

Post Licensure Assessment of Competence: The ABPP in Clinical Health Psychology

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Today's topic is how to establish continuing professional development in clinical health psychology after you are licensed.

You are the best group to be talking to about this.

You are the **worst group to be talking to about this.**

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Everyone thinks professional growth after licensure is a great idea.

- All of APA' s conferences have stressed the integration of science and practice, and the *critical importance of life long learning.*
- A foundational competence for all professional psychologists is “*being committed to life long learning and scholarship.*”
- Our ethics code requires psychologists to “*undertake ongoing efforts to develop and maintain their competence*”.

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- **In reality this ideal comes to a screeching halt after licensure.**
- **In our culture assessment of competence after being licensed is avoided by most practicing psychologists**
- **And no one is responsible for its oversight.**

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The focus of training programs has always been only on entry level psychologists

Grad School/Internship/Post Doc/Licensure.....End of Career

←-----6 to 8 years-----→ ←-----40 years-----→

{Clear competency benchmarks}

{No competency benchmarks!}



**Ironically, these people never
communicate with one another!**

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Doctoral Programs

- Highly structured with clear guidance from APA and other accrediting bodies:
- Student is first “*ready for practicum*”, and then “*ready for internship*”.
- If competence is not demonstrated, students do not continue in the graduate program.

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Internships and Post Docs

- Highly structured, most with APA guidance: “*ready for practice*”
- If competence is not demonstrated, trainees do not complete the internship or post doc training program.
- Motivation to follow the rules in all these cases is very high

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Licensing Process

- Structured state by state, with the EPPP and sometimes a state exam, and again, the rules must be followed: “*ready to provide services to the public.*”
- If competence is not demonstrated, the psychologist is not licensed.
- If it is demonstrated, then the public is protected at the point of basic competence.

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- ❖ Novice
- ❖ **Intermediate** ➔ **Point of licensure**
- ❖ Advanced
- ❖ Proficient
- ❖ Expert
- ❖ Master

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Post Licensure CE

- *“But I get continuing education to stay current!”*
- Requirements vary from state to state, with very **low fidelity** required, that is, **no need to take CE that reflects what one is actually doing in practice.**
- You show up, pay the CE fee, sign the attendance sheet and get a certificate.

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- Once a psychologist is licensed, the structure ends, and “**life long learning**” is supposed to take over: “***ready for advanced practice and specialization***”.
- Licensing boards never again objectively assess competence for re-licensure; you pay the fee, you keep your license.

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- The shift at that point is to **self-assessment**, and the implied contract to limit practice to your areas of competence.
- The licensing board is aware of incompetence only if ethics charges are brought or malpractice is alleged, at which point sanctions are made.
- So **you have to screw up to get noticed**; otherwise you sail along.
- You never have to prove yourself again. Thank heavens, after all you have been through....you have paid your dues. Next stop, retirement.

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Program Structure

		High	Low
Your Motivation	High	Doctoral Training Internship Formal Post Doc EPPP I	Unstructured Post Doctoral Year II
	Low	<i>Post licensure career</i> Formal competence assessment III	Post licensure career Licensure CE requirements IV

GOAL: Move from III to I.

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Some Reasons to Specialize

1. The **public and regulatory groups demand** you maintain competence across your professional life span.
2. Psychology is increasingly complex and competitive.
3. There is less alternative but to specialize; the half-life of information is decreasing
and CE “seat time” is not the best measure of what you actually do.
4. Generalists are replaced by masters prepared staff. Why pay more for you?
5. Most other professions specialize; we are on the dock and the boat has sailed.
6. If you have advanced knowledge, why not document it? Have it? Flaunt it!
7. Protect the public from charlatans: *self-identified specialization does not protect the public because patients don't know what competent care is.*

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So what is the resistance to specialty certification of some sort?

- **The base rate for true professional incompetence may be low.**
- ***“I’m busy, my patients like me, and I get lots of referrals.”***
- **Self-assessment doesn’t come naturally, and requires a lot of learning and practice**

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- What we know is fairly easy to self-assess
- Assessing our skills and attitudes is more challenging

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- Many resist organized post licensure competency assessment because *“it is impossible to use your standards to assess what I do.”*
- Most of us have a very **positive self-assessment**.
- So the longer this positive self-image persists, the more anxiety about an outside challenge to it.
- **“I’ m doing fine. Why risk bursting my bubble?”**

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- **Psychology differs from most medical specialties because we do what we do **behind closed doors**.**
- **Once training is over we have no outside observers, so the idea of letting others watch and critique our work is foreign.**
- **Try that in surgery, OBGYN or Pediatrics.....**

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- **We all agree that the assessment of developmental competence is vital over the professional life span.**
- **Yet no one wants to do it.**
- **So this will require a *shift in our culture* to an expectancy that ongoing assessment post-licensure is required.**
- **You are having surgery; *bet you want the surgeon to be board certified.***

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- **Who does it now?**
 - **Not so legitimate pathways:**
 - ❖ **“Vanity Boards”** Send in your CV and \$250. Your ferret can get this board certification.
 - ❖ **Smoke and Mirrors**; just make stuff up that looks impressive

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➤ **Who does it now?**

- **Legitimate pathways:**
 - ❖ **University promotion and tenure**
 - ❖ **Authoring publications, running workshops, etc.**
 - ❖ **Others you might suggest**
 - ❖ **American Board of Professional Psychology**

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ABPP: 14 Boards www.abpp.org

Cognitive and Behavioral

Clinical

Clinical Child and Adolescent

Clinical Health

Clinical Neuropsychology

Counseling

Family

Forensic

Group

Organizational and Business Consulting

Police

Psychoanalysis

Rehabilitation

School

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ABPP Clinical Health Process

- **Credentials Review**
- **Two inclusive work samples examined by three reviewers**
- **Oral examination by three examiners, exam center approach, four hours: work sample, ethics, professional affairs, standardized case**
- **Senior Option: replace work sample with career portfolio**

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Why do so many resist board certification?

The perceived added value does not outweigh the fear of failure.

But this threat of failure is grossly overestimated.

What are some benefits?

- **Mobility**
- **Salary enhancements (military, VA)**
- **Some jobs require it (Mayo for example)**
- **It solidifies your skills at self-assessment and starts you on a lifetime course change**

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More Benefits

- **Some state licensing boards restrict use of term “board certification” to ABPP**
- **Professional maturity and confidence that comes with a true self-assessment of one’s strengths and areas for needed growth several years after licensure**
- **Affiliating with other board certified colleagues for referrals and earned distinction among your peers**
- **In health care settings, you are board certified like the other professionals with whom you work**

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Let's talk.