application form
    - Efficient use of Board resources
- ASPPB is uniquely positioned to do this and could catch students early after EPPP and would be free to Boards.
- ASPPB does not have all information Boards want. Checked with Federation of State Medical Board. They set up task force to get one form for all.
- Stops duplication of efforts. Board receives complete materials from ASPPB – doesn't have to run around and find – and then makes their determination.
- Are Boards interested? ASPPB wants your feedback.

Emerging Issues: Practice Analysis: A Study of the Profession of Psychology – Emil Rodolfa

- Describe and define competency clusters as per EPPP as model
- Exemplars will cross over all
- Comments are welcome
- 5000 psychologists will be interviewed – completed by April 2009

**Everyday Practical Board Issues – October 31**

The following issues were suggested and discussed:

1. Post doctoral hours
  - Ohio will soon be discontinuing – initiated by APA
  - Arizona also considering – initiated by APA
  - Both using ASPPB practicum language
  - Georgia is very involved with push for prescribing privilege / hard to ask for this and shorten hours of training
2. LPC scope of practice



- Some states have not passed LPC request to do psychological testing
- Already passed in Maryland with support of APA
- 3. Custody cases
  - Colorado won't consider custody case except from court
  - APA guidelines for receiving complaints is in revision
  - Suggestion from attorney that all cases be treated equally and demonstrably so
- 4. Cost of hearings
  - All experiencing / some states limiting time / some states indicating up front that if lost, cost will be charged to licensee

By Joseph Lee

*Cultural competence: US perspective by Dr. Melba Vasquez*

The Four Components of Cultural competence:

- Cultural sensitivity  
The awareness and appreciation of human cultural diversity
- Cultural knowledge  
The factual understanding of basic anthropological knowledge about cultural variation
- Cultural empathy  
The ability to connect emotionally with the patient's cultural perspective.
- Cultural guidance  
Involves assessing whether and how a patient's problems are related to cultural factors and experiences and suggesting therapeutic interventions that are based on cultural insight.

Why Competence is Important: It is because therapeutic alliance has been identified as one of the most important of the common factors in therapeutic effectiveness.

Therapeutic alliance is the quality of involvement between therapist and client or patient as reflect in their task teamwork and personal rapport, and the therapist's contribution to the alliance is an important element of that involvement.

Cultural Incompetence carries the threats to therapeutic alliance

Threats to therapeutic alliance

- Psychologists must be careful to understand and remember their power and take care to not abuse it.
- "Micro-aggression" is a term coined to convey power dynamics in interactions in cross culture encounters that convey attitude of dominance superiority and denigration; that a person with privilege is better than the person of color.
- Gender, age, sexual orientation, disability, religion/spiritual orientation, educational attainment and experiences and socioeconomic factors are example of order dimensions of identify that enhance or detract from one's identity and influence the way we relate to our clients.

Overcome the therapist bias: beyond cultural sensitivity, understanding of the client's cultural background, the therapist should better understand himself or herself.

- Psychologists are encouraged to recognize that as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interaction with individuals who are ethnically and racially different from themselves” (APA, 2003, P.382)
  - Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to knowledge of and understanding about ethnically and racially different individuals” (APA, 2003, P. 385)
- Developing therapeutic alliance in cross cultural counseling

Reduction of Bias: Cultural factors of assessment may include relevant generational history, citizenship or residency status, fluency in standard English or other language, extend of family support or disintegration of family, availability of community resources, level of education, change in social status as a result of coming to this country, work history and level of stress related to acculturation and or oppression (APA 2003)

Social justice advocacy: Every individual is responsible to combat racism not only in oneself, but in society at large. D Sue (2003)

*Multi-Cultural Competence: Canadian Perspective by Dr. Andrew Ryder*

He took an academic approach to this subject. He defined culture in the context of anthropology. He explained the differences between Eastern Cultures and Western Cultures. He defined the term of competency. Then he defined cultural competency.

