

EXAMINING BOARD OF PSYCHOLOGY

MESSAGE FROM CHAIR THOMAS WALL, PH.D.

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Shari Roberts,
Public Member

Rachaud Smith, Psy.D.

Tom Wall, Ph.D.

Vacant Psychology
Position

The end of 2013 marks the completion of my two five-year terms on the Examining Board of Psychology. Two of those years I served as Chair of the board. As a result of this experience I learned much about clinical practice and an appreciation for ethical and clinical decision-making as the double helix of what we do.

They cannot be separated and as I learned over the years, the words "What can go wrong?" should be imprinted in our thinking. When I first started on the board I was somewhat intimidated by the other board members and the process of deliberation of our responsibilities. To the credit of those present, board members and the Department of Health staff, I gradually felt I had something to offer. When we initially met there were many open cases and the process of deliberation over complaints seemed ponderously slow. That has changed with a significant reduction in the number of complaints and the time to review and adjudicate cases has been significantly reduced. We have become more efficient.

The board initiated a program of offering free workshops with six CE credits for psychologists on ethical issues and the functions of the board. Specifically we presented the process of how the board handles disciplinary

complaints and had those department employees involved present their respective duties defining the process from the initial complaint to the adjudication of the case. We felt this made the board more open and accessible to the licensed psychologists of Washington State.

Over the years I have had the privilege and pleasure to work side by side with many very competent colleagues and received wonderful staff assistance from the Department of Health. In addition I have worked with a number of caring and competent attorneys from the State Attorney General's Office. All have been very professional and have given me a deep respect for public service.

I would like to recommend that my colleagues consider application for service on the Examining Board of Psychology. There are a number of issues the board will be addressing in future agendas. For example, telepsychology and the Internet are areas of concern as well as possible regulations involving the training for supervisors. Board service is a profound way to give something back to your profession that insures the professional representation of psychology. Insuring

competency and ethical practice in the future makes the clinical practice of psychology the noble profession it is.

In closing, I would like to relate a story. A number of years ago when Dr. Koocher was running for President of APA, he came to a WSPA meeting as a presenter. In his introductory remarks, he noted that the Examining Board of Psychology had a reputation with APA as being a very tough board. The implication being that the board had their own agenda and it was not friendly to psychologists. As I listened to him, my experience of the board members and supporting staff was at odds with his remarks. At the break I went up to him and said the mission of the board is to protect the public and we believe psychologists are members of the public. He got what I meant and seemed surprised and pleased. I told him I thought he needed to apologize and to his credit he did.

Psychologists in Washington are in good hands with thoughtful and caring psychologists on the board, public members, the best assistance from the AG's Office, and a very competent supporting staff that insures board considerations and actions adhere to their mission.

CONTINUING EDUCATION -TIM CAHN, PH.D.

First, I'd like to express my appreciation to Shari Roberts and Betty Moe for all their work in resurrecting and creating this newsletter. Second, I should thank Betty for relentlessly reminding me that I agreed to write a brief article about continuing education (CE). My goals are to provide a brief overview of the WACs concerning CE, to review the board's practice of randomly requiring licensees to submit evidence of compliance, and to brief licensees on the new WAC requiring six hours of CE on suicide prevention.

The WACs on psychology CE are 246-924: -180, -230, -240, -250, -255 (new), -300 and -330.

- 180 makes CE required by statute.
- 230 requires 60 hours every three years, four of which must be in ethics, and the board can require licensees to submit evidence to demonstrate compliance
- 240 defines categories of CE and limits teaching credit to 30 hours maximum per three year period.
- 250 provides guidelines for alternative credit via certification award or diplomat award, provides consideration for psychologists licensed in Washington but practicing elsewhere, and provides guidelines for psychologists with expired credentials.
- 255 is brand new and was written to incorporate ESHB 2366 (2012), which requires suicide prevention training for certain health professions, including psychology.
- 300 defines CE documentation as transcripts, letters from instructors and certificates of completion; and

requires certificates of completion to have the names of the participant and instructor (with degree), date and title of presentation, number of CE hours earned and signature of program sponsor.

