



## Health Professions Legislation Review

In August the team conducting the review of legislation for the health professions circulated a list of professions that in its view required further consideration for legislation. In a meeting with the team the Board was informed that the M.A.'s in psychology were a group still being considered by the team, and that the Board and the Ontario Psychological Association would be invited to present additional comments on the issue of regulation of M.A.'s, or psychometrists, by the end of September.

In view of the importance of legislation affecting psychologists or those who assist them in providing psychological services, the main body of the Board's response to the Review Team on this issue is reproduced here in full for the information of all psychologists. Unfortunately space does not permit the reproduction of the Board's comments on the question of regulating marriage and family therapists, another group under consideration by the Review Team, or the Board's response to the team's paper on the legal issues involved in professional regulation.

In the first part of its submission the Board attempted to outline the reasons why it considers that a decision to register M.A.'s as psychologists would be a retrograde step and a move contrary to the trend in other jurisdictions in the United States and Canada. In the second part it discussed the regulation of psychometry in the context of the criteria for self-regulation developed by the review team.

### 1. Comments on the Registration of M.A.'s as Psychologists

The Board is opposed to any lowering of the academic standards for entry to the profession of psychology and, therefore, we could not support a suggestion that persons whose highest degree is an M.A. in psychology be registered as psychologists. In this section we will set out our reasons for maintaining the view that psychologists registered in Ontario should hold the doctorate:

1. Public expectations of psychologists. Following the expiration of the six-year "grandfather" period in 1966, candidates for registration as psychologists in Ontario have held the doctorate. Of the 1486 psychologists listed in the 1985 Directory of Psychologists in Ontario, we estimate that fewer than 205, or 13.8 percent, of psychologists who were

registered with a master's degree remain on the Register. Over the following two decades the public in Ontario has come to understand the qualifications of psychologists and the level of training and expertise they can expect when they consult a psychologist. To lower the educational standards at this point would in our view confuse the public and have a detrimental effect on the quality of care psychologists provide.

2. Prevailing levels in education and training of psychologists licensed or certified in the United States and Canada. The doctoral degree is the

(Continued on page 2)

## AN INVITATION TO ALL PSYCHOLOGISTS

To celebrate twenty-five years in the regulation of the profession of psychology in the Province of Ontario:

The Ontario Board of Examiners in Psychology  
extends a cordial invitation  
to  
Psychologists and their Guests  
for  
Dinner  
on  
Thursday evening, February 13, 1986  
at eight o'clock  
in  
The Ballroom  
Hilton Harbour Castle Hotel  
Toronto, Ontario

Reception: 7:30 p.m.

The guest of honour will be the Honourable Murray Elston, Minister of Health.

Tickets for the dinner have been set at cost and may be reserved by forwarding a cheque for \$35 per person to the Board office. Tickets reserved through the Board office will be mailed out a few weeks prior to the dinner.

Dinner tickets will also be available from the Ontario Psychological Association who have kindly consented to co-sponsor the dinner during their Annual Meeting.

generally accepted level of training for the professional psychologist in the United States and Canada. It is the requirement for full membership in the Ontario Psychological Association, the Canadian Psychological Association, and the American Psychological Association. It is required for licensing as a psychologist in 45 of the 50 states in the U.S.A.; in Canada it is required for registration as a psychologist in British Columbia, Manitoba, Saskatchewan, Ontario and, as of 1985, is now required in Alberta. Under proposed legislation the doctorate would also be a requirement for licensing-certification in Newfoundland.

3. The responsibilities of a psychologist. Recent empirical data suggest that the responsibilities of psychologists extend beyond the routine performance of assessments or the provision of various forms of intervention. A job analysis of psychologists in the United States and Canada conducted recently by Rosenfeld, Shimberg, and Thornton<sup>1</sup> indicates that the competent practice of the profession is heavily dependent on investigative and research skills, on analysis and judgment. (We attach a copy of Table 4 from the Board's second submission.) The data show that, even for clinical psychologists, important components of intervention involve planning and evaluation, and tend to support the Board's contention that the skills required for the independent practice of psychology go beyond those required, for example, for the administration and interpretation of psychological tests, or the conduct of one of the therapies.