He stated: A considerable amount of literature on cultural diversity issues in clinical psychology has been generated over the past decades, much of it in the United States. American professional bodies in the health care field have arguably made considerably more progress than their Canadian counterparts in formally adopting guidelines for cultural competence. While much can be learned from these efforts, the wholesale importation of American models of cultural competence to a Canadian context would be problematic. Most importantly, Canada’s different history has not led to the development of large and influential ethno/racial blocs (i.e. Black, Hispanic, Asian, Native) but rather to a varied collection of aboriginal and migrant groups in an officially bilingual country. Without denying the social importance of ethno/racial categories, models of cultural competence in Canada have tended to emphasize the skills necessary to work with clients covering a wide range of backgrounds rather than skills tailored to specific groups.

He emphasized the skills level but made no mention of the cultural empathy as Dr. Vasquez did. He did not mention any bias the therapist might carry. He did not talk about the historical aspect of the aboriginal culture, as his American counterpart, Dr. Vasquez emphases.

Based on the nature of the presentations, Mr. Lee wondered whether there is less racial conflicts in Canada than U.S. or the difference in their cultural competence approach only signifies the different stage of cultural competence movement in psychology or that is only the different from the perspective of the speakers: Dr. Vasquez is a psychologist in

private practice of Latino ethnicity, while Dr. Andrew Ryder is an English speaking Caucasian assistant professor of Concordia University in Montreal.

*Cultural competence Reaction Panel*

Dr. Robert Sherrill is the chair of New Mexico Board of Psychologist Examiners. He informed us that eight hours of cultural competency training, specifically related to New Mexico history and culture are required within the first year of initial licensing. A cultural competence home study course can be found on [www.NMPA.com](http://www.NMPA.com)

Dr. Douglas McDonald is a professor of psychology at the University of North Dakota, Director of the UND Indians Into Psychology program and a member of Oglala Lakota Sioux tribe of southeastern South Dakota. He talked about the native American cultures: their hand shake—light handshake rather than a firm handshake; their way of delivering medical diagnosis—the round away way to deliver the serious diagnosis as a way to be for the professionals to express politeness and respect to the client. They treat narrative as wish: taboo in daily language.

Dr. James Savage is founder and CEO of the Institute for Life Enrichment, Inc. and the chair of the District of Columbia Board of Psychology. He talked about the mental needs of African American.

**By Jeffrey Brown**

Board Basics, 10/31/08

A manual was provided that reviewed general aspects of psychology board operation and regulation. The newly offered guidelines for crediting all practicum and internship hours accrued during the doctoral training toward hours for licensure was introduced. A discussion related to custody cases, the number of complaints that are received, and the manner in which various boards handle this was included in this overview as part of a broader conversation related to board complaint procedures. While most states handle custody complaints similarly to other complaints, Colorado only allows the court to make a complaint regarding custody. The presenters concluded that the 1994 APA custody guidelines be revised.

Distance Models and Accreditation of Doctoral Education, 11/2/08

**The APA:**

Residency: This notion has been driven in part in the past by:

- Federal funding rules that required residency. Current Federal residency requirements were conceived in part to accommodate and support online components of doctoral training schools.
- The requirement that student researchers be on the campus in order to meet research needs (related to the Bolder model).
- Emergence in 1979 of two year or equivalent residency in order to facilitate student access to the faculty and program, distribution of information and acculturation and socialization into the profession.

Currently, nearly all schools have some online component. The contemporary notion of residency is built around the need for some live interactions and student development/socialization. A one-year equivalent for residency must now be demonstrated in alternative models.

**States:**

The North Carolina Practice Act allows the Board in that state to set rules of residency.

- The rule in that state is for 30 semester hours as meeting the requirement
- Does not allow for off-site residency (i.e., rented rooms, etc.)

Alabama requires 3 years on a site.

- This was challenged in the courts; the right of the Board to refuse to allow applicants that didn't meet this standard was affirmed.

**Counterpoint:**

- There is no evidence that residency is a necessary component of doctoral education in psychology. There is no data on discipline related differences.
- Internships and Practicum experiences provide the necessary socialization, etc. benefits that are claimed to be the strength of a campus based program.