- 330 gives the board power to use discretion.

The board requires licensees to submit evidence every three years of compliance via affidavit. Additionally, licensees are randomly selected during their affidavit year to document (per 246-924-300) their 60 hours of CE compliance. Licensees found to be short on their documented hours will likely be required to complete the requisite hours and will be automatically selected to document their 60 hours in the future. The board is usually quite receptive to requests by licensees for additional time to complete CE requirements, especially if such requests are made at the time, or before, an affidavit is due.

ESHB 2366 was passed in 2012 and mandates certain health professions to require CE in suicide prevention. Psychologists are required to get six hours of training in suicide prevention including suicide assessment, screening and referral, suicide treatment and suicide management. The six hours of suicide prevention training must be completed during the first full three-year CE period after Jan. 1, 2014, or after initial licensure, whichever occurs later. A group of healthcare professionals (including yours truly) met to approve, or not to approve, existing suicide prevention training programs. Psychologists may use the

list of approved suicide training programs, or equivalent suicide training programs, to fulfill their six-hour training requirement. The six hours of CE taken in suicide training count toward the 60 hours required every three years.

I hope Washington psychologists find this CE information to be useful and helpful. However, I would be remiss if I didn't at least mention there is some degree of controversy regarding CE in the health professions. The Citizen Advocacy Center (CAC) has been especially vocal in its opposition to CE as the standard in ensuring and maintaining professional competency. There are other approaches to ensuring professional competency, such as the one used by the Psychology College in British Columbia, which has its licensees write personal improvement plans and write reports to the college on their progress. I expect there will continue to be discussions and changes in CE, especially with strong advocacy groups such as the CAC that are critical of our current models.

The opinions expressed in this article are solely those of the author and do not represent an opinion or position of the board.

New Member Spotlight

Rachaud Smith, Psy.D.

Dr. Smith has been licensed to practice psychology in Washington State since January of 2009. He has experience and varied interests in the area of Behavioral Medicine which include primary care psychology, substance abuse and smoking cessation, chronic pain management, cognitive assessments and screenings, and Mindfulness Based Stress Reduction. He is also interested in issues relating to cultural sensitivity and cultural competence, exploring the potential uses of Complementary Alternative Medicine in the field of psychology, and the practical benefits and uses of telemedicine in the field of psychology. His clinical and research interests focus on how best to infuse the principles of Behavioral Medicine, cultural sensitivity, and technology within healthcare.

Dr. Smith attended in University of Central Florida and attained a Bachelors of Arts in psychology with a minor in sociology in 2000. During his undergraduate career Dr. Smith was a member of Psy Chi, the Golden Key Honor Society, and the Golden Knights Football team. Dr. Smith received his Masters of Science and Doctor of Psychology at Nova Southeastern University. During his graduate career he was accepted into the Health Psychology academic track which provided specialized training within the multiple arenas of health psychology. He was also past president of EMAGS (Ethnic Minority Association of Graduate Students), a student run organization whose focus was on promoting multiculturalism and cultural competence within the field of psychology.

Dr. Smith is currently employed psychologist with Pacific Rehabilitation Centers, an interdisciplinary pain management clinic who provide services to workers compensation clients who are struggling to effectively manage musculoskeletal pain. His duties include providing individual therapy, couples/family therapy, group/psychoeducational classes, intake evaluations and assessments, and cognitive assessments. Dr. Smith is also serving as the Training Director for Pacific Rehabilitation Centers' internship program, and is in the process of hopefully being granted an APPIC accreditation. Prior to working for Pacific Rehabilitation Centers, Dr. Smith worked as a psychologist in a multidisciplinary inpatient substance abuse rehabilitation facility in south Florida. He has also provided psychological services in hospitals, outpatient medical clinics, and community mental health clinics providing individual, group, family, and couples therapy, as well as psychological and cognitive assessments and screenings.

