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August 3-6, 2017 | Washington, D.C.

Symposia Title:

Bridging the gap between science and practice: A vital role of continuing education in psychology

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Seeking Good CE in Addiction Psychology: Building the Bridge from Here to There

Presentation 1:
J. Kim Penberthy, Ph.D., ABPP
Bruce Liese, Ph.D., ABPP

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Seeking good continuing education in addiction psychology: *Building the bridge from here to there*

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Drs. Penberthy & Liese have no financial disclosures to make.

Accessing CE: The Consumers' Experience

- **Our Hypothesis:** ***The consumer should be able to easily access accurate, current, informative, robust, quality continuing education.***

- **We explored offerings for continuing education in addiction psychology: Why Addiction CE?**
  - Often not extensively covered in graduate programs of psychology
  - Topic of increasing importance in the field of psychology due to steady rates of addiction
  - Content area of addiction is sufficiently specific and circumscribed to allow a comprehensive search of offerings in limited states

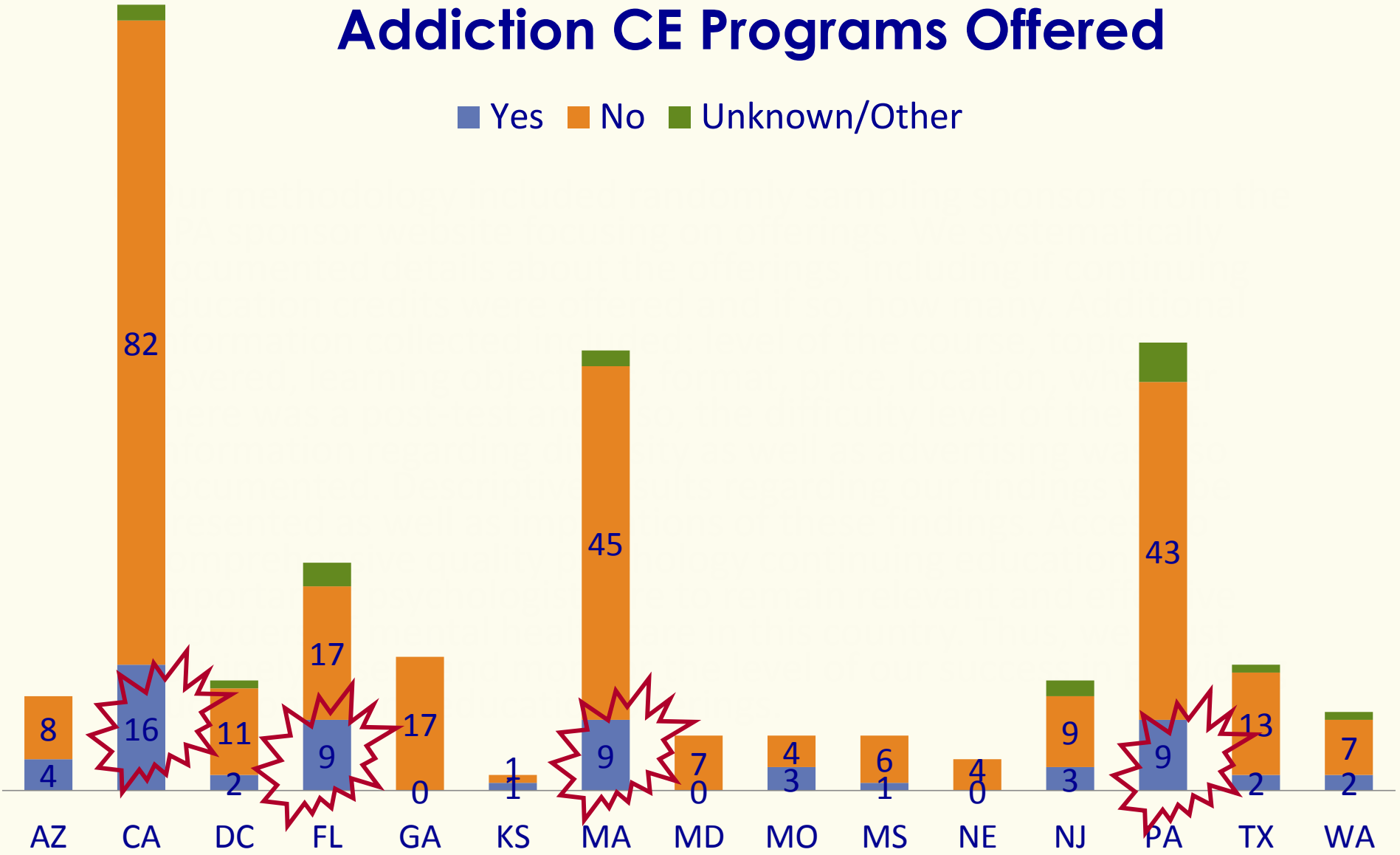
Methodology

- **Surveyed APA sponsor website:** ***focused on sponsors' offerings in 15 predetermined states***

- **Systematically documented details about the individual course offerings:**
  - *Location*
  - *Format*
  - *Learning objectives*
  - *Topic/Content*
  - *Cost*
  - *Level*

- **Results analyzed via descriptive format**

Addiction CE Programs Offered



Details of Addiction CE Offerings

- 352 APA approved sponsor listings in 15 states
- 61 (17%) clearly offering addictions related CE
- Learning Objectives (LOs):
  - 58 of 61 (95%) listed clear and appropriate LOs
- Level of Courses Offered:
  - 12 offered beginning level courses
  - 5 offered intermediate
  - 3 offered advanced
  - 9 offered "all"
  - 37 (61%) did not specify level

Details of Addiction CE Offerings

- Delivery Format:
  - 29 live/In-person offerings
  - 32 online offerings
  - 5 both formats

- Price per credit:
  - 9 free of charge
  - 32 charge a fee or membership
    - Range from $5 to $723 (for certificate in Addictions Counseling) per credit
    - $18 per credit hour average cost with outlier removed
  - 25 (41%) unknown price per credit

Details of Addiction CE Offerings

Specific Topics Covered (number of programs offered):

- Introduction to addiction/substance abuse (14)
- Trauma/Veterans (7)
- Adolescent addiction (5)
- LGBTQ (3)
- Lifespan/elderly (3)
- Co-occurring disorders (3)
- Sexual behavior (2)
- Mindfulness (2)
- Pain (2)

One program each of: ethics, general cultural issues, attachment, addiction & women, prescription drug abuse, primary care role; DBT, Family Systems Theory

Strengthening the Bridge

Examples of CE programming that can be improved

- Cultural competency/diversity issues not adequately addressed (Standard B. 5.)
- Content materials not graduate level (D. 3.)
- No mention of alternative theories or data or limitations of content or the severe and most common risks regarding content (D. 5.)
- Post test not of sufficient depth to adequately determine the level of learning achieved (E. 3.)
- No description of target audience/instructional level (G. 1.b.)
- Cost per credit not provided (G. 1.d.)