By Pauline Walker-Singleton

Wednesday, October 29, 2008

*Board Administrators/Registrars Committee Meeting*

Members Present:

MS - Hy Edwards	AB – Paul Jerry
MB – Alan Slusky	AZ – Ben Foster
MT – Cheryl Brandt	AR – Rebecca Wright
OH – Ron Ross, Chair	MD – Lorraine Smith
SK – Karen Messer-Engel	ID – Debra Sexton
ON – Catherine Yarrow	SD – Carol Tellinghuisen
IA – Sharon Dozier	WY – Debra Bridges
MN – P. Walker-Singleton	

ASPPB Staff Present:

Janet Pippin

- The morning session was a workshop: *Having Difficult Conversations More Effectively*. The presenter was Andrew Weiner, EdD, College of Education at U of KY. It was a worthwhile presentation of lots of useful insights and recommendations. The Powerpoint presentation was provided for the Board's review.
- During the afternoon, ASPPB President Alex Siegel and Executive Officer Steve DeMers welcomed the group and made a brief report:
  - The ASPPB Foundation was dissolved because they did not have the ability to raise enough funding and they were finding it difficult to find beneficiaries. The existing funds have been used to develop a request for proposal for a

vendor to conduct a study to identify model ways of assessing competence. The Professional Examination Service (PES) will work with ASPPB to identify a vendor.

○ JURISDICTIONAL UPDATES—

- OH – They are about to pass a law to eliminate the post-doctoral year as a requirement for licensure.
  - ON – Canada is working on mobility. Premiers of all provinces want mutual recognition by 2009, i.e., if you are licensed in one province, you can practice anywhere in Canada.
  - MS – They have a new law allowing nurse practitioners to do civil commitments. The Psychology Board did not know that this law was in the pipeline.
  - AR – They are working on security issues surrounding records. They are updating their website to make it more user-friendly. They are updating their forms.
- Janet Pippin reported that ASPPB has developed a new website, [asppb.net](http://asppb.net), as a members only site. The internet based site allows more interaction with member Boards. At least 1400+ people have looked at the online jurisdictional handbook of licensure requirements. ASPPB has been looking into becoming the jurisdictions' reporting agency of disciplinary actions to the Healthcare Integrity Practitioner Data Base (HIPDB).
- Robert Lipkins, PES, reported that they are conducting webinars instructing the jurisdictions about how their new Psychology Information Management System (PsyIMS) works. It will be used by EPPP applicants to register online with PES after they have been admitted to the test by the Board. He gave an overview of the online training sessions; MN's was held on November 4, 2008.
- PES will continue to offer paper applications to candidates until December 31, 2008. After that date, if the candidate wants to use a paper application, PES will charge them an additional \$50.
- There are only 90 seats at Prometric agencies in Canada; therefore, there is quite a shortage of available slots for EPPP candidates.
- Interestingly, during the Lipkins discussion, it was brought out that in Georgia, EPPP candidates who are veterans are automatically given an extra 5 points on the test. However, MN requires that the EPPP score be transferred directly from ASPPB for an applicant who took the EPPP in another jurisdiction and ASPPB would report the score as 495. (MN's cut score for the EPPP is 500.)

Friday, October 31, 2008

*Supervision Competence: Implications for Regulation*  
*Supervisor Competence in Disciplinary Cases*

- JURISDICTIONAL FOCUS GROUPS WITH BOARD OF DIRECTORS—Jack Schaffer, Moderator

- There was lots of discussion about ND and their post-doctoral residencies, which are reimbursed. There are lots of openings.

*Credentials Verification Program (CVP)*

- SMALL GROUP WORKSHOP—Janet Pippin, Joseph Rallo, Katrina Watts, Moderators
  - ASPPB is looking into a program where they would verify the credentials of licensees, possibly eliminating the need for individual Boards to do it. (Perhaps S. Hayes, a member of ASPPB's Mobility Committee, can explain the impetus for the idea.)
  - There are issues that make the idea problematic for MN. ASPPB was able to provide some solutions. However, if this service were offered by ASPPB, it would eliminate a significant amount of this Board's revenue, which would have to be replaced.

**d. Continuing Education (CE) Planning Committee Update.** S. Hayes updated the Board on the progress of the Committee. She reported that all speakers have been chosen. Save the Date cards are prepared and will be sent out as soon as the venue has been approved.

