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Educating Students about Professional Licensure in Health Service Psychology

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Abstract

Licensure helps protect the public by setting minimum standards of practice within professions. In health service psychology, attaining a license represents a significant career goal for many students. Unfortunately, some students may be inadequately informed about certain requirements and challenges associated with becoming a licensed psychologist. This paper provides resources to psychology instructors at the high school, college, and doctoral levels to educate students about licensure. Components discussed include the history of licensure in health service psychology, a rationale for educating students about licensure, reputable resources that instructors can use to foster student knowledge of professional practice, and best practices for licensure education at different levels of training (e.g., high school, undergraduate, graduate).

Keywords: education, licensure, students, training

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Educating Students about Professional Licensure in Health Service Psychology

Descriptions of what constitutes a profession are numerous (DeMers, Webb, & Horn, 2014; Hall, 2011), but they generally hold four similarities (Pellegrino, 1991). These include a structured educational and training process, an enforceable ethics code, a dedication to advancing the field for the overall benefit of society, and an “implicit contract with the public,” such that practitioners use competencies to support the advancement of persons within a community (Altmaier & Hall, 2008, p. 3). Licensing laws promote a profession’s ability to hold “special relationships” (Skrtic, 1991, p. 99) with the public by specifying breadth of practice, establishing minimal education and training standards, and helping consumers recognize competent providers (Hall, 2011; Hess, 1977; Vaughn, 2006).

Licensure laws contribute to psychology’s status as a profession. Because of this status, it is not surprising that many students persisting through doctoral clinical, counseling, and school psychology programs identify attaining licensure as a career goal. In fact, Hall, Wexelbaum, and Boucher (2007) found that over 90% of doctoral students in their sample of clinical, counseling, and school psychology programs intended to apply for licensure. Unfortunately, 60% of the same students reported not actually researching licensure requirements in their state (Hall et al., 2007). Although multiple resources about the challenges associated with attaining a license are available (DiLillo, DeGue, Cohen, & Morgan, 2006; Herman & Sharer, 2013), some educators may not discuss professional licensure with their students.

The primary purpose of this paper is to provide resources to psychology instructors at the high school, college, and doctoral levels to educate students about

licensure. Specifically, health service psychology refers to the disciplines of clinical, counseling, and school psychology. Throughout this paper, the term licensure refers to requisite professional knowledge (e.g., accreditation) and state level requirements (e.g., supervised hours; passing the Examination for the Professional Practice of Psychology [EPPP]) that culminate in the independent, generic¹ practice of psychology. A second purpose is to provide developmentally appropriate ideas for teaching students about licensure in health service psychology at the high school, undergraduate, and graduate levels. The following brief history of licensure should help readers better understand historical and contextual factors that contributed to licensure in health service psychology.

History of Licensure

State level licensure of psychologists first occurred in the mid-20th century. After World War II, the demand for psychological expertise expanded in large part due to an influx of veterans needing mental health services (Reaves, 2006). The Veterans Administration (VA) subsequently became the first large employer of clinical psychologists and established multiple internship training programs (Reaves, 2006). As VA employment of psychologists expanded, the number of private practitioners also began to increase, creating an impetus to propose state licensure laws to help establish minimal standards of education and training (DeMers et al., 2014).

In 1945, Connecticut became the first state to pass legislation allowing

¹ In this paper, a “generic” license refers to a license held by a psychologist without specialized training after the doctoral degree or without a certification credential by the American Board of Professional Psychology.

psychologists to practice independently (Herman & Sharer, 2013). During the next 20 years resistance from psychiatric organizations and university-based psychology programs slowed the proliferation of licensure laws (Reaves, 2006). Moreover, litigation stemming from grandfather clauses (e.g., *Bloom v. Texas*, 1973) and substantial equivalency (*Cohen v. State*, 1978) signified an arduous transition to doctoral-level licensure in the practice of psychology (Reaves, 2006). In litigation pertaining to substantial equivalency, a person with similar training as a licensed psychologist would initiate a lawsuit against a state psychology board with the end goal of attaining a generic psychology license based on the person's seemingly transferable background experiences. In grandfather clause legal disputes, clinicians using the term psychologist at the time licensure laws changed or were initiated and who did not satisfy the new training requirements argued to retain the professional title of licensed psychologist.

In the midst of these challenges, Missouri became the last state to pass licensure laws in 1977 (DeMers et al., 2014; Reaves, 2006). Although the practice of psychology is almost universally considered a doctoral-level profession², each state has different licensure requirements, such as varying numbers of supervised experience hours, distinct state jurisprudence, and different ethics exams. These differences provide a rationale for psychology students to adequately understand the minimal requirements for generic practice in their region.

² As of this publication date, West Virginia is the only state in the United States that does not require a doctoral degree for licensure in health service psychology.

A Rationale for Licensure Education

Standard 7.01 of the Ethical Principles of Psychologists and Code of Conduct encourages programs to equip students with professional knowledge about licensure (American Psychological Association [APA], 2010a). Despite the obligation to promote student licensure knowledge and an established commitment to mentoring within health service psychology (Williams-Nickelson, 2009), some doctoral students' advance knowledge of licensure requirements is low (Hall et al., 2007). To contextualize this point, consider the case of "Candice," a fictional aspiring psychologist.

Fictional Vignette

As a college student, Candice dreamed of becoming a licensed psychologist specializing in the treatment of depression. To meet her career goal, Candice consulted her undergraduate advisor about pursuing doctoral training in clinical psychology. Candice's advisor encouraged her interest and recommended she apply to multiple doctoral programs due to high admission standards. After applying to several programs, Candice eventually selected an online, electronically mediated doctoral training program. As a doctoral trainee, Candice noticed that her advisor and clinical supervisors were extremely busy, and she had difficulty finding time to learn about the licensure process while balancing her academic and practicum commitments. Admittedly, Candice felt overwhelmed by the licensure process and assumed she would *figure it out when she gets there*. To Candice, licensure seemed too far away to consider; academic commitments, practicum hours, and securing a predoctoral internship demanded her attention (in many doctoral programs, students must complete a yearlong psychology internship prior to earning their degree).

Although Candice performed well in her doctoral program and earned praise from her professors, she struggled to attain an internship accredited by the Commission on Accreditation (CoA³), which is the office housed within APA that accredits doctoral programs, internship sites, and postdoctoral opportunities in the United States (refer to the Appendix for a complete list of acronyms). Unfortunately, some talented students struggle to earn an internship accredited by the CoA due to the supply-demand internship crisis (Elchert, 2013). Eventually, Candice accepted a non-accredited position, in part because she was financially unable to pay for another year of graduate school. Indeed, in 2009 the median debt for recent doctorates in health service psychology was \$80,000, although on average PsyD students take on more debt than PhD students (APA, 2009). In 2016, median anticipated debt levels are \$160,000 for PsyD students and \$76,500 for PhD students (Doran, Kraha, Marks, Ameen, & El-Ghoroury, 2016).

Nearing the end of her internship, Candice prepared and submitted her licensure application to the state board while diligently studying for the EPPP, which is the standardized examination measuring information deemed important for clinical practice. Unfortunately, Candice's application was denied for several reasons, most notably because her internship lacked accreditation by the CoA, which has been required in states like Mississippi (Bailey, 2004). Meanwhile, Candice's loans continued to accrue interest and her education related debt piled higher and higher.

The case of Candice depicts the potential harm (e.g., failure to meet one's career goals while accruing debt) arising from a lack of professional knowledge about licensure.

³ Doctoral programs, internships, and postdoctoral sites in the United States communicate their accreditation status as "APA accredited" in public documents and not as "CoA accredited." In this paper, I chose to use "CoA accreditation" because this term more precisely describes the commission within the APA that makes accreditation decisions.

This potential for harm provides an impetus to ensure that all students interested in pursuing doctoral training in health service psychology have a developmentally appropriate understanding of licensure requirements and related professional areas like accreditation. In this example, it is particularly troubling that Candice lacked advance knowledge about how completing training steps (e.g., her doctoral degree) without CoA accreditation or designation by the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists (ASPPB/NR) can negatively affect her likelihood of attaining a license in some states. Additionally, students like Candice who enroll in doctoral programs delivered primarily online may be unfamiliar with Implementation Regulation C-27 (IR C-27), which states that doctoral psychology programs delivered substantially online are deemed ineligible for CoA accreditation (APA, 2010b).

If Candice had prior knowledge of professional topics such as IR C-27, through either didactic instruction, advising, or personal research, she may have pursued different doctoral training or matriculated at a different doctoral program that could better equip her to earn a generic license to practice. Students like Candice must understand that in order to successfully acquire a license, they must complete a series of training steps (e.g., doctoral degree, internship, EPPP) over multiple years; additionally, trainees must integrate knowledge about several professional topics (e.g., accreditation status, required hours of supervised professional experience, required EPPP passing scores, implementation regulations, the supply-demand internship crisis) to successfully navigate a path to licensure.

Teaching Ideas for Licensure Education

Acquiring and understanding information about licensure can be difficult for some trainees. In 2013, Herman and Sharer noted that some state boards are inconsistent in responding to licensure inquiries and sometimes never respond. During their project, one researcher contacted the New York state board and found that, “they [the state board] said an internship is required. Then, when I asked them if I could do an equivalent instead, they said you could, so it is not required” (Herman & Sharer, 2013, p. 127). In addition, a report found that not all CoA accredited training programs were fully compliant with Implementation Regulation C-20 (IR C-20), which requires CoA accredited doctoral programs to provide publically accessible information about licensure rates and other important student outcome data on their website (APA, CoA, 2013). This noncompliance makes it difficult for some students to access accurate outcome information relevant to licensure (e.g., internship match rates, licensure rates). To help students and teachers address these challenges, I recommend instructional practices for teachers, professors, and supervisors at the high school, undergraduate, and graduate levels.

High School and Freshman Undergraduate Students

Currently, about 1,000,000 high school students take a high school psychology course each year and many are specifically interested in health service psychology (Weaver, 2014). However, because most high school psychology teachers are not expected to possess knowledge of professional licensure, their students are likely unaware of important practice requirements. For example, in 21 states, the standardized assessment used to measure a person’s content knowledge to teach high school psychology is a social studies examination, of which only 4.3% of the items are from

psychology (Weaver, 2014). It is therefore unlikely that many high school psychology teachers have an adequate understanding about professional practice topics.

Additionally, the *National Standards for High School Psychology Curricula* does not specifically discuss licensure of health service psychologists, although it does discuss “career options,” “educational requirements,” and “vocational applications” (APA, 2013, p.40).

Detailed information about licensure and related professional topics during high school and the first year of college is likely unnecessary for many students. However, students should learn general information about the typical sequence of training that culminates in a license for generic practice: completing a doctorate (e.g., PsyD, PhD, EdD), internship year, and postdoctoral year and passing the EPPP. They should also learn that states have different licensure laws and that it may take as long as 11 years after graduating high school to successfully attain a license (Olvey, Hogg, & Counts, 2002). Table 1 and Figure 1 illustrate the requirements and sequence of typical training in health service psychology that leads to a generic license to practice psychology.

Table 1
Typical Licensure Requirements in Health Service Psychology.

Education:	Doctoral degree (e.g., PhD, PsyD, EdD) in clinical, counseling, or school psychology, or other qualifying degree, with appropriate curriculum requirements
Internship / Postdoctoral Year:	Appropriate internship and/or postdoctoral year(s) that meets state specific requirements (e.g., accreditation, supervised professional hours)
Accreditation and/or designation:	Doctoral, internship, and/or postdoctoral training from appropriate accrediting body (e.g., CoA, PCSAS, ASPPB/NR designation)
Supervised direct contact hours:	Accrue necessary number of qualifying direct contact (e.g., therapy, assessment) hours with clients (e.g., 1500-6000 hours)
Supervision hours from appropriate mental health professional (e.g., licensed psychologist):	Accrue necessary number of qualifying supervision hours during internship and/or postdoctoral training (e.g., 1 hour/week)
EPPP:	Obtain necessary scaled score on EPPP (e.g., 500)
State tests / other requirements:	Obtain necessary scores on state jurisprudence, ethics, and/or other exams and complete other state level requirements
Fees:	Pay necessary fees (e.g., \$50 board application fees)

Note. This information serves as a guide to licensure requirements as of the publication date. States vary in their licensure requirements. Refer to a specific state’s licensing board for more accurate information about licensure requirements.

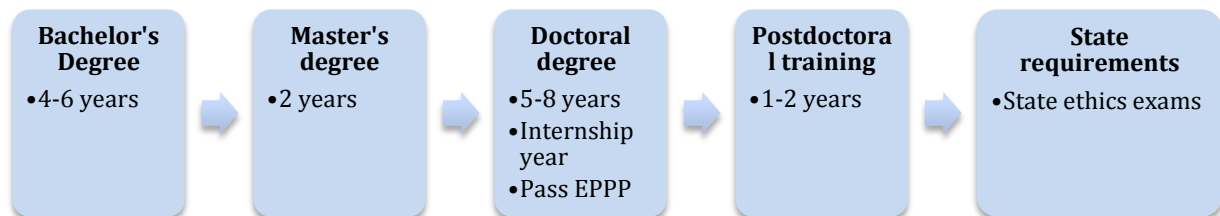


Figure 1. Typical sequence of training steps leading to licensure in health service psychology. This figure does not illustrate specific requirements for all states; each state has distinct requirements for licensure. For a more accurate description of a specific state’s licensure requirements please refer to the state’s psychology board. Also note that a master’s degree is not necessarily a prerequisite to enroll in a doctoral program.

Advanced Undergraduate Students

At the undergraduate level, psychology remains one of the most popular majors in the country (United States Department of Education, 2014). Undergraduate psychology majors interested in health service psychology doctoral programs could benefit from opportunities to learn about licensure. Syllabi in Introduction to Clinical Psychology or Psychopathology courses could incorporate assignments that encourage students to research professional topics relevant to licensure outcomes, such as CoA accreditation, the supply-demand internship crisis, and general content of the EPPP (Elchert, 2013). Table 2 and Figure 2 below provide basic information about the EPPP relevant to undergraduate students intending to pursue doctoral training in health service psychology.

Table 2

Content areas covered in the EPPP and the percentages of exam questions covering each topic.

Percent of Test	Content Area
15%	Ethical/Legal/Professional Issues
14%	Assessment and Diagnosis
14%	Treatment, Intervention, Prevention, and Supervision
13%	Cognitive-Affective Bases of Behavior
12%	Biological Bases of Behavior
12%	Growth and Lifespan Development
12%	Social and Cultural Bases of Behavior
08%	Research Methods and Statistics

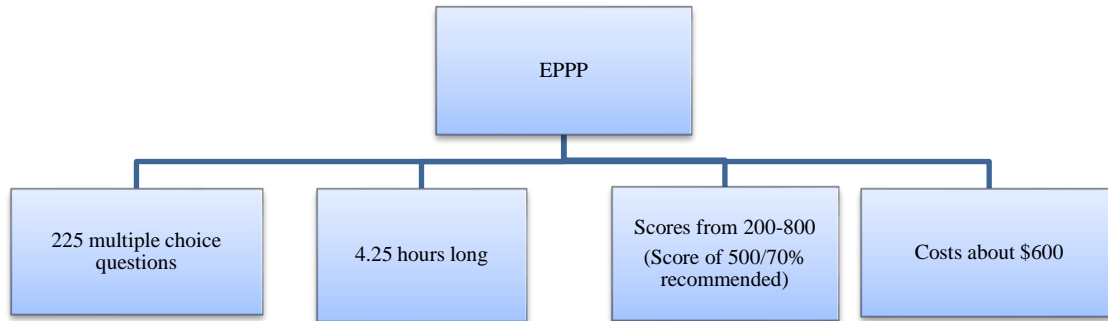


Figure 2. Descriptive information about the EPPP examination.

Specific ideas for assignments include (a) having students read select chapters of *Psychology Licensure and Certification: What Students Need to Know* (Vaughn, 2006), (b) having students complete group presentations about licensure requirements (e.g., students contact licensure boards, acquire information about licensure, and present findings to their class), (c) incorporating class or homework activities where students investigate the EPPP, and (d) interviewing a local licensed psychologist to learn about his or her experience attaining a generic license to practice.

For this activity, students would be wise to consider asking questions such as:

1. How long did it take you to acquire a license after you finished your undergraduate degree?
2. What types of experiences and training did you need before earning your psychology license?
3. What was your experience studying for and taking the EPPP?
4. What other oral or written exams did you have to take besides the EPPP to get your license?
5. How did you know you wanted to become a licensed psychologist?

Another activity for advanced undergraduate students, particularly for those

applying to doctoral programs in clinical, counseling, or school psychology, is to investigate each school's IR C-20 outcomes data table. Again, IR C-20 requires CoA accredited doctoral programs to provide public, accurate information about training expectations and outcomes such as licensure rates on program websites (APA, CoA, 2013). All CoA accredited doctoral programs are required to provide this information in table form on their website using a link called "Student Admissions, Outcomes, and Other Data." Students should locate this link on the websites of every CoA accredited doctoral program to which they are applying. When reviewing this information, students should consider the percentage of trainees in each program who persist to CoA accredited internships as one piece of information to inform their choice of doctoral education. Finally, students intending to apply to doctoral training programs in clinical, counseling, and school psychology should review which programs are CoA accredited using the following link: <http://www.apa.org/ed/accreditation/programs/>.

Doctoral Students

Students in doctoral programs should be expected and encouraged to research licensure requirements with increasing detail as they persist through their training. Students should review state psychology board websites, ask the board questions about licensure via telephone or email, and pay attention to differences that occur between states (e.g., different passing scores for the EPPP, different numbers of required postdoctoral hours). Specifically, doctoral faculty should instruct their students about credentials banking, credentialing mechanisms, and licensure mobility.

Credentials banking. Banking credentials involves storing and verifying training experiences (e.g., internship verification forms) with a trusted, independent

party. Faculty and supervisors should encourage students to bank their credentials to help establish competency to future state psychology boards, to expedite the licensure review process, and to more seamlessly apply for a license in a different state. During practicum classes or supervision sessions, one potential activity could involve investigating organizations that provide credentials banking services such as the NR (<http://www.nationalregister.org/member-benefits/credentials-banking-verification/>) and ASPPB (<http://www.asppb.net/?page=TheBank>). Students should research each credentials bank and talk with faculty about the prospective advantages and disadvantages of each based on their personal preferences and career plans. To defray future costs, students should explore credentialing scholarships, such as NR's annual credentialing scholarship for doctoral students, postdoctoral practitioners, and early career psychologists (<http://www.nationalregister.org/scholarships-awards/>).

Credentialing mechanisms. In addition to credentials banking, faculty should inform students about credentialing mechanisms such as ASPPB's Certificate of Professional Qualification (CPQ), the Interjurisdictional Practice Certificate (IPC), ASPPB's Agreement of Reciprocity, NR's Health Service Credential, and the American Board of Professional Psychology's (ABPP) specialty certification. Although it is beyond the scope of this paper to explain each of these mechanisms in detail, Table 3 below describes relevant credentialing mechanisms and provides links for more information.

Table 3.
Descriptions of and Links to Relevant Credentialing Mechanisms

Credentialing Mechanism	Purpose	Link
CPQ	Helps to expedite the licensure application process by documenting credentials like educational attainment, prior supervision experience, and licensure exam scores.	http://www.asppb.net/?page=CPQ
IPC	Helps to expedite applications for temporary licensure status (e.g., 30 work days) in certain states.	http://www.asppb.net/?page=IPC
ASPPB Agreement of Reciprocity	Promotes mobility by ensuring licensed psychologists in one region are eligible to attain licensure in another region.	http://www.asppb.net/?page=AO R
NR Health Service Credential	Promotes expedited licensure review and quality assurance in doctoral, internship, and postdoctoral training and education.	http://www.nationalregister.org/apply/credentialing-requirements/
ABPP Specialty Certification	Promotes consumer protection by certifying psychologists who demonstrate competence in recognized specialty areas. The ABPP certificate promotes future earnings potential.	http://www.abpp.org/i4a/pages/index.cfm?pageid=3279

Mobility. Students should consider the possibility they may relocate to a different state at some point during their careers and discuss training opportunities with advisors that promote licensure mobility. Completing a CoA accredited internship and postdoctoral year with an appropriate number of supervised professional hours regardless of future plans may be a smart decision in many instances (Schaffer & Rodolfa, 2011). However, some states have implemented changes congruent with the APA Model Licensing Act, which would allow certain predoctoral and postdoctoral training hours to count toward required supervised experience hours (Boon, Lutz, & Marburger, 2014), meaning a postdoctoral training year may not be necessary for some students. The lack of certainty regarding specific requirements for practice highlights the importance of frequent opportunities for students to learn about licensure.

Additional practices. Doctoral trainees should also educate themselves about the Psychological Clinical Science Accreditation System (PCSAS) that is increasingly gaining parity with the CoA in states like Delaware and Illinois (PCSAS, 2014). Although beyond the scope of this paper to discuss PCSAS in depth, the organization's website <http://www.pcsas.org/> provides numerous resources for students in clinical science programs.

Faculty should talk to trainees about ways to increase the likelihood of efficiently acquiring a license. For example, faculty should tell doctoral trainees to identify clinical supervisors who are licensed psychologists in the state they are receiving their doctoral training, and to review ASPPB's criteria for identifying qualifying supervisors⁴ and practicum experiences <http://www.asppb.net/?page=Guidelines>. In addition, students should consider acquiring and storing a copy of supervisors' curriculum vitae to document supervision history. This strategy could facilitate a student's eventual application to a licensing board and help substantiate training, skills, and competencies. Faculty members could encourage their doctoral trainees to consider joining state psychological association electronic mailing lists in states they wish to practice. This could help students receive updated information about changes in licensure and other professional requirements, as could the APA early career listserv, <http://www.apa.org/careers/early-career/>. Resources to assist doctoral students in contacting state licensure boards and to research state-level licensure requirements are listed in Table 4.

⁴ A qualifying supervisor is usually a licensed psychologist in the state he or she is practicing, unless employed by the federal government. If employed by the federal government (e.g., the VA), supervisors must be licensed to practice in one state in the United States, but not necessarily the state where they practice.

Table 4.
Information Resources for Licensure Education.

1) National Register of Health Service Psychologists Licensure Board Contact Page http://www.nationalregister.org/resources-links/licensing-boards/ (Review National Register website if link fails)
2) Association for State and Provincial Psychology Boards Licensure Board Contact Page http://www.asppb.net/?page=BdContactNewPG (Review ASPPB website if link fails)
3) Association for State and Provincial Psychology Boards Database http://www.asppb.org/HandbookPublic/before.aspx
4) Continuing Education and Professional Development Office of APA http://www.apapracticecentral.org/ce/index.aspx

Summary

Professions are partly characterized by a commitment to advancing the profession itself (Pellegrino, 1991), such as educating trainees about licensure. Despite this obligation, student knowledge of licensure remains unclear; some students may not adequately research requirements for practice (Hall et al., 2007), which could be harmful to their career goals (e.g., diminish their likelihood of attaining a license). Psychology educators at the high school, undergraduate, and graduate levels should implement the teaching ideas discussed in this paper to ensure students have appropriate understanding of licensure and related professional topics. Likewise, students at all levels of training must demonstrate personal responsibility to inform themselves of licensure-relevant topics. By educating students with developmentally appropriate information about licensure, perhaps more students like Candice will be better equipped to meet their career goal of attaining a license.

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Appendix

Relevant Acronyms and Terms.

Acronym	Term
ABPP	<u>American Board of Professional Psychology</u>
APA	<u>American Psychological Association</u>
ASPPB	<u>Association of State and Provincial Psychology Boards</u>
CoA	<u>Commission on Accreditation</u>
CPQ	<u>Certificate of Professional Qualification</u>
EPPP	<u>Examination for the Professional Practice of Psychology</u>
IPC	<u>Interjurisdictional Practice Certificate</u>
IR	<u>Implementation Regulation</u>
NR	<u>National Register of Health Service Psychologists</u>
PCSAS	<u>Psychological Clinical Science Accreditation System</u>