**These are representative of common areas of weakness in applications & do no reflect any one specific application.*

Conclusions

- Where you live matters…maybe
  - *Some states had no APA approved Addiction CE, but there are many quality online options offered online from other states*
- The course level not always identified
  - *But, learning objectives are listed & helpful*
- Challenging to know the cost per credit
  - *When listed, costs are typically reasonable*
- Many different & diverse topic options!
  - *Diversity issues not always addressed*

Future Directions

- Access to comprehensive quality psychology continuing education is important if psychologists are to remain relevant & effective providers of mental health care in this country.

- Routinely assess and monitor the level of our success in providing robust and relevant continuing education.

- Continue to expand diverse offerings and use technology effectively.

Thank you!

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Continuing education in psychology: APA's process and perspective

Presentation 2:
Antoinette Minniti, PhD, CPsychol
American Psychological Association

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APA's process and perspective

The What, Who and How

- What is the Office of CE Sponsor Approval?
- Who is the Continuing Education Committee?
- How do the two entities work together?

APA's process and perspective

APA's Office of CE Sponsor Approval (CESA):

- Facilitate psychologists' access to CE programs
- Oversee the process of organizations seeking to become APA-approved sponsors and offer CE to psychologists
- Manage the reporting processes for 800+ sponsors
- Operate as team of four

NB: Distinct from CEP office and CoA

APA's process and perspective

APA's Continuing Education Committee (CEC):

- Develop policy and program recommendations for APA CE
- Provide educational and technical assistance
- Review applications – twice yearly, 3-day meetings
- Identify, promote, implement, and evaluate research, development and innovations in CE/CPD
- Operate as committee of 14 who are all:
  - Volunteers, APA members, representative of discipline of psychology, committed to outstanding CE

APA's process and perspective

CESA and CEC work collaboratively to:

- establish and implement policy and program recommendations
- regulate standards and criteria
- ensure the highest level of quality is maintained in program planning, management and delivery

APA's process and perspective

An evolving discipline requires ongoing collaboration:

- Quality Professional Development and Continuing Education Resolution
  - Approved by APA's Council of Representatives (August 2013)
- Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists
  - Approved by Council (August 2015)
- CESA works with the Committee to promote excellent quality continuing education, ensure adherence to S&C, and develop sponsor resources

APA's process and perspective

Conclusion: Our process and perspective distilled

1. As psychology evolves, so do we
2. Focus on developing and promoting excellent CE programming
3. Verifiability, accountability, evaluation are necessary to this process
4. Quality CE should be accessible and useful to psychologists who are required to protect consumers and the public
5. We are receptive to ideas and always striving to enhance our resources and support

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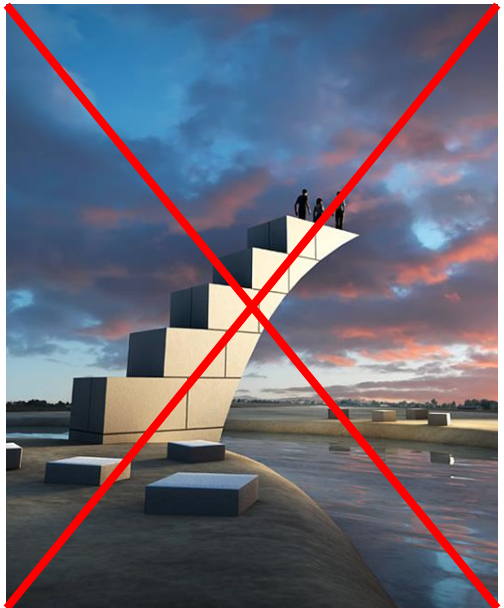

Avoiding a Bridge to Nowhere: Finding the Road to Quality CE Offerings

Presentation 3:
Karen B. Schmaling, Washington State University

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Outline

- What constitutes quality CE
- Bridge: Council resolution on quality to the Standards & Criteria

<Most of the presentation will focus on Standard D.1. with a few examples of other components of quality>

- Standard D Educational and Technical Assistance
- Parsing Standard D.1.
- Division 12 Treatments site: one source of empirical evidence
- Potential programs and Standard D.1.1. evidence
- Standards D.1.2. and D.1.3.: Example programs
- Suggestions for sponsors

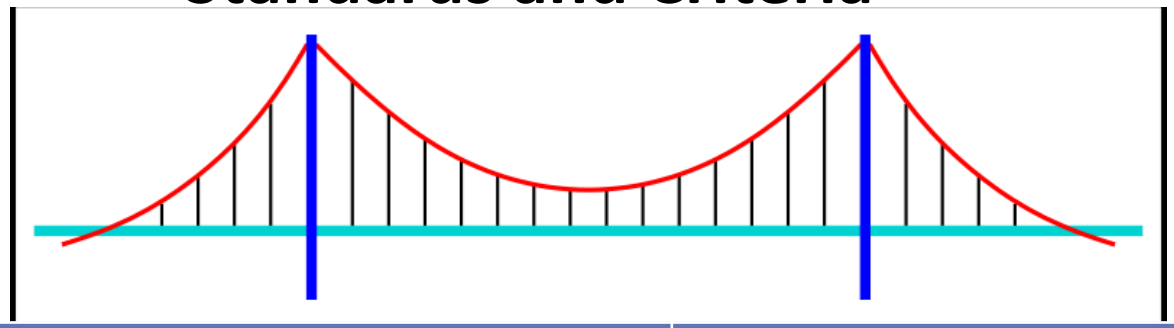
CESA and CEC work to ensure quality… what is quality?