An example from the study may illustrate this point. The study reveals that, although conducting therapy is judged to be an important responsibility for clinical psychologists, equal if not greater importance is attached to the responsibilities to "revise an intervention strategy" when necessary or to "monitor the effectiveness of an intervention" (that is, are more heavily loaded on the intervention factor than direct assistance with a personal problem itself.)

The exercise of professional judgment occupies a central position among the various responsibilities held by psychologists. The competent practice of psychology is therefore not simply a matter of using a specific skill, but depends on the correct decision regarding when and how to use it.

The conventional view as expressed by the fraternal associations in Canada and the United States, as well as the consistency of this view with the findings of the Rosenberg, Shimberg, and Thornton study, and with the earlier research of Richman<sup>2</sup>, tend to support the Board's view that the independent practice of psychology requires the knowledge and skills acquired in a doctoral program, regardless of specialty.

The Board acknowledges that a master's program in psychology may provide skills in some distinct areas of practice, but would point out, however, that this is partial preparation, and is not at the level expected of the professional psychologist.

In twelve states and now in one province (Alberta), a second level of licensing or certification is provided for master's-level personnel, but most legislation includes a supervision requirement. Although many states have separate legislation recognizing "school psychologists" at the master's level, this too tends to limit school psychologists to practice as employees of school boards.

It is evident that the responsibilities psychologists assume require extensive training through courses, research and practice which simply cannot be encompassed in a period of less than four years post baccalaureate, a standard the master's degree does not meet. In general, therefore, the Board believes it is on firm ground in viewing the M.A. level of training as insufficient for the demands, responsibilities, and expectations imposed on psychologists. This view would extend to all master's-level programs whether or not a clinical component were included.

Nevertheless, the Board would welcome the support of the government, through the Ministry of Universities and Colleges, for broadening the opportunities open to M.A.'s to continue their studies toward the doctorate in psychology. In particular, we would welcome the enlargement of existing graduate programs in applied psychology, and increased funding for graduate fellowships and internships in applied psychology.

<sup>1</sup>M. Rosenfeld, B. Shimberg, and R.F. Thornton Job Analysis of Licensed Psychologists in the United States and Canada: A Study of Responsibilities and Requirements. Princeton, N.J.: Educational Testing Service, 1983.

<sup>2</sup>Shanna Richman Role Delineation Study for the Examination for Professional Practice in Psychology: A Report for the American Association of State Psychology Boards. New York: Professional Examination Service, 1982.

TABLE 4 - LOADINGS FOR RESPONSIBILITIES ON INTERVENTION FACTOR  
FOR CLINICAL PSYCHOLOGISTS

(from Rosenfeld, Shimberg, and Thornton, pp. E4-E5)

**Dimension III: Intervention.** This dimension involves the setting of realistic goals for dealing with a problem, planning intervention strategies appropriate to the situation and discussing alternative courses of action with those concerned. Of high salience in this dimension are such functions as monitoring and evaluating the effectiveness of the intervention strategy and modifying or revising that strategy as necessary. On the basis of the initial assessment, the client or patient may be referred to another professional for help; or the services of other professionals with specialized skills, (e.g., remedial or rehabilitation specialists, physicians, occupational training specialists) may be enlisted. In the latter case, the psychologist maintains liaison with agencies, organizations or other service providers who may be assisting the client or patient in dealing with the problem. Assuring the privacy and security of client records is also encompassed by this dimension.