**e. Board Officer Elections.** The Board held its election of officers to take effect at the January 23, 2009 meeting. By acclamation, the Board decided that the current Board officers shall remain in office for calendar year 2009. Board officers are: T. Thompson, Chair; G. Jensen, Vice Chair; T. Nguyen-Kelly, Secretary.

**f. Office of Mental Health Practice (OMHP) Report to the Legislature.** The OMHP investigates complaints and takes actions against individuals who practice in the mental health field unlicensed, for example, as psychotherapists. The Office was formerly housed and funded by the Minnesota Department of Health. The 2005 legislature placed the Office under the administration of the "Mental Health Licensing Boards" (Boards of Social Work, Marriage and Family Therapy, Psychology, Nursing, Medical Practice and Behavioral Health and Therapy).

The new law designated one Board (Social Work Board volunteered) to provide administrative management. A committee was created and is made up of a member of each of the Mental Health Licensing Boards. J. Wolf was selected by the Board of Psychology to be its representative on the Committee and she has represented the Board since October 2005.

The OMHP sunsets in July 2009 according to the statute that created it. The Legislature mandated that a report be submitted (to the Legislature) in January 2009 with recommendations about the future of the Office and the individuals they regulate.

Gina Green, OMHP Program Manager attended the December meeting of the Board of Psychology and presented a draft of her report for comments and reactions. The report gives a history of the Office and makes four recommendations:

- **Allow the OMHP to sunset.** *The report states that the OMHP Committee reached a consensus that the OMHP be allowed to sunset and that no legislation would be needed to accomplish this recommendation. According to the report, the current definition of unlicensed mental health services would be no longer in Minnesota Law. There would be no requirement to investigate complaints against unlicensed individuals in the mental health field. The Committee has determined that individuals who practice unlicensed have duties that are actually mental health counseling, assessment, etc. The report advocates that Minnesota law be amended to prohibit unlicensed practice in the mental health field requiring that practitioners may only provide such services if they are licensed by one of the Mental Health Licensing Boards or if they are exempt from licensure by one of those Boards.*
- **Unless a provider is practicing in an exempt category as defined by the Minnesota Mental Health Licensing Boards, the engaging in unlicensed mental health practice shall be unlawful.** *This recommendation reiterates that Minnesota law be amended to prohibit unlicensed practice in the mental health field requiring that practitioners may only provide such services if they are licensed by one of the Mental Health Licensing Boards or if they are exempt from licensure by one of those Boards. However, OMHP is not suggesting changes to the Mental Health Licensing Boards' current exempt categories, recognizing that this is the Boards' purview to determine such allowances. The report urges that the legislation making unlicensed practice in the mental health field unlawful, always include a section that makes it clear that it does not apply to mental health practitioners in any exempt category defined by the mental health licensing Boards. The report leaves enforcement of this provision to the individual Boards; this enforcement issue will be discussed more fully with the Boards in the future. The OMHP Committee's recommendation anticipates that individuals can not practice in the mental health field unless they meet requirements for licensure (scope of practice) and/or registration (title protection) that have been predetermined by the licensing Boards.*
- **Local law enforcement agencies and/or an Attorney General Special Prosecutor's Office would enforce laws prohibiting the practice of engaging in unlicensed mental health by providers who are not licensed nor fall within an exempt category.** *This recommendation is intended to address the fact that if the OMHP sunsets, there would no longer be a statutory requirement to investigate each complaint about unlicensed mental health practice. Therefore, it suggests alternative directions for the prosecution of violations by government agencies.*
- **Make psychotherapist a protected title.** *The OMHP recommends that Minnesota Law create title protection for the term "psychotherapist" in order to make it clear that its practice is no longer lawful without licensure. Currently, Vermont, Massachusetts and Minnesota are the only states that*

*allow unlicensed mental health practice. The states that do not allow such practice, address psychotherapist licensure and regulation under the practice acts of various Boards. Practice standards and professional qualifications have to be determined in Minnesota for psychotherapists.*

Following clarifying questions and answers, S. Hayes moved, seconded by M. Fulton that the Board of Psychology adopt the OMHP recommendations and delegate the authority to J. Wolf to speak for the Board on this issue. Voting "aye": M. Fulton, S. Hayes, T. Nguyen-Kelly, S. Ward and J. Wolf. Voting "nay": C. Bonnell and J. Lee. Abstaining: J. Brown and G. Jensen. With five "ayes" and two "nays", motion carries.