(Not an exhaustive list, see http://www.apa.org/about/policy/improving-quality.aspx)

"Quality continuing professional development activities and continuing education programs should…

- be dedicated to an evidence-based approach with content substantiated by the empirical literature
- serve the purpose of enhancing and improving psychologists' skills especially in term of service to the public
- reflect current research on diversity related topics and be committed to a multiculturally competent approach
- incorporate presenters with expertise in the program content
- be accessible to all psychologists, including those with disabilities…"

Bridge between Council resolution on CE quality and the Standards and Criteria



APA Council Resolution (8/2013)	Standards and Criteria include:
evidence-based approach with substantiated by the empirical literature	D.1., D.2.
serves to enhance and improve psychologists' skills	A.1., C.1., C.2., D.4.
reflects current research on diversity & commitment to multicultural competence	B.5.
presenters have expertise in the program content	C.3.
accessible to all psychologists, including those with disabilities	B.6.

Standards & Criteria Educational and Technical Assistance (ETA)

"The responsibility is on the applicant to provide substantive and convincing evidence that the programs meet the requirements of Standard D. Applicants must adequately establish the *bridge* between program content and the elements of the criteria using appropriate evidence. The more distant a topic appears from core disciplinary knowledge, the greater the responsibility of the sponsor to demonstrate the connection of improvement of services to the public…"

If the program involves interventions or assessments to be used with clients, Standard D.1.1. *MUST* be addressed!

D.1.1. Program content focuses on application of psychological assessment and/or intervention methods that have overall **consistent and credible** empirical support in the *contemporary* peer reviewed scientific literature beyond those publications and other types of communications devoted primarily to the promotion of the approach.

* * *

Example interpretations and applications:

Consistent and credible = at least 3 current, relevant, supporting and complete references (in APA format)

Contemporary = in the last 10 years

Peer reviewed scientific literature = not books or book chapters

Example source of treatment research support: Division 12 (Society of Clinical Psychology) Treatments website

http://www.div12.org/psychological-treatments/

- Treatments characterized in terms of the strength of the research support
  - Strong = well-established, converging, independent investigators;
  - Modest = limited studies with suggestive results;
  - Controversial = conflicting results or lack of evidence to support hypothetical mechanism
- You may take issue with the methods used, but it may be difficult to justify the empirical basis of programs characterized as having no research support

Example Screen-shot of Summary for PTSD

PSYCHOLOGICAL TREATMENTS

- Prolonged Exposure NEW (strong research support)
- Present-Centered Therapy (strong research support)
- Cognitive Processing Therapy NEW (strong research support)
- Seeking Safety (for PTSD with co-morbid Substance Use Disorder) (strong research support)
- Stress Inoculation Therapy (modest research support)
- Eye Movement Desensitization and Reprocessing (strong research support/controversial)
- Psychological Debriefing (no research support/potentially harmful)

Potential program: *Cognitive therapy for depression*

Citation	Bridge to criteria?
Hollon, S. D., DeRubeis, R. J., Fawcett, J., Amsterdam, J. D., Shelton, R. C.,… Gallop, R. (2017). Effect of cognitive therapy with antidepressant medications vs antidepressants alone on the rate of recovery in major depressive disorder: A randomized clinical trial. *JAMA Psychiatry, 71*, 1157-1164.	YES
Dimidjian, S., Hollon, S. D., Dobson, K. S., Schmaling, K. B., Kohlenberg, R. J., … Jacobson, N. S. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology, 74*, 658-670.	NO: relevant, but published over 10 years ago
Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York, NY: Guilford Press.	NO: not in the peer reviewed scientific literature and about disseminating the approach
Porter, E., & Chambless, D. L. (2015). A systematic review of predictors and moderators of improvement in cognitive-behavioral therapy for panic disorder and agoraphobia. *Clinical Psychology Review, 42*, 179-192.	NO: not evidently relevant to program content

To better address criterion D.1.1., add 2 other contemporary studies supportive of CT for depression in the scientific literature.

Potential program: *Yoga for depression: An experiential workshop*

Citation	Bridge to criteria?
Prathikanti, S., Rivera, R., Cochran, A., Tungol, J. G., Fayazmanesh, N., & Weinmann, E. (2017). Treating major depression with yoga: A prospective, randomised, controlled pilot trial. *PLoS One, 12(3).*	?: small *n*, *M* for post-tx yoga group tx in mildly depressed range, no differences from attention control @ 2, 4, & 6 weeks, only @ 8 weeks
Cramer, H., Anheyes, D., Lauche, R., & Dobos, G. (2017). A systematic review of yoga for major depressive disorder. *Journal of Affective Disorders, 15*, 70-77.	NO: "methodological problems and the unclear risk-benefit ratio preclude definitive recommendations for or against yoga as an adjunct treatment"
Ferretti, A. (Oct. 27, 2007). Feel happier: Poses for depression & anxiety. *Yoga Journal.*	NO: not in the peer reviewed scientific literature

At this time, the references provided do not appear to provide evidence of consistent and credible empirical support for yoga as a treatment for depression. In addition, ETA for Standard G. states, "the portion of the program devoted to personal exposure (to the technique) may not be offered for CE credit."

Potential examples of D.1.2. and D.1.3. programs

D.1.2. Program content focuses on ethical, legal, statutory, or regulatory policies, guidelines, and standards that impact psychological practice, education or research

- Implications of "Joel's Law" in Washington State
- Ethical best practices and the use of technology

* * *

D.1.3. Program content focuses on topics related to psychological practice, education, or research *other than* application of psychological assessment or intervention methods…

- Statistical techniques for use in clinical trials research
- Neurophysiology of acute and chronic pain

Suggestions for Sponsors

- Consult the Educational and Technical Assistance (ETA) components of the Standards and Criteria
- Take advantage of the opportunity to submit a draft application for review by CESA staff (75-45 days prior to the published submission deadline)
- Keep in mind that APA approves sponsors, not individual programs, but example programs are reviewed in the process of approving sponsors

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The Impact of Continuing Education in Psychology: Does it Succeed in Bridging the Gap?

Presentation 4:

Greg Neimeyer, PhD

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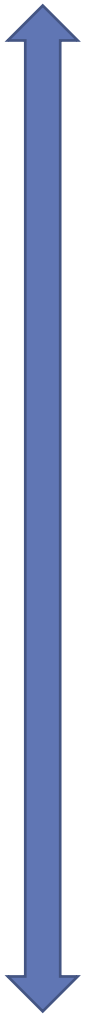
Continuing Education (CE) is Part of Scien(CE) and Practi(CE)

A Scorching Assessment and a Scurrilous Claim

"The study of continuing education [in psychology] remains in its infancy. As it currently stands, it can best be described as a pre-experimental patchwork of isolated surveys conducted largely on localized samples of convenience. These efforts have not yet risen to the level of programmatic research. And for that reason they have not yet demonstrated the methodological progress or systematic knowledge gains that would ordinarily accompany a sustained program of research. The discrepancy between the field's reliance on CE, and its scholarly dedication to the understanding of CE, is a striking, and now enduring, feature of its professional landscape."