<u>Responsibility Number</u>	<u>Description</u>	<u>Factor Loading</u>
35.	Modify or revise intervention strategy as necessary	.64
34.	Monitor and evaluate effectiveness of the intervention(s) in meeting specified needs	.63
24.	Set realistic goals and expectations with client and/or significant others taking into consideration such factors as time, resources available, and cost	.60
21.	Plan intervention strategies appropriate to the specific problem or situation	.55
23.	Discuss alternative courses of action with client/patient and significant others (e.g., relatives, teachers, employers, managers)	.53
20.	Based on assessment of the problem, refer client or patient to other professionals or organizations as appropriate	.51
33.	Maintain liaison with other agencies or service providers on behalf of clients, patients, or other individuals who may have been referred for assistance	.50
43.	Assure privacy and security of client's records in accordance with professional standards and guidelines	.50
32.	Recommend and/or arrange for services of other professionals (e.g., remedial or rehabilitation specialists, physicians, occupational training specialists) to help in dealing with problem(s) defined	.49
1.	Conduct interviews with client/patient, family members or others to gain an understanding of an individual's perceived problems	.49
25.	Obtain client's informed consent when treatment or procedure involves risks	.42
26.	Provide assistance to individuals regarding personal or organizational problems	.41

TABLE 4 (continued)

Dimension III: Intervention

<u>Responsibility Number</u>	<u>Description</u>	<u>Factor Loading</u>
55.	Keep abreast of professional and scientific developments (e.g., reading literature, participating in continuing education programs, attending professional meetings)	.41
5.	Observe the behaviour of individuals who are the focus of concern	.40
6.	Organize and evaluate information and/or observational data to determine what additional information may be needed	.38
2.	Take a personal history from client/patient or relevant others to gain an understanding of an individual's perceived problem(s)	.38
17.	Discuss the preliminary interpretation(s) with the individual client/patient, and/or concerned others (e.g., relatives, teachers, managers) before arriving at diagnosis or problem definition	.37
7.	Develop an approach or plan for the systematic collection of additional data needed for problem delineation	.36

Provide assistance to individuals regarding personal or organizational problems

## 11. Comments of the Ontario Board of Examiners in Psychology Concerning the Possible Regulation of Psychometry

For the purpose of this submission the Board understands Psychometry to include only those paraprofessionals who possess a master's degree in psychology and demonstrable skills as required for supervised practice, whether this be in an institutional setting or in a psychologist's private practice. The Board does not consider it within its mandate to comment on the regulation of paraprofessionals whose degrees are not in psychology, and it opposes the regulation of those with lesser qualifications.

Second, if psychometry were to be regulated, the Board suggests that persons regulated in this area be designated Psychological Assistants or Psychological Associates. The first of these terms seems preferable, as it denotes a supervisory relationship with psychologists, whereas Psychological Associate suggests a partnership and may be confusing and misleading to the public.

The following points present the Board's perspective on the regulation of psychological assistants as defined above, given the criteria used by the Review Team:

1. Relevance to the Minister of Health. M.A.'s will be engaged in work in other ministries and in the "promotion or restoration of health" to an extent similar to that exhibited by psychologists, and the Committee considers that psychologists meet Criterion 1. The Board considers therefore that the work of psychological assistants in health settings is relevant to the Minister of Health.
2. Risk of harm. The potential for harm in unsupervised situations exists. However, most M.A.'s in health settings already practise under the supervision of a psychologist who is responsible for the quality of care provided to the client.
3. Sufficiency of supervision. An undetermined, but probably small, number of M.A.'s practice independently in the larger urban centres under unregulated titles as "psychotherapists", "psychoeducational consultants", and so on. Others are employed in the absence of supervising psychologists by small school boards, small hospitals, or management consulting firms to administer and interpret tests. Some may provide counselling services. A stronger enforcement clause in a new psychology Act could reduce the danger to the public presented by unregulated independent practitioners using the prefix "psycho" in presenting their services to the

public. The Board is also convinced that strengthened restrictions on the title, or its variants, are required even if psychometrists are certified at the M.A. level under one of several possible titles.

4. Alternative regulatory mechanism. At present, any person who works under the supervision of a psychologist must meet the standards set for psychologists and the supervising psychologist is accountable in ensuring this. There is no compelling evidence that the public sees the need to regulate M.A.'s or believes it is endangered under the present system, although the public is protected by regulation only when the psychological assistant is supervised by a psychologist, and not when the paraprofessional carries out similar functions using a title which is not protected under the Act. This is an acceptable situation.