On a personal note, Dr. Smith was born in Freeport, Bahamas and raised in Miami, FL. He is married and has two children. He and his family relocated from south Florida to Seattle in 2008. Dr. Smith enjoys watching football and basketball. He roots for all the sports teams from south Florida, but is particularly partial to the Miami Dolphins, the Miami, Hurricanes (Football), The Miami Heat, and the University of Central Florida Knights (his Alma Mater). He is also interested in the martial arts, and is particularly interested in the study of Aikido and has become increasingly interested in the art of Tai Chi. Dr. Smith strongly believes in the interconnectedness of the mind and body and is of the belief that a healthy mind can improve one's body and vice versa. The belief in the mind/body connection is a primary reason he choose psychology as his career.

One of the main reasons Dr. Smith wanted to serve on the Examining Board of Psychology was to provide an opportunity to give back to the profession of psychology, as well as to the community at large. He views serving in this capacity as an honor, is humbled to be selected to serve with the other esteemed members of the board, and is looking forward to growing from this experience and becoming a better psychologist in the process.

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Connecting Interests and Competency

Mark Calkins, Assistant Attorney General

The successful practice of psychology, and the prevention of ethical and legal pitfalls in one's practice, hinge on many variables – one of which is obviously the competence of the practitioner. I offer the proposition that a key ingredient for a career of competent practice for any psychologist is the extent to which one's area(s) of practice connects with one's core interests and values.¹

Competence is defined generally as —the quality or state of being functionally adequate or of having sufficient knowledge, judgment, skill or strength. The qualifying term —sufficient is defined as —marked by quantity, scope, power, or quality to meet with the demands, wants, or needs of a situation or of a proposed use or end.²

When I consider the qualities of those professionals I trust, I see people who appear to be genuinely interested in the services they provide, and to be intrinsically motivated to get the knowledge and skill to deliver such services. These include our plumber, the general contractor we prefer for home remodel and repair projects, the luthier who repairs my guitars, and the family-owned auto-repair business that keeps my aging fleet safe and running. I expect that the reader will have similar positive experiences, as well as disappointing experiences with professionals who were disinterested in their line of work. To illustrate, the plumber I call on (a family business) is enthused and efficient when dealing with plumbing problems or installations – from diagnosing, to fixing, to referring when a different solution or skill set is called for. These professionals are aware of changing technologies, standards and options for their clients. Their consistently competent delivery of services appears to provide them with financial stability. Their fees for services are generally on a par with other professionals in the same field.³ The above examples involve professionals or specialized tradespeople who perform without the robust set of external standards imposed on psychologists.

The board's competence rule considers competence as a functional limit on practice: —The psychologist shall limit practice to the areas in which he/she is competent. Competency at a minimum must be based upon appropriate education, training, or experience. WAC 246-924-353(1). Statutes (e.g., RCW 18.83.115) and rules (e.g., WAC 246-924-354) flesh out some of these standards. The continuing education requirements are intended to maintain or increase —professional or scientific competence in psychology. WAC 246-924-240. The American Psychological Association includes standards for competence under in its —Ethical Principles of Psychologists and Code of Conduct with the caveat that —[psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.⁴ Psychologists working in group practices or agencies typically have the benefit of peer review – an additional source of information for whether one's services conform to standards for competence. **Continued on page 5.**

¹ This is not a novel proposition—the —Strong Interest Inventory ®I addresses the correlation between success or satisfaction in a professional field and one's interest profile.

² *Webster's Third New International Dictionary of the English Language—Unabridged* (2002)

³ My preferred circle of professionals and tradespeople also seems to avoid those tendencies that sabotage the competent delivery of services – e.g., dishonesty, greed, and complacency.