-Neimeyer, Taylor and Wear, 2009

Weakest



Strongest

Outcomes	Generates	Description	Methods
Level 1 Participation	Unknown	Completion	Attendance
Levels 2 Satisfaction	Appraising	Evaluation of the Program	Participant Survey
Level 3 Declarative Learning	Knowing	Content Learning	Subjective and/or Objective Assessment
Level 4 Procedural Learning	Knowing How	State How to apply	Assess procedural application
Level 5 Performance	Doing	Demonstrates in Learning Environment	Simulations or Skill Rehearsal
Level 6 Competence	Assimilating and Generalizing	Translates to Practice Environment	Self-Report, Charts, Peer or Record Review
Level 7 Patient Outcomes	Individual Impact	Demonstrated Improvement	Patient Self-Report or Records Review
Level 8 Community Health	Societal Impact	Demonstrated Community Impact	Epidemiological data Community Survey

Level 1: Participation

Mandates Matter

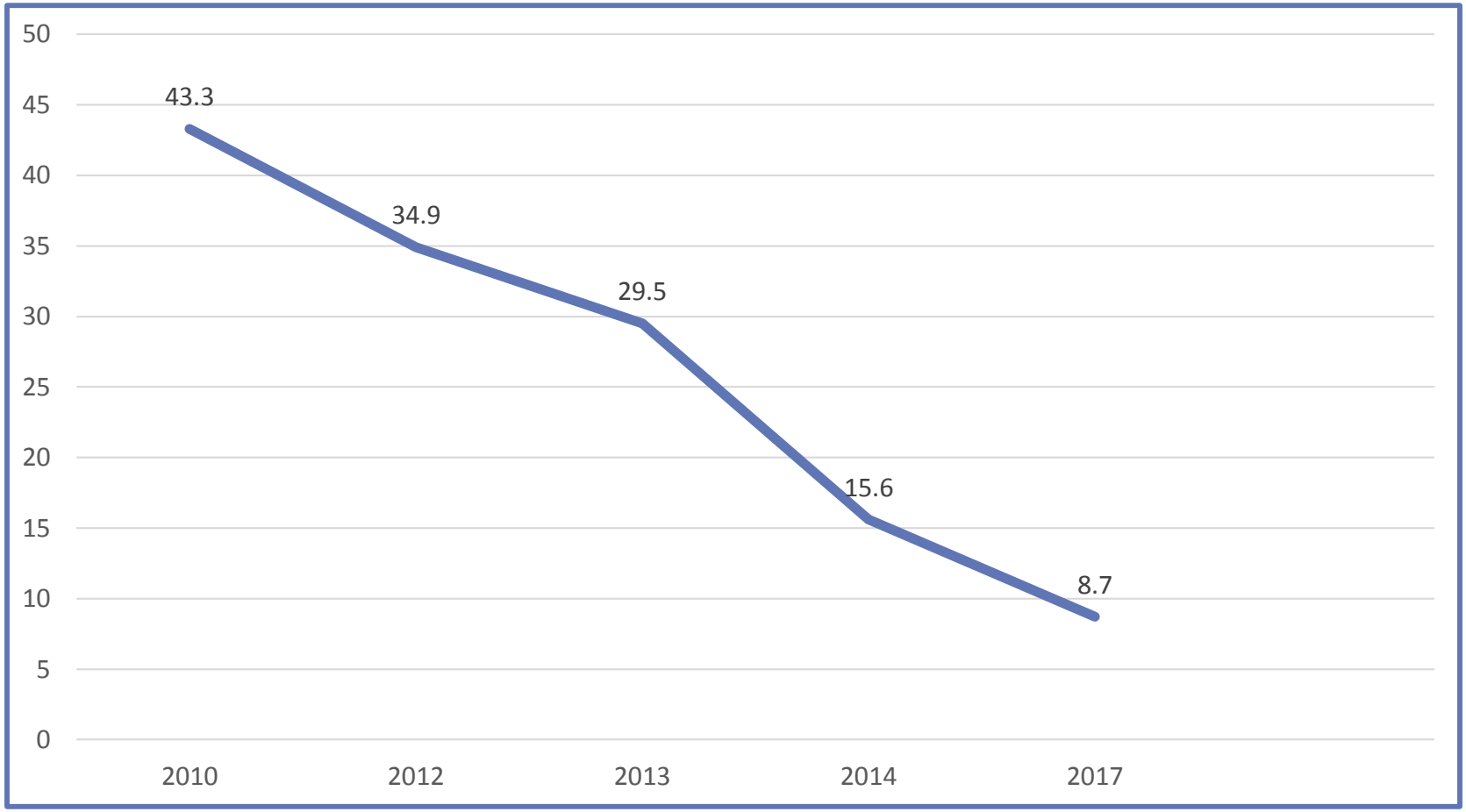
- On average, professional psychologists complete about 22 CE credits per year
- Those in CE mandating states complete a full one-third more than those in non-mandating jurisdictions

- **Mean Number of Reported CE Credits Completed Per Year for Year for Mandated and Non-Mandated Psychologists (Cumulative Percentages)**

Neimeyer et. al., 2009

Number of CE Credits	Mandated (n = 3,555)	Non (n =1,399)
0	1.0%	8.1%
5 or fewer	1.6%	18.0%
10 or fewer	9.6%	44.7%
15 or fewer	27.3%	63.9%
20 or fewer	59.9%	78.3%
25 or fewer	73.8%	86.4%
30 or fewer	84.4%	91.3%
35 or fewer	86.3%	93.0%
40 or fewer	91.8%	96.0%
45 or fewer	93.2%	96.3%
50 or fewer	96.3%	97.8%
100 or fewer	99.7%	99.8%%