If regulation of M.A.'s were to be introduced in the form of a two-level Act we would not object, in principle. However, it is expensive and unwieldy, and the details of implementation would require considerable consultation and effort. At present, there are no compelling reasons for endorsing this alternative. There is no evidence that the public would be better served than it is at present. Indeed, it is not clear to this Board that this alternative would be acceptable to the paraprofessionals presently functioning as psychological assistants in Ontario. For these reasons, the Board does not recommend the adoption of this alternative at the present time.

The regulation of psychometry via an independent Act is not an acceptable alternative because the master's degree in psychology does not prepare its graduates for autonomous practice. Furthermore, the distinction between psychometry and psychology would be at best vague for the general public. The Board believes that the public would not be well served by this alternative, and therefore opposes it.

5. Body of knowledge. The group of M.A.'s does not call upon a body of knowledge distinct from that of psychologists. In fulfilling the requirements for a master's degree in psychology from a recognized institution of higher learning, the candidate is fulfilling in part the requirements for the doctorate; the extent of study is briefer and the standard is lower, but the subject matter is essentially the same.

In practice, the activities M.A.'s perform are supportive of the activities of psychologists, but they do not constitute a "clear, integrated and broadly accepted whole". To the contrary, each

individual tends to perform a narrow specialized subset of psychological activities.

For example, individuals may administer and score predetermined batteries of psychological tests at the request of a psychologist; they may also prepare reports for review by the psychologist; and some will provide specific forms of treatment specified by and under the supervision of a psychologist. They usually are selected by psychologists for work in a structured setting within a department of psychology that has established standards and procedures for the provision of psychological services.

6. Education requirements for entry to practice. In choosing to discuss the M.A.'s in psychology we have hypothetically predetermined the entry requirements. However, if members of this group were to be certified under legislation it would be necessary to refine the educational requirements somewhat as the Board has found necessary in screening doctorates in psychology. A model for this training arrangement is provided by the Temporary Register of psychologists comprising those candidates who are gaining the required post-doctoral supervised experience and taking the written and oral examinations for registration. If regulating M.A.'s is found to be necessary, the Board would like to be consulted on these and other details.

7. Leadership's ability to favour the public interest. It is not clear how we would identify the leadership of the group of M.A.'s in psychology. The OACPP is an organized social group with a leadership, but it is questionable that it represents the group of M.A.'s in psychology in the province, insofar as its membership (approximately 125) has a variety of unspecified qualifications. On the other hand, those M.A.'s in psychology (71) who are Associate Members of the Ontario Psychological Association (OPA) have accepted the leadership of the OPA and have not spoken as a separate group to the issue of their self-regulation.

The leadership of the OACPP, on the other hand, has in our view failed to address in their brief some of the important public protection issues in the provision of psychological services. One example would be its contention that an Honours B.A. provides an adequate preparation for the independent, unsupervised provision of psychological services to the public.

8. Likelihood of compliance. In the past, the Special Interest Group of M.A.'s within the Ontario Psychological Association indicated considerable

willingness to comply with regulations. We have no evidence that would lead us to believe they would be unwilling to comply.

9. Sufficiency of membership size and willingness to contribute. It is not clear that numbers are sufficient to staff committees of a governing body or to maintain a separate professional association. The present membership of the OACPP (125), which is only partly made up of M.A.'s, is small, as is the number of M.A.'s within the Ontario Psychological Association who, as we have indicated, do not speak with a separate voice. Although not a major point in itself, the probable insufficiency of numbers reinforces our view that the regulation of psychometry via an independent Act would be neither appropriate nor feasible.

In conclusion, the Board sees no compelling reason to regulate psychometry, nor does it see any clear evidence of a constituency.

Please forward any address changes to the Board office by December 16, 1985 to appear in the 1986 Directory.

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