**g. New Complaint Resolution Committee (CRC) Member.** The December 19, 2008 meeting is the last Board meeting with Myrla Seibold, PhD, LP. One of her many contributions to the Board is chair of the Complaint Resolution Committee II. In order to fill the vacant seat, Board Chair T. Thompson appointed T. Nguyen-Kelly to CRC II. Dr. Nguyen-Kelly will no longer serve on the Application Review Committee (ARC), leaving a three-member ARC. She will begin her term on the CRC effective January 2009, serving with new CRC II Chair M. Fulton and S. Ward.

**h. Task Force on the Mental Health Needs of Deaf & Hard of Hearing Children (D/HH).** This Task Force held its first meeting October 30, 2008. Its second meeting was on December 3, 2008. The Task Force organizers agreed to allow G. Schiff to participate on the Task Force with the Board's Executive Director. At the December 3, 2008 meeting, the first session focused on further discussion and reaction to the events of the first meeting. During the next session, participants broke into four work groups to discuss how the Task Force might implement each of the following assignments:

- 1) Raise community and professional awareness of specialized needs
- 2) Increase professional development and training opportunities
- 3) Increase access to specialized resources
- 4) Develop a centralized resource station to assist consumers and health care providers

When the group reconvened, the groups reported on the brainstorming of each group. There was some overlapping of ideas among the groups. This Board's representatives joined group #2. Some of the ideas we offered had to do with offering internships and post-doctoral employment opportunities and supervision to psychology doctoral students in the area of needs and treatment of D/HH clients and their families. We also discussed talking with the Minnesota Psychological Association and other mental health professionals' associations about sponsoring continuing education activities having to do with the mental health needs of deaf and hard of hearing children and their families. We discussed creating a website to serve as a clearinghouse of information for deaf and hard of hearing individuals and their family members.

**i. Minnesota Psychological Association's (MPA) Legislative Initiatives.** On December 16, 2008, Patricia Stark, PhD, LP, MPA's Director of Professional Affairs and the organization's new lobbyist, Bill Amberg, JD met with the Board's Executive Director.



Dr. Stark gave a preview of the organization's proposed legislative agenda, which has a significant number of changes to the Psychology Practice Act. Dr. Stark provided drafts of proposed legislation to the Board along with explanations of the following MPA legislative initiatives:

- **Amend MN. Statute section 62M.09, subdivision 3a.** *Adding language that allows doctoral level licensed psychologists to make a final determination not to certify treatment when a peer of treating mental health or substance abuse provider or a physician has reviewed requests for outpatient services in which a utilization review organization has concluded that a determination not to certify a mental health or substance abuse service for clinical reasons is appropriate.*
- **Amend section 62U.09, subd. 2.** *Adding language which makes an appointee from MPA included as a member of The Health Reform Review Council.*
- **Amend section 256B.0625, subd. 48.** *Allows medical assistance coverage for consultations provided by psychologists to primary care practitioners via phone, email, facsimile or other communications.*
- **Amends section 256B.763.** *Amends the law to apply a critical access mental health rate increase to psychologists.*
- **Amend section 148.89, subd. 5.** *Amends the definition of the "practice of psychology" in the Psychology Practice Act to state that the practice includes diagnosis and treatment of: (iv) the psychological and behavioral aspects of physical illness or condition, accident, injury, or disability, including the psychological and behavioral aspects of medications;*
- **Amend section 148.89, subd. 5.** *Amends the definition of the "practice of psychology" in the Psychology Practice Act to state that the practice of psychology includes, but is not limited to, the following services, regardless of whether the provider receives payment for the services: (7) Licensed psychologists may discuss specific prescription or nonprescription medications, by generic or trade name, and their effects, with a client, the client's physician or other prescribing health care providers, or in a report.*
- **Amend section 148.9105, subd. 1.** *Amends the Psychology Practice Act to remove from law the requirement of an application and a fee in order to initiate the review of an applicant for Emeritus Registration.*
- **Amend section 148.9105, subd. 3.** *Amends the Psychology Practice Act to require that emeritus registrants who wish to return to active licensure status must have applied for emeritus status within one year of their license expiration date and must meet the following requirements:*
  - 1) *complete an application form specified by the board;*
  - 2) *document compliance with the continuing education requirements specified in subdivision 6; and*
  - 3) *pay a reactivation fee that is equal to the prorated share of the renewal fee specified in Minnesota Rules, part 7200.6100.*
- **Amend section 148.9105, subd. 6.** *Amends the Psychology Practice Act to require: Emeritus registrants who request a change to active licensure status*