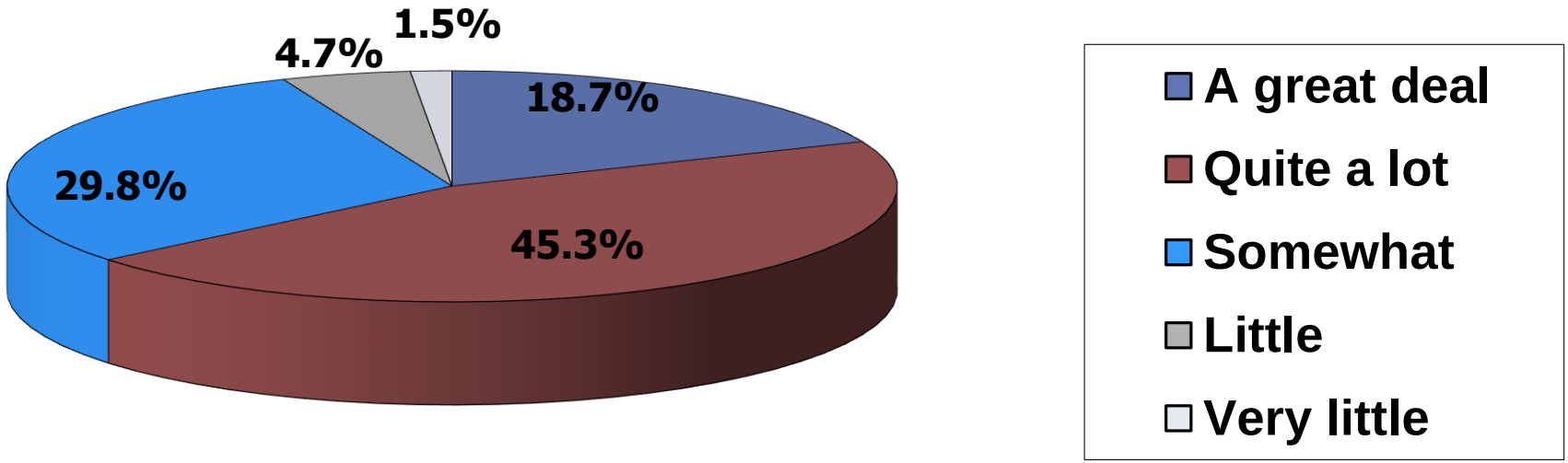
Percentage of “CE Minimalists” Across Time



Level 3: Declarative Knowledge More Subjective than Objective Appraisal

CE results

Overall, how much do you feel that you have learned as a result of your continuing education?

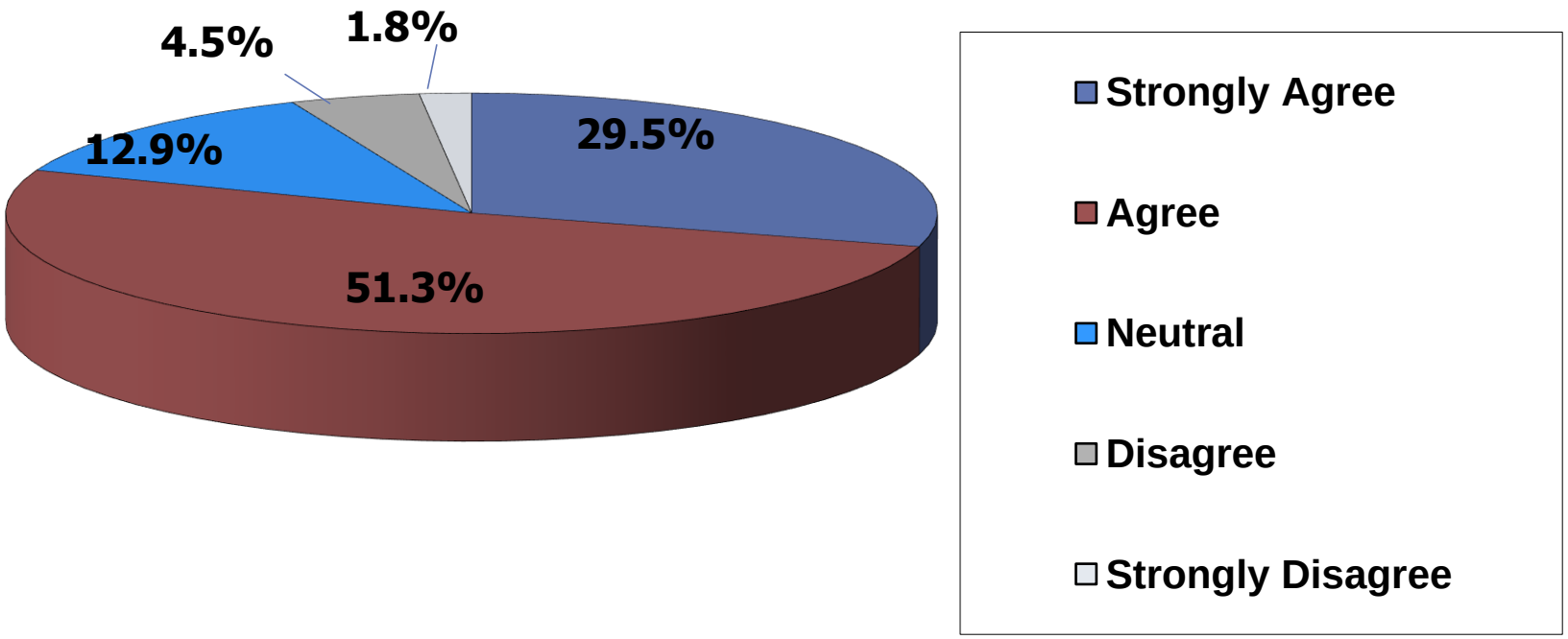


Level 6: Competence

Perceived Competence and Correlations with Measures of Competence

CE results

Overall, do you believe that CE has helped you to be more effective in your work as a psychologist?



Correlations Among CE and Measures of Professional Competence

Taylor et. al., 2017 (N=604)

	Formal CE	Informal CE	LLL Orient	CSES	PCS
Formal CE	1	.13**	.21**	.21**	.23**
Informal CE		1	.42*	.05	.20*
LLL Orient			1	.16*	.57**
CSES				1	.47*
PCS					1

* Indicates significance at p<.05; ** indicates significance at p<.01. LLL Orient= Lifelong Learning Orientation; CSES= Counselor Self-Efficacy Scale; PCS = Professional Competencies Scale.

Level 8: Community Health and Welfare

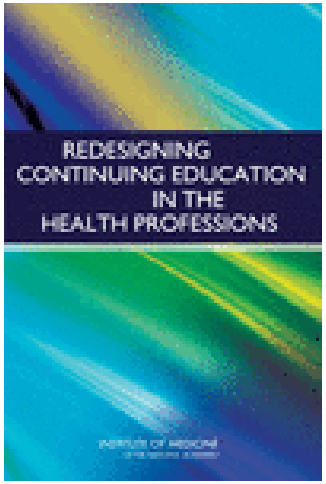
A comparison of the disciplinary action rates between CE-mandating and non-mandating licensing jurisdictions in the United States
(Neimeyer, Taylor and Pippin Orwig, 2014)

- No significant differences in disciplinary action rates
- Overall difference in number of completed CE credits was only 6 CEs per year, on average
- In every CE mandating jurisdiction the #1 disciplinary action was for a CE violation, accounting for more than 1/3 of the total violations
- So the CE mandates were at least effective in detecting and correcting CE violations.

The Uniformity Myth: Forms of CPD May Have Different Impacts

ASPPB CPD Guidelines

1. Client Assessments
2. Peer Consultation
3. Professional Service
4. Publications
5. Self-Directed Study
6. Formal CE
7. Teaching Classes/Workshops
8. Taking Formal Courses
9. Attending Conferences
10. Board Certification



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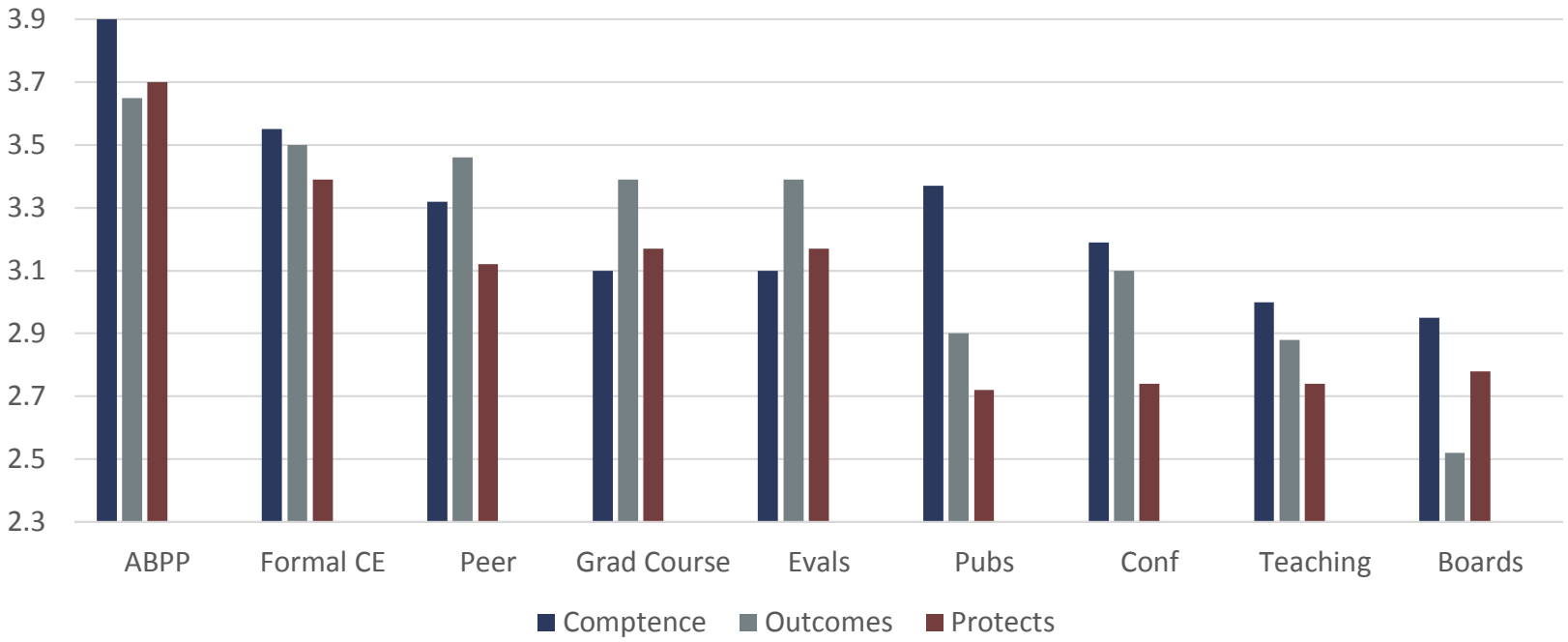
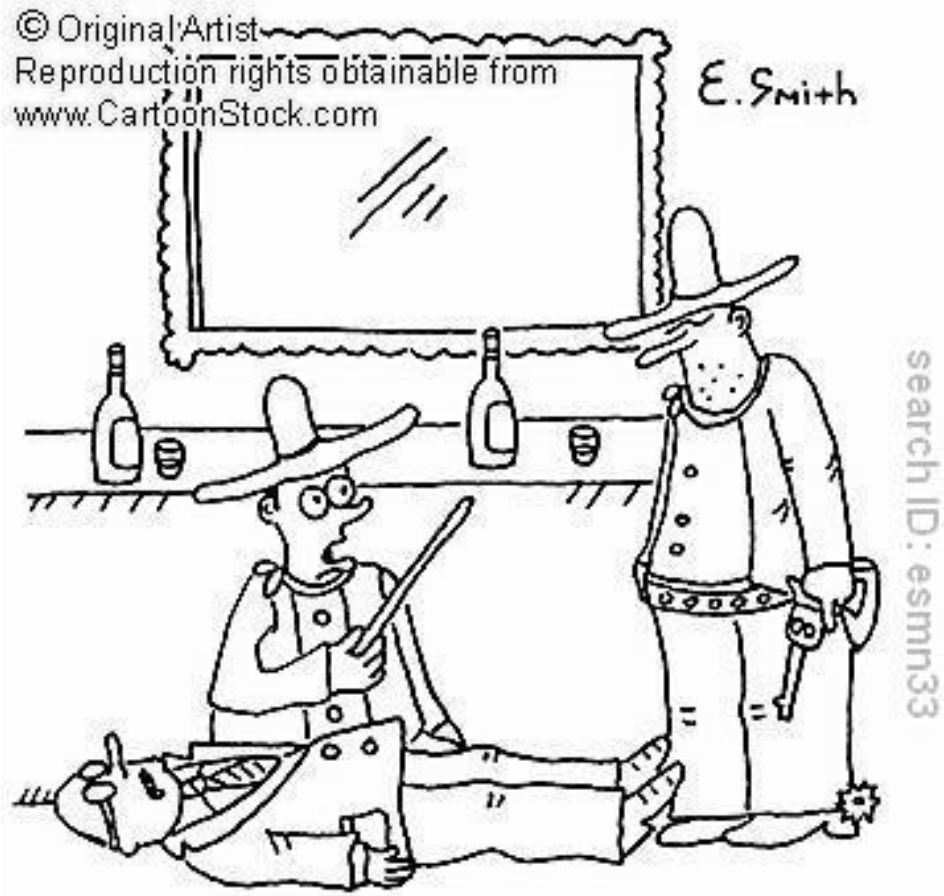
Public Perceptions of the Extent to Which CPD Activities Fulfill Stipulated Objectives

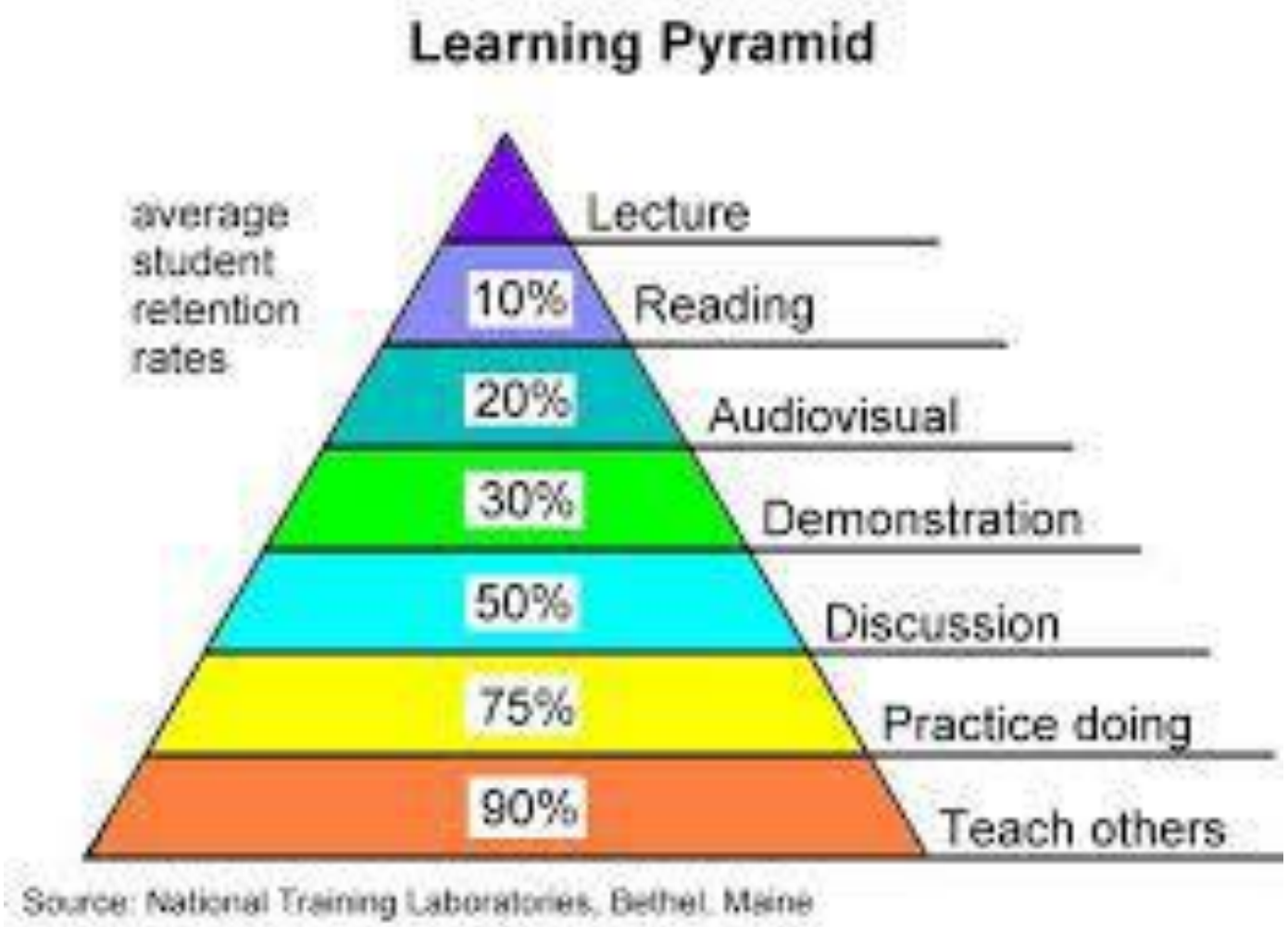
(Taylor and Neimeyer, 2015)

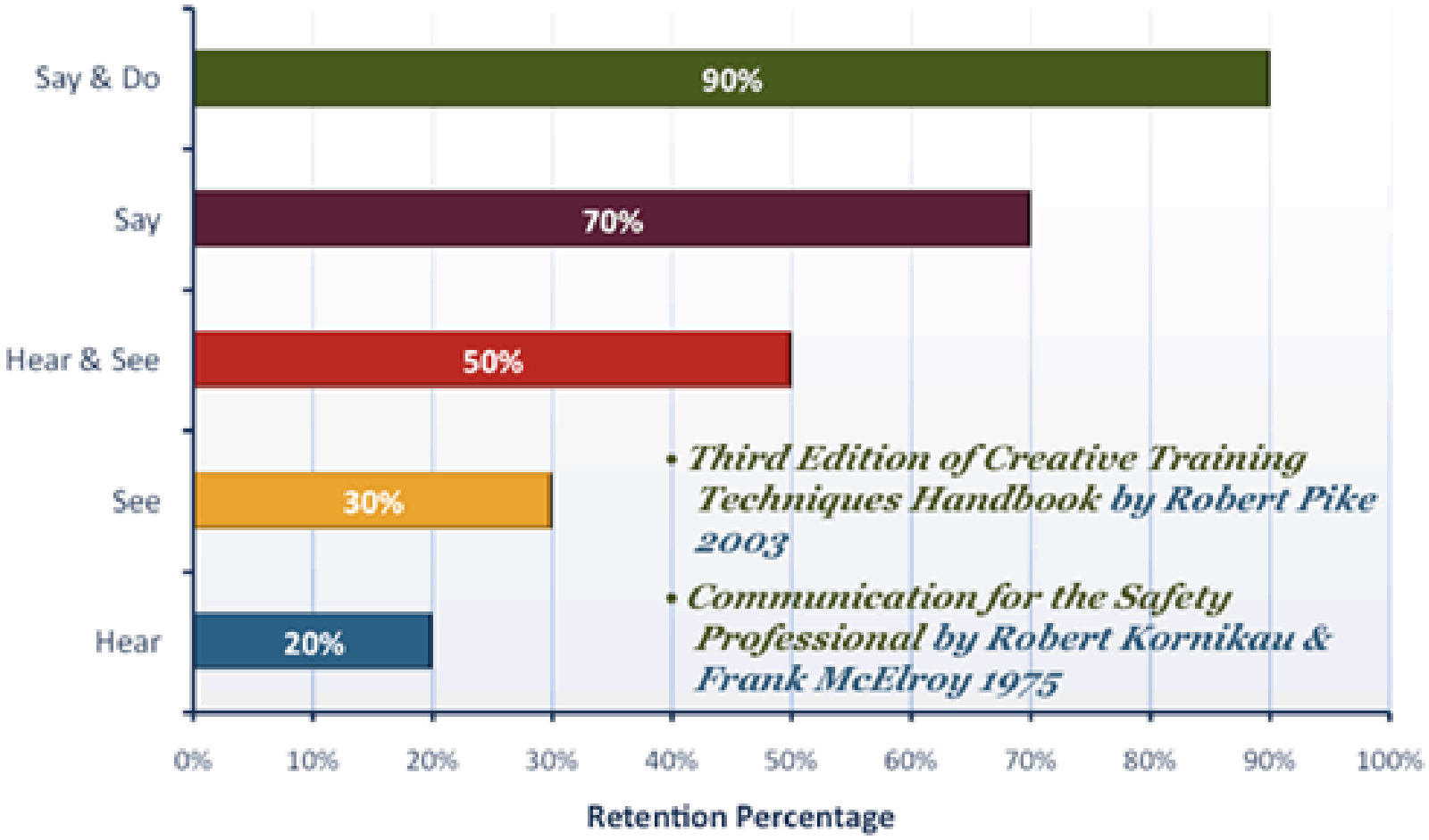


Best Practices in CE



"He was only reaching for his powerpoint presentation pointer."

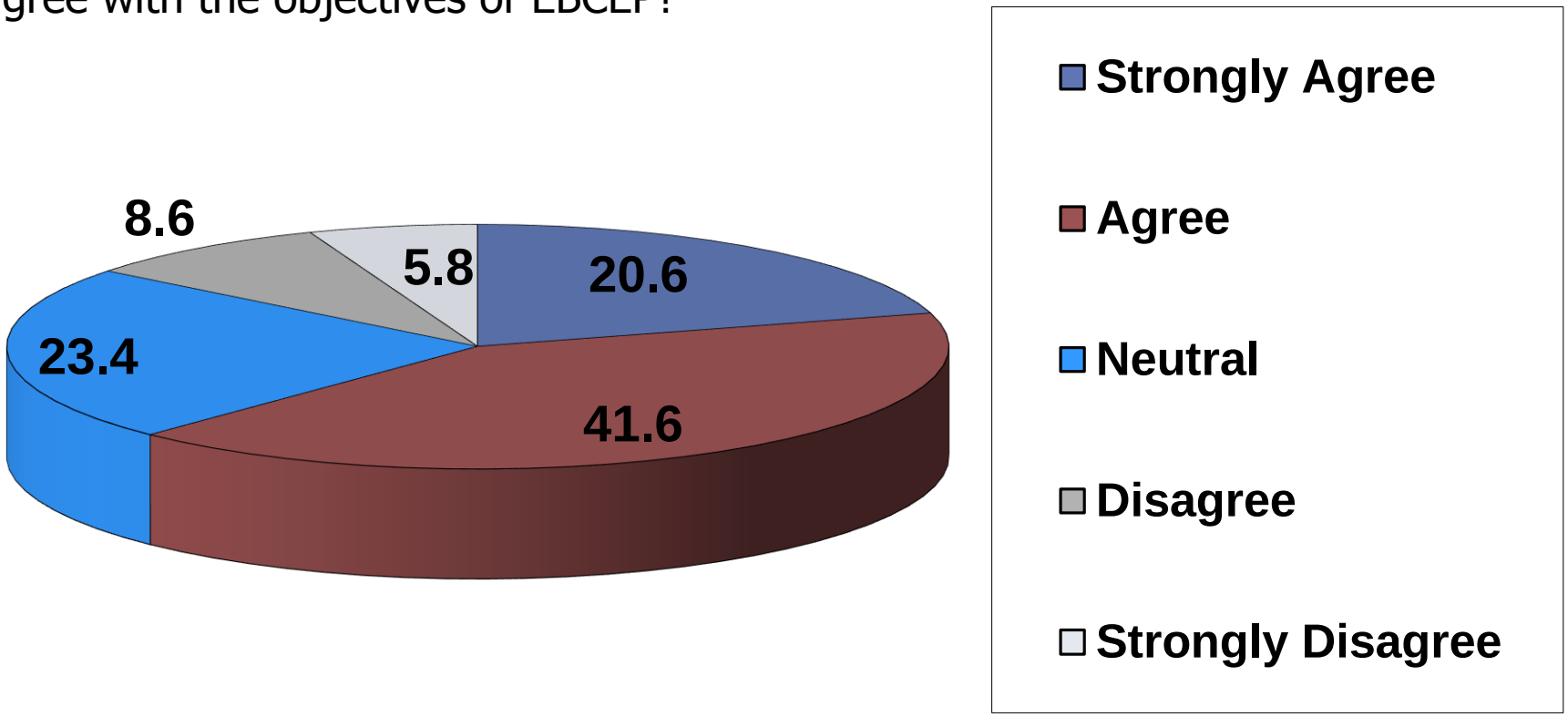

Learning Pyramid
average student retention rates
Lecture
10%
Reading
20%
Audiovisual
30%
Demonstration
50%
Discussion
75%
Practice doing
90%
Teach others
Source: National Training Laboratories, Bethel, Maine



- *Third Edition of Creative Training Techniques Handbook by Robert Pike 2003*
- *Communication for the Safety Professional by Robert Kornikau & Frank McElroy 1975*

CE results

Evidence-Based Continuing Education for Psychologists (EBCEP) is defined as "professional education that has an ongoing commitment to evaluating educational practices and assessing educational outcomes in support of understanding, promoting and demonstrating the effectiveness of continuing education in psychology". To what extent do you agree or disagree with the objectives of EBCEP?



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