

**The Board of Educational Affairs (BEA)/Board of Professional Affairs (BPA) Task Force to  
Delineate Competencies for Students Completing Master's Level Programs in Health Service  
Psychology**

**Conference Call Minutes (FINAL)**

**September 27, 2019**

Present on the call: Timothy A. Cavell, PhD (Chair); Olufunke O.R. Awosogba, PhD; Carlen Henington, PhD; Arpana G. Inman, PhD; Ellen I. Koch, PhD; Jim Lichtenberg, PhD, ABPP; Juan R. Pantoja-Patino, MS, NCC; Celeste Malone, PhD.

APA Staff: Catherine Grus, PhD; Lynn Bufka, PhD; Jessica Andrade.

Members not present: Kristin L. Dempsey, MFT, LPCC, EdD.

Guest: Larry Beer, EdD, President, Child and Family Psychological Services

A list of guiding parameters were reviewed and discussed by the group. Overall, members agreed the list was a good summary of considerations that the group had discussed during the in-person meeting. Members also provided feedback on the parameters. The parameters will be used in the description of the task force process in the final product.

Larry Beer, EdD, (guest) who is the President of the Child and Family Psychological Services in Kalamazoo, Michigan, provided the group with information about the setting he works in and the types of mental health providers he hires. Dr. Beer also discussed the application process, the type of coursework and training he looks for when he hires, and multicultural competence. Several members asked questions related to master's level provider competencies, including in regard to doctoral level providers.

**Action Steps**

Members are asked to continue their work within their assigned groups, and report on their progress (and get input from the full task force) during the next conference call.

The Chair asked two members of the Task Force to work on the language for the depth of knowledge section.

**Next Meeting**

October 25, 2019 from 2:30PM – 4:00PM (eastern)

Parameters (Exhibit 1)

Sample questions asked of Dr. Beer (Exhibit 2)

### **Working List of Guiding Parameters for the Writing of MHSP Competencies**

1. Borrow from the HSPEC competencies document
2. Identifying/drafting competencies that distinctly MHSP vs. DHSP
3. Identify associated depth of knowledge for MHSP vs. DHSP
4. Be attuned to the science that underlies each competency domain
5. Infuse EDI into all domains
6. Appreciating that HSPs operate in multiple systems (not just health care)
7. Attend to verb choice when specifying knowledge, attitudes, versus skills.
8. Use an introductory comment versus a commentary at the end
9. Consider whether our list of competencies might be viewed by those currently involved master's programs in psychology.
10. Consider what is missing regarding practice expectations of M-HSPs
11. Consider technology-related competencies in each domain
12. Consider issues of population health

**Questions the Masters Competency Task Force Asked Jeff on 9/27/19**

1. Talk about the distinction between individuals with doctoral vs. masters training.
2. Can you speak to the differences between a masters in psychology and a masters in other disciplines?
3. For those master's level psychologists, are you looking at clinical or counseling training or are you looking at training in schools as well?
4. Could you speak to particular practice niches or service types that you wish masters level individuals could do that they are not able to do yet? Are there some areas where you wish you had more providers who could meet those needs?
5. Are there gaps in services your patients need that are not yet being served?
6. Masters level individuals are not doing testing. If they did get reimbursed for testing, would you want to hire masters level individuals?
7. You mentioned personalities. I wonder about the qualities you look for in terms of approach with clients. Do they ascribe to a particular theoretical approach or range of approaches? How to they use their approach with clients?
8. If you hire a masters level clinician and a doctoral level clinician, do you expect them to do the same thing? (Follow up reflection that functioned to further clarify the answer: You would plug them into different roles depending on their training and testing.)
9. Are there times when you look at the masters/doctoral individuals and make a distinction between their assignments?
10. Do you find a great diversity among masters and doctoral hires?
11. Do you see masters vs. doctoral hires conceptualize cases differently regarding diversity and systems issues? What theoretical approaches are they integrating and are the able to conceptualize with different levels of complexity?
12. Are you getting an elite group of master's level clinicians to hire? Who are you not hiring?
13. How do you establish quality control for therapists?
14. Is it hard to find doctoral level psychologists?
15. What do you see are the characteristic distinctions between the masters and doctoral level clinicians?
16. When you are interviewing someone, what does the review process look like and what are you looking at (e.g. coursework, experience)?
17. All things being equal, how important is the degree in determining who you hire?
18. How do you feel about master's level providers practicing independently? Do you have any qualms about these individuals practicing independently?
19. If you had a masters level person who needed to be supervised vs. a master's level provided (e.g. social worker) who did not need to be supervised, who would you hire?
20. What is the lowest academic level we advocate for when considering professional extenders (e.g. physician assistants and nurse practitioners).
21. What do you know about your patient outcomes?