must obtain the continuing education hours that would have been required if the license had remained active.

- **Amend section 148.9105, subd. 7.** Amend the Psychology Practice Act to add back in an application fee for emeritus registration. Adds a requirement that: A licensee who is approved for an emeritus registration before the license expiration date is not entitled to receive a refund for any portion of the license or renewal fee. If an application for emeritus registration is received after the license expiration date, the licensee must pay a renewal late fee as specified in Minnesota Rules, part 7200.6100, in addition to the application fee.
- **Amend section 148.9105.** Adds a subdivision to the Emeritus Registration statute of the Psychology Practice Act stating that: An emeritus registrant may not apply for reactivation after five years following the granting of an emeritus registration. After five years following the granting of an emeritus registration, a registrant may apply for new licensure.
- **Create section 148.9106.** Creates a new section in the Psychology Practice Act allowing a license to be placed in inactive status for a “temporary leave from active status”. It includes subdivisions setting the fee, time limits for inactive status, prohibitions on practice, temporary permit, reactivation and continuing education requirements.

*(Proposed new language is underlined in the above summaries.)*

### 3. Waivers/Variances.

- a. Each of the following licensees requested approval of a six-month time-limited variance to complete requirements for continuing education (CE). Each licensee has submitted the required CE plan in compliance with MN Rule 7200.3400, subpart 2.

Abbett, Mary P., MA, LP	LP1716	11/30/08
Else, Kayla A., PhD, LP	LP1643	10/31/08
King, Mary T., MS, LP	LP4086	11/30/08
Kroska, Kathleen M., MA, LP	LP1963	12/31/08
Olson, Richard Paul, PhD, LP	LP1989	12/31/08
Parsons, Carolyn D., MA, LP	LP3198	11/30/08
Sanders, Kathryne E., MEq, LP	LP1847	11/30/08
Schubert, Daniel A., MS, LP	LP1849	11/30/08

S. Hayes moved, seconded by C. Bonnell that the variance requests be approved on the basis that the licensees met the burden to prove that adherence to the rule would impose an undue burden on the licensees, that granting the variances will not adversely affect the public welfare, and that the alternatives proposed met the rationale for the rule. Voting “aye”: C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, S. Ward and J. Wolf. Voting “nay”: none. There being nine “ayes” and no “nays”, motion carried unanimously.

- b. Dwight E. Fultz, PhD, LP (LP4277) was due to renew his license on February 28, 2007. On February 22, 2007, Dr. Fultz's renewal fee was paid by Minnesota State Colleges & Universities (MNSCU) to the Board by electronic transmission. The Board's purchase order log shows no receipt of a MNSCU's payment for Dr. Fultz. Because Dr. Fultz's renewal payment was not received in the Board's office by the due date, Dr. Fultz was notified that his payment was late and that he had incurred a late fee. Dr. Fultz is asking for a waiver of the late fee because MNSCU's electronic payment was rejected due to problems with the state transferring money to accounts. He had not been notified of the money transfer problem. Staff included documentation of payment activity. C. Bonnell moved, seconded by S. Ward that the late fee waiver be approved. Voting "aye": C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, S. Ward and J. Wolf. Voting "nay": none. There being nine "ayes" and no "nays", motion carried unanimously.

**4. Admit to EPPP.**

Application Review Committee moved that the following applicants be admitted to the national standardized examination on the basis that Applicants' degrees meet the educational requirements for licensure. Voting "aye": C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, S. Ward and J. Wolf. Voting "nay": none. There being nine "ayes" and no "nays", motion carried unanimously.

07C-261	09C-042	09C-021	09C-031
09C-032	09C-027	07C-077	09C-033
09C-037	07C-190	00B-055	03C-025
09C-029			

**5. Admit to PRE.**

Application Review Committee moved that the following applicants be admitted to the PRE on the basis that Applicants' degrees meet the educational requirements for licensure. Voting "aye": C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, S. Ward and J. Wolf. Voting "nay": none. There being nine "ayes" and no "nays", motion carried unanimously.

09C-036	09C-022	09C-019	09C-026
09C-039	07C-255	09C-279	09C-033
09C-037	00B-055	05C-111	

**6. Licensure as Licensed Psychologists.**

Application Review Committee moved that the Applicants listed below be granted licensure as Licensed Psychologists based upon doctoral degrees, having performed successfully on both parts of the examination and having fulfilled all of the requirements of MN. Stat. 148.907, Subd. 2. Voting "aye": C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, S. Ward and J. Wolf. Voting "nay": none. There being nine "ayes" and no "nays", motion carried unanimously.

Barrs, Kathryn L., PsyD

Bollig, Christopher, PsyD  
 Buhrke, Katherine E., PhD  
 Clafton, William G., PsyD  
 Chupurdia, Kimberly, PhD  
 Darchuk, Andrew J., PhD  
 Darchuk, Kathleen, PhD  
 Dugan, Angela E., PsyD  
 Edwards, Thomas L., PsyD  
 Fleming, Nicole, PsyD  
 Gehlert, Kurt, PhD  
 Hawkinson, Alison P., PsyD  
 Hoelsing, Rae, PhD  
 Kilian, Marcus K., PsyD  
 Mohn, Kirsten, PhD  
 Paulson, Andrew W., PhD  
 Peterson, Tiffany A., PsyD  
 Rausch, Sarah M., PhD  
 Scharlau, Catherine L., PhD  
 Shah, Tina D., PsyD  
 Stephany, Barbara J., PsyD

**7. Relicensure Following Termination.**

Application Review Committee moved approval of the following applicants for relicensure having fulfilled the requirements of MN. Rule 7200.3610. Applicants had voluntarily terminated licensure. Voting "aye": C. Bonnell, J. Brown, M. Fulton, S. Hayes, G. Jensen, J. Lee, T. Nguyen-Kelly, S. Ward and J. Wolf. Voting "nay": none. There being nine "ayes" and no "nays", motion carried unanimously.

	<i>Voluntarily Terminated:</i>
Bentson, Scott	January 28, 2000
Bortel, Michael	November 8, 2002

**8. Termination of License for Non-Renewal.**

The following licensees did not renew their licenses after having received notices required by MN. Rule 7200.3510. C. Bonnell moved, seconded by J. Wolf that the licenses be terminated for non-renewal.

Lesar, Judith A., MS	October 31, 2008	LP1678
Minwalla, Omar, PsyD	June 30, 2008	LP4517

**9. Rescind Termination of License for Non-Renewal.**

The following licensee's name was inadvertently included in the November 14, 2008 Board meeting agenda item, Termination of License for Non-Renewal. The licensee had actually voluntarily terminated her license. J. Wolf moved, seconded by S. Ward to rescind the November 14, 2008 Board action to terminate the license.

Bennett, Joye

February 28, 2006

LP0793

**10. Other Business.**

Under its delegated authority, on December 5, 2008, the Application Review Committee approved the conversion of the following applicants from LPP to LP licensure. The Licensed Psychological Practitioners listed below have complied with all of the requirements of MN. Stat. 148.907, subd. 5.

LPP0126	Giff, Tammy, MA, LPP
LPP127	Hegland-Smith, Melissa, MA, LPP
LPP129	Scharr, Michael, MS, LPP
LPP131	Wetterlund, Melissa, MA, LPP

**11. Adjournment.**

M. Fulton moved, seconded by C. Bonnell that the meeting be adjourned. Motion carried unanimously. The meeting adjourned at 12:45 AM.

Respectfully submitted,

T. NGUYEN-KELLY  
Board Secretary