⁴ See APA website at: <http://www.apa.org/ethics/code/index.aspx>

Connecting Interests and Competency Continued

Mark Calkins, Assistant Attorney General

Clearly competence isn't an inspirational goal for Washington licensees. It's a legal and ethical requirement that includes express rules and standards.⁵ These external standards must be understood and followed. If one hasn't read and understood the standards for practice under RCW 18.83 and WAC 246-924, these should be required reading before diving into your next novel.

As important as these external standards are, I conclude that the psychologist's internal interests and values contribute a key component for a competency-based career. The defined practice of psychology, RCW 18.83.010(1), offers a wide range of practice possibilities for licensees. If one is able to identify one's interests⁶ (and how these interests best fit one's aptitudes and life circumstances), I expect there will be a life-long enthusiasm for the effort involved in developing the necessary knowledge and skills to deliver competent services. These internal motivations for one's professional practice are essential fuel for the effort required to deal with the challenges of practice. Both in my current practice as a lawyer and in my former work (in Florida) as a psychologist in a community mental health clinic, I recognize how this interest-based investment in my work energized the efforts required to provide competent services to my clients. I see similar patterns in my attorney colleagues who appear successful in their career choices and areas of practice.

My observations are that the efforts required to provide competent services do not abate as one becomes a more seasoned practitioner. Both a freshly minted psychologist and a 20-year veteran can (and probably should) face and welcome tough cases during each year of practice. If one has been discerning in identifying one's career interests and has plotted a career path that addresses a meaningful fit for these interests, those interests serve as an intuitive and internal compass and motivating force to competently deliver services. The recognition that one's career interests aren't being met with sufficient regularity can, if heeded, lead to decisions to change one's career path or area of practice. I conclude that the psychologist and his or her clients greatly benefit to the extent that the psychologist makes this connection.⁷

⁵ The competence rule, WAC 246-924-353, takes on greater importance as a kind of standard because only a few areas of clinical or forensic practice have express performance standards adopted in rule.

⁶ It is beyond the scope of this article to define or catalogue the kinds of interests that influence the career and practice choices that are relevant to success and satisfaction in one's profession. These interests would include one's core values, ambitions, and preferred modes of learning and working. The reader is encouraged to review his or her priority interests.

⁷ The opinions expressed in this article are solely those of the author and do not represent an opinion or position of the Board or an opinion of the Office of the Attorney General.

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2014 Board Meeting Dates

January 24
March 21
May 16
July 25
September 19
November 14

Public Health – Always
Working for a Safer and
Healthier Washington.

EXAMINING BOARD OF PSYCHOLOGY DISCIPLINARY STATISTICS JULY 2011 THROUGH JUNE 2013

Psychologists

Active Licensed Psychologists - 2,579

Complaints Received - 161

Investigated - 79

Closed after investigation - 56

Legal Action Taken - 16

Summary Action - 1

The board received an increased number of complaints compared to the 2009-2011 biennium; this caused the number of authorized investigations to increase as well.

The number of cases resulting in action taken by the board varies slightly depending on the nature of the complaints received. There has not been a

When there is an immediate danger to public safety, the board may summarily suspend a respondent's license. The board summarily suspended one psychologist.

When a licensee is prohibited from practicing in another state because of unprofessional conduct, there is a mandatory summary suspension of the credential in Washington. The board has not had any of these cases.

How to avoid a complaint: Communicate and document all communication and treatment provided or recommended. These actions alone may not prevent a complaint being filed but will assist the board when evaluating whether a violation of law has occurred. Know your law. Laws can be located on our [website](#).

EXAMINING BOARD OF PSYCHOLOGY

The board is made up of seven psychologists and two public members. Members attend regular meetings, scheduled for one day on a Friday every six to eight weeks. Members are appointed by the governor for five-year terms. If you are interested in applying to be a part of the board, please complete an application on the governor's website at <http://www.governor.wa.gov/boards/application/application.asp> or contact Betty Moe at Betty.Moe@doh.wa.gov with questions.



It is the purpose of the board established in [RCW 18.83.050](#) to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice, continuing competency mechanisms and